

Health & Wellbeing Board Minutes



Monday 9 November 2015

PRESENT

Committee members:

Councillor Vivienne Lukey (Cabinet Member for Health and Adult Social Care)
(Chair)
Dr Tim Spicer, H&F CCG (Vice-chair)
Vanessa Andreae, H&F CCG
Liz Bruce, Executive Director of Adult Social Care
Janet Cree, H&F CCG
Councillor Sue MacMillan (Cabinet Member for Children and Education)

Nominated Deputies:

Councillor Sharon Holder
Keith Mallinson, Healthwatch Representative
Councillor Rory Vaughan
Rachael Wright-Turner, Director of Commissioning

Officers: Dr Ike Anya (Deputy Director of Public Health), Steve Miley (Director of Family Services) and Sue Perrin (Committee Co-ordinator)

NHS England: Johan van Wijgerden

NHS NWLondon: Eleanor Wyllie

23. MINUTES AND ACTIONS

The minutes of the meeting held on 9 September 2015 were approved as an accurate record and signed by the Chair.

24. APOLOGIES FOR ABSENCE

There were no apologies for absence.

It was noted that Trish Pashley had resigned as the Healthwatch representative.

25. DECLARATIONS OF INTEREST

Councillor Vivienne Lukey is the Chair of the Trustees of H&F Mind and Keith Mallinson is an advisor to H&F Mind.

26. FLU ACTION PLAN 2015/2016: UPDATE

The Board received an update on the work undertaken by NHS England (NHSE), Public Health and Hammersmith & Fulham Clinical Commissioning Group (CCG), both jointly and independently, to increase vaccine uptake and future action plans.

Mr van Wijgerden responded to queries. The national supply issue with the children's nasal spray flu vaccine had been resolved. There had been a regulatory and quality issue and additional vaccine had been purchased by the Department of Health. The programme was now continuing as normal.

It would be possible to share school level uptake data with the local authority, with the caveat that data from small schools would not be shared, as it might inadvertently identify the children. The data would be shared through the Systems Leadership Workshop. Other data from Public Health England and GP practice data would also be shared.

Mrs Andreae stated that the CCG was supportive of a Children's Centre. Potentially, there could be three or four sessions.

Councillor Vaughan stated that the Health, Adult Social Care & Social Inclusion Policy & Accountability Committee (PAC), at its recent meeting, had been very encouraged by the work done and the way in which the different parties had come together to work towards the shared goal of improved flu vaccination rates. The PAC had however recognised that a number of challenges remained, and particularly attitudes towards the vaccination.

Mrs Andreae referred to the issue of vaccinations for patients undergoing chemotherapy, which had been raised at the PAC. The CCG would discuss with acute hospitals and also disseminate information to GP practices, including guidance about when the vaccination could be given. GPs would be sent the link to information in respect of the reasons why people declined the vaccination.

Dr Anya stated that whilst work was ongoing to promote the vaccination to all groups, children and pregnant women were the current year's priorities. Public health was in touch with the local hospitals and the vaccination was being promoted in out-patient departments. It was not always appropriate for the vaccination to be given at hospitals.

Mrs Bruce stated that the provision of the vaccine to people with long term conditions and those aged 65 plus was being picked up by the Community Independence Service.

Councillor Lukey stated that it was intended that Carers' Day would include community pharmacists, who were able to vaccinate outside their premises

and that work was ongoing with NHSE. to ensure that supplies of the vaccine were available.

Mr Lawry stated that Sobus was in touch with some 500 voluntary organisations and offered to promote communications material. He considered that it was important to understand why people might not access the vaccination and address those concerns. Mrs Andreae responded that there would be further discussion at the Patient Reference Group and with Community Champions, and suggested that Public Health should talk about the benefits in more depth.

Mr Lawry suggested that Public Health should liaise with Children's Services to target the group which did not attend Children's Centres and health services.

Councillor Vaughan noted that whilst years one and two had been prioritised, reception and nursery classes had not. Parents of these children should be informed that the vaccination was a priority and would be given through GPs.

RESOLVED THAT:

1. The report be noted.
2. The Board noted that the borough was in a much better position than the previous year and encouraged everyone to keep up the good work.

27. LIKE MINDED: NORTH WEST LONDON MENTAL HEALTH & WELLBEING STRATEGY: CASE FOR CHANGE

The Board received a report on the North West London Mental Health and Wellbeing Strategy Case for Change, as part of the Like Minded Programme.

Mr Mallinson stated that Healthwatch's observations were that many patients fell between services and felt isolated and that no-one was listening. In some cases the partnership between the various services was not working well. For a number of years, some patients had not attended appointments, maybe because of the transition between adults and children's services.

Ms Wyllie responded that the ethos in respect of people's wellbeing was to improve self- management and to raise awareness of mental health facilities. New high quality services would be developed in the community, with care focused on community based support. A local model of care and support would be developed which best fitted the needs of the local population, and linked to other boroughs and voluntary organisations.

Eight major issues had been identified and submitted to the Transformation Board, one of which was the redesign of child and adolescent mental health services.

Mr Lawry queried engagement with the voluntary sector. Ms Wyllie responded that there had been some engagement, and specifically with Mind and through the CCGs. Mr Lawry stated that Sobus would be happy to offer support.

Mr Lawry commented that there was a need to balance the resources allocated for services and the preventative agenda. Ms Wyllie referred to the six work streams, which had been prioritised by the programme. 'Wellbeing and prevention' included the two priorities of workplace wellbeing interventions and prevention of conduct disorder.

Councillor Vaughan queried what could be done, in a Hammersmith & Fulham context, to promote a broader understanding of mental health needs, change attitudes and link with any national work. Ms Wyllie responded that there was not a specific programme, but this work was most likely to sit within work area three 'Common mental health needs' or even two, 'Serious and long term mental health needs', However, the issue was wider than North West London.

Mr Lawry stated that voluntary organisations would help people access the right support at the right time, and that there was a good spread of such organisations throughout Hammersmith & Fulham.

Mrs Wright-Turner referred to the Children and Young People's work and queried: the extent to which Hammersmith & Fulham would be able to influence the balance between development of local and sector services; whether the £741,000 was Hammersmith specific; and the extent to which existing resources and service redesign had been considered.

Ms Wyllie responded that the objective of priority 5, 'Existing projects' was to take a Whole Systems view and rethink CAMHs.

Mrs Bruce stated that there was a need to translate to local level from NWL Transformation Board level, with the exception of the very acute end. Dr Spicer responded that whilst there was a need for a specialist body, anything which could be delivered locally would be.

Councillor Lukey considered that raising standards of GPs not committed to dealing with mental health problems, was more problematic if GPs were gatekeepers of mental health referrals. The patient pathway needed to be made easier. There were difficulties in getting a GP appointment and a GP having enough time to make a proper assessment. People with long term conditions tended not to accept that there was anything wrong with them. There was a need for GPs to make home visits, rather than tell people to go to the surgery.

Dr Spicer stated that domestic assessments for urgent care were being introduced from April 2016.

Ms Wyllie stated that work stream 6 'Enablers' would consider workforce, in addition to estates and finance. Workforce shortages would be considered and linked to training opportunities for primary care staff.

Ms Cree updated on information sharing in respect of patients with serious mental illness elements, between GPs from neighbouring practices and network localities. A new model of urgent care around a single point of access would be implemented from January, bringing about significant improvements for patients presenting at Accident & Emergency Departments.

Some additional money had been allocated for specialist psychiatric liaison services to support people presenting at St. Charles Hospital. The money would be spent on additional staff and training.

RESOLVED THAT:

1. The report be noted.
2. The Board endorsed the overall approach outlined in the Like Minded Case for Change.

28. BETTER CARE FUND: UPDATE

The Board received an update on progress with the delivery of the Better Care Fund (BCF), and the continuing work on integrating care. Further work to validate savings had been undertaken, including section 75 agreements.

A reduction in the savings/benefits due as a result of the delivery of the plan amounting to £2.489 million was expected. Officers were working on a range of options to make further savings through integration and joint commissioning. Whilst the financial benefits were not as hoped, benefits to residents were very positive.

Councillor Vaughan referred to the 'Summary of Benefits by Organisation' set out in the report, and queried why Hammersmith & Fulham had the highest savings gap, at £815,000. Ms Cree suggested that the higher activity was one of the reasons and agreed to provide a written response.

Action: Janet Cree

Ms Cree stated that the new Neuro Rehabilitation Service was not expected to be operational until the start of 2016/2017. Work was ongoing to define the service specification and some market testing had been done.

Mrs Bruce noted two pieces of detailed work: an overview of BCF cost benefits and outcomes; and a full evaluation of the Community Independence Service.

Councillor Lukey noted that whilst the financial aspects were disappointing, this should not eclipse the benefits to residents. Officers needed to consider the overall aspiration of the new model and service offer going forward.

RESOLVED THAT:

The report be noted.

29. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

The Board received the Local Safeguarding Children Board (LSCB) Annual Report 2014/2015. Steve Miley gave apologies for absence on behalf of Jean Daintith, the Independent LSCB Chair, and noted that she was keen to strengthen links between the HWB and LSCB.

The report set out progress on priority areas, demonstrated that the LSCB had fulfilled its statutory responsibilities, and set out future priorities.

The HWB was asked to consider whether there were any specific issues or priorities on which it would be helpful to receive more detailed reports.

Councillor MacMillan queried the reasons behind the comment in the report in respect of strengthening the contribution of Public Health to the Panel. Mr Miley responded that the death of a child was the ultimate failure. The Panel tried to identify the reasons why a child had died. There were normally a range of reasons, some of which included Public Health issues. Social Care and Public Health needed to interact in a proactive way to influence health outcomes. Mrs Bruce stated that the Public Health contribution and how this could be resourced was being reviewed.

Councillor MacMillan referred to the female genital mutilation (fgm) pilot and the reluctance of Chelsea & Westminster Hospital to share information. Councillor Lukey stated that she and Mrs Bruce were meeting with the hospital (in respect of the BCF) and would raise the issue. Pilots with other hospitals were working well.

Mrs Andreae stated that nursing records would hold information about advice given to families travelling to areas where fgm was performed. Ms Cree stated that there would be follow up through the contract route. Dr Spicer stated that clinicians had an obligation to report where fgm was found in children under age 18.

RESOLVED THAT:

1. The report be noted.
2. A report on the fgm pilot be added to the work programme.

3. The Board requested that reports on child death reviews and case reviews be shared.

Councillor Lukey thanked Ms Daintith and the LSCB for its report.

30. DATES OF NEXT MEETINGS

9 February 2016

21 March 2016

Meeting started: 6.00 pm

Meeting ended: 7.25 pm

Chair

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