

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes



Tuesday 20 June 2017

PRESENT

Board Members: Councillor Ben Coleman (Chair)
Janet Cree, H&F CCG and Mike Robinson, Director of Public Health

Nominated Deputy Councillors:
Sharon Holder, Lead Member for Hospitals

Officers: Colin Brodie, Public Health, Craig Williams, Head of Health Partnerships, Harley Collins, Health and Wellbeing Manager, Robin Barton, Head of Commissioning, Children's Services, and Ian Riley, NWL CCG, Director of Business Intelligence

102. MINUTES AND ACTIONS

The minutes of the meeting held on 20th March 2017 were agreed as a correct record, subject to an amendment that the last four words of Minute 98 be deleted.

103. APOLOGIES FOR ABSENCE

Apologies for absence were received from Clare Chamberlain, Executive Director of Children's Services, Sue Redmond, Executive Director of Adult Social Care, Dr Tim Spicer, H&F CCG (Vice-chair) and Vanessa Andrae, H&F CCG.

104. DECLARATIONS OF INTEREST

There were no declarations of interest.

105. SERVICE RESPONSE TO GRENFELL TOWER FIRE - BRIEFING

This was included in the agenda as a late report, in order to provide the Board with the most up to date picture of the current situation as possible, following the Grenfell Tower fire on Wednesday, 14th June. Craig Williams commended the professionalism and dedication of emergency services staff, throughout their handling of fire and its aftermath. He expressed his sympathies and condolences for residents of the Tower who had been injured or lost loved ones. Providing an overview, he explained that over 100 families had been allocated a social worker and 220 people had been placed in temporary accommodation. Support from a number of London boroughs was

being provided, with different Councils taking the lead according to their areas of expertise and knowledge; to illustrate, Westminster were leading on communications, Ealing were leading on support for rest centres and an officer from Haringey was providing advice on setting up a Humanitarian Assistance Centre. Barbara Brownlee, Director of Housing, Westminster City Council, was leading and co-ordinating work on the allocation of accommodation. It was understood that most individuals and families had been allocated temporary housing, the next step was to find suitable, longer term accommodation, with a view to finding permanent housing for the future.

In response to a question from Councillor Holder, Mike Robinson gave an explanation of the strategic command structure used by the emergency services and how this was designed to respond to emergency situations. Bronze command indicated operational control of resources at the site of an incident, silver indicated tactical control and gold undertook strategic oversight and control of the whole incident. The structure was replicated across all agencies including the police, NHS and local authorities.

Support on site at the Westway rest centre was continuing, with health professionals co-ordinating care, signposting clinical care pathways and collaboratively working to ensure that efforts were focused on the needs of both individual and family groups.

There was on-going work to address the impact on residents in the locality, indirectly affected by the fire, particularly those with long term conditions. There had been anecdotal reporting of increased mental health issues that would require monitoring. It was noted that CNWL, the mental health provider for RBKC, would lead on this area.

Janet Cree reported that LBHF GPs had formed part of the local volunteer workforce. The approach being taken was that those patients located in the area would continue to be seen by their existing practitioner, in order to maintain continuity of care. It was noted that there was one patient registered with an LBHF GP, who was not in the tower but evacuated from the vicinity.

Janet Cree explained that emotional support was being provided through the allocated key worker. This will increasingly progress to being outreach work. Key workers would advise on a case by case basis, referring according to need. The Mental Health Single Point of Access service was operating as normal and a crises drop in centre would be operational, by Thursday at the latest.

In response to a question from Councillor Holder, Craig Williams explained that the standard discharge process operated. Once discharged from hospital, they would be first allocated temporary accommodation, then semi-permanent accommodation. It was noted that the first of these allocations had begun, with offers being made with considerable sensitivity, given that there were still many missing people who had not been accounted for. Discharges were most difficult with those who were not physically affected but traumatised. An estimate of up to a 1000 people were evacuated from the vicinity of the tower, from surrounding homes. Mike Robinson confirmed that

officers would provide more information about the level of support available on discharge.

ACTION: Mike Robinson / Janet Cree

In terms of officer support, Children's Services had taken the lead, with support from ASC. A rota had been agreed and weekly team meetings arranged, with 8 voluntary social workers available per day. A "business as usual" plan had been agreed that would release resources but would also ensure continuity of existing provision.

Officers were working closely with colleagues in housing. Craig Williams confirmed that all affected residents that were known to ASC had now been contacted and will be prioritised. It was explained that on-going work with partners, voluntary sector agencies and mental health teams would continue to evolve with the aim of ensuring that residents would have access to the support they needed. It was understood that this might have an impact on discharge teams. It was also noted that RBKC staff had set up a single point of contact telephone number to ensure continuity and provider information.

Mike Robinson explained that lists were being compiled, identifying groups of people and the type of help required. There was also a data and governance issue to consider. Public Health teams would take a lead on helping to rebuild communities, with the overall aim of being alert to early warning indicators that might indicate that an individual is struggling. There was a small window of opportunity, where symptoms of PTSD (post-traumatic stress disorder) would manifest themselves at a period of between 4 to 12 weeks. Most will find that their symptoms will settle but there will be a need for counselling to within this window to prevent any mental health issues from becoming chronic.

During the course of the discussion, concern was expressed about ensuring that confidentiality regarding medical conditions was maintained, for those residents currently being supported in the rest centres. This made it difficult to ensure that information could be accurately combined in a database, which they had just begun to do. Further clarification was also required to ensure that people could access support payments through nominated organisations and that there would be continued co-ordination across the agencies to ensure that assistance is provided to those in need.

Councillor Coleman expressed his thanks to all staff who had volunteered across the boroughs, who had worked professionally and unstintingly, responding to the needs of those affected by the fire.

106. NORTH WEST LONDON WHOLE SYSTEMS INTEGRATED CARE DASHBOARD

Ian Riley presented the report which set out details of the Whole Systems Integrated Care (WSIC) Dashboards Programme, implementation across North West London (NWL) and information of future plans and developments. The report invited the Board to note the benefits of the WSIC Dashboards to support system wide integration and proactive case finding and management

of patients. The London Borough of Hillingdon was the only authority of the eight local authorities yet to have signed up to the information governance protocols, which was an information sharing agreement.

Briefly, Ian Riley explained that the dashboard would collectively draw together patient information that could be accessible by clinicians across departments, ensuring integrated care per patient records. Health and social care systems were currently siloed, using clinical systems at a basic, individual level. Going forward, data sharing would not include confidential information and general information protocols would be in place to maintain this. Mike Robinson commented that the information was an extract from the departmental submissions, detailing for example, the number of GP visits made by a patient in a given period. The Patient Activation Measure (PAM) assessed an individual's knowledge, skill and confidence for managing their own health and healthcare. Selected parameters could manage the data to provide evidence, for example, of which patients had an agreed healthcare plan in a given period.

The overall intention was to facilitate a move from reactive to proactive health management, improving quality of care and patient outcomes. Janet Cree observed that one of the challenges was managing work on refining GP referrals, for which the LBHF CCG was developing a local scheme. She added that an observable pattern of healthcare use and the build-up of attendances would allow them to refine and more precisely target resources more effectively.

Councillor Coleman sought assurance that a method of measuring progress would be factored into the operation of the dashboard, from its commencement. It was noted that the My Care, My Way scheme introduced by West London CCG was a new, integrated care service for those aged over 65, in Kensington & Chelsea designed by both patients and GPs. It was agreed that a briefing note will be provided to demonstrate how this would be measured. Following further discussion, Mike Robinson observed that the WSIC dashboard could be used to inform the Health and Wellbeing Strategy, and asked, how this could be facilitated. It was agreed that he would arrange to meet with Ian Riley to help develop the briefing note.

ACTION: Ian Riley, NWL CCG, Mike Robinson, Public Health

In response to a query from Councillor Coleman, Ian Riley explained that security protocols were in place to protect the data and had been tested. It was noted that the data held was high level, without personal details. The information sharing agreement ensured that the data was anonymised. Security access also required a designated security card. It was also reported that 28 GP practices had signed up to the information sharing agreement. This could potentially offer greater integration of community arrangements, a priority which aligned closely with the Health and Wellbeing Strategy.

RESOLVED

That the report be noted.

107. **PROPOSAL TO ESTABLISH JOINT BCF HEALTH AND SOCIAL CARE TRANSFORMATION PROGRAMME**

Craig Williams presented a report which set out a proposed way forward, using the Better Care Fund Plan (BCF), the Joint Executive Team (JET) and a Joint Investment Fund as key levers for delivering change. The Board would be required to sign off on the proposals, although there remained issues and decisions to be fully resolved around the governance structure. The report was confirmed as being tri-borough and had been considered at a JET meeting on 13th June.

Mike Robinson explained it was understood that each borough maintained its sovereign status and that the BCF would be tailored accordingly. Janet Cree acknowledged that the disaggregation process that the three boroughs were pursuing would require careful consideration in this context. It was noted for example, that the joint commissioning for older people team was hosted by LBHF and that the BCF had been set up on a tri-borough basis. The final structure was yet to be agreed in all three boroughs, the level of resourcing and the cost of staffing would also need to be understood.

Craig Williams explained that a Programme Board will be established, with a duty to ensure that safe standards were maintained, the cost of which were unknown. The report set out an agenda that would map out the next two years and also included discussions about tri-borough within this dialogue.

Councillor Coleman enquired about the areas of the BCF that officers aimed to concentrate on and the impact of the BCF on the local market, for example, residential care homes. Referring to page 30 of the report, Craig Williams responded that work in conjunction with the 8 boroughs in the area would render a separate LBHF approach on this unhelpful.

Janet Cree observed that this was what was reflected in the proposals for the North West London Sustainability and Transformation Plan (STP). While the BCF will remain tri-borough, she acknowledged that they “had not got the terminology right” and would continue to work closely with the West London collaboration of CCGs to address this. She reported that the issue was understood clearly by their Accountable Officer, Clare Parker.

Referring to the Community Independence Service (CIS), which was funded by the BCF, Janet Cree explained that this was configured according to the needs of each borough. She also explained that they were currently exploring how to make the CIS more effective, on a borough by borough basis. As part of this, they hope to encourage GPs to identify residents who might benefit from the CIS.

Craig Williams reported that the guidance for the BCF had not yet been issued and it was noted that there may be either a Chair's delegated authority to agree the proposals, once finalised, or an additional meeting of Board.

108. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-17

Mike Robinson informed the Board about the approach being considered for the preparation and production of the Annual Report of the Director of Public Health 2016-17. It would focus on mental health and wellbeing. Work on the report was anticipated to commence by the third week in August and also inform 2018/19 priorities.

Janet Cree commented that mental health was covered under Development Area 4, under the STP. Mike Robinson responded that the community aspiration would be to address mental health treatment from within the community but that it was also important to think about prevention methods. He invited the Board and officers to provide case histories that might be used as helpful illustrations. Colin Brodie outlined their intention to write to each of the Board members in order to solicit case histories, focusing particularly on how people maintained their mental health.

ACTION: Colin Brodie, Public Health

In response to a query from Councillor Coleman, Janet Cree explained the Annual Report would inform parts of the evidence collected, to assist with the allocation of resources. During the brief discussion which followed, it was agreed that it would be helpful for Public Health to meet separately with health colleagues, to further explore themes for the report, what "good" mental health might look like and how people maintained this.

ACTION: Public Health, CCG

109. JOINT HEALTH AND WELLBEING STRATEGY 2016-21: DEVELOPING OUR IMPLEMENTATION PLANS

Harley Collins provided brief details as to the background and work undertaken in producing the Joint Health and Wellbeing Strategy (JHWS). The main objective was to now agree a programme of work for the Board which could be informed by the strategy and the four agreed priority areas identified for 2016-21. Members of the Board and support officers had attended two, facilitated development half-day workshops, to review national best practice, to consider how the Board could operate more effectively and to consider the programmes of work that should be prioritised via the delivery plan.

Councillor Coleman welcomed the JHWS. He was keen to see focus on the strategic areas which were cross-cutting and for outcomes to be set and measured.

In response to Council Coleman's query, Janet Cree commended the work undertaken in developing the JHWS, which she felt was intrinsically more focused, located more in ASC rather than Children's Services.

Councillor Coleman enquired about the location of transition services within the framework. It was noted that a joint team had been established to provide greater support for transitioning young people. It was agreed to explore making the Carers Strategy a sponsor item.

Action: HWB

It was noted that the JHWS was not going to be a static tool and was subject to review as a part of an evolving process. It set out the agenda for the work to be carried out within the next 12 months, to be further refined up to 2021. Craig Williams suggested that improved utilisation of communal spaces and voids be further explored and how this tied in with the estates strategy.

Action: CCG

RESOLVED

That the report be noted.

110. WORK PROGRAMME

The Board noted the work programme, planned for 2017/18.

RESOLVED

That the report be noted.

111. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday, 13th September 2017.

Meeting started: 6pm
Meeting ended: 9.05pm

Chair

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