

Minutes

HEALTH AND WELLBEING BOARD

6 February 2014

Meeting held at Committee Room 5 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Statutory Board Members Present: Councillor Ray Puddifoot (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Douglas Mills Councillor David Simmonds Dr Kuldhir Johal – Hillingdon Clinical Commissioning Group (substitute) Stephen Otter – Healthwatch Hillingdon (substitute)</p> <p>Statutory Board Members: Merlin Joseph – Statutory Director of Children’s Services Sharon Daye – Statutory Director of Public Health Tony Zaman – Statutory Director of Adult Social Services</p> <p>Co-opted Members Present: Nigel Dicker – LBH Deputy Director: Public Safety & Environment Maria O’Brien – Central and North West London NHS Foundation Trust (substitute) Mike Robinson – The Hillingdon Hospitals NHS Foundation Trust (substitute) Dr Tom Davies – Hillingdon Clinical Commissioning Group (Clinician) Ceri Jacob – Hillingdon Clinical Commissioning Group (Officer) (substitute) Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute)</p> <p>LBH Officers Present: Kevin Byrne, Glen Egan and Nikki O’Halloran</p> <p>LBH Councillors Present: Councillors Phoday Jarjussey and John Major</p> <p>Press & Public: 2 public</p>
49.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows and Scott Seaman-Digby, Mr Jeff Maslen (Mr Stephen Otter was present as his substitute), Dr Ian Goodman (Dr Kuldhir Johal was present as his substitute), Mr Shane DeGaris (Mr Mike Robinson was present as his substitute), Ms Robyn Doran (Ms Maria O’Brien was present as her substitute), Mr Robert Bell (Mr Nick Hunt was present as his substitute), Mr Rob Larkman (Ms Ceri Jacob was present as his substitute) and Ms Jean Palmer.</p>
50.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor David Simmonds declared a non-pecuniary interest in Agenda Item 8: Update – Allocation of S106 Health Facilities Contributions, as he was registered at one of the surgeries included within the report, and stayed in the room during the</p>

	consideration thereof.
51.	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>This was confirmed.</p>
52.	<p>JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN UPDATE 2013/2014 (<i>Agenda Item 5</i>)</p> <p>Consideration was given to the Joint Health and Wellbeing Strategy Action Plan performance achievements since 1 April 2013. It was noted that, as at 31 December 2013, 2,645 new service users were in receipt of TeleCareLine which was helping them to live safely and independently at home. It was anticipated that extending the service to residents aged over 80 from April 2014 would complement the reablement work that was already underway. It was noted that there were plans to further extend the service to those aged over 75.</p> <p>The Board was advised that a range of new activities were available to Hillingdon residents to keep them active which included free swimming, planned cycle rides, healthy walks, tea dances and targeted exercise programmes and lessons for the over 65s.</p> <p>Although the review of CAMHS (Children and Adolescent Mental Health Service) was underway and on track, concern was expressed that further work would be required to improve the service. It was suggested that consideration be given to looking at this in more detail.</p> <p>It was noted that the NHS had recently produced a series of health maps. Although Hillingdon had scored low with regard to dementia services, the Borough had scored high in relation to respiratory disease. As such, consideration would need to be given to what action could be taken to raise the profile of respiratory disease. The Board was advised that Chronic Obstructive Pulmonary Disease (COPD) was the most likely cause of respiratory disease. To address the issue, GPs were being identified as clinical leads within each practice.</p> <p>It was agreed that future reports to the Board would include updates on the outcomes being achieved through the Better Care Fund work.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Health and Wellbeing Board notes the report; and 2. this report include an update on the outcomes of work undertaken in relation to the Better Care Fund.
53.	<p>PUBLIC HEALTH ACTION PLAN 2013/2014 (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the Public Health Action Plan 2013/2014. It was noted that roles and structures were being reviewed to ensure that they were flexible and able to deliver the services that residents needed. The review of the sexual health services had included a series of workshops and discussions and was now nearing completion.</p> <p>It was recognised that obesity was still an issue in the Borough. Although consideration needed to continue to be given to encouraging healthy eating, additional</p>

	<p>resources needed to be put into encouraging the elderly and the young to become more active, for example, rebuilding or refurbishing bowls clubs. The Board noted that the refurbishment of the libraries in the Borough had resulted in an increase in the number of older residents that were using the venues for socialising.</p> <p>RESOLVED: That the Health and Wellbeing Board notes the report and action plan.</p>
54.	<p>HILLINGDON CCG FINANCIAL RECOVERY PLAN UPDATE REPORT (<i>Agenda Item 7</i>)</p> <p>The Board was advised that current expectations were that the CCG would deliver the majority of its Recovery Plan targets (£11m) by March 2014. However, it was anticipated that there might be a shortfall of approximately £2m. It was acknowledged that, although it was difficult to provide accurate information in relation to the cost of prescriptions (an unfilled prescription could only be written off if it remained unfilled for more than 6 months), steps had been taken to address this issue and it was anticipated that the impact would soon become apparent.</p> <p>Concern was expressed that the CCG would need to achieve £14½m savings in 2014/2015 and again in 2015/2016. Furthermore, it was suggested that regardless of whichever political party won the next general election, it was likely that there would be a subsequent reduction in health funding. It was acknowledged that the 'low hanging fruit' had already been picked some time ago so consideration would now need to be given to service transformation.</p> <p>It was believed that the health service in Hillingdon had been underfunded for quite some time and that this imbalance had continued through successive Governments. To compound this historical imbalance, the CCG budget had been further reduced. It was noted that the health service was demand driven and that it was important that, despite a reduction in resources, the quality of the service must not be put at risk. It was suggested that reference to the historical imbalance be made in future Financial Recovery Plan update reports from the CCG and that comparisons also be made with other London boroughs.</p> <p>The Board was advised that, during the budget setting process, the CCG built in population figures and other relevant demographics identified within the JSNA. The majority of the budget was used in relation to young people and the elderly and was closely monitored throughout the year.</p> <p>Although sound financial management was not listed in the report as one of the four underlying principles behind the CCG's financial planning, the Board was advised that this was deemed to be implicit. It was noted that the Financial Recovery Plan was regularly and robustly reviewed by the CCG's financial team.</p> <p>RESOLVED: That the Health and Wellbeing Board notes the update report.</p>
55.	<p>UPDATE - ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS (<i>Agenda Item 8</i>)</p> <p>The Board was advised that excellent progress had been made through the year with regard to the allocation of s106 health facilities contributions and that funds that had previously been stuck had now been allocated and released. Although there had been some confusion with regard to the Hesa Centre project, this was progressing.</p>

Furthermore, some of the Yiewsley Health Centre s106 monies had been diverted towards the planning application and would be given back to NHS Property Services at the fitting out stage. Concern was expressed that the development would be bringing three surgeries together under one roof and that they would all be under increased pressure. As time progressed and more patients registered at the new surgery, consideration could be given to recruiting additional GPs. In the meantime, the Board was advised that the GP network encouraged practices to share expertise amongst themselves which alleviated the pressure.

The Board was advised that discussions were continuing with the CCG in relation to the St Andrews Park development.

RESOLVED: That the Health and Wellbeing Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.

56. **BETTER CARE FUND - DRAFT HILLINGDON PLAN** (*Agenda Item 9*)

The Board was advised that 11 different schemes had been identified within the Better Care Fund (BCF) draft plan which prioritised the frail and elderly. The draft plan had been shared with partners and would be submitted to NHS England on 14 February 2014. It was noted that the BCF provided the authority and its partners with an opportunity to shape services from a local perspective.

It was noted that Healthwatch Hillingdon had submitted its views on local need but had not yet commented on the draft BCF plan.

An additional Board meeting had been arranged for 2.30pm on Tuesday 1 April 2014 to enable Board members to sign off the final plan prior to submission on 4 April 2014. The Board was advised that the plan would continually evolve even after the 'final' version had been submitted.

Although collaborative working had been incredibly useful in identifying issues and developing the draft plan, the BCF was not the only focus of joint working. Partners were also working on issues such as mental health and that additional information relating to this (and other) work could be included over time.

It was noted that one of the 'National Conditions' of the scheme related to the provision of seven day health and social care services across the local health economy. It was suggested that further articulation needed to be given to how the measures that were already in place at THH would benefit residents. It was also noted that Hillingdon Hospital was an 'early adopter'.

Concern was expressed that the draft plan was not as ambitious as it could have been. It was suggested that future consideration be given to the creation of a new delivery vehicle and to the pooling of budgets. This approach would ensure that the Board not only delivered the service that the Government expected but that it also went much further to deliver more comprehensive services to residents. The Board was assured that the draft plan was currently a high level document and that there was plenty of scope to develop more ambitious approaches.

RESOLVED: That:

1. the Board agrees the vision and scope of the BCF plan as set out in Appendices 1 & 2 of the report, so that this can be submitted on its behalf to NHS England by 14 February 2014. In particular, the Board notes that:
 - a) the initial plan prioritises supporting frail elderly residents as the first target group under the BCF.
 - b) the proposed plan is based on offering the minimum fund (of £17.991m in 2015/16) at this stage.
 - c) the eleven schemes set out at paragraphs 4.8 to 4.23 (and in more detail in Appendices 1 & 2) provide the starting point to develop business cases and proposals for delivery under the plan.
 - d) in addition to the mandatory indicators provided in the guidance and set out in detail in Appendices 1 & 2, Hillingdon sets a local indicator relating to shared care plans, all of which will support the financial reward element of the fund from 2015/16.
2. an additional meeting be scheduled for 1 April 2014 to enable to Board to agree the final plan for submission by 4 April 2014.

57. **LOCAL SAFEGUARDING CHILDREN'S BOARD (LSCB) ANNUAL REPORT**
(Agenda Item 10)

It was noted that many of the Council's partners had been involved in the development of the Local Safeguarding Children's Board (LSCB) Annual Report. The LSCB had identified a number of action points which would need to be undertaken by the Council and other statutory agencies and was keen to ensure that these were delivered and that any arrangements put in place were fit for purpose.

The Board agreed that the development of a protocol would enable the Health and Wellbeing Board to formally sign off / comment on the LSCB Annual Report. This would also highlight which actions had been delivered. An amendment would need to be made to the Board's Terms of Reference to reflect this change.

The Board thanked the Chairman of the LSCB for all of her hard work in producing the Annual Report. It was agreed that the report would be passed to the BCF Working Group to see how the actions could be moved forward.

RESOLVED: That the Health and Wellbeing Board:

1. notes the report, the actions identified in the report that are being taken by the LSCB and its constituent agencies to improve the safeguarding of Hillingdon's children and young people, and the concerns raised about the risks to future safeguarding;
2. commits to ensure that the Health and Wellbeing Strategy gives a high priority to safeguarding and promoting the wellbeing of children and young people, and that particular attention is given to improving support for children who experience neglect and emotional harm;
3. asks officers to developed a protocol between the LSCB and the Health and Wellbeing Board that clarifies how the two Boards will work together and inform each other's strategic priorities; and
4. pass a copy of the Annual Report to the BCF Working Group with a view to the Group moving the recommendations forward.

58.	<p>SAFEGUARDING ADULTS PARTNERSHIP BOARD (SAPB) ANNUAL REPORT (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the Safeguarding Adults Partnership Board (SAPB) Annual Report. It was noted that the SAPB had made significant progress in better targeting resources to where they were most needed.</p> <p>Although the Care Bill had not yet been enacted, it was thought important to ensure that a protocol was developed between the Health and Wellbeing Board and SAPB.</p> <p>The Board thanked the Chairman of the SAPB for the work that she had undertaken in producing the Annual Report.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. notes the report and the actions identified that are being taken by the SAPB and its constituent agencies to improve the safeguarding of vulnerable adults in Hillingdon; 2. asks officers to develop a protocol between the SAPB and the Health and Wellbeing Board in preparation for the enactment of the Care Bill; and 3. notes the implications of the actions arising from the Winterbourne Review.
59.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 5 DECEMBER 2013 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 5 December 2013 be agreed as a correct record.</p>
60.	<p>REVIEW OF THE BOARD'S TERMS OF REFERENCE AND MEMBERSHIP (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the Board's Terms of Reference and membership. It was noted that any changes made to the Terms of Reference would subsequently need to be agreed by Council.</p> <p>Members were aware that, as time progressed, it was likely that there would be an increasing amount of confidential information being considered by the Board. As such, all non-voting co-opted members would be required to sign a confidentiality agreement (voting statutory members were required to sign the Code of Conduct).</p> <p>It was noted that the CCG Board comprised three GPs from each of the three localities within the Borough. As a matter of course, each year, one of these GPs from each locality would stand down. Dr Tom Davies would be standing down with effect from 1 April 2014 but was currently unaware who would replace him on the Health and Wellbeing Board. The Board membership would need to be updated once the replacement member had been identified.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. notes the Board's Terms of Reference and Standing Orders; 2. notes the Statutory Board Membership and the Co-opted Members, as set out in Appendix 2 of the report; and 3. notes that all non-voting Co-opted Members will be required to sign a confidentiality agreement.

61.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 13</i>)</p> <p>Consideration was given to the Board Planner and future agenda items. The CCG was asked to identify what reports it would need to have agreed by the Health and Wellbeing Board over the next year (as far as was possible). Consideration could then be given to the timings of each meeting and dates rescheduled if necessary.</p> <p>RESOLVED: That the Health and Wellbeing Board notes Board Planner.</p>
62.	<p>HILLINGDON CCG 5 YEAR STRATEGIC PLAN AND 2 YEAR OPERATING PLAN - VERBAL UPDATE (<i>Agenda Item 14</i>)</p> <p>The 2 year operating plan had been put together by the Hillingdon CCG and would need to be submitted by 4 April 2014. It was noted that the operating plan would need to be signed off by the Health and Wellbeing Board at the additional meeting that had been scheduled for 1 April 2014.</p> <p>The Board was advised that the Hillingdon CCG 5 year strategic plan was being put together at North West London level and would need to be submitted to NHS England in June 2014. This date had been moved back from 4 April 2014. The CCG advised that, by the time the additional meeting on 1 April 2014 arrived, the strategic plan would have been well worked up and would give the Board a good opportunity to comment.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. note the verbal update; and 2. consider and comment on the Hillingdon CCG 5 Year Strategic Plan and 2 Year Operating Plan report at its meeting on 1 April 2014.
	<p>The meeting, which commenced at 2.30 pm, closed at 3.20 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.