

Health & Wellbeing Board Minutes



Wednesday 9 September 2015

PRESENT

Committee members: Councillor Vivienne Lukey (Chair)
Dr Tim Spicer, H&F CCG (Vice-chair)
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, Deputy Director of Public Health
Councillor Sue Macmillan
Keith Mallinson, Healthwatch Representative

Co-opted Members:

Ian Lawry, sobus

Nominated Deputies:

Councillors Sharon Holder and Rory Vaughan

Officers: Lisa Cavanagh (Joint Commissioner, Dementia), Thilina Jayatilleke (Public Health Analyst), Jessica Nyman (JSNA Manager) and Sue Perrin (Committee Co-ordinator)

14. MINUTES AND ACTIONS

The minutes of the meeting held on 22 June 2015 were approved as an accurate record and signed by the Chair.

15. APOLOGIES FOR ABSENCE

Apologies for absence were received from Andrew Christie, Trish Pashley and Selina Douglas.

16. DECLARATIONS OF INTEREST

There were no declarations of interest.

17. MEMBERSHIP AND TERMS OF REFERENCE

The Board agreed that a co-opted member representing the voluntary sector should be appointed to the Board.

The Board noted that the co-opted member would not have voting rights.

RESOLVED THAT:

Ian Lawry, Chief Executive should be appointed as the co-opted member representing the voluntary sector with immediate effect and for the remainder of the municipal year 2015/2016.

18. DEMENTIA JSNA AND COMMISSIONING INTENTIONS

The Board received a presentation of the key findings and recommendations from the Joint Strategic Needs Assessment (JSNA) on dementia, and outputs of the 'Like Minded' North West London (NWL) Strategic Review of Dementia and how these would be used to inform future commissioning intentions to address the challenges presented by the expected increase in dementia in the local population.

Local estimates indicated that the number of people age 65+ diagnosed with dementia in Hammersmith & Fulham would rise from 1200 in 2015 to just under 1800 in 2030, primarily due to a greater number of older people (aged 80+).

To inform the strategic approach and future commissioning arrangements required to tackle the challenge locally, two pieces of work had been undertaken:

- A deep dive JSNA on dementia for Hammersmith & Fulham, Kensington & Chelsea and Westminster; and
- The North West London Strategic Review of Dementia for Brent, Harrow, Hillingdon, Ealing, Hammersmith & Fulham, Hounslow, Central London and West London Clinical Commissioning Groups.

Officers from Public Health, the CCGs and local authorities had reviewed the JSNA recommendations with the outputs of the NWL review. The majority of the JSNA recommendations that are RAG rated based on identified service gaps/opportunities are aligned with the proposed service aims identified through the NWL work.

The report set out the six key themes of the JSNA.

There were two key pieces of work underway to meet the needs of people with memory impairment/dementia and their carers: H&F CCG was re-commissioning memory assessment services; and the CCGs and local authorities were undertaking a three borough strategic review of jointly commissioned dementia day and community services. Both these pieces of

work would look at the whole dementia care pathway of service users and carers.

A series of themed workshops had been held involving key stakeholders in the development of an exemplar dementia framework, from which a high level pathway had been developed. The JSNA recommendations and NWL outputs would be used to benchmark proposed service models.

The NWL review had highlighted the importance of services being in place to achieve timely diagnosis and having one named person to call upon as and when needed.

Mr Mallinson stated that Healthwatch had concerns in respect of: transport to and from hospital; provision of accessible activities; and dementia friendly environments. Service information needed to be clearer. In addition, Healthwatch was concerned about the wellbeing of carers and training for family carers. Integrated housing needed to be considered in more detail.

Dr Spicer responded that transport was a major issue and that work had been commissioned by the West London CCG Collaborative. A dementia friendly environment was very important. Imperial College Hospital had opened two dementia friendly units the previous day.

Ms Cavanagh stated that a three borough stakeholder event had been held in August to consider a range of services, and that transport had been a key theme. In respect of carers, the review had asked providers to give information regarding the types of services they were offering.

Councillor Vaughan noted that people tended to be diagnosed with dementia late and had probably had dementia for a number of years previously and the importance of initially being directed towards the right services.

Councillor Vaughan queried how outcomes would be set and measured and noted the importance of carers remaining healthy. He queried whether the recommendations had been prioritised and if there were any which could be implemented quickly.

Councillor Lukey queried the measurement of quality.

Ms Cavanagh responded that the measurements would be built into the service model. The requirements for service users and carers would be based on a good service and would be taken as the benchmark. The 32 recommendations would be considered in terms of fitting into the developing work. A care navigator role had been proposed to provide information, advice and support, and to alleviate some of GPs' work. Mr Lines added that the Outcomes Framework provided many relevant outcomes and that local measures would be developed.

Mrs Bruce noted that the Key Objectives of the National Dementia Strategy and the statements (page 58) formed a suite of measures. Early diagnosis

was important but, there remained a high percentage of people with dementia, who had not been diagnosed.

Dr Spicer stated that whilst under diagnosis had been partly addressed, diagnosis in residential and nursing homes was difficult. As part of the Community Independence Service and rapid assessment, there had been more pro-active work. It was rare for people to have 'just' dementia. There were likely to be a multiplicity of issues.

Mr Lawry queried whether there was a plan for developing dementia friendly environments. Ms Cavanagh responded that work was underway, although there had not been as much progress in Hammersmith & Fulham as the other two boroughs. As part of the review, it was being considered how this work could be incorporated in any service specification.

RESOLVED THAT:

The Board approved the Dementia JSNA for publication.

The Board commended officers on their work in producing the Dementia JSNA.

19. JSNA UPDATE AND IMPACT REVIEW

The Board received an update on the current stage of delivery of the JSNA products agreed by the Board for the 2014/2015 work programme, including a demonstration of the proof of concept developed for the online interactive JSNA ('Evidence Hub').

The report also included progress made against evidence set out in deep dive JSNAs published in 2013/2014.

The current work programme included four deep dive JSNAs: Dementia, Childhood Obesity, End of Life Care and Housing. No further applications had been submitted to the JSNA Steering Group for consideration, but a Student and Young Persons JSNA had been proposed.

Councillor Lukey commented that the Evidence Hub could track progress with Immunisation. The CCG confirmed that it had this data, which had come directly from Public Health England and had been published immediately.

Dr Jayatilleke responded to a query from Mr Lawry that the Evidence Hub was based on publically available data and therefore initially would be limited to statutory data. A highlight report for testing would be available by January, with release of the Evidence Hub in March.

Mr Mallinson noted that Healthwatch had a particular concern in respect of the End of Life JSNA and the provision of home care and specifically black and minority ethnic communities. Ms Nyman responded that the draft report

would not be ready by the end of September and that a wide range of people would be interviewed.

Councillor Lukey stated future priorities should be final sign off by the Board of the JSNAs. Ms Nyman confirmed that work was ongoing on all JSNAs.

Dr Spicer stated that GP Practices mapped work by age groups and health and social care needs. A Student and Young Persons JSNA would be useful. Mrs Andreae added that there was ongoing work and a JSNA would bring this together.

RESOLVED THAT:

The Board endorsed the Students and Young Persons JSNA.

Mr Lawry queried the status of the HWB Strategy. Mrs Bruce responded that appointment to the key role of Programme Manager and other policy support roles was imminent. There would be a whole Board review of the strategy in the following three/six months.

20. BETTER CARE FUND: PERFORMANCE REPORT. 1 APRIL 2015 TO 30 JUNE 2015

The Board received the submission made to NHS England.

21. JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP

The Board noted the minutes of the meeting held on 27 July 2015.

22. DATES OF NEXT MEETINGS

9 November 2015
9 February 2016
21 March 2016

Meeting started: 7.00 pm
Meeting ended: 8.20 pm

Chair

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