

# Decisions of the Health & Well-Being Board

25 April 2013

Cllr Helena Hart (Chairman)

\* Andrew Howe  
\* Gillian Jordan  
\* Dr Charlotte Benjamin

\* Dr Clare Stephens  
\* Dr Sue Sumners  
\* Kate Kennally

\* John Morton  
\* Cllr David Longstaff

\* denotes Member Present

## 1. **MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):**

The minutes of the meeting held on 31 January 2013 were agreed as a correct record, subject to the following amendments:

Item 17, top of page 3- insert the words 'a work stream around this' after the words 'the Health and Well Being Strategy also included' and the word 'good' to be inserted between 'continued' and 'performance'.

## 2. **ABSENCE OF MEMBERS (Agenda Item 2):**

Apologies for absence were received from Cllr Sachin Rajput, Paul Bennett (NHS England), and Cllr Andrew Harper.

The Chairman welcomed Councillor Longstaff as a deputy for Cllrs Rajput and Harper and emphasised that as Cabinet Member for Safety and Resident Engagement, he had a significant interest in and contribution to make to health and well-being.

## 3. **DECLARATION OF MEMBERS' DISCLOSABLE PECUNIARY INTERESTS AND NON PECUNIARY INTERESTS (Agenda Item 3):**

There were none.

## 4. **HEALTH AND WELL-BEING BOARD- GOVERNANCE (Agenda Item 4):**

Andrew Nathan, Head of Governance, introduced this report and highlighted that from 1 April 2013, HWBB became a statutory Committee of the Council.

The Board discussed the role of NHS England at HWBB. The Board agreed to revise the terms of reference to include NHS England as a full member of the Board subject to further discussions with Paul Bennett, who was unable to be present, on how he envisaged their role would work. The Chairman requested that NHS England submit a report on priorities and the NHS mandate to the next HWBB in order to mesh together into a single programme of work.

The Chairman requested that all Members nominate a named deputy so that there is continuity of attendance to HWBB. Andrew Nathan would write formally.

Andrew Nathan reported that Appendix B outlined the work programme but that this was in outline form. The Group agreed to revisit this at their next meeting.

He advised that the bi-monthly meeting cycle would be retained for the 2<sup>nd</sup> or 3<sup>rd</sup> Thursday of the month and the provisional date of the next meeting was 27 June. He agreed to circulate (including to NHS England) a proposed schedule of dates for the 13/14 meetings to the Group. He advised that these dates would be formally agreed at the next Annual Council meeting but the group were advised to hold these dates their diaries.

## **RESOLVED**

**That the Board endorses the governance arrangements agreed by Council on 16 April 2013**

**That the Board supports the recommendation that NHS England would be a member of HWBB**

**That the Board agrees the proposed revised Terms of Reference and Work Plan as set out in the report but that a more detailed work plan be submitted to the next meeting.**

## **5. QUALITY AND SAFETY IN BARNET (Agenda Item 5):**

### **5 Quality and Safety in Barnet –A response to The Francis Inquiry Report**

The Chairman opened the discussion by reporting that she had sent letters in early February 2013 to the four major NHS Trusts serving Barnet asking how they were addressing the recommendations arising from the Francis Inquiry report and inviting them to the meeting. She thanked the Trusts present for attending but expressed disappointment that Barnet, Enfield and Haringey Mental Health NHS Trust had not replied, and had been unable to send a representative to the meeting.

Mr Morton introduced his report and outlined how Quality and Safety was being managed in the CCG. He and Dr Sumners reported how hard and soft intelligence including from GPs was used and acted upon to ensure quality was delivered, and the governance arrangements that were put in place. Mr Morton highlighted that when a problem is raised it was discussed openly and also advised that the CCG supported honesty and this was paramount to the organisation.

Dr Tim Peachey from the Barnet and Chase Farm Hospital NHS Trust reported that he welcomed Francis's comments regarding duty of candour. He gave an account of how complaints were handled at Barnet and Chase Farm Hospital NHS Trust and assured the Board that all complaint letters were signed by him or someone of a senior level and if the responses are not accurately written then he would request that they are rewritten to address the concerns. He also advised that all letters of compliments received are responded to.

In addition, Barnet and Chase Farm Hospital NHS Trust were also using feedback from Relatives Group workshops to help facilitate the recommendations made in the Francis report.

He also reported that staff are contacted on a regular basis to discuss how they felt valued, as this can impact on the quality of care they provide to patients. A tracking and message system was also in place.

In response from a question from the Chairman, Dr Peachey gave an account of the practices currently in place at the Trust following the recommendations from the Francis report which included:

- complaints kept separate from patient records
- face to face complaints welcomed
- unique complaints are reviewed
- patients are informed even if they are not aware of issues
- development sessions are held to test feedback - the Chairman requested that the results from these sessions are shared with this Board.
- effective complaints handling by encouraging patients to speak to the board and at the start of every board meeting a letter of complaint is addressed.

In response to a question from the Chairman, he confirmed that all complaints were recorded; this includes patient groups and over the 50's groups.

The Chairman requested that Barnet and Chase Farm Hospital throughout the year continue to bring back the recommendations arising from the Francis report to this Committee throughout the year.

Dr Stephen Powis from the Royal Free Hospital outlined their response to the Francis report. He reported that each quarter a detailed analysis of mortality rate at the Royal Free Hospital Trust was conducted and that the Trust Executive Committee used soft and hard data as monitoring tools. He reported that in the future, the intention was to have a world class programme which would engage staff and patients and clarify what would be their priorities from the Francis report. Collaborative work with other Trusts would also be developed including through the UCL partners workstream.

Dr Linda Charles-Ozuzi from Central London Community Healthcare (CLCH) reported that quality and patient safety was of paramount importance to them and the recommendations from the Francis report being taken forward included

- They had recently refreshed the quality strategy.
- They were using quality accounts informed by a 30 day consultation to set specific and measurable goals related to patient experience based on patient stories and how the Trust has responded.
- four listening events across four boroughs with involvement from staff and patients.
- data would also be used to unpick averages
- support from a quality action team
- safety thermometer and feeding this data back to frontline staff.

In general discussion, the Head of Barnet Healthwatch, Selina Rodrigues reported on the role of Healthwatch and plans to set up a sign-posting service and explained that the intention was to speak to individual providers and feed back this information, and to initiate more public meetings to support ongoing communication with patients and the public.

In a response to a question from Cllr Alison Cornelius over the timing of responses to complaints, Dr Peachey advised that complainants were invited to meet regularly for an

open, honest discussion. He also advised that these meetings were audio recorded and a copy sent to the complainant followed by a letter with an offer to respond. Some patients feared to make a complaint and that this can sometimes be difficult to address as it requires a cultural change, nurses are encouraged to engage with their patients and feedback any issues.

Dr Benjamin reported that a letter had been sent to Barnet Enfield and Haringey Mental Health Trust requesting fortnightly reports on their six month Delivery Plan.

Dawn Wakeling, Adults and Communities Director, presented an update on older people and the service user experience and the practice governance approach. She reported that her service was using soft intelligence gathering in line with the Care Quality Commission to identify cross organisational issues and improve the quality of the experience.

Dr Peachey also outlined plans through UCL partners whereby Trainee Doctors were encouraged to study an MSc module linked to patient safety as this was a specific recommendation arising from the Francis report.

In a response from a question from Cllr Longstaff, Mr Morton explained how the patient engagement measure would be fully addressed through patient surveys, Trusts comparing benchmarking data, staff surveys and measures on how to develop consistent quality.

Kate Kennally, Director for People, highlighted the importance of knowing how complaint feedback made a difference and that Healthwatch had a role in pulling together feedback from what all the other Trusts were doing.

Dr Sumners & Mr Morton recommended bringing everything together to share and learn and to develop an integrated way of working and a culture where problems were immediately investigated and carefully resolved.. They both advised that the HWBB should measure soft intelligence and that a report be brought back to this Board specifying a timescale. Mr Morton and Ms Wakeling would liaise further over health and care integration.

Mr Morton highlighted that a report would be taken to CCG Board in June which would include a detailed action plan.

## **RESOLVED**

**That the Board notes and supports the steps being taken by Barnet CCG to address the findings of the Francis report.**

**That further reports are submitted to this Board on how all relevant players in the system are working together to implement the Francis report, including how feedback from patients, relatives and staff is being brought together.**

## **6. BARNET CLINICAL COMMISSIONING GROUP INTEGRATED STRATEGIC AND OPERATIONAL PLAN 2013 - 2015 (Agenda Item 6):**

Mr Morton introduced the report and advised that the CCG was an authorised new commissioning organisation that was embedding and continuing existing work initiated

by Barnet PCT at a faster pace and that the operational plan did not set out a significant change in direction. It was driven by quality and patient outcomes, not finance, but was committed to removing examples of wasted resources.

He explained the ways in which the CCG would achieve the commitments in page 14 of the Plan and highlighted plans for better patient involvement and the importance of conversing with patients and feeding back these responses into the quality agenda.

He also reported that there were three proposed local priorities, selected by GP's, namely:

Dementia Services

End of Life Care

Stroke Services

In a response to question from the Chairman, Mr Morton explained that for the dementia services, the emphasis would be on diagnosis. Measures would need to be in place to support people with Dementia and additional services were required in addition to those already existing.

Ms Kennally commended the specific links made by the CCG to the Health and Wellbeing Strategy, which the Council would emulate for its own corporate documents. She also highlighted the new Children's and Young People Plan, to which the CCG's plan needed to be aligned, and identified the challenge of ensuring the capacity to deliver and work together as an integrated health and social care system.

Ms Wakeling supported the work stream around dementia and agreed to circulate a link to the website to a conference she had attended where two dementia sufferers shared their experiences of using support services and their feedback on medication.

The Chairman referred to the "Supporting Work Programmes" list on page 47 of the (ISOP) and advised that these programmes work together with Healthwatch whenever any new services are commissioned.

## **RESOLVED**

**The Board confirms that the Barnet CCG Integrated Strategic and Operating Plan 2013-15 supports delivery of the Health and Well Being Strategy.**

**The Board notes and agrees the local priorities and measures which will be submitted to NHS England as part of the 2013/14 Operating Plan.**

## **7. PROPOSAL FOR A BARNET SCHOOLS - WELLBEING PROGRAMME (Agenda Item 7):**

### **7. Proposal for a Barnet Schools - Wellbeing Programme**

Dr Jeffrey Lake from the Public Health Team, Barnet and Harrow, presented a report on the partnership process with Schools, advising that the London Healthy Schools Programme had been re-launched and that the menu of support would be suggested to Schools for implementation from September 2013.

Dr Clare Stephens discussed obesity in both primary and secondary schools and recommended that the programme is extended to these groups. She also advised of the

necessity for health messages around cancer, including Breast Cancer Awareness for teenage girls, and the importance of an early diagnosis of some cancers. She pointed out primary school children were known to influence parents and grandparents.

A concern was raised about the messages parents receive in relation to immunisation. Although Dr Howe advised that a major measles outbreak was not expected in London, the Board identified that particular groups would need to be targeted and encouraged GPs to work with these groups within the community.

Ms Kennally suggested a co-ordinated approach to advise GPs and to use community schools as a vehicle to get the messages out to these particular groups within the community.

Dr Howe agreed to circulate all the recent information on Measles immunisation from NHS England (Central London).

Dr Stephens encouraged the board to support and endorse the different strands recently announced for the physical activity provision in schools as outlined in paragraph 11.2 of the report and communicate the physical activity strand to Schools. She also advised of the new arrangement for immunisation for MMR boosters and to ensure that this information is reliably circulated to GPs practice.

It was agreed that Dr Howe together with Dr Stephens would communicate with the NHS England Lead contact to ensure the information is circulated to GP's.

## **RESOLVED**

**That the Health and Well Being Board supports the proposal for a Barnet Schools Wellbeing Programme.**

### **8. HEALTHWATCH UPDATE (Agenda Item 8):**

Selina Rodrigues highlighted the intention of Healthwatch to fully engage with a range of communities and advised that they should be fully operational with staff by the end of June, and were recruiting volunteers over the next 3 months.

She explained the intention to visit communities within the borough and highlighted May 21 as the launch date for Healthwatch.

She advised of the plans to establish continuation links around GP access project groups with Barnet CCG looking at access to appointments, accessibility access for GPs surgery, mental health & transsexual services and service users experience of using these services within the community; and that Healthwatch would identify areas of work where Healthwatch can engage with mental health; for example, young people focus groups.

The Chairman was concerned to ensure there were robust plans to engage with the various ethnic minorities in the borough. Ms Rodrigues explained that there are plans for Healthwatch to develop links with Grahame Park and that this would also form links with ethnic minorities within a certain geographical location. She advised of actions to approach representatives from ethnic minority steering groups and highlighted that in addition Healthwatch would also be using volunteer recruitment to encourage involvement from ethnic minorities.

Ms Wakeling highlighted the importance of continuing with the social care element of the work during the transition from the LINK. Both she and Dr Howe would communicate with Healthwatch how they might assist in their work.

Ms Kennally highlighted the need for healthwatch to keep an eye on complaints as highlighted in the Francis report, and that future reports should include information on how Healthwatch and the new provider of NHS Complaints Advocacy Services, Voiceability, were discharging their responsibilities.

Dr Howe suggested using tools to advertise and engaging in different ways such as year 10/11 volunteers in the community and young people involvement, as well as Head Teachers from secondary school involvement.

**RESOLVED**

**That the Health and Well Being Board note the progress report and endorse subject to the above sections.**

**9. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 9):**

There were none:

The meeting finished at 12.00 pm