

Decisions of the Health & Wellbeing Board

12 May 2016

Board Members

*Cllr Helena Hart (Chairman)

*Dr Debbie Frost (Vice-Chairman)

* Dr Charlotte Benjamin
* Dr Andrew Howe
* Chris Munday

* Councillor Sachin Rajput
* Dr Clare Stephens
* Councillor Reuben Thompstone
* Cathy Gritzner

* Dawn Wakeling
* Michael Rich
* Chris Miller
John Atherton

* denotes Member Present

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

The Chairman of the Health and Wellbeing Board, Councillor Helena Hart welcomed all attendees to the meeting and informed the Board that Ms Cathy Gritzner, Accountable Officer (Barnet CCG) has joined the Board replacing Ms Elizabeth James. The Chairman gave special thanks to Ms Elizabeth James for her contributions to the work of the Health and Wellbeing Board. Ms James will still continue her work at the Barnet CCG as Director of Clinical Commissioning.

The Chairman noted that the actions arising from the previous meeting have been taken forward many of which were covered under today's agenda. Dr Debbie Frost, Chair of Barnet CCG provided an update in relation to the Children in Care report which was initially considered by the Corporate Parenting Advisory Panel and by the Board at its previous meeting.

Dr Frost highlighted that in order to address the backlog of initial health assessments, a new third surgery has been appointed to increase capacity and that discussions have been held to address the issues with reported backdating when children come into care. The Board also heard that an appointment has been made for the role of Designated Doctor for Looked after Children in light of best practice for looked after children in Barnet.

The Commissioning Director for Children and Young People, Mr Chris Munday, welcomed the significant progress made and informed the Board that an update will be reported to the Corporate Parenting Advisory Panel. He stated that a report would be brought to the HWBB if there were any on-going issues.

RESOLVED that the minutes of the previous meeting of the Health and Wellbeing Board held on 10th March 2016 be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from John Atherton (NHS England). As an update, the Board noted that Ms Ceri Jacob, Director of Commissioning Operations for NCEL, NHS England has now replaced John Atherton as the relevant NHSE representative on the HWBB. Invitations for forthcoming meetings will now be sent out to Ms Ceri Jacob.
(Action)

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

Dr Debbie Frost, Dr Clare Stephens and Dr Charlotte Benjamin made a joint declaration in relation to Agenda Item 6 (Strategic Framework for Primary Care) and Agenda Item 8 (Update on childhood immunisations 0-5 years) by virtue of offering immunisation services to children through their respective GP practices.

There were no other interests declared.

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. STRATEGIC FRAMEWORK FOR PRIMARY CARE (Agenda Item 6):

The Chairman introduced and welcomed this update which sets out further details about the strategic framework for the Primary Care Strategy. She invited Sean Barnett, Interim Head of Primary Care and Leigh Griffin, Director of Strategic Development, Barnet CCG to join the meeting.

The Chairman particularly welcomed the proposals for the new services to be developed at Finchley Memorial Hospital. She highlighted the establishment of a new GP Practice devoted primarily to the needs of the frail elderly and linked to the Walk In Centre and the establishment of a permanent Breast Screening service. She also welcomed proposals for the increased in patient activity in relation to the empty 17 bed ward. Dr Frost noted that an update would be brought to the next meeting of the HWBB in July. (**Action**)

Mr Barnett briefed the Board about the content of the paper and noted the principles and priorities which have helped develop the framework of primary care strategy. Mr Barnett gave an overview of the key areas of the Strategy which cover accessible care, coordinated care and proactive care.

The Board heard that arrangements have been put in place in Barnet to enable all practices to adopt data sharing arrangements so that clinical records can be shared among practices and other service providers.

In relation to expanding the workforce, Mr Barnett stated that the aim will be to utilise a wider multi-skilled workforce and also ensure that GP's can oversee other staff that deliver patient care such as nurses and volunteers, especially in managing complex cases. The Chairman noted the importance of ensuring that patients were being informed of the benefits of having multi-skilled staff able to provide patients with the most appropriate care.

Mr Barnett also highlighted that the Strategy aims to address the issue of sustainability and the need for recruiting essential staff, particularly in the light of an ageing workforce.

The Chairman noted the importance of communicating to patients the changes from 2015/16 towards service delivery of the out-of-hours service and to communicate the way this is likely to impact on patients seeking to access GP services.

Mr Chris Munday raised concerns that the engagement that had been carried out previously with children and young people was not reflected in the updated version of the strategy. Mr Munday explained that progress had been made to ensure that primary care is family friendly and he had been pleased with the text included in the previous version of the strategy presented to the Board in January. Ms Griffin responded by assuring the Board that the Children and Young People's Plan and the emphasis on families will be re-incorporated into the Strategy along with the focus on Family Friendly Barnet. **(Action)**

Dr Andrew Howe, Director of Public Health welcomed the Strategy and noted the emphasis on training and development (at pp.33-34 of the appendix) for staff who provide care services. He further noted that the Public Health team had provided comments on the Strategy and that he would like to see these comments incorporated into the Strategy itself rather than in a separate appendix **(Action)**.

Dr Charlotte Benjamin, Barnet CCG welcomed the document and highlighted the importance of addressing the needs of those with mental health issues throughout the Strategy. **(Action)**

In relation to a query from Councillor Reuben Thompstone, Lead Member for Children and Chairman of CELS Committee, about plans to engage with small businesses, Mr Barnett stated that this is an element which would need to be developed and will be looked into via Council contacts with a view to expand on engagement with local small businesses. Dawn Wakeling, Commissioning Director for Adults and Health, welcomed the proposal and noted that the Council has a number of forums which meet with local businesses which the CCG can utilise. **(Action)**

Mr Michael Rich, Head of Healthwatch Barnet, emphasised the need for incorporating plans within the framework to support Patient Participation Groups. Ms Cathy Gritzner welcomed the comment and assured the Board that resources had been allocated for engagement and informed the Board that plans have been put into place to work together with Public Health colleagues towards engaging with Patient Participation Groups and that an update will be provided to the Board in September 2016. **(Action)**

Mr Rich introduced a Healthwatch video which focused on the experience of healthcare users with learning disabilities and autism. The Board noted the video clip and some of the key points put forward by users around easy to understand language and readability of feedback forms and letters sent to patients with learning disabilities and autism. The Board noted the importance of taking the lessons forward and into consideration. Dr Charlotte Benjamin also welcomed the video as a good insight evidencing the need for extra consideration for patients with learning disabilities and autism. Dr Frost stated that this could be considered as good information for GP bulletins and newsletters.

The Chairman thanked Mr Barnett and Mr Griffin for their presentations to the Board.

It was **RESOLVED**:

- 1. That the Health and Wellbeing Board provided comments, as set out above, on the framework, especially in relation to engagement and supporting the**

primary care vision on the three themes of Accessible, Proactive and Coordinated Care.

- 2. That Barnet CCG develops their implementation plan considering any comments from the Board and feedback on progress to the Board in September 2016.**
- 3. That the Strategic Framework for Primary Care is duly noted, and once approved by the CCG, will be shared across members of the Health and Wellbeing Board for inclusion in other workstreams.**

7. BETTER CARE FUND PLAN FOR 2016/17 (Agenda Item 7):

The Chairman noted that one of the main roles of the Board was to work together to ensure the best possible fit between the resources available to meet the health and social care needs of the population of Barnet both by improving services and helping people to help themselves to achieve better physical, mental and social wellbeing. The Chairman presented the Final Better Care Fund (BCF) Plan for 2016/17 which had been submitted to NHSE on 3 May 2016, following agreement by the Chairman of the Health and Wellbeing Board, the Chair of Barnet CCG and the Council's Chief Executive.

Ms Wakeling stated that the refresh of the Plan had occurred in light of the strategic policy context and the work to develop our vision and ambition post March 2016. She highlighted the importance of the roll out of integrated health and social care services so that they are accessible to all residents in the Borough. A progress update on the BCF Plan 2016/17 report will be brought to a future meeting of the Board. **(Action)**

Mr Leigh Griffin, joined the meeting for this discussion and highlighted the importance of monitoring the impact of our plans.

The Chairman moved a motion which was seconded for an amendment to Recommendation 1 to add the wording 'of the Health and Wellbeing Board' and replace 'Vice Chairman' with the wording 'Chair of Barnet CCG' to read:

That the Health and Wellbeing Board ratifies the Better Care Fund plan for 2016/17, submitted with agreement from the Chairman of the Health and Wellbeing Board, ~~Vice Chairman~~ Chair of Barnet CCG and the Council's Chief Executive, to NHS England on 3 May 2016.

Following approval the motion was carried and it was **RESOLVED:**

- 1. That the Health and Wellbeing Board ratifies the Better Care Fund plan for 2016/17, submitted with agreement from the Chairman of the Health and Wellbeing Board, Chair of Barnet CCG and the Council's Chief Executive, to NHS England on 3 May 2016.**
- 2. That the Health and Wellbeing Board notes the next steps described under section 4 of this paper and section 3 of the plan following approval of the Plan.**
- 3. That the Board notes and comments on progress on delivering and embedding the 5 Tier Integrated Care Model.**

8. UPDATE ON CHILDHOOD IMMUNISATIONS 0-5 YEARS (Agenda Item 8):

The Chairman of the Health and Wellbeing Board noted that the Board, at its meeting in March 2016, had requested an update report and action plan from NHSE with regards to Barnet's childhood immunisation data. The Chairman welcomed Ms Amanda Gouldon (Immunisation Commissioning Manager) and Mr Kenny Gibson (Head of Public Health Commissioning) of NHS England to the meeting.

The Chairman expressed extreme concern over continually reported low childhood immunisations rates for Barnet and noted this was an area of importance for action as part of Barnet's Joint Health and Wellbeing Strategy. She drew attention to the fact that this concern had already been voiced at the HWBB over a number of years as well as previously being discussed at the Health Overview & Scrutiny committee.

Mr Gibson presented the report and informed the Board that currently a complex data model has been in place for childhood immunisations data, particularly due to the recent move to TTP System One.

He further stated that there has been a similar drop in recorded immunisations rates across North Central London and that by virtue of the move to TTP System One, some vaccinations have not been recognised by the system. Mr Gibson said his opinion was that data has therefore appeared inaccurate and did not reflect the true levels of immunisations due to technical issues.

The Commissioning Director for Children and Young People, Mr Chris Munday stated that there had been no reply to the April letter sent to NHSE by him, the Lead Member for Children, the Chair of the CCG and the Director of Public Health, setting out the serious concerns held by all organisations at the HWBB about the lack of clarity relating to the childhood immunisation rates for Barnet.

Mr Munday and other Members of the Health and Wellbeing Board stated that they felt that the information presented to the Board their view was that there was still not sufficient evidence to be assured that immunisation levels in practice were higher than reported rates. Board Members expressed their concern that it was not possible to tell from the information presented if the issues were caused by system reporting or low immunisation rates.

Furthermore, the Board expressed concerns over the length of time it was taking to understand and resolve the issues, which had been going on for a number of years.

The Director of Public Health, Dr Andrew Howe noted risks associated with the lack of assurance being provided especially considering the significant drop in childhood immunisation rates following the move to TTP System One.

Mr Kenny Gibson stated that NHSE has undertaken practice visits to approximately 20 GP Barnet practices with lowest coverage for MMR2 and that the reported data is not reflective of real time rates. The Board noted that there are over 60 GP practices in the borough.

Dr Debbie Frost, Chair of Barnet CCG stressed the importance of undertaking an audit of all GP practices in the borough and that following the visits a report should be brought back to the Health and Wellbeing Board in July. **(Action)**

Following discussion, the Board considered changes to the wording of all three recommendations which were seconded and upon approval became the substantive recommendations:

1. *That the Health and Wellbeing Board notes the information provided by NHS England. ~~assurance given from NHS England that reported childhood immunisation rates in Barnet are not an accurate reflection of immunisation uptake in the borough.~~*
2. *That the Health and Wellbeing Board seeks urgent assurance from NHS England that sufficient action is being taken to address this issue through an audit of immunisations at all GP practices by NHS England, to be reported back to the next meeting of the Board. ~~and that alternative surveillance measures are in place whilst childhood immunisation (COVER) data is inaccurate.~~*
3. *That the Board recommends that the Health Overview and Scrutiny Committee consider a referral for remedy to the Department of Health. ~~if performance does not improve.~~*

It was **RESOLVED**:

1. **That the Health and Wellbeing Board notes the information provided by NHS England.**
2. **That the Health and Wellbeing Board seeks urgent assurance from NHS England that sufficient action is being taken to address this issue through an audit of immunisations at all GP practices by NHS England, to be reported back to the next meeting of the Board.**
3. **That the Board recommends that the Health Overview and Scrutiny Committee consider a referral for remedy to the Department of Health.**

9. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (2015 - 2020) PROGRESS UPDATE (Agenda Item 9):

The Commissioning Director for Adults and Health introduced the report which provides the Board with an update on the progress to deliver against the implementation plan.

It was **RESOLVED**:

That the Health and Wellbeing Board noted the progress to deliver the Joint Health and Wellbeing Strategy (2015-2020) and agrees further action where necessary.

10. CREATING HEALTHY PLACES - OPPORTUNITIES TO ALIGN PUBLIC HEALTH OUTCOMES AND PLANNING (Agenda Item 10):

The Chairman welcomed the paper which explored ways to further embed public health into Regeneration, Planning and Licencing and invited Mr Adam Driscoll Commissioning Lead, Planning and Ms Rachel Wells, Consultant in Public Health to join the Meeting. Mr Driscoll introduced the paper which sets out a range of options that can bring together statutory and influencing roles and a number of stakeholders. This will in turn help create a number of 'healthy places' particularly in those areas being considered by developers as set out in the report.

In relation to healthy high streets, Ms Wells informed the Board that the focus will be on a number of different high streets and town centre issues which will be linked to promoting Health and Wellbeing objectives and weight management.

Mr Driscoll provided a response to a query from the Board about planning applications from existing care homes and noted that where appropriate referrals will be made to the Joint Health and Wellbeing Strategy aims. Dr Debbie Frost and Ms Cathy Gritzner were positive about these developments and invited Mr Driscoll to present at a future CCG Board.

Following approval of the motion to include the word Re in the recommendations 2 and 3 for clarity purposes and delete the word 'on' at recommendation 4, it was **RESOLVED**:

- 1. That the Health and Wellbeing Board noted the collaborative work between Planning (Re and colleagues from Growth and Regeneration) and Public Health teams to date and on-going future plans.**
- 2. That the Health and Wellbeing Board adopted the concept of 'Healthy Places as a charter of excellence and tasks Public Health to develop, together with Re, a suitable criteria for its application in practice as well as how this will align with the Council's priorities and strategies. Progress will be reported back to the Health and Wellbeing Board.**
- 3. That the Health and Wellbeing Board requested that Public Health work with Planning (Re) to develop pilot projects to drawn from the following identified areas of opportunity –**
 - a. Using planning tools and pre-application discussions to influence the design of larger developments, as well as shaping policy discussions**
 - b. Help to shape place-based commissioning projects (such as the identified opportunities to create 'healthy high streets'),**
 - c. Help to shape proposals for new or improved on open spaces in relation to the identified site opportunities.**
- 4. That the Health and Wellbeing Board requested that Public Health develop embedded relationships with key planning and regeneration project teams, in particular for Colindale and Brent Cross.**
- 5. That the Health and Wellbeing Board requested that Public Health work with colleagues in estates and regeneration services to identify suitable land / buildings that could assist with the introduction of Meanwhile Uses into regeneration areas and town centres, in particular with a public health focus.**
- 6. That the Health and Wellbeing Board recommended that measures which help address public health issues are built into existing and new corporate planning and licensing programmes or projects, where appropriate. Public Health to lead work with other Council officers to embed this approach.**

11. CCG ANNUAL ACCOUNTS AND REPORTS (Agenda Item 11):

The Chairman of the Board introduced the item and invited Mr Adrian Phelan, Communications Manager for Barnet CCG to join the table to present the CCG's draft Annual Report and Accounts for 2015-16.

Ms Cathy Gritzner informed the Board that following approval by the CCG and submission to NHSE on the 27 May 2016 the final version would be circulated to the Board for noting. **(Action)**

The Board heard that the report had been updated since publication for the Board as more data becomes available and the document is being finalised for submission. Mr Munday stated that there has been significant progress made towards the shared goals and vision set out in the Children and Young People Plan, as well as for children in care and looked after children – a request was made to incorporate this point into the Annual Report. **(Action)**

The Commissioning Director for Adults and Health noted the importance of a thorough understanding of the financial health of the CCG in respect of the Joint Health and Wellbeing Strategy 2015-2020 and the health and social care landscape for Barnet as a whole.

Ms Wakeling queried three matters which centred around the CCG's position towards its fair share allocation and the key processes applied to stabilise its position from a £40m debt in April 2015 to a position of financial balance. The third query from Ms Wakeling was about the CCG's projections towards 2016/17 and whether it is likely to be a deficit or surplus financial position.

Dr Frost provided an update to the Board and noted that a number of measures were put into place which have helped to achieve a better financial balance in comparison to the starting position in April 2015, which included accessing additional funding, adjustment of the funding formula and effective management of its financial affairs. She stated that it is expected for the CCG to be in a position of financial balance and likely surplus by the end of the next financial year.

It was noted that the intention is to utilise the additional allocations towards development of the Primary Care Strategy. The Board also noted that a further update report on the CCG's financial position would be circulated to the Board following confirmation of financial data. **(Action)**

Following a request from the Board, it was noted that an update report will be brought to a forthcoming meeting of the HWBB noting the aspects of the discussion held over the financial position and the fair share allocation. **(Action)**

The Chairman thanked Dr Frost, Mr Adrian Phelan and Ms Gritzner for the update. It was **RESOLVED:**

That the Board considered the NHS Barnet CCG's Draft Annual Report and Accounts and commented as above on the extent to which the CCG has met the priorities set out in the Joint Health and Wellbeing Strategy 2015-2020.

12. MINUTES OF THE JOINT COMMISSIONING EXECUTIVE GROUP (Agenda Item 12):

Ms Dawn Wakeling noted the standing item on the agenda, the Minutes of the Joint Executive Commissioning Group and drew the Board's attention to the updated Terms of Reference of the JCEG.

It was **RESOLVED:**

- 1. That the Health and Wellbeing Board approved the minutes of the Joint Commissioning Executive Group meeting of 25 April 2016.**
- 2. That the Health and Wellbeing Board approved the updated Terms of Reference of the Joint Commissioning Executive Group.**

13. FORWARD WORK PROGRAMME (Agenda Item 13):

The Chairman received the Forward Work Programme which is a standing item on the agenda and invited the Board to forward suggestions for future items on the agenda to Zoë Garbett, Commissioning Lead Health and Wellbeing, for consideration at forthcoming meetings.

RESOLVED:

- 1. That the Health and Wellbeing Board noted the Forward Work Programme and proposes any necessary additions and amendments to the forward work programme (see Appendix 1).**
- 2. That Health and Wellbeing Board Members continues to propose updates to the forward work programme before the first day in each calendar month, so that the work programme can be published on the Council's website more efficiently, with the most up to date information available.**
- 3. That the Health and Wellbeing Board continues to align its work programme with the work programmes of the Council Committees (namely the Adults and Safeguarding Committee, and the Children's, Education, Libraries and Safeguarding Committee), Health Overview and Scrutiny Committee, and Barnet CCG's Board (see Appendix 2).**

14. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 14):

There were none.

The meeting finished at 12.20 pm