

Decisions of the Health & Well-Being Board

27 June 2013

Members Present:-

Councillor Helena Hart (Chairman)

Dr Charlotte Benjamin
Bennett
Andrew Howe
Kate Kennally
John Morton
Councillor Sachin Rajput

Dr Clare Stephens
Dr Sue Sumners
Councillor Reuben Thompstone
Dawn Wakeling
Julie Pal (In place of Selina Rodrigues)

Also in attendance

Mathew Kendall
Emily Bowler
Jay Mercer

David Riddle

Apologies for Absence

Selina Rodrigues

1. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 25 April 2013 were agreed as a correct record.

2. WELCOME FROM THE CHAIRMAN

The Chairman welcomed Cllr Reuben Thompstone, Cabinet Member for Education Children and Families who has replaced Cllr Andrew Harper on the Health and Well-Being Board. Cllr. Hart paid public tribute to Cllr Harper and thanked him for all his sterling work on behalf of the children and young people of Barnet. The Chairman also welcomed Mr. Paul Bennett, Delivery Director for NHS England North Central and East London. She welcomed Julie Pal substituting for Selina Rodrigues of Healthwatch and thanked Ms. Rodrigues' predecessor the Link representative Mrs. Gillian Jordan for all her work and dedication.

3. WINTERBOURNE VIEW - UPDATE REPORT

The Chairman introduced this paper and praised the progress that had already been made locally on this agenda. The Chairman told the Board that there would be an in depth discussion about this work at the September Health and Well-Being Board meeting.

Dawn Wakeling talked through the requirements on Local Authorities to complete local stocktakes of progress to mitigate the risk of a repeat of Winterbourne View by the 5th July. She explained that there was already a draft in place in Barnet, which will be sent on to the Chairman, John Morton and Andrew Travers to sign off.

Dawn Wakeling also explained that a critical aspect of the 'Concordat' that Local Authorities need to adhere to involves multi-disciplinary reviews being undertaken for all service users in NHS Learning Disability Hospital settings by June 2013. Dawn reported that 17 service users in Barnet had been identified as requiring a review. 16 had completed reviews by the end of May and the 17th person was placed just a few weeks before the June deadline so a review was not appropriate. 12 of the 16 have plans in place to be moved into local care settings already, whilst Ms Wakeling expressed confidence that the other 4 people will be re-housed in good time for the cut-off date of June 2014.

Dr Benjamin asked what guidance there was on supporting young people who were transitioning into adult services. Ms Wakeling explained that Barnet has a system in place to track those transitioning, and there is work taking place on developing single education, care and health plans for these people. More work is also taking place on the commissioning options for young people with complex needs, including children with special educational needs.

Kate Kennally welcomed the changes being made in the Children and Families Bill, which support young people through until they are 25, and includes their health needs. She explained that this will make a real difference for being able to develop the right behavioural support plans for young people with complex needs.

The Chairman suggested that care providers should be invited to attend the September meeting if the Report on the Local Stocktake has any implications for them.

RESOLVED

The Board noted the actions taking place locally to support delivery against the Winterbourne View Concordat.

The Board requested a Report on local progress to be taken at the September Board meeting, including the Stocktake from Dawn Wakeling (local providers will be invited to attend the meeting too if there are any implications for them arising from the forthcoming report).

4. REPORT OF THE BARNET HEALTH AND WELL-BEING BOARD/ PARTNERSHIP BOARDS SUMMIT

The Chairman acknowledged the success of the Summit and noted that it was a vast improvement on previous arrangements. The Chairman also personally thanked Dr Stephens for staying for the whole event.

The Chairman also suggested that the Health and Well-Being Board should now consider ways to improve on the Summit to best meet the needs of both the Health

and Well-Being Board and the Partnership Boards and in light of the comments and suggestions that had been received from participants.

Emily Bowler, Customer Care and Business Manager from the Adult Social Care and Health Service, London Borough of Barnet, introduced this report and highlighted that the Summit had been a success. Ms Bowler advised that 93% of those who attended the event on May 29 reported that the Event was good.

Ms Bowler asked the Board to note that the next half-day informal Summit event will be held on November 5 at North London Business Park. The agenda for this event will be drawn up in partnership with the Health and Well-Being Board and the Partnership Boards.

Ms Bowler explained that her team is working on an action plan to take on board the feedback that had been given at the Summit and that she will be meeting with Kate Kennally and Claire Mundle to discuss an approach to deliver on this plan. She offered to feedback on next steps at the September meeting.

Kate Kennally asked what Partners had been asked to do following the publication of the report and how they will support delivery of the action plan. Ms Bowler explained that her team will be discussing the report at each Partnership Board meeting and agreeing next steps with the co-chairs of each Partnership Board.

Dr Andrew Howe asked how the Partnership Boards can support delivery of the Health and Well-Being Strategy. Ms Bowler advised that Public Health have been invited to attend the Partnership Board meetings and this could be a way to engage the Boards with the Strategy.

The Chairman advised that Healthwatch should also be working closely with the Partnership Boards. Julie Pal responded by saying that Healthwatch would welcome the chance to engage with the Partnership Boards. The Chairman requested that Ms Bowler and Ms Pal therefore work together on the Action Plan and feed back to the Health and Well-Being Board.

RESOLVED

The Board approved the Report and is in support of Ms Bowler working with Healthwatch to develop an Action Plan based on the Report.

The Board asked that Ms Bowler update the Health and Well-Being Board on progress on delivering this plan at the September Board.

5. SOCIAL CARE FUNDING

Dawn Wakeling, Director for Adults and Communities, presented a report on Social Care Funding. She explained that the Care Bill had been through pre-legislative scrutiny.

Ms Wakeling informed the Board of the key policy changes for Local Authorities:

- The national eligibility criteria for adults - the current thinking is that this should represent a steady state for local authorities

- Changes around carers - that their rights will be considered equally to the person been cared for.
- A prevention service that offers information and advice - that Local Authorities will be responsible.
- Capital means testing threshold up to £118k for residential and nursing care up from £23k - meaning many more people will have eligibility
- A duty to promote health and social care integration

Cllr Rajput advised that carers' rights will be enshrined in law which will have a bearing on how the Board deals with items going forward. He also advised that self-funders will be given an annual statement and a number will eventually reach the £72k cap on care costs, which will have a huge financial implication for the Council. He also said the changes to deferred payments for residential care will also have significant financial implications.

Mr Morton said that the new carer's rights are good news but this increases the risks and costs for healthcare. With personal health budgets being rolled out from April 2014, there will be increasing pressure on budgets for on-going care. Mr Morton advised working together closely with local authority processes to mitigate risk.

In response, Ms Wakeling said that people are not aware of the options available to them such as choices to plan their own care, and therefore enter residential care earlier. She said that people need to be aware of the options available, and advised that it was important to find new ways to help people stay engaged within the community to prevent them from becoming socially isolated (expanding on existing schemes like the Casserole Club).

Kate Kennally noted that these changes require local areas to re-examine the way people access services. She suggested having a conversation with carers at the same time as the person being cared for to avoid building additional cost in the system, and advised that this is a wide issue to rethink. Ms Kennally encouraged the Board to begin thinking about supporting people to make choices about their care, and proposing how the Health and Well-Being Board can be used effectively to support this agenda.

Ms Wakeling suggested a discussion outside of the Board meeting about care pathway work, and how the Integrated Care team can help plan and assess people's needs. Ms Wakeling welcomed input from the Clinical Commissioning Group and other partners on the Health and Well-Being Board.

Julie Pal, the CEO of Healthwatch, agreed to promote the agenda by involving the volunteer community and draw on opportunities provided by the voluntary and community sector.

Dr Benjamin suggested integrating carers and their GP's through locality meetings. Dr Stephens said that the North Locality Meeting has integration as a standing item and suggested that the Council could use this slot to progress this work.

In response to a question from the Chairman, Ms Wakeling and Cllr Rajput said it would be useful to bring back the work programme and information briefings for GP's and carers at the next Health and Well-Being Board meeting.

Kate Kennally suggested that in order to approve the 4th recommendation in the report, the Health and Well-Being Board would need a steer from Ms Wakeling about how they can support the work. Ms Wakeling committed to thinking this through and bringing back a report to the September meeting.

Ms Kennally suggested that the financial implications of these reforms should be thought through at the Health and Well-Being Financial Planning Group.

RESOLVED

The Board noted the recommendations in the Report and requested that Dawn Wakeling bring an updated paper to the September Health and Well-Being Board meeting to help the Board think through how they can support this agenda.

6. BARNET CCG RECOVERY PLAN

The Chairman asked that the discussion particularly focus on how Barnet residents will be affected by the challenges and changes facing the Clinical Commissioning Group (CCG).

Dr Sumners introduced the Barnet CCG Recovery plan and advised of the CCG's commitment to improving quality. She explained that the Barnet, Enfield and Haringey Clinical Strategy and the potential acquisition of Barnet and Chase Farm by the Royal Free will support the CCG with its recovery plans.

Mr Morton advised of the Barnet CCG financial problems and advised that the allocated budget for the CCG dropped when the CCG took on different commissioning responsibilities from that of the PCT. The CCG deficit increased from 4% to 10%. He said he was optimistic that the next allocation round would leave the CCG in a better position.

Mr Morton explained that the CCG is aiming to reach financial balance by 2017/18.

Mr Morton explained that the CCG has spent less on mental health services and community services compared to other London boroughs, and wanted to increase investment in these areas moving forward.

Mr Morton outlined plans to reduce acute spend to the level expected of Barnet. He explained that it will be possible to reduce costs in obstetrics because the CCG was being overcharged for obstetrics activity, and the way obstetrics has been paid for has changed. Mr Morton also explained that Barnet Hospital has become busier and a plan has been discussed and approved since 2007 with plans to reduce capacity in place by Nov 2013. Mr Morton explained to the Board that the plans to reduce acute spend were incredibly challenging and that the total expected costs to recover from acute providers is in the realm of £43 million.

Mr Morton also outlined the plans to move estate buildings that are not currently in use as a way to reduce estates costs. He explained that Barnet spends more money than other areas on estates, and that rationalising the Estate is a key part of the Recovery Plan. Paul Bennett from NHS England went on to advise that Finchley

Memorial hospital and the Brunswick Park Health Centre have plans in place around relocation to support CCG recovery.

Paul Bennett explained that the 2% top slicing of CCG budgets in London had in some places, like Barnet, been very problematic for CCGs. He reassured the Board that NHS England would be working with the CCG and the allocations team to resolve this problem - which will hopefully involve this 2% coming back to the CCG within the next 6 months.

John Morton explained that the recovery plan the CCG have written has made the assumption that this 2% is coming back to them. This has yet to be formalised, and NHS England will need to confirm that this money will be available to the CCG.

Ms Kennally explained that before the Health and Well-Being Board can approve the Business Plan, the CCG would need to clarify if the Board will be approving the Plan on the basis of whether or not the business rules apply. Mr Morton agreed that it would be useful to have this formalised.

In response to a question from Dr Howe about consideration given in the plan to inequalities, Mr Morton explained that the Plan has been driven by the inequalities agenda, and that the CCG will need to measure the impact on equalities in partnership with Public Health.

RESOLVED

The Board approved the Barnet CCG Recovery Plan as set out in the report, but only on the basis that NHS England 'business rules' do not apply.

7. BARNET CCG INTEGRATED CARE PLAN FOR 13/14

Mr Morton explained that this Plan accelerates work that is already in place, including the Rapid Response Service and the COPD service. He explained that the Plan recognises the need to enhance intermediate care services, and to work closely with the Local Authority.

Mr Morton emphasised the need for these changes to be implemented quickly and that the CCG will be discussing the plans with community providers to move this forward in this financial year.

Ms Wakeling supported the paper and integration from CCG partners and highlighted that the Community Care Model goes live next month. She recommended that the detail of how the plans will be delivered will be decided at the Health and Social Care Integration Board, and the Health and Well-Being Financial Planning Group.

The Chairman and Dr Sumners both commented that it was good to see that progress had been made and that an integrated service would very much benefit patients.

RESOLVED

The Board approved the recommendations outlined in the Barnet CCG Integrated Care outline plans for 2013/14.

(a) CONTRACT MANAGEMENT OF HEALTHWATCH BARNET

Mathew Kendall, Assistant Director for Community and Wellbeing Adults and Communities, updated the Board on the contract management of Healthwatch Barnet and advised that it went live in April 2013.

Mr Kendall explained Healthwatch's statutory roles and responsibilities, and explained that the plan is to get a local identity for Healthwatch Barnet that is run by the community and that this would be a clear and different branding separate from CommUNITY Barnet. Mr Kendall explained that the intention is to ensure that residents are involved with the contract management.

Mr Kendall advised that monthly meetings will be held between the Council, Healthwatch Barnet and CommUNITY Barnet. He also advised that there will be a regular update after six months to report on how Healthwatch Barnet is providing services.

The Chairman referred to the "Service delivery" points listed on page 199 of the Contract management of Healthwatch Barnet report and highlighted that constructive feedback is very important.

RESOLVED

The Board noted the statutory functions of Healthwatch Barnet.

(b) HEALTHWATCH BARNET UPDATE

Julie Pal delivered a presentation covering Healthwatch's objectives, achievements to date and plans for the coming months. Ms Pal explained how Healthwatch Barnet would engage with residents and enable partners to come to the Health and Well-Being Board to present updates. Ms Pal also advised how Healthwatch Barnet would collect evidence and present findings as decision makers. Healthwatch Barnet and Barnet MENCAP will liaise further and look at services for learning disabled people.

Ms Pal reported that Healthwatch has been in existence for about 12 weeks and advised of plans to recruit volunteers and contractors.

The Chairman requested that progress with the Healthwatch Barnet programme is discussed at the next HWBB meeting in September and said it would also be helpful if the findings are shared with the partnership consortium.

The Chairman commented on the difficulties previously experienced in engaging the Asian community and highlighted the importance of involving all of the various communities. She asked what Healthwatch was doing to engage with various BME communities in Barnet. Julie Pal explained that engagement with this group has already begun. Julie Pal agreed to take this question from the Chairman back to her team to agree a dedicated work stream.

Ms Wakeling advised that Healthwatch Barnet has joined the Safeguarding Adults Board, and asked how information will be accessible to all of Barnet's residents. Ms Pal advised that a citizen advice line is available across the Borough but that Healthwatch needs to develop a communications plan to ensure the number is advertised effectively. Ms Pal welcomed help from the Health and Well-Being Board to tap into their communications networks to support this.

The Chairman, Mr Kendall and Dr Stephens all welcomed the progress that Healthwatch had made.

Dr Stephens questioned whether the recruitment drive for Healthwatch volunteers had been extended to children and parents, and if this section of the population are aware and if they are represented. Ms Pal agreed to check this and update the Health and Well-Being Board.

Dr Stephens also highlighted the importance of people taking responsibility and leadership for their own health. Ms Kennally recommended that Healthwatch Barnet communicates with the CCG to bring together the work and work in partnership. Ms Pal and Dr Stephens agreed to have a conversation outside of the meeting about how Healthwatch can support this agenda.

The Chairman reminded Healthwatch Barnet that they have signed up to the Health and Well-Being Strategy which very much focuses on helping people improve their own health.

Dr Sumners asked what mechanisms there are to record compliments as well as complaints about local services. Ms Pal agreed to take this question back to the consortium to discuss.

Kate Kennally asked that Healthwatch reframe the recommendations they have made in their paper to highlight the leadership role that Healthwatch have. Ms Kennally also encouraged the Board to work with Healthwatch to support them to be the "partner of choice" for information and advice.

Dr Stephens suggested that Healthwatch Barnet collates the views quantitatively; to illustrate the views of particular sections of the population of Barnet and this would help to interpret responses. Ms Pal agreed to consider this approach.

RESOLVED

The Board noted the progress being made by Healthwatch Barnet and requested that the recommendations in the paper be revised to reflect Healthwatch Barnet's leadership role.

The Board requested that Healthwatch feedback on the various issues discussed at future Board meetings.

(c) PRESENTATION FROM NHS ENGLAND ON IT'S ROLE AND RESPONSIBILITIES/THE NHS ASSURANCE FRAMEWORK

Paul Bennett said that he welcomed the opportunity to be part of the Barnet Health and Well-Being Board, and said that it was important for NHS England, as a local commissioner, to be represented on Health and Well-Being Boards.

Mr Bennett reported that NHS England still needs to think through their working relationship with Health and Well-Being Boards.

The Chairman welcomed the involvement of NHS England, highlighting the role they have to play in delivering the Health and Well-being Strategy. The Chairman also requested that NHS England communicates with the Council about regeneration projects.

(d) THE NHS ENGLAND ASSURANCE FRAMEWORK: NATIONAL REPORT FOR CONSULTATION

Mr Morton explained that this Report is to update the Health and Well-Being Board on NHS England's proposals for developing a system of "mutual assurance", and to ask the Health and Well-Being Board if they would like to respond to the Consultation Document jointly with the CCG, or whether the CCG should respond alone.

Mr Bennett invited the Health and Well-Being Board to comment on the proposed performance management system in the NHS England Assurance Framework: national report.

Andrew Howe requested that Mr Bennett give his team early sight of the plans for health visiting. He also asked Mr Bennett how NHS England planned to report on progress made locally on issues such as Immunisation. He requested that Mr Bennett come to a future Health and Well-Being Board meeting to discuss these issues.

Dr Howe also asked to discuss the response to the Consultation with Mr Morton outside of the meeting.

Ms Wakeling questioned the CCG and NHS England on assurance conflicts, and who is responsible for 'whole-system assurance'. In response, Mr Bennett reported that not all of the details have not been worked thorough properly and this is currently been worked on.

Dr Stephens highlighted that patient well-being is at the heart of all of the NHS proposals and that all parties need to direct their energies to this to overcome issues like conflicts of interest.

RESOLVED

The Board recommended Dr Howe prepare a joint response to the Consultation with the CCG on behalf of the Health and Well-Being Board.

8. PERFORMANCE MANAGEMENT FRAMEWORK FOR THE HEALTH AND WELL-

BEING STRATEGY

Ms Kennally reported that this paper puts mechanisms in place to deliver on the Health and Well-Being Strategy agreed six months ago. Ms Kennally noted that there has been no progress on this to date and commended Claire Mundle and Dr Andrew Howe for writing this report.

The Chairman advised the first step is to ensure this takes place.

Ms Kennally recommended that the Health and Well-Being Board informs Claire Mundle of their performance contacts.

Mr Morton queried appendix A. Ms Kennally recommended a workshop to have a discussion and bring back as amendments to the strategy.

RESOLVED

The Board agreed to the proposals for managing performance of the Health and Well-Being Strategy and agreed for a full Annual Report against year one of the Health and Well-being Strategy to be brought to the November Board meeting.

The Board agreed that lead agencies will confirm the main performance contacts with Claire Mundle.

The Board agreed to bring proposals on amendments to Appendix A to the next meeting.

9. PUBLIC HEALTH INTELLIGENCE BRIEFINGS

Dr Howe introduced this report and outlined how inequalities have decreased for women and but have increased for men and this remains a challenge in Barnet.

Dr Howe encouraged the Health and Well-Being Board to look at their commissioning plans with these briefings to hand. Dr Howe highlighted that Barnet fared well compared to England for people living without long term illness.

Kate Kennally praised the reports and said they should make the refresh of the JSNA less arduous.

Dr Stephens asked Dr Howe to confirm the data she found that states a 10 million population increase in London. Dr Howe agreed to look into this.

Mr Morton said it was unacceptable that inequalities for men are going up, and suggested targeting resources by ethnicity and making efforts to support this group of men earlier. He encouraged colleagues to target resources more clearly along the lines of ethnicity to address the widening inequalities.

Dr Howe supported this approach and agreed that work on heart disease is key to this specific issue.

Dr Howe agreed to circulate to circulate the Public Health Intelligence Briefing on Health Life Expectancy to partners and other agencies.

Dr Howe also agreed to publicise information about health expectancy on the Public Health section on the Barnet intranet.

RESOLVED

The Board noted the development of the briefing papers.

10. PHARMACEUTICAL NEEDS ASSESSMENT

Dr Howe advised that the new Pharmaceutical Needs Assessment will be published by March 2015 and that the funding will be taken from the Public Health grant.

Dr Howe suggested that the new Pharmaceutical Needs Assessment be brought back to Health and Well-Being Board before the end of the financial year.

The Chairman recommended that the Public Health Team liaise with Healthwatch to complete this exercise.

Dr Howe confirmed that an outside agency will be employed to help.

RESOLVED

The Board noted its responsibility to carry out a refreshed Pharmaceutical Needs Assessment and approved the approach set out by Public Health in the paper.

11. CLINICAL COMMISSIONING PROGRAMMES

Dr Sumners explained that this Report provides an update on the Clinical Commissioning Programmes in Barnet, which are aimed at delivering good quality services and better outcomes for patients. She advised that each proposal is led by one CCG board member.

RESOLVED

The Board noted the development of the CCP programme.

12. FORWARD WORK PROGRAMME

Ms Kennally advised that the Forward Work Programme is to be used for agenda planning. It will give the Board a strong focus on key objectives and support them working together as a partnership.

Ms Kennally encouraged each Organisation on the Health and Well-Being Board to look at the Forward Plan and decide what decisions and approvals related to their work programmes will need to go through the Board.

Ms Kennally pointed to the dates of the Partnership Board meetings that have been added to the Forward Work Programme and advised Organisations to note these meeting dates.

RESOLVED

The Board approved the approach to forward planning.

The Board agreed to send proposed amendments to the forward work programme to Claire Mundle.

13. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT

There were none.

The meeting finished at 12.15 pm