London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Monday 22 June 2015

PRESENT

Committee members:
Councillor Vivienne Lukey, Cabinet Member for Adult Social Care (Chair)
Dr Tim Spicer, H&F CCG (Vice-chair)
Councillor Sue Macmillan, Cabinet Member for Children and Education
Vanessa Andreae, H&F CCG
Liz Bruce, Executive Director of Adult Social Care
Andrew Christie, Executive Director of Children's Services
Janet Cree, H&F CCG
Stuart Lines, Interim Director of Public Health

Nominated Deputies: Councillors Sharon Holder and Rory Vaughan

NHS England: Cecile Henderson and Johan Van Wijgerden

Officers: Colin Brodie, Public Health Knowledge Manager and Sue Perrin, Committee Co-ordinator

1. MINUTES AND ACTIONS

The minutes of the meeting held on 23 March 2015 were approved as an accurate record and signed by the Chair.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Trish Pashley.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. APPOINTMENT OF A VICE-CHAIR

Dr Tim Spicer was appointed as Vice-chair.

5. INTEGRATION OF HEALTHCARE

Mrs Bruce presented the update on the new integrated Community Independence Service (CIS), which was the most significant joint work in terms of anticipated benefits, with health services and the Better Care Fund (BCF). The focus was to avoid hospital admission of elderly people.

The three CCGs and local authority Cabinets had agreed a business case for investment in a single, integrated CIS, serving all three boroughs. In 2015/16, it was not possible to create one organisation to provide the whole of the CIS. Instead, the BCF planned to invest in improvements in front-line services through two lead provider roles, one for health services and the other for social services.

Imperial College Healthcare NHS Trust and partners had been appointed as lead health provider. There would be specific targets across the three boroughs in terms of avoidable admissions.

The report provided an update on the pilot, which would test a new approach to hospital discharge and alignment between hospital discharge and in-reach functions. The new approach would enhance the timelines and quality of hospital discharges. Patients would be clear about the support which could be expected and their estimated discharge date.

The pilot would be evaluated to provide recommendations and options for wider roll-out and potentially to neighbouring boroughs such as Ealing and Hounslow. Current work was focused on older people with multiple long term conditions. It was suggested that Brent should be included in potential discussions.

Mrs Bruce stated that the next steps included the development of recommendations and an options paper for wider implementation. Modelling work was currently being undertaken, with a view to preparing a business case for the West London Chief Executives, the lead health provider and CCGs.

It was noted that the BCF included an agreement for mutual investment and sharing benefits and risks. In respect of hospital discharges, the benefits would be pooled across the systems. There would be common protocols. Works would be extended to include families and mental health.

Dr Spicer noted that the work was beneficial because a small percentage of patients accounted for a significant percentage of spending. A coherent approach for a child with multiple needs for example would provide a better deal for residents and the health and care economy.

Mrs Bruce stated that CIS would take health care out of the formal environment of hospitals and into the community.

RESOLVED THAT:

The HWB noted the progress made with the BCF schemes.

6. PUBLIC HEALTH STRATEGY

Mr Lines introduced the ten year Public Health Strategy for the three boroughs. It was intended that the strategy would help create sustained and focused action on the key areas that it was believed would improve public health and reduce health inequalities. The report set out the vision and the mission and the six shared priorities, which reflected the challenges common across all three boroughs:

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- Reducing levels of obesity in children
- Reducing smoking rates
- Improving sexual health
- Reducing levels of substance misuse
- Improving mental wellbeing
- Improving preventative services

In addition, the three boroughs had chosen an individual priority which was most important to them. For Hammersmith & Fulham, this was reducing the health inequalities associated with childhood poverty.

A series of high level outcomes would be monitored annually and reviewed every three years to monitor progress towards achieving the 2025 vision.

The underpinning principles were: Using the Evidence; Working in Partnership; Investing in Prevention; and A Life Stage Approach.

Mr Lines then responded to a query that information would be provided in respect of improving the Public Health presence on the website.

Action: Stuart Lines

Councillor Vaughan queried how the impact of the strategy would be measured and how Public Health would know what worked effectively and share good practice amongst the different teams. Mr Lines responded that there would be an annual report against progress in improving the relevant outcomes. There were a number of indicators for each priority. This information would be benchmarked against neighbouring boroughs and national data.

Mr Lines stated that local authorities had a number of statutory responsibilities, such as the weighing and measuring of children in reception class and Year 6. Evidence from a pilot in Kensington & Chelsea would be shared with the other boroughs and inform future work.

Mr Christie commented that the turnover rate in the borough was so high that the data would not reflect the same population.

Mrs Bruce noted the significant challenges in the transfer of public health responsibilities from the NHS to Local Authorities. There needed to be

communication around sign posting and external facing message from each of the three Council websites, which could help to change behaviour.

Dr Spicer stated that one example of where communication could influence behaviour was schools' eating policy and food availability.

RESOLVED THAT:

1. The Public Health Strategy be noted.
2. A report on childhood obesity be added to the work programme.

7. EXCESS WINTER DEATHS

Mr Lines introduced the report, which presented the 12 recommendations set out in the guidance from the National Institute for Health and Care Excellence (NICE) as to how local authorities through their HWBs and key delivery partners should mitigate and reduce the risk of death and ill health associated with living in a cold home.

The report set out the actions to date and potential gaps. A number of the recommendations focused around making every contact count. Data indicated that older people were more vulnerable.

Dawn Stephenson, Chief Executive, Age UK considered that the key issue was not just about health, but about choices. The guidelines were a real opportunity for Adult Social Care and Health to work in a more holistic way.

The Chair suggested that it might be possible to support and enhance the 'Healthier homes, healthier people initiative'. Mr Lines agreed to provide further detail.

Action: Stuart Lines

Dr Spicer suggested that building awareness of people at risk and what to advise could be built into care plans.

RESOLVED THAT:

A further report in respect of taking forward the actions should be added to the work programme.

8. PREVENTATIVE HEALTH

Ms Henderson updated on NHS England's (NHSE) priorities for the coming year. NHSE intended to be more transparent and forthcoming. An action plan

would be reviewed with all stakeholders. NHSE would try not to duplicate work being done elsewhere and would work directly and engage more with the 31 GP practices.

There would be a full clinical audit of immunisations. The data would be reviewed and NHSE would work with those practices in need of help. The MMR2 vaccination would be a priority because of the high number of children who had not received this vaccination.

Members welcomed the planned pro-active work with practices and support for those not performing optimally.

Dr Spicer stated that Central London Community Healthcare (CLCH) was moving to SystemOne, the system used by all GPs. The single data set would provide more confidence for clinicians in terms of the veracity of the data.

Dr Spicer noted the collective responsibility between health and social care and suggested that NHSE should look at the breadth of outlets with which people came into contact.

Councillor Macmillan queried whether there was a wide discrepancy in MMR uptake between practices. Ms Henderson responded that there were likely to be some discrepancies. In the previous year, there had been a reactionary approach. NHSE would publicise the vaccination in a more integrated way.

Members suggested that the key message that the vaccination was not an injection should be communicated in every contact.

Councillor Holder queried whether there was benchmark data by groups such as children, the elderly and the workforce. It was believed that the CCG data from two years previously was the most recent. In respect of the flu vaccinations, data was collected from pharmacies and this could be benchmarked, but data was not readily available for children.

Councillor Holder queried how performance could be improved if there was no benchmark data. Johan Van Wijgerden responded that historic data could provide trends. However, it tended to be CCG locality specific.

Ms Andreae stated that the work which the CCG had undertaken with Public Health some two years previously in respect of screening, immunisation and health checks had shown that no practice was good at everything. This information should still be available.

Hammersmith & Fulham CCG had previously selected the MMR1 vaccination as a priority, and there were concerns that the MMR2 vaccination could only be targeted at those who had already received the MMR1 vaccination.

There had been no information in respect of the availability of the MenB vaccination from September 2015, before it had been publicised on BBC 1. (Information had subsequently been received by Hammersmith & Fulham practices.)

Councillor Vaughan referred to the vaccination pilots planned for that winter for children up to age six, and queried how this would be communicated to parents and whether high risk children would be targeted.

Ms Andreae responded that Leads had been identified in different organisations and that she was the CCG Lead. GPs would send parents at least three texts and there would be walk-in clinics. The vaccination would be publicised in schools, social care, the voluntary sector and children's centres. Mrs Bruce was the executive Lead for the Council. A joint message and actions would be agreed by the Council, CCG and CLCH, which was responsible for school nurses.

RESOLVED THAT:

The update be noted.

9. EARLY YEARS

The update on the transition arrangements for the transfer of health visiting and family nurse partnership services was noted.

10. JSNA 2015/2016

Colin Brodie introduced the update report on the current work programme and specifically the JSNAs for Dementia, Childhood Obesity, End of Life Care and Housing JSNA. Two proposals for 2015/16 had been submitted: Evidence Hub and Excess Winter Deaths and Food Poverty.

Mrs Bruce stated that the End of Life Care JSNA linked to information in respect of elderly people dying in acute beds, which contributed to inappropriate demand in acute settings.

Mrs Bruce commented that the Evidence Hub was a good way of making information usable and accessible. Mr Brodie confirmed that the hub would be publically available.

RESOLVED THAT:

The report be noted.

11. 2015-2016 OPERATING PLAN, QUALITY PREMIUM - OPERATIONAL PLAN

Ms Cree introduced the Operating Plan, which had been submitted to NHS England in May 2015, following discussion and agreement with the HWB Chair. The Operating Plan had been brought to the HWB to review and ratify the decision.

The local priorities were MMR2 and increasing the number of diabetes care plans. The Quality Premium was based on measures which covered a combination of national and local priorities and these were set out in the report.

The CCG would have its quality premium payment reduced if the providers from which it commissioned services did not meet the NHS Constitution requirements.

RESOLVED THAT:

The HWB endorsed the Chair's action in agreeing the plans.

12. NATIONAL HEATWAVE PLAN

The HWB received the Heatwave plan for England intended to protect the population from heat-related harm to health.

Dr Spicer stated that the report set out the stages at which various risks occurred, and the recommended action, and identified the specific groups most at risk.

13. DATES OF NEXT MEETINGS

9 September 2015
9 November 2015
9 February 2016
21 March 2016

Meeting started: 6.00 pm
Meeting ended: 8.00 pm

Chair .....

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