London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Monday 19 January 2015

PRESENT

Councillor Vivienne Lukey (Cabinet Member for Health and Adult Social Care) (Chair)
Councillor Sue MacMillan (Cabinet Member for Children and Education)
Liz Bruce, Tri-Borough Executive Director of Adult Social Care
Andrew Christie, Tri—Borough Executive Director of Children's Services
Philippa Jones, Managing Director, H&F CCG
Stuart Lines, Deputy Director of Public Health
Dr Susan McGoldrick, H&F CCG

Other Councillors: Rory Vaughan

Adult Safeguarding Executive Board: Mike Howard

St. Mungo's Broadway: Rod Cullen

Officers: Sue Perrin (Committee Co-ordinator)

41. MINUTES AND ACTIONS

The minutes of the meeting held on 10 November 2014 were approved as an accurate record of the meeting and signed by the Chair.

42. APOLOGIES FOR ABSENCE

Apologies were received from Dr Tim Spicer and Trish Pashley.

43. DECLARATIONS OF INTEREST

There were no declarations of interest.

44. ST. MUNGO'S BROADWAY: CHARTER FOR HOMELESS HEALTH

Rod Cullen, Area Manager for Hammersmith & Fulham explained that the St. Mungo's Broadway campaign 'A Future Now – Homeless Health Matters' aimed to raise awareness of the impact that homelessness had on health, and the difficulties that homeless people faced in accessing healthcare.

The campaign asked HWBs to sign the 'Charter for Homeless Health', committing to:

- Identify need: include single homelessness in their Joint Strategic Needs Assessment (JSNA)
- Provide leadership to improve homeless health
- Commission for inclusion to ensure that people who are homeless can easily access the health related services they need.

Dr McGoldrick stated that there had been a number of projects towards homeless health, including community provision. It was more difficult to access acute services, if for example homeless people had nowhere to pick up an appointment letter.

Councillor Lukey queried whether homeless people tended to go A&E. Mrs Bruce responded that there were dedicated GP practices and multi-agency teams. H&F had looked at other models across the country and aimed to do better. The discharge of people with mental health problems back on to the street was a particular problem.

Councillor Lukey offered to share with St. Mungo's the JSNA on rough sleepers, written in February 2013.

RESOLVED THAT:

The HWB agreed to sign the St. Mungo's charter.

45. CHILD POVERTY

Mr Christie introduced the report, which provided an update, following the JSNA on Child Poverty, published in July 2014, and recommended further activity.

The JSNA report had suggested six priority areas:

- Supporting families to engage with services
- Promoting parental employment
- Access to quality/affordable early years childcare, for all families
- Supporting the role of the school community
- Appropriate healthcare, at the right time
- All families have access to housing of a reasonable standard

The report recommended that the Lead Member for Children should be identified as the portfolio holder for child poverty policy and strategy

development, delegating to the Director for Children's Services, on behalf of the Board, working with statutory and voluntary partners.

There was recognition that poverty now also included working families. Whilst there were some national issues, there was also a lot which could be achieved locally. Addressing the causes and consequences of child poverty required attention from a range of services, both statutory and voluntary.

Children's Services were the main contributor to Priority 3 of the Joint Health and Wellbeing Strategy (every child has the best start in life). It was recommended that the Board commissioned a standalone child poverty strategy.

Councillor Macmillan added that a child poverty strategy could be led by Children's Services, but would have to be delivered by a cross Council commitment and working with external partners.

Dr McGoldrick commented that 'Appropriate healthcare, at the right time' should include dental care. Health could support the needs identified via the JSNA through, for example, the move of midwives into the community. It was important to look at the early years of childhood in a more joined up way. Preventative work was also important.

Councillor Lukey noted the importance of joined up working and the key role of Public Health in developing the JSNA.

The draft strategy would add to the Board's work programme for the June/July meeting. Child Poverty was likely to feature in the Public Health Strategy as a local priority.

Councillor Vaughan noted that it was essential to measure outcomes, including housing.

RESOLVED THAT:

The committee supported the recommendations that:

(i) The Lead member for Children should be identified as the portfolio holder for child poverty policy and strategy development, delegating to the Director for Children's Services on behalf of the Board, working with statutory and voluntary partners.

(ii) The Health and Wellbeing Board commissions a child poverty strategy, led by Children's services and working across statutory and voluntary partners and with parents locally. It is also recommended that each partner on the Health and Wellbeing Board commits relevant resources

46. CARE ACT IMPLEMENTATION

Mrs Bruce introduced the report, which updated on progress in relation to the implementation of the Care Act in Hammersmith & Fulham. The report set out the phase 1 key deliverables for compliance by 31 March 2015. There were a number of work streams and these were on track to implement the deliverables. The report set out what had been involved in the work.

Mrs Bruce highlighted 'Eligibility and the new National Minimum Threshold' as an issue for both Hammersmith & Fulham and Kensington & Chelsea. The current national minimum eligibility criteria were based on the existing FACS criteria for 'Critical' and 'Substantial' needs. Hammersmith & Fulham currently provided a service to those with 'Upper Moderate' needs and Kensington & Chelsea to those with 'Moderate Needs'. Legal advice would be sought in respect of local discretion.

A number of duties within the Care Act were likely to have financial impacts for the Council. Initial financial modelling indicated an increase in the cost of care; increased demand for needs assessments; and rising demand for deferred payments.

Mr Christie noted that the transition from children and young people services to adult services could also have implications for NHS commissioners. However, the duties in the Act to integrate with health services were not distinctly different from current practice.

Councillor Vaughan noted that transition from children and young people services to adult services was on the work programme for the Health, Adult Social Care & Social Inclusion PAC, and that it was hoped to set up a task group.

Mrs Bruce noted that, in addition to the Care Act, Better Care Fund work would be taken into account in determining how many staff were required and at what point in the Customer Journey.

The Board noted the report.

47. BETTER CARE FUND AND WHOLE SYSTEMS INTEGRATION

The Board received an update on progress with development of the Better Care Fund (BCF).

Councillor Vaughan asked for clarification in respect of hospital discharges and how they could impact on A&E waiting times. Mrs Bruce responded that work was in progress locally to develop a new integrated Community Independence Service (CIS), which would help people with good care at home when they might otherwise need to be in hospital. CIP would reach into hospitals to pro-actively discharge people. CIP had been developed in the BCF and was integral to the aims of Whole Systems Integrated Care (WSIC). It would be rolled out in the three boroughs.

There had been an upsurge in winter pressures over the previous six weeks, and additional money there had been additional money to support delayed

discharges. Work was also in hand to standardise discharge protocols and policies across the three boroughs.

Dr McGoldrick added that it might be necessary to use interim residential care or intermediate beds to prevent delayed discharges. Funding had been allocated at the beginning of the year and CIP was also contributing.

Ms Jones stated that NW London had invested significantly in intermediate beds. Many patients were in their late 90s and 100s and likely to have complex health and social care needs. Whilst A&E attendances were fairly stable, the length of stay had increased for non-elective patients. The CCG had been expanding transitional care facilities for these patients for sometime. Intermediate beds were provided at CLCH sites and Imperial, and also out of borough if necessary. Hammersmith beds could be offered to other boroughs, if there was spare capacity.

Mrs Bruce stated that there was a correlation between GP availability and elderly patients going to A&E. Providers were struggling with the complexity of needs and a lack of nursing bed provision. For example, there people in their 100s with dementia, who social workers had only met for the first time when admitted to hospital. Increasing demand and complexity had reduced beds and increased the need for joined up health and social care.

Dr McGoldrick noted that A&E was the place of choice for some people. H&F CCG had invested in GP practices evening and Saturday opening, out of hour's services and the 111 service. There was good access to GPs and hospital appointments could be booked on the same day.

Dr McGoldrick suggested that the CCG and Council could work together to, for example, advertise seven day services. There tended to be an increase in A&E services between 4pm and 7pm by younger parents with children.

Ms Jones stated that A&E attendances were being analysed, but there was not one answer for the surge in attendance.

Mr Lines suggested that community pharmacies should be used as a point of access and signposting.

Mr Christie stated that there was a high churn of 25-35 year olds in the borough and information could be provided to estate agents, and also to schools and the voluntary sector housing.

RESOLVED THAT:

The Board noted the report.

48. ADULT SAFEGUARDING BOARD

Mike Howard, Chair of the Safeguarding Adults Executive Board (SAEB) presented the report on a joint-working relationship between the HWB and the

SAEB, including agreeing a protocol to describe this relationship and identifying any areas where joint-working might be beneficial to improve health and wellbeing outcomes for residents.

The report set out some themes that the SAEB considered required a joint response: safer recruitment; commissioning care for older people with complex care needs; and understanding and resourcing shared responsibilities for the Deprivation of Liberty Safeguards.

The report appended a protocol setting out governance arrangements between the HWB and SAEB.

Mrs Bruce considered that the change of the SAEB to a statutory board from 1 April 2015 was welcome and overdue.

Mr Christie suggested an annual report in respect of SAEB's work, work programme for future years and issues.

Councillor Vaughan queried how it was intended to ensure that safeguarding was 'everyone's business' and suggested the inclusion of examples of how safeguarding works, together with success stories.

A SAEB sub-group could focus on community engagement and making safeguarding accessible to the public and making sure that the message was understood and spread widely. Other bodies needed to be aware of their responsibilities.

RESOLVED THAT:

The HWB endorsed the draft protocol for working with the SAEB and the three proposed areas for joint working.

49. WORK PROGRAMME

The work programme was received.

50. DATE OF NEXT MEETING

23 March 2015

Meeting started: 5.00 pm
Meeting ended: 7.00 pm

Chairman .....

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