

Health & Wellbeing Board Minutes

Monday 10 November 2014

PRESENT

Committee members: Councillor Vivienne Lukey, Cabinet Member for Health and Adult Social Care (Chair)
Dr Tim Spicer, Chair of H&F CCG (Vice-chair)
Liz Bruce, Executive Director of Adult Social Care
Andrew Christie, Executive Director of Children's Service
Councillor Sue Macmillan, Cabinet Member for Children and Education
Dr Susan McGoldrick, H&F CCG
Trish Pashley, H&F Healthwatch Representative

Other Councillors: Sharon Holder and Rory Vaughan

Officers: Steve Buckerfield (Acting Head of Children's Joint Commissioning), Stuart Lines (Deputy Director of Public Health), Julia Mason (Families and Children's Public Health Commissioner), Sue Perrin (Committee Co-ordinator)

29. MINUTES AND ACTIONS

The minutes of the meeting held on 8 September 2014 were approved and signed as a correct record of the proceedings.

30. APOLOGIES FOR ABSENCE

Apologies were received from Meradin Peachey (Director of Public Health), Denise Chaffer (NHS England), Philippa Jones (H&F CCG) and Jean Daintith, Independent Chair of the Local Safeguarding Children Board.

31. DECLARATIONS OF INTEREST

There were no declarations of interest.

32. CHILDREN, YOUNG PEOPLE AND MENTAL HEALTH TASK AND FINISH GROUP

Steve Buckerfield introduced the report of The Children, Young People and Mental Health (CYPMH) Task and Finish Group, which presented a series of

recommendations, aimed at improving services for children and young people in the short to medium term.

The report also framed the discussion for the HWB around the development of a new long-term vision for how children and young people accessed support for mental illness across the borough.

In addition, following concerns raised about inappropriate care and bed shortages nationally, a CAMHS Taskforce was looking at overhauling the way CAMHS are commissioned. It was expected that the Taskforce would report in Spring 2015.

The experience of users of local Children and Adolescent Mental Health Services had been captured in the report, through the mental health charity Rethink.

The Task and Finish Group had agreed to focus on the following three particular areas, where it was agreed that more could be done to improve the outcomes for children and young people:

- Ensuring early intervention and prevention in relation to children and young peoples' mental health and wellbeing
- Reducing the impact of parental mental health disorders on children and young people
- The transition from Children's to Adult mental health services.

The report set out 12 recommendations.

Mr Buckerfield stated that the key messages were in respect of:

- Access: location of services and how delivered.
- A 'Whole Family' approach being adopted in adult mental services, .
- Parental mental health and the potential impact of any mental health problems on the children for whom they are responsible.

Mr Buckerfield stated that the Rethink project had looked at the experiences of young people from Hammersmith & Fulham of mental health services in the borough, by means of focus groups and surveys, in person and on line. The research had identified a number of key issues.

There were concerns in respect of training for professionals who were not mental health professionals, for example social workers and GPs, and how this could be developed. Hammersmith & Fulham's Looked After Children CAMHS service had collaborated with Rethink's Co-production Project and devised a training package for front line staff. Young people supported by Rethink had successfully delivered a pilot training package for social work staff, which had been well received. It was intended to extend the training to all workers.

The research had found that young people wanted to raise their mental health concerns with professionals that they knew or were close to. This was particularly the case for 'looked after' young people.

Young people would like to self-refer, rather than through A&E and go to a safer place, isolated from A&E.

Co-production brought together young people with commissioners, to work together as equal partners in decision-making around planning, design and the review of mental health services. Champion facilitators and commissioners were trained and empowered to enable them to work effectively together to co-design services.

Members queried the pilot training, how this had been organised, how it could be rolled out, with a consistency of approach and for which other groups it would be relevant. Mr Buckerfield responded that the training had been organised by Rethink and CAMHS for West London Mental Health, but there had been no undertaking to take forward. The training would be relevant for any non-mental health professionals who worked with young people on a regular basis.

Members noted that whilst there were some good practices in respect of eating disorders across the three boroughs, a more co-ordinated approach was needed.

Dr Spicer commented that GPs did not see many young people comparatively, as a GP surgery was not a place where they felt comfortable.

Mr Buckerfield acknowledged the contribution of the voluntary sector.

Members discussed the configuration of services going forward.

Mr Christie referred to the work with secondary heads groups and suggested the commissioning of these services for pastoral care. However, it was felt that, whilst schools could be used as a reference point, the work was not done in schools. A professional mental health worker was required to pick up the need for a conversation.

Members considered that: a full 24/7 hours service was needed; whilst there were a number of routes into the service, there should be a single reference point; 'family' should be defined and they should know where to get information and how they would be supported; and there should be a seamless service.

Mrs Bruce highlighted the need for improvement in transition from Children's to Adult Mental Health Service and an all age/all disability service. There was a need to improve the whole life journey, and for complex health services to do the same.

Councillor MacMillan commended the establishment of a Taskforce to look at the whole area of CAMHS, and reporting to the HWB. Councillor De'ath was proposed as the Chair.

RESOLVED THAT:

1. The HWB endorsed the recommendations outlined in the report.
2. The HWB recommended the establishment of a councillor led Children and Young People's Mental Health Taskforce.
3. The HWB recommended that the report of the Task and Finish Group be sent to the national Taskforce as evidence.

33. SCHOOL NURSING REVIEW & SERVICE RE-DESIGN

Julia Mason introduced the report on the School Nursing (SN) Review and Service Redesign. The tri-borough review had found that services in Hammersmith & Fulham were effectively delivering the core requirements of the Healthy Child Programme 5 – 19 years (vision and hearing screening and health assessments), the national child measurement programme, immunisations and safeguarding, but had insufficient capacity to provide a comprehensive preventative and early help service to schools. The SN service needed to be part of an integrated school health model to address changing priorities and new technologies.

The report proposed options for a new service model, within the current financial envelope, which made best use of SN resources and skills. Nationally there was only a small pool of registered school nurses, and the workforce would need to be supplemented by staff nurses, nursery nurses and school nurse assistants.

As NHS England was the responsible commissioner for school aged immunisation, additional capacity would be released when the new service was in place (scheduled to be in place by September 2015).

The report set out the components of the service model, together with two workforce options. Option 1 included a number of lead or specialist roles, and option 2 deployed qualified SNs where they were most needed.

Councillor Vaughan queried how the immunisation service would be monitored. Ms Mason responded that NHSE would have access to the Child Health information system for collation of the data. Performance would be monitored and any variances in uptake would be taken seriously. Public Health would work with NHSE when arising. SNs would continue to have a role in promoting immunisation. There would also be a follow up as part of the review of commissioned services.

Stuart Lines stated that the MMR vaccination was of particular concern. Public Health intended to set up a task and finish group of key players across the whole system, including the CCG to encourage uptake.

It was noted that, in respect of Child Protection Conferences, SNs were, by default, asked to attend, and this was a considerable onus.

Dr Susan McGoldrick queried whether the sharing of SN information with other health bodies had been considered. Ms Mason responded that SNs did identify relationships and information sharing. Paediatric hubs had been developed. It worked better where specific issues had been identified and professionals came together in a multi-disciplinary way.

The consultation had indicated that children and young people wanted a wide range of SN services, from confidential advice and support to the provision of health information. They had stated a preference for individual face to face consultations, but also text and web based information.

Councillor Holder queried the equality implications and work with different communities. Ms Mason responded that clearly there were equality implications, and that it would be possible to bring a full report as the model and specification developed. The workforce was not large enough to undertake work with different communities. Equality implications could be addressed through better support and access in schools.

Members considered the two options. Whilst option 1 would spread SNs fairly evenly across schools, option 2 would put the most qualified SNs where most needed, supported by other staff. Where needs were not so high, visits from a SN once/twice a week might be adequate.

Dr Spicer queried whether the option was what SNs were available or where SNs were needed. Ms Mason responded that it was a combination. SNs were deployed to the highest level of need, whilst other staff might have the skills to provide intervention in different settings Mr Christie added that it was not just a question of the number which could be afforded but also the number available. Nationally, there was a small number of SNs.

RESOLVED THAT:

The HWB recommended Option 2, subject to conversations with the School Community.

34. SEXUAL HEALTH AND RELATIONSHIP EDUCATION IN SCHOOLS

The Board received the Healthwatch Central West London Sex and Relationship Education report, which assessed young people's experiences of sex and relationship education, their ideas of how they wanted sex and relationship education to be delivered and their knowledge of sexual health services.

Mr Lines noted that the report contained key information in respect of commissioning decisions.

Ms Pashley noted the ongoing discussions in adult health services with providers and stakeholders in relation to developing procurement plans and the key message that young people were not getting information as readily as was expected. There appeared to be a lack of basic information, no clear pathways and no standard for what was delivered in schools in respect of sex and relationship education.

Mrs Bruce stated that Public Health commissioned services across the three boroughs and some approaches were outdated and not meeting needs. This was being reviewed to modernise the offer. There was a clear message that most young people thought that sex and relationship education should be delivered by their peers, not older people.

Mrs Bruce noted that young people should be involved when procuring services.

Mr Christie stated that the money from the Local Authority to fund this work had been cut back. However, schools were keen to bring in help, and there was an opportunity for re-engineering how the money was spent.

RESOLVED THAT:

1. The HWB supported the recommendations made by Healthwatch.

Action:

Mrs Bruce and Mr Christie to follow up the recommendations.

35. LOCAL SAFEGUARDING CHILDREN BOARD: ANNUAL REPORT

The HWB received the Annual Report of the Independent Chair of the Local Safeguarding Children Board (LSCB) 2013/2014, which: set out the achievements against its four key priorities; evaluated the effectiveness of the LSCB overall, described its activities and future priorities; and commented on the linkage to the HWB.

The report highlighted three priorities:

- Neglect remained a source of concern.
- Child sexual exploitation, gangs, missing young people, suicide risk were linked further high priorities.
- Responding to national issues at a local level such as female genital mutilation (FGM) was also a high priority.

RESOLVED THAT:

The report be noted.

36. HAMMERSMITH & FULHAM CLINICAL COMMISSIONING GROUP CONTRACTING INTENTIONS: PROGRESS UPDATE

Dr Tim Spicer stated that the development of commissioning priorities was a complex area, some of which was based on historical decisions. There was a tension between service needs and commissioning providers of services with constrained finances. The report set out the key points in developing commissioning intentions for 2015/2016 and the move away from an 'annual approach'.

Dr Spicer responded to the query from Mr Christie in respect of the paediatric service for children with special needs that the CCG was not wholly responsible for the service, and that there would need to be a discussion with the other parties involved.

Councillor Lukey queried why NHS 111 and UCCs were shown as services which the CCG had decided to buy for 2015/2016. NHS 111 and the UCCs at Charing Cross and Hammersmith Hospitals were already in place. Dr Spicer responded that it was intended to re-procure the services across North West London, ideally as a bundle.

Dr Spicer confirmed that the CCG would be commissioning services, whilst currently waiting for national guidance in respect of the definition of a local A&E.

Mrs Bruce commented on the services currently being bought, which might need to be reviewed, for example diabetes was very high cost if not managed in the community. Dr Spicer responded that the CCG was engaging with the provider market to review aspects of the services, including quality, equity and value for money.

Councillor Vaughan suggested that there was a key issue for commissioning in respect of the disconnect between where professionals wanted to provide services and where people wanted to access them, such as young people using UCCs instead of the default model of registering with a GP.

Members discussed the stakeholder involvement and the identification of gaps. Mrs Bruce emphasised the importance to modernise the service offer and the use of technology.

Dr Spicer noted the importance of the ability to listen and people feeling that they had been listened to. There should be the ability to change any procedure which was not working. Dr McGoldrick added that a service might not be working because it had an historical base. Money should be used to benefit patients now.

Dr Spicer stated that the aim of the contracting round was to make decisions about services based on co-production with patients and service users, by the beginning of the financial year.

RESOLVED THAT:

The report be noted.

37. THE LONDON HEALTHCARE COMMISSION REPORT

The HWB received a summary of the London Health Commission Report 'Better Health for London', which gave a brief overview of the main recommendations of interest to the Hammersmith & Fulham HWB.

38. HEALTH & WELLBEING BOARD LEARNING & DEVELOPMENT SESSIONS

The HWB received the briefing on the Learning and Development Sessions, which set out for members the benefits of participating in these session.

39. WORK PROGRAMME

RESOLVED THAT:

1. A report of the work of St, Mungo's be added to the agenda for January.
2. An update report on CAMs be added to the agenda for March.
3. The work programme was noted

Action

NHSE to be asked why a representative has not attended for several meetings.

40. DATES OF NEXT MEETINGS

19 January 2015
23 March 2015

Meeting started: 5.00 pm
Meeting ended: 6.55 pm

Chairman

Contact officer: Sue Perrin
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 2094
E-mail: sue.perrin@lbhf.gov.uk