

## Minutes

### HEALTH AND WELLBEING BOARD

17 March 2015

Meeting held at Committee Room 6 - Civic Centre,  
High Street, Uxbridge UB8 1UW



HILLINGDON  
LONDON

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|     | <p><b>Statutory Board Members Present:</b><br/>Councillor Ray Puddifoot MBE (Chairman)<br/>Councillor Philip Corthorne (Vice-Chairman)<br/>Councillor Keith Burrows<br/>Councillor Douglas Mills<br/>Dr Ian Goodman – Hillingdon Clinical Commissioning Group<br/>Jeff Maslen – Healthwatch Hillingdon</p> <p><b>Statutory Board Members:</b><br/>Sharon Daye – Statutory Director of Public Health<br/>Tony Zaman – Statutory Director of Adult Social Services</p> <p><b>Co-opted Members Present:</b><br/>Jean Palmer OBE - LBH Deputy Chief Executive and Corporate Director of Residents Services<br/>Nigel Dicker – LBH Deputy Director Residents Services<br/>Maria O'Brien – Central and North West London NHS Foundation Trust (substitute)<br/>Dr Reva Gudi – Hillingdon Clinical Commissioning Group (Clinician)<br/>Rob Larkman – Hillingdon Clinical Commissioning Group (Officer)<br/>Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust<br/>Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute)</p> <p><b>LBH Officers Present:</b><br/>Kevin Byrne, Gary Collier, Lynda Crellin, Vicky Trott, Sarah White and Nikki O'Halloran</p> <p><b>LBH Councillors Present:</b><br/>Councillor Beulah East</p> <p><b>Press &amp; Public:</b> 1 public</p> |
| 40. | <p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Scott Seaman-Digby and David Simmonds, Ms Robyn Doran (Ms Maria O'Brien was present as her substitute) and Mr Robert Bell (Mr Nick Hunt was present at his substitute).</p>   |
|     | <p>The Chairman noted that this would be Ms Sharon Daye's last meeting of the Health and Wellbeing Board before she left the Council. He thanked her for the work that she had undertaken as Interim Director of Public Health and wished her well.</p>   |
| 41. | <p><b>TO APPROVE THE MINUTES OF THE MEETING ON 11 DECEMBER 2014</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 11 December 2014 be agreed as a correct record.</p>  |

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| 42. | <p><b>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</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that all items would be considered in public.</p>  |
| 43. | <p><b>HEALTH AND WELLBEING BOARD STRATEGY: PERFORMANCE REPORT</b> (<i>Agenda Item 5</i>)</p> <p>It was noted that the report had brought together reporting information for the Health and Wellbeing Strategy, the Public Health Action Plan and the Better Care Fund plan. The report included a new scorecard highlighting performance which would be included in future reports to the Board.</p> <p>The Board noted that the successful completion of drug treatment for non opiate users had exceeded the national performance. However, although there had been steady improvement in tackling the issue, excess weight remained a challenge.</p> <p>Councillor Corthorne advised that he had liaised with staff at partner organisations in relation to the Better Care Fund work streams,. A screening tool was being developed to identify frailty and susceptibility to falls, dementia and/or social isolation and that the Care Home Initiative had resulted in a 7% reduction in the number of admissions to hospital at exactly the time when winter pressure-related issues would be expected to see an increase. Councillor Corthorne commended the partnership working that had been undertaken and was enthused by the user friendly Connect2Support portal which would be launched at the end of the month.</p> <p><b>RESOLVED: That the Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li><b>1. notes the updates in the report and delivery plan; and</b></li> <li><b>2. notes the performance indicators in the quarterly dashboard.</b></li> </ol> |
| 44. | <p><b>BETTER CARE FUND: UPDATE</b> (<i>Agenda Item 6</i>)</p> <p>It was noted that, with regard to the governance arrangements mentioned on page 41 of the agenda, the Health and Wellbeing Board was responsible for monitoring the delivery of the Better Care Fund (BCF) and officers responsible for the management arrangements.</p> <p>It was agreed that, prior to the Board's next meeting on 21 July 2015, a report template to monitor the BCF performance and budget be drafted and agreed by the Board Chairman and the HCCG Chair.</p> <p><b>RESOLVED: That the Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li><b>1. notes the final Hillingdon BCF plan as submitted and now approved; and</b></li> <li><b>2. requests that a report template for monitoring the performance and financial aspects of the Better Care Fund Plan be provided to the Chairman and the HCCG Chair by 31 May 2015.</b></li> </ol>  |
| 45. | <p><b>HILLINGDON CCG UPDATE</b> (<i>Agenda Item 7</i>)</p> <p>It was noted that HCCG had embarked on a wide ranging transformation programme that encompassed six key areas with a Transformation Group established for each. These Groups reported to the overall CCG Transformation Group and were accountable to the Whole System Transformation Board which met every two months.</p>  |

Although HCCG was commended for embarking on a transformation programme, concern was expressed there were effectively 7 Groups reporting to the CCG Board (rather than having one Group reporting to the CCG Chair). It was also suggested that IT transformation should be incorporated into all of the areas that were being considered rather than as a separate entity. HCCG would provide the Health and Wellbeing Board with an update on the progress of the transformation programme in due course.

The Board was advised that individual GP practices in the Borough had been forming networks to move towards providing whole pathways of care rather than individual elements. The integration of services project that was taking place in the north of the Borough formed part of the Whole System Pioneer programme which would eventually be rolled out across the rest of Hillingdon.

Dr Ian Goodman stated that achieving the original QIPP target of £10.37m for 2014/15 was an ongoing challenge that would not be met. However, it was anticipated that HCCG would achieve £8.3m and would continue to work with partners to identify sustainable solutions to address acute emergency admissions during 2015/16.

In addition, the Board was advised that HCCG was forecasting a £2.7m surplus at year end on programme budgets and a £0.5m surplus on running cost budgets (a total surplus of £3.2m) which would be carried forward into 2015/16. This surplus had been achieved through a range of improvements such as better accounting, increased integrated work and improved planning.

Concern was expressed that the financial information contained within the report did not provide sufficient context or consistency. It was suggested that consideration be given to the format of this standing item to ensure that the information could be tracked from one report to the next (starting from the deficit and plotting progress towards the target).

**RESOLVED: That the Health and Wellbeing Board notes the update.**

46. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 8*)

It was noted that the report provided a summary of the work that had been undertaken by Healthwatch Hillingdon (HH) during quarter 3. As part of its usual mix of activity, HH had been engaging at a policy level to ensure that it stayed in touch with what was happening strategically in the local area whilst also providing user input.

Mr Jeff Maslen advised that, now that HH had been practicing for two years, it was a good time to reflect and identify the impact that its work had had on services, providers and commissioners. It was likely that this would mean that fewer, more in-depth projects would be undertaken over the coming year. Further detail in relation to HH plans would be reported to the Health and Wellbeing Board at a future meeting.

**RESOLVED: That the Health and Wellbeing Board notes the report.**

47. **UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS** (*Agenda Item 9*)

It was noted that there had been some progress with regard to St Andrews Park. However, issues had been raised with regard to the proposed new Yiewsley Health

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|     | <p>Centre and, due to the increase in costs over the last five years, the viability of the proposition would require further consideration by the Council's Strategic Property Group. It was agreed that this proposal be brought back to the next Health and Wellbeing Board meeting.</p> <p>Progress in relation to The Pine Medical Centre scheme had been slow. It was suggested consideration be given to the lessons learnt from this scheme to ensure that GPs were provided with sufficient support in future. To this end, it was also suggested that consideration be given to the possibility of viring developer contributions to where the capacity was needed and to HCCG establishing the possibility of residents attending GP practices a little further away from their homes.</p> <p><b>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.</b></p>   |
| 48. | <p><b>PRIMARY CARE CONTRACEPTION SERVICE</b> (<i>Agenda Item 10</i>)</p> <p>It was noted that, although it was recognised that responsibility for the commissioning of primary care contraception services (IUCD or IUS) had transferred to the Council, there was no audit trail to support the transfer of funding to the authority for the provision of these services. Councillor Corthorne was aware that there was no requirement for GPs to provide the IUCD/IUS services and that consideration could be given to using family planning clinics if the funding issues were not resolved.</p> <p>It was agreed that recommendation 3 be deleted and that, as an alternative, officers be asked to draft a letter for the Chairman to send to Hillingdon CCG and NHS England NWL (NHSE NWL) to request the provision of documentary evidence that the funding for IUCD/IUS services had passed to the Council. In the meantime, it was agreed that the Council would provide temporary funding for the provision of these services, pending a response from NHSE.</p> <p><b>RESOLVED: The Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li><b>1. notes the information in this report;</b></li> <li><b>2. notes the interim funding measure put in place for 2014/15 to ensure that services to Hillingdon residents were not disrupted by the failure to transfer adequate funding to the Council in April 2013 for primary care contraception services provided through GP's surgeries;</b></li> <li><b>3. agrees that officers draft a letter for the Chairman to send to Hillingdon CCG and NHS England North West London to request documentary evidence of receipt of funds and delegate on receipt of information;</b></li> <li><b>4. approves further temporary funding of up to 3 months in 2015/16, pending a response from NHSE to the letter detailed in resolution 3; and</b></li> <li><b>5. instructs officers to further challenge the failure of NHS England to transfer funding for the disputed services to the Council.</b></li> </ol> |
| 49. | <p><b>HILLINGDON CCG OPERATING PLAN 2015/16</b> (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the report which provided a summary of the work that had been undertaken during the year with regard to the operating plan, as well as the operating standards and how HCCG planned to achieve them. It was noted that the HCCG Operating Plan 2015/16 fulfilled the requirements of NHS England.</p> <p>Mr Rob Larkman advised that, with regard to the majority of its key performance</p>  |

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|     | <p>standards, HCCG had performed well. However, it was noted that the achievement of the 4 hour standard in A&amp;E was proving challenging given recent increases in activity. Dementia diagnosis and access to psychological therapy was a high priority and would require investment to ensure that it was delivered effectively in 2015/16.</p> <p>The Chairman noted that there was insufficient information within the report for the Board to be able to note and agree the proposed performance for the Operating Plan for 2015/16. As the information provided focussed on outlining some of HCCG's objectives, it was suggested that HCCG provide more in-depth supporting information at the Board's next meeting. For example, the report noted that HCCG had made provision for a 3% growth in activity across the board, but had not explained how this percentage was arrived at.</p> <p>No resolution was agreed for this item.</p>  |
| 50. | <p><b>PRIMARY CARE CO-COMMISSIONING: UPDATE</b> (<i>Agenda Item 12</i>)</p> <p>The Health and Social Care Act 2012 transferred responsibility for the commissioning a range of primary care, community care and mental health services to CCGs. However, although commissioning responsibility for optometry, GPs, pharmacy and dentistry had remained with NHS England (NHSE), CCGs were now being encouraged to take control of the primary care contracting responsibility for GPs through <i>primary care co-commissioning</i> (either jointly with NHSE or delegated). It was anticipated that the transformation programme being undertaken by HCCG would be assisted by it having greater control through joint commissioning. Once the measures were in place, consideration could also be given to planning primary care provision around the changing local demographics.</p> <p>It was noted that, although GP practices would still be working to a core contract, joint commissioning would enable HCCG to fashion wrap-around contracts for GPs to encourage innovative developments.</p> <p><b>RESOLVED: That the Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li><b>1. notes progress and intentions regarding Primary Care Co-commissioning;</b></li> <li><b>2. notes that a local authority representative from the Health and Wellbeing Board and a Healthwatch representative will have a right to join the specific committees established to undertake primary care co-commissioning as non-voting attendees;</b></li> <li><b>3. notes that the specific committees must have a lay and executive majority and a lay chairman which the Health and Wellbeing Board may wish to discuss; and</b></li> <li><b>4. delegates authority to the Chairman and Vice Chairman of the Health and Wellbeing Board to appoint a representative to join specific CCG committees and consider how the Board should be engaged in this topic.</b></li> </ol> |
| 51. | <p><b>CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE</b> (<i>Agenda Item 13</i>)</p> <p>Following the Board's meeting on 11 December 2014, the Vice Chairman had explored issues in relation to the CAMHS service provision within Hillingdon. A comprehensive review of CAMHS undertaken by the Council and Central North West London NHS Foundation Trust (CNWL), which was completed during 2012/13, had highlighted a number of shortfalls. Since then, there had been limited progress in tackling the gaps identified and consideration needed to be given to how progress could be made.</p>  |

It was noted that joint stakeholder work had been undertaken and had resulted in a detailed assessment. Progress would be reported back to the Health and Wellbeing Board at its next meeting. The Board was advised that progress had also been made in relation to the development of an Intensive Support (Crisis Management) service and LD CAMHS service and HCCG had invested additional resources to develop specialist perinatal mental health provision.

Healthwatch Hillingdon (HH) welcomed the report but expressed concern with regard to reflecting the degree of urgency required and the wider community involvement. Mr Maslen noted that the role of HH was to test the services provided for effectiveness and to establish how well young people were being supported. HH would continue to do this and would report back to the Health and Wellbeing Board in relation to the outcomes in due course.

**RESOLVED: That the Health and Wellbeing Board:**

- 1. notes the report and the joint work across the Council, Health and other key stakeholders to develop a joint commissioning strategy for social and emotional wellbeing and CAMHS in Hillingdon.**
- 2. receives the joint commissioning strategy for social and emotional wellbeing and CAMHS at the next Board.**

52. **ANNUAL REPORT OF THE LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) 2013-2014** (*Agenda Item 14*)

It was noted that some of the information contained within the Local Safeguarding Children Board report was the best part of a year old but that work was underway to have the 2013/2014 report ready for consideration by autumn in future.

**RESOLVED: That the Health and Wellbeing Board:**

- 1. receives and notes the annual report and notes the actions identified 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. as per the agreed protocol, ensures 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.**

53. **ANNUAL REPORT OF THE SAFER ADULTS PARTNERSHIP BOARD (SAPB) 2013-2014** (*Agenda Item 15*)

The Board thanked the Chairman of the Local Safeguarding Children Board (LSCB) and Safeguarding Adults Programme Board (SAPB) for all of her hard work in producing the Annual Reports.

It was noted that, with regard to the SAPB, an independent review had been undertaken and, following receipt of the resultant report, future working arrangements were being determined. In response to the Care Act 2014, a recruitment process was underway to appoint a new SAPB Chairman. Furthermore, good progress had been made in the development of the Board and the wider multi agency safeguarding arrangements in the Borough.

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|     | <p><b>RESOLVED: That the Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li>1. receives and notes this report, and actions identified that are being taken by the SAPB and its constituent agencies to improve the safeguarding of vulnerable adults in Hillingdon;</li> <li>2. notes the implications of the statutory requirements of the Care Act 2014; and</li> <li>3. agrees to receive an update following the completion of the review currently underway in order to be notified of any relevant recommendations from the review.</li> </ol> |
| 54. | <p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (<i>Agenda Item 16</i>)</p> <p>Consideration was given to the Board Planner report. It was noted that, once clarity in relation to the Health and Wellbeing Board's responsibilities had been provided after May 2015, consideration might need to be given to the Board meeting more frequently.</p> <p>Board Members were reminded that the deadline for reports for the next meeting was 3pm on Friday 3 July 2015.</p> <p><b>RESOLVED: That the Health and Wellbeing Board agrees the Board Planner.</b></p>           |
|     | <p>The meeting, which commenced at 2.30 pm, closed at 3.25 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.