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HEALTH AND WELLBEING BOARD

24 MARCH 2015

(13.00 - 14.10)

PRESENT Councillor Caroline Cooper-Marbiah (in the Chair), Eleanor Brown (Chief Officer MCCG), Dave Curtis (HealthWatch), Kay Eilbert, (Director of Public Health), Dr Howard Freeman (Chair of MCCG), Chris Lee (Director of Environment and Regeneration), Councillor Gilli Lewis-Lavender, Khadiru Mahdi (Merton Voluntary Services Council), Councillor Maxi Martin, Yvette Stanley (Director of Children, School and Families), Simon Williams (Director of Community and Housing) and Dr Karen Worthington (MCCG).

Also Present Clarissa Larsen (Health and Wellbeing Board Partnership Manager) and Chris Pedlow (Democratic Services)

1 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 1)

No declarations were received

2 APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies were received from Adam Doyle (Deputy Chief Officer MCCG) and Melanie Monaghan (Community Engagement Network - Carers Support Merton)

3 MINUTES OF THE MEETING (Agenda Item 3)

The minutes of the Health and Wellbeing Board held on the 27 January 2015 were approved as a correct record.

4 BETTER CARE FUND (Agenda Item 4)

The Director of Community and Housing presented the Better Care Fund (BCF) which provided an update on the implementation of the BCF plan and detailed that the BCF target for Non-Elective Admissions had reduced from 3.5% to 1.41%. In guiding the Board through the report emphasis was given to the update on Holistic Assessment and Rapid Investigation Service (HARI) as detailed in paragraph 3 of the report.

The Board discussed in detail Section 5 and 6 of the report – ‘Alignment of Schemes’ and ‘Objectives of Integration’, respectively, especially their relationship and interactions with the Out of Hospital Schemes and the revised versions of the Merton Integration Board.

It was noted that the Board was pleased with the praise received following visits from senior Government officials, as detailed in Section 7 of the report.

RESOLVED

That the Board:

- 1) notes the progress of with the Better Care Fund plan.
- 2) agrees of the reduction of the BCF target for Non-Elective Admissions from 3.5% to 1.41% is formally noted, having been transacted outside the meeting cycle for reasons of timing by the Merton Integration Board.

5 MCCG DRAFT OPERATING PLAN REFRESH (Agenda Item 5)

The Chief Officer of the MCCG guided the Board through a presentation which detailed Merton CCG Operating Plan Refresh - 2015/16. During the presentation the Board asked a number of questions on what they had been presented with. Arising from that discussion the Chief Officer of the MCCG agreed to provide Councillors on the Board with a breakdown of the dementia diagnosis across the Borough by ward boundaries.

A copy of the presentation was included as Appendix A to these minutes.

RESOLVED

That the Board noted the presentation on Merton CCG Operating Plan Refresh - 2015/16.

6 HEALTH AND WELLBEING BOARD TERMS OF REFERENCE (Agenda Item 6)

The Director of Public Health presented the report which proposed revised terms of reference for the Board, which aimed to reflect the areas of responsibility and ways of working that governs the Board in the future. It was noted that the basis of the revised terms, had arisen from some slight changes in legislation and guidance also from feedback gained from the Board members themselves following their facilitated development session.

In considering the report the Board were in general support of the proposals. However an amendment was moved by Dr Freeman that the Board chairmanship should move way from being solely chaired by the Cabinet Member for Adult and Social Care. Instead it was proposed to have a co-chair scenario with the current Chair sharing the chairing jointly with the Chief Officer of the MCCG. In putting the amendment forward it was noted that he believed that majority of other Health and Wellbeing Board across London were co-chaired in that way. The amendment was then seconded.

In response to this it was highlighted that as this option had been mooted during the brainstorming session, officers had sought some general advice as to whether it would be possible. The advice received was that constitutionally it was felt unlikely to be possible due to the executive nature of the Board and possibly a change to constitution would be required. However having a named vice chair would certainly be possible. It was suggested that further advice be sought on this matter and the decision over chairmanship be brought back to the next meeting of the Board. Dr Freeman replied that as the amendment had been moved and seconded, a vote was required and if agreed, unless it was proven to be illegal to have a co-chair then it should occur.

The Board then voted on the amendment which was carried, that subject to any legal reasons to the contrary the Health and Wellbeing Board was to be Co-Chaired by the Cabinet Member for Adult and Social Care and the Chief Officer of the Merton CCG.

RESOLVED

- 1) That the Board agrees to the proposed new governance arrangements and Terms of Reference for the Health and Wellbeing Board, including that the Board be Co-Chaired by the Cabinet Member for Adult and Social Care and the Chief Officer of the Merton CCG.
- 2) That the Board agrees to seek approval from Cabinet for the new governance arrangements and Terms of Reference for the Health and Wellbeing Board.
- 3) That Officers investigate, prior to the report going to Cabinet as to the legality of having Health and Wellbeing Board being Co-Chaired.

Note by the Head of Democracy Services

Following a discussion after the meeting between Officers from the Council and the Merton CCG, it was jointly agreed that it would be more appropriate that the recommendation for Co-Chairing should be the Chair of the CCG rather than the Chief Officer of the Merton CCG. As such the proposal was included in the Health and Wellbeing Board's Terms of Reference that was put before Cabinet for their ratification:

'that, subject to a legal reason to the contrary that the Health and Wellbeing Board was to be Co-Chaired by the Cabinet Member for Adult and Social Care and the Chair of the Merton CCG.'

7 HEALTH AND WELLBEING STRATEGY REFRESH 2015-2018 (Agenda Item 7)

The Director of Public Health presented the report which sought approval for the Chair of the Board to sign off the Health and Wellbeing Strategy 2015-18. In presenting the report it was noted that there were still some minor amendments were required before the strategy would be ready for final sign off and publication. However the final draft would be sent to all board members for comments prior to Chair signing it off on their behalf.

The board confirmed they were happy with the proposed Chair's action to sign off the strategy, as they would be receiving a copy of the final draft also.

RESOLVED

That the Board noted the report and subject to circulation of a final draft strategy to Members of the Health and Wellbeing Board, and agree to Chair's action to sign off the Health and Wellbeing Strategy 2015-18.

8 PHARMACEUTICAL NEEDS ASSESSMENT (Agenda Item 8)

The Board considered the report that sought the adoption and then publication of the Pharmaceutical Needs Assessment. The Board noted paragraph 2.2 which details the key findings of the assessment namely that there appears to no requirements for any additional pharmacies. There was however a gap in provision of the minor ailments service (an enhanced service) on Sundays in the East Merton and West Merton localities.

RESOLVED

That the Health and Wellbeing Board agrees that the completed Pharmaceutical Needs Assessment can be adopted and published in line with the statutory deadline of 1st April 2015.

9 CHARTER FOR HOMELESS HEALTH (Agenda Item 9)

The Board considered the report which sought their agreement to sign up to the Charter for Homeless Health. The Board were pleased to support the principles contained within the Charter as they were fully aware that the effects of being homeless did have a significant impact on those health of the individuals. Therefore the local health service (through the Board) had a responsibility to meet the need of the people who were homeless.

The Board acknowledged that homelessness across London was an issue that needed to be tackled in a cross borough manner and the rising of the new 'hidden homeless' should not be forgotten in such work, especially from a health perspective.

It was noted that the One Merton Group had supported the Board signing of the charter.

RESOLVED

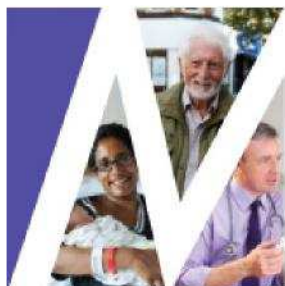
The Health and Wellbeing Board agrees to sign the Charter for Homeless Health

Merton CCG Operating Plan Refresh - 2015/16

Eleanor Brown

Chief Officer, MCCG

Merton Health and Wellbeing Board



right care
right place
right time
right outcome

Aim of today

To outline the process undertaken in MCCCG to review the NHS England planning guidance, revise our operating plan and implement this in Merton.



Background – 2014/15

- 2014/15 was the first time commissioning organisations within the NHS developed operational plans for two years;
- Plans included financial allocations based on two years;
- Major themes of this were integration with a clear focus on the Better Care Fund (BCF);
- CCGs were required to deliver all constitutional pledges;
- CCGs were required to deliver 15% access target for our IAPT service and 67% dementia diagnosis rate.



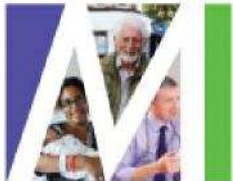
High level Achievements – 2014/15

- There was a real clinical drive for change within the organisation – we can still go further;
- A developing staff structure to deliver change;
- Delivered a balanced financial plan which performed well in 2014/15;
- Our Better Care Fund which was a joint initiative with the LA was rated 'one of the five best in the country';
- We will have delivered the 15% access target for our IAPT (awaiting validation) service;
- We have gone from a 49.9% dementia diagnosis rate in April 2014 to 65% by year end 2014/15;
- Over 70% of patients at the end of life on Coordinate My Care (CMC) register die in their Preferred Place of Care (PPC).



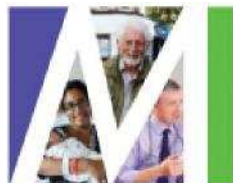
Investment into Patient Care – 2014/15

- Integrated Locality Teams;
- Dementia nurse – one in each locality;
- Four more intermediate care beds;
- Winter investment into social care to ensure patients are discharged as soon as possible;
- Increased participation in Expert Patients Programme (EPP) – Polish, Tamil;
- Health coaching for Chronic Obstructive Pulmonary Disease (COPD) patients;
- A specific service commissioned for people with Complex Depression and Anxiety (CDA);
- A new Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) service in borough for Merton patients.



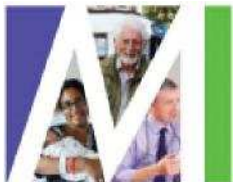
Investment into Patient Care – 2014/15

- A new health and social care team working with children;
- Increased paediatric appointments in primary care;
- A new model of care for musculoskeletal patients;
- The Nelson Health Centre built on time and in budget;
- Model of Care developed for East Merton;
- Site selected for East Merton Health Centre;
- Proactive GP pilot in East Merton;
- New obesity service model designed with public health.



Planning Guidance – 2015/16

- Five Year Forward View – October 2014;
- 2015/16 Planning Guidance – December 2014;
- A number of new requirements alongside existing ones
 - particularly in reference to mental health services.



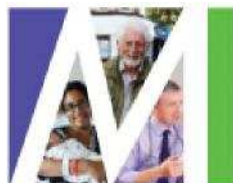
Merton CCG – Agenda

- London Healthcare Commission
- South West London Commissioning Collaborative (SWLCC)
- Merton Better Healthcare Closer to Home (BHCH)
- New Community Services
- Emerging Federations
- Local Authority financial pressures



Planning Guidance – Areas of Focus, MCCG

- Prevention
- Empowering patients
- Engaging communities
- Models of Care
- Regime
- New deal for Primary Care
- Improving quality and outcomes
- Improving patients' safety
- Meeting NHS Constitutional Standards
- Achieving parity of esteem
- Learning Disabilities
- Information
- Workforce



Operating Plan Refresh 2015/16 - progress

- Operating Plan still based on Joint Strategic Needs Assessment (JSNA), NHSE Guidance and year one Operating Plan;
- All areas of new guidance have been scoped and there is a RAG rating and update on weekly basis to ensure the refresh is on track;
- There are a number of external factors which are out of the CCGs control - DTR and ETO tariff; application of Commissioning for Quality and Innovation (CQUIN) guidance awaited in a number of key areas; current provider financial performance; nil contracts yet signed;
- Awaiting formal feedback from NHS England on draft plan;
- It is therefore difficult to have a clear plan for all investment;
- Financial plan is still draft.



Operating Plan Refresh – revised timeline

- Expected to sign contracts in early April;
- Will submit final plan in early April;
- The narrative will be 'wrapped around' this and will be formally agreed at the MCCG Governing Body meeting, May 28th 2015;
- Plan will be shared at the next HWBB full meeting;
- Investments will be reviewed once the financial position is locked down;
- All Mental Health investments will go ahead immediately -
 - Crisis
 - Improved Home Treatment Teams
 - IAPT – new contract
 - Single point of access for CAMHS
 - Multi Systemic Therapy

