

# Minutes of the Health & Well-Being Board

4 June 2015

## Board Members:

Chairman: \*Councillor Helena Hart (Chairman),  
Vice Chairman: Dr Debbie Frost (Vice-Chairman)

* Dr Charlotte Benjamin	* Councillor Sachin Rajput	* Dawn Wakeling
* Dr Andrew Howe	* Dr Clare Stephens	* Michael Rich
* Chris Munday	* Councillor Reuben Thompstone	Chris Miller
Paul Bennett	Regina Shakespeare	

\* denotes Member Present

## Substitute Members:

*Julie Pal	Dr Ahmer Farooqui	Mathew Kendall
Councillor Wendy Prentice	*Dr Barry Subel	Dr Jeffrey Lake
Councillor David Longstaff	Maria O'Dwyer	
Bernadette Conroy	Nicola Francis	

## Also in attendance:

Sarah Hellier (HB Public Health)  
Matt Powls (CCG)  
Hugh McGarel-Groves (CCG)  
Dr Tania Misra (NHS England)

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

The Chairman of the Health and Well-Being Board, Councillor Helena Hart welcomed Michael Rich (Head of Healthwatch Barnet), Chris Munday (Commissioning Director Children and Young People, LBB) and Dr Barry Subel (Barnet CCG) who was substituting for Dr Debbie Frost, to the Health and Well-Being Board (HWBB).

The Chairman noted the departure of Kate Kennally from the Board and placed on record the HWB Board's appreciation and gratitude for everything that she had achieved from its inception. She also noted the departure of Selina Rodrigues and similarly thanked her for all her efforts and contributions to the work of the Health and Well-Being Board.

A correction was made to the minutes of the previous meeting, on page 1, for the last paragraph to read:

*The Board heard that in relation to the Healthwatch Update report, a meeting has been arranged between Adults Services and Healthwatch Barnet and that a progress report will be presented by Healthwatch at the June July Health & Well-Being Board which will include information on the progress made by all providers.*

Board Members were provided with a verbal update on the progress of actions from the previous minutes of the HWBB on 12 March 2015.

It was noted that in relation to the Strategic Approach to Obesity agenda item, partners have made nominations for representatives on the Obesity Steering Group.

The Board heard that work is underway towards the proposals made at the previous meeting for a pilot, phased GP training programme as part of the IRIS programme.

It was further noted that in relation to the Forward Work Programme, the CCG Delivery Plan was circulated to the HWBB on 31 March 2015.

**RESOLVED that the minutes of the Health & Well-Being Board meeting held on 12 March 2015 be agreed as a correct record.**

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

The Board noted the membership list which was updated following the Annual Council meeting on 13<sup>th</sup> May 2015.

Apologies for absence were received from:

Paul Bennett (NHS England)

Dr Debbie Frost (CCG) - substituted by Dr Barry Subel

Regina Shakespeare (CCG) – Maria O’Dwyer was unable to attend but Matt Powls and Hugh McGarel-Groves (CCG) were in attendance for specific items

Chris Miller (Safeguarding Boards for Adults and Children’s)

**3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):**

None.

**4. REPORT OF THE MONITORING OFFICER (IF ANY) (Agenda Item 4):**

None.

**5. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 5):**

None were received.

**6. BARNET’S HEALTH PROTECTION PROFILE - PUBLIC HEALTH ENGLAND REPORT (Agenda Item 6):**

The Chairman invited Dr Tania Misra (Consultant in Communicable Disease Control, Public Health England) to join the meeting to deliver the presentation on the Annual Health Protection Profile for Barnet.

Dr Misra briefed the Board about the Health Protection Profile for Barnet which is prepared on an annual basis and provides a summary of the health protection issues affecting each borough.

The Board was briefed on the health protection related incidents and noted that there were 45 such incidents and outbreaks in Barnet reported to the North East and North Central London Health Protection Team in 2014.

The total number of infectious diseases reported from Barnet was higher in 2014 (773) compared to 2013(676). The Board noted the upward trend in scarlet fever notifications in 2014 (75) compared to 2013 (26). There was also an increase in 2014 in the number of GI infections reported, including Salmonellosis, Shigellosis and VTEC E.coli. compared to 2013 The Board noted the importance of better detection processes and heard that reported coverage has improved.

Following a query from the Board, Dr Misra provided further summary information about Sexually Transmitted Infections (STIs), stating that whilst the prevalence of STIs in older people is increasing, the rate of STIs in young people in Barnet is lower than both the London and England rate. The Director for Public Health, Dr Andrew Howe, stated that consideration is being given to the procurement of a new sexual health service model to ensure health protection and prevention.

**Action: For the Board to receive demographic information for Barnet in relation to STIs and HIV from Public Health England.**

**Action: Public Health England to update the Board about monitoring of the long term effects of scarlet fever and the administration of the BCG in Barnet.**

The Chairman thanked Dr Misra for attending the meeting and delivering the presentation to the Board. The Chairman also noted that the Board will receive a Tuberculosis (TB) situational report at its meeting in July.

**RESOLVED that the Health and Well-Being Board notes the contents of the report and the appendix as assurance of the Health Protection functions of Public Health.**

## **7. BETTER CARE FUND - POOLED BUDGET PROGRESS (Agenda Item 7):**

The Chairman introduced the item on the progress of the Pooled Budget of the Better Care Fund (BCF) which provides an update on the timetable for quarterly reporting of the BCF and the financial risk in the pay for performance element of the fund.

The Chairman welcomed the report and thanked the officers for their contribution to the positive progress that has been made towards the BCF pooled budget.

The Commissioning Director (Adults and Health), Dawn Wakeling, briefed the Board about the contents of the report. Ms Wakeling noted that since the last meeting of the HWBB, both organisations (the Council and Barnet CCG) have received endorsement from their governance bodies namely LBB Policy and Resources Committee and Barnet CCG Audit Committee to enter into a pooled budget. Ms Wakeling noted that there is early evidence of the positive impact of the integrated care services. Ms Wakeling explained that there are plans to roll out the Barnet Integrated Locality Team (BILT) to the west of the borough from the end of September.

It was noted that the HWBB will be required to sign off the quarterly reports prior to formal submission to NHS England and that reporting will be primarily based on the Barnet Part 2 template of the BCF submission. Due to timescales, the reports will be reported to the Board in retrospect having been signed off by Councillor Hart and Dr Debbie Frost. The Chairman asked for the reports to include RAG ratings, the Board endorsed the request for the reports to include RAG ratings.

Ms Wakeling also informed the Committee about the information pertaining to the key metrics which will be presented to the HWBB on a quarterly basis.

Following queries from the Board, Ms Wakeling informed that in developing the BCF model, several engagement projects have been implemented involving service users and the voluntary sector. Furthermore, BILT will work to ensure that there is better participation across organisations.

The Board also noted the impact of the Government commitment for seven day NHS working - a number of social care services are already available at weekends and in the evening but consultant coverage in hospitals will need to be considered. Dr Charlotte Benjamin explained that GPs are exploring network working to ensure increased quality and good coverage.

The Board discussed the national issue of sustainable funding for social care. Ms Wakeling stated that there is a proportion of the BCF for protecting social care and future arrangements for the BCF will be communicated from Government in due course and communicated to the HWBB.

**RESOLVED that:**

- 1. The Health and Well-Being Board notes the progress in in establishing the pooled budget fund between London Borough of Barnet and Barnet Clinical Commissioning Group.**
- 2. The Health and Well-Being Board notes the timetable for Better Care Fund (BCF) quarterly reporting and agrees that the Chairman and Vice-Chairman of the Health and Well-Being Board continue to sign off progress reports, which will include RAG ratings, to NHS England.**
- 3. The Health and Well-Being Board endorses the approach to address the identified potential financial risk.**

**8. PROGRESS REPORT ON MENTAL HEALTH PROVISION (Agenda Item 8):**

Dr Charlotte Benjamin (Barnet Clinical Commissioning Group) introduced the report which updates the Board on the current work undertaken by Barnet CCG and LBB relating to mental health service provision in Barnet.

The Board noted that following the commissioning intentions identified in the 'Redefining Adult Mental Health Social Care Project', the Adults and Safeguarding Committee will consider a detailed report on the proposed service specification later in the month.

Dr Charlotte Benjamin (Barnet CCG) briefed the Committee about the Mental Health Review and Reimagining Mental Health project. Dr Benjamin informed the Board that one of the key recommendations that followed from the review of the mental health care provision is that mental health care and support needs to be much more focused on service users with more support provided in primary care and community settings.

The Board was informed about the key themes which emerged from the Reimagining Mental Health workshop such as the continued involvement of people with mental health

needs and carers and a provision of social care services through a community-based approach to shape future services. A successful breakfast morning meeting was held in May with residents and voluntary sector organisations to discuss how we take developments forward.

The Chairman welcomed the report and thanked Dr Benjamin for the progress update.

The Board heard about the uncertainty of the sustainability of Barnet Enfield Haringey Mental Health Trust and how mental health services were being looked at across North Central London.

Dr Andrew Howe, Director of Public Health (Barnet and Harrow) briefed the Committee about the positive feedback as a result of the work that was commissioned to employment support and return to work initiatives; the employment pilot supported 1 in 3 people to gain and retain employment.

Dr Howe informed the Board that a further update report will be brought to the HWBB on the results of the delivery of the initiatives to support people with a mental health problem into employment. **(Action)**

The Commissioning Director (Children and Young People) stated that this was an update about adult mental health and that the Board would receive a plan for Children and Adolescent Mental Health services (CAMHs) later in the year.

**RESOLVED that the Health and Well-Being Board notes and comments as appropriate on the progress on current interrelated work on mental health service provision within Barnet CCG and LBB.**

## **9. BARNET CCG OPERATIONAL PLAN 2015 - 2016 (Agenda Item 9):**

The Chairman introduced the item which sets out the Barnet CCG Operational Plan for 2015-2016 and the Plan's focus on Quality, Access, Innovation and Value for money.

The Chairman invited Mr Matt Powls, Performance and Planning (Interim), Barnet CCG, to join the table.

Mr Powls briefed the Board about the contents of the Operational Plan as set out in Appendix A to the report.

The Board raised the following:

- The Chairman requested that the plan should include more detail on the work undertaken by the CCG in relation to child sexual exploitation, safeguarding, domestic violence and violence against women and girls.
- It was highlighted that CLCH is included but not the Royal Free as they occupy different aspects of the health economy
- Page 15 includes figures from 2012, the Chairman requested that the most up to date data is used.

Mr Powls informed the Board that revisions will be made to the Operational Plan outside of the meeting to address the points raised **(Action)**.

**RESOLVED that the Health and Well-Being Board notes the Barnet CCG Operational Plan 2015-2016 Report.**

**10. CCG ANNUAL REPORT AND ACCOUNTS (Agenda Item 10):**

The Chairman introduced the report and noted that the Board is asked to consider the Barnet CCG Annual Reports and Accounts. The Chairman invited Mr Hugh McGarel-Groves (Chief Financial Officer, CCG) to join the meeting.

Mr McGarel-Groves briefed the Board on the contents of the Annual Report and the information as set out in Appendix One of the report which is required to be published prior to 5<sup>th</sup> June 2015 in line with NHSE requirements.

The Board noted the strategic objectives and goals of the CCG. Mr McGarel-Groves drew attention to the financial overview and informed the Board that the improvement is due to a number of factors including some additional NHS England funding, but principally due to close monitoring and control of expenditure throughout the year. A risk exists for the current year as a number of provider contracts have not been finalised.

The Chairman asked whether the £10 million saving in demand management had caused any negative impacts. Dr Barry Subel informed the Board that there has been no negative impact on patient care and no increase in complaints. Dr Subel went on to describe the improvements that had been made to patient pathways to ensure that patients were referred to the right place, at the right time. Dr Subel did comment that the longer term view was not clear yet.

**RESERVED that the Committee considers NHS Barnet CCG's Annual Report and Accounts and comments on the extent to which the CCG has met the priorities set out in the Annual Health and Wellbeing Strategy.**

**11. PHARMACEUTICAL NEEDS ASSESSMENT (Agenda Item 11):**

The Chairman welcomed the report on the Pharmaceutical Needs Assessment which covers the current need for pharmaceutical services and the future need over the coming three years in Barnet.

The Chairman noted the statutory responsibility of the Health and Well-Being Board to undertake a Pharmaceutical Needs Assessment by virtue of the Health and Social Care Act 2012.

Following a query from the Board, Dr Howe noted the importance of improving access to advanced pharmaceutical services. Dr Andrew Howe informed the Board about the recommendations in the report, mainly for NHS England, which consider the access to pharmaceutical services across the Borough, the location of pharmacies, their opening hours and the services being delivered.

It was also noted that due to the potential increase in local population size and demand over the next three years, there may be a need for up to two further pharmacies

providing essential services and that opening hours could be improved through extended opening hours and weekend opening.

Dr Clare Stephens stated that NHS England has a role to consider pharmacy facilities as part of all building programmes. Dr Howe agreed to raise this at a planning group meeting (**Action**).

**RESOLVED that the Health and Well-Being Board notes the report and the appendices and approves the Pharmaceutical Needs Assessment for publication on the Council's website as required by the Health and Social Care Act 2012.**

**12. WINTERBOURNE VIEW - ASSURING TRANSFORMATION (Agenda Item 12):**

The Chairman introduced the item and noted the positive progress made and the ongoing work to improve and adapt services to meet patients' needs. The Chairman informed the Board that the CCG Audit Committee had recently considered a similar report.

In relation to the Care and Treatment Reviews, Ms Wakeling noted that the majority of the reviews undertaken have identified that the care and support needs can be met within an appropriate community setting. Following the reviews, the Board heard that action plans will be implemented to continue to improve engagement with families and carers where possible. Ms Wakeling highlighted that all decisions are taken with the best interest of the person at the centre.

**RESOLVED that the Board notes the contents of the report and appendix to the report including the progress made on patient discharges, the update on patients subject to the Winterbourne View Concordat and the current position in delivering the Assuring Transformation programme.**

**13. MINUTES OF THE FINANCIAL PLANNING SUB-GROUP (Agenda Item 13):**

The Board noted the standing item on the agenda, Minutes of the Financial Planning Sub-Group, which included the minutes of the meeting held on 18<sup>th</sup> March 2015.

It was noted that the changes set out at paragraph 1.6 of the report will be discussed at the next Financial Planning Group and reported to the Board on 30<sup>th</sup> July 2015.

**RESOLVED that the Health and Well-Being Board notes the minutes of the Financial Planning Sub-Groups of 18<sup>th</sup> March 2015.**

**14. MINUTES OF THE HEALTH AND SOCIAL CARE INTEGRATION PROGRAMME BOARD (Agenda Item 14):**

The Board noted the standing item on the agenda, Minutes of the Health and Social Care Integration (HSCI) Board, from the meeting held on 19<sup>th</sup> March 2015 and the actions points as listed under paragraph 1.8 of the report.

**RESOLVED that the Health and Well-Being Board notes the minutes of the Health and Social Care Integration Board of 19<sup>th</sup> May 2015.**

**15. FORWARD WORK PROGRAMME (Agenda Item 15):**

The Chairman introduced the item which lists the forward work programme of the Health and Well-Being Board.

The Board noted the items listed for the September meeting which includes a report on the Primary Care Strategy and an update report on Opportunities to Align Public Health and Planning teams.

The Chairman welcomed the Board to contribute items to the Forward Plan and align these with their own delivery plans.

**RESOLVED that the Health and Well-Being Board notes the Forward Work Programme and proposes any necessary additions and amendments to the forward work programme (see Appendix 1).**

**16. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 16):**

There were none.

The meeting finished at 11.45am