

## Minutes

### HEALTH AND WELLBEING BOARD

22 July 2014

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



HILLINGDON  
LONDON

	<p><b>Statutory Board Members Present:</b> Councillor Ray Puddifoot (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Douglas Mills Councillor David Simmonds Dr Ian Goodman – Hillingdon Clinical Commissioning Group Jeff Maslen – Healthwatch Hillingdon</p> <p><b>Statutory Board Members:</b> Sharon Daye – Statutory Director of Public Health Tony Zaman – Statutory Director of Adult Social Services Tom Murphy – Statutory Director of Children’s Services (substitute)</p> <p><b>Co-opted Members Present:</b> Jean Palmer – LBH Deputy Chief Executive and Corporate Director of Residents Services Nigel Dicker – LBH Deputy Director: Public Safety &amp; Environment Roby Doran – Central and North West London NHS Foundation Trust Dr Kuldhir Johal – Hillingdon Clinical Commissioning Group (Clinician) (substitute) Rob Larkman – Hillingdon Clinical Commissioning Group (Officer) Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute)</p> <p><b>LBH Officers Present:</b> Kevin Byrne, Sarah White and Nikki O’Halloran</p> <p><b>LBH Councillors Present:</b> Councillor Beulah East</p> <p><b>Press &amp; Public:</b> 1 public</p>
1.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows and Scott Seaman-Digby, Mr Robert Bell (Mr Nick Hunt was present as his substitute) and Ms Merlin Joseph (Mr Tom Murphy was present as her substitute).</p>
2.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 1 APRIL 2014</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 1 April 2014 be agreed as a correct record.</p>

3.	<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>This was confirmed.</p>
4.	<p><b>REVIEW OF THE BOARD'S MEMBERSHIP AND TERMS OF REFERENCE</b> (<i>Agenda Item 5</i>)</p> <p>Consideration was given to the Board's membership and terms of reference. It was noted that the membership of the Board was, to a large extent, at the discretion of the Council. Although the CCG suggested amendments to the Board's composition, the Chairman advised that, for the time being, the Board membership and voting rights would not be changed. It was noted that many larger Health and Wellbeing Boards with more voting members had been experiencing difficulties in terms of losing focus and failing to take decisions.</p> <p><b>RESOLVED: That the Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li><b>1. agrees the appointment of the following representatives to Board vacancies:</b> <ol style="list-style-type: none"> <li><b>a. Mr James Reid - The Hillingdon Hospitals NHS Foundation Trust - Substitute Non-Voting Co-opted representative</b></li> <li><b>b. Dr Reva Gudi - Hillingdon Clinical Commissioning Group - Non-Voting Co-opted (clinician) representative</b></li> </ol> </li> <li><b>2. recommends the following replacement substitute member to Council for ratification:</b> <ol style="list-style-type: none"> <li><b>a. Mr John Higgins - Statutory Director of Adult Social Services (Substitute)</b></li> </ol> </li> </ol>
5.	<p><b>JOINT HEALTH &amp; WELLBEING STRATEGY ACTION PLAN UPDATE 2013/2014</b> (<i>Agenda Item 6</i>)</p> <p>The Board was advised that this would be the last time that this report would be included on the agenda in this format. In future, a single update report combining progress on the Health and Wellbeing Strategy, the Better Care Fund Plan and the Public Health Action Plan would be included on the agenda.</p> <p>It was noted that there had been significant progress with regard to re-ablement and helping individuals to live independently which had resulted in the target being exceeded. 68% of people receiving intensive re-ablement now no longer required ongoing support or care. The Board was advised that the remaining targets were all on track. Board members also noted that Cabinet, at its meeting on 24 July 2014, would consider a report in relation to the Carer Support Service and Young Carers Project.</p> <p>Concern was expressed that, although the report format had improved with regard to processes and actions, improvements were still required in relation to patient experience. It was suggested that addressing this issue would be a challenge as well as an opportunity to identify where the service provision was most needed.</p> <p>Consideration had been given to reviewing the CAMHS service and associated care pathways. However, the work with regard to health issues was no longer on track. As the changes to the care pathway were unclear, it was agreed that this would be addressed in the update report considered by the Board at its next meeting.</p>

	<p><b>RESOLVED: The Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li>1. notes the report;</li> <li>2. agrees to bring together into one update report for the next meeting of the Board progress on the Health and Wellbeing Strategy, the Better Care Fund Plan and the Public Health Action Plan; and</li> <li>3. notes the update on the review of the CAMHS service and the associated care pathways.</li> </ol>
6.	<p><b>PUBLIC HEALTH ACTION PLAN 2014/2015</b> (<i>Agenda Item 7</i>)</p> <p>The Board was advised that progress continued to be made in relation to public health services such as school nursing and sexual health. It was noted that the procedure to appoint to the substantive Director of Public Health post was also underway.</p> <p>Following the CNWL Quality Account that was recently presented to and commented on by the Council's External Services Scrutiny Committee, it was queried as to whether any detailed review work into the provision of any Adult Mental Health Services commissioned by the CCG was due to be carried out. Dr Johal advised that the CCG would provide this information before the next Board meeting.</p> <p>With regard to the CCG's commissioning intentions for the next year, it was suggested that further work be undertaken with the Public Health team to ensure a more joined up approach.</p> <p><b>RESOLVED: That the Board:</b></p> <ol style="list-style-type: none"> <li>1. note the report and Action Plan; and</li> <li>2. the CCG provide the Board with information in relation to a review of the provision of Adult Mental Health Services.</li> </ol> <p><i>[The CCG provided the following information after the meeting: The CQC has been carrying out a review and the Trust is issuing updates on that process. Locally, the CCG has planned a review of mental health services that is expected to commence towards the end of August dependent on its ability to recruit appropriately skilled short term support to carry out the review. This is part of a programme of reviews being carried out on behalf of the HCCG Quality Clinical Risk and Safety Committee (QCRSC) that is intended to give a deeper understanding of the quality of services it commissions across a range of areas. It is hoped that these reviews will also be useful to the providers. The Council Public Health team has been involved in early discussions about the planned mental health review. The review is expected to be reported to the QCRSC on 17 October 2014.]</i></p>
7.	<p><b>HEALTHWATCH HILLINGDON UPDATE</b> (<i>Agenda Item 8</i>)</p> <p>Healthwatch Hillingdon had published its first Annual Report. During its first year of operation, Healthwatch had gathered information by listening to the views, stories and experiences of residents. The organisation had undertaken significant community engagement, hospital site visits and promotional events and developed its website, Twitter and Facebook profiles.</p> <p>The Board was advised that Healthwatch had had direct contact with approximately 71,000 people in the last year. The data gleaned from this contact had been refined, validated and evidenced and had helped to identify perceived shortfalls in service provision in the Borough. As a result, Healthwatch had built strong relations with local providers and commissioners and had instigated changes such as improvements to</p>

A&E procedures, improved hospital signage, changes to the knee replacement policy and general communication improvements. The organisation looked forward to building on this sound start during 2014/2015.

Insofar as raising Healthwatch's profile was concerned, it was suggested that the organisation liaise with the Council's Communications Team to look at including further information in the authority's Hillingdon People publication. It was anticipated that this would help to raise residents' awareness of Healthwatch.

It was acknowledged that the Better Care Fund was a significant issue currently being looked at by Healthwatch. Although the organisation was finding the issue frustrating, this was more a reflection on the difficulty of the issues than on organisational barriers.

During its first twelve months, the majority of feedback received from residents had been in relation to parking at hospitals (capacity and tariffs); many residents were unsure how long they were going to be waiting in the hospital to be able to accurately estimate how much they needed to pay in the pay and display car park. As this was seen to be more of a problem at Hillingdon Hospital, the Trust had developed a strategy to address capacity issues in the first instance (a planning application had been submitted to the Council to build a single storey extension to the car park) and then look at the tariffs once the capacity issues had been resolved.

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

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

It was noted that the Yiewsley Health Centre development was progressing and it was anticipated that building would start in the near future. The St Andrew's Park development had faltered and the developer would now be paying a healthcare contribution rather than being required to provide an onsite healthcare facility. Although there was no obligation on the developer to do so, the Council would try to continue discussions to see if it was possible to identify a larger piece of land on the St Andrew's Park site.

Concern was expressed regarding arrangements that were put in place to meet the ongoing revenue costs of new healthcare facilities. It was noted that negotiations with NHS England (NHSE) and NHS Property Services could sometimes be difficult and that the regularising of relationships was a common issue that held up developments (as was currently happening with regard to the Out of Hospital Strategy).

Clarity was sought with regard to the closure of the walk-in service at the Hesa Centre in Hayes. It was noted that the Hesa Centre would become the hub for the south of the Borough and it was anticipated that the services provided from the Centre would form part of the Out of Hospital Strategy. The CCG advised that, although it had developed a comprehensive communications plan and had liaised with the local MP and the Council, no contact had yet been made with the Ward Councillors. It was suggested that it would be beneficial for these Councillors to be involved in any communication, given that they had very close contact with residents and could help to avoid any misinterpretation of the proposals.

The contract for the walk-in facility at the Hesa Centre was due to end on 30 September 2014 and, following consultation and usage data analysis, the CCG proposed to withdraw this service once the contract had expired. The Urgent Care

	<p>Centre (UCC) at Hillingdon Hospital was open 24/7/365 and would be expected to pick up any urgent care needs that were not emergencies. It was anticipated that this would equate to approximately 5 additional patients being seen by the UCC each day (that would previously have been seen at the walk-in centre).</p> <p>A decision would be made on the future of the walk-in service at the CCG Governing Body meeting on Friday 25 July 2014. In the meantime, NHSE was in the process of negotiating the GP contract at the Hesa Centre and was looking to extend the practice opening hours to cover 7 days.</p> <p>In terms of demography, the CCG advised that health inequalities were changing so quickly in the Borough that it was difficult to reflect this information accurately in its five year plan. However, the CCG would continue to work with the Council to develop the plan and to review the Joint Strategic Needs Assessment.</p> <p>It was suggested that a health page be included in the Council's Hillingdon People publication as a regular feature and on the Council website. This could then be used to ensure that residents were aware of any upcoming or current consultations. Furthermore, it was suggested that consideration be given in the future to using any unspent s106 monies to support the provision of pharmacy services.</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>
9.	<p><b>PHARMACEUTICAL NEEDS ASSESSMENT</b> (<i>Agenda Item 10</i>)</p> <p>The Board was advised that there was a requirement to publish a Pharmaceutical Needs Assessment (PNA) by 1 April 2015. The report set out a proposed timetable of actions to ensure that this requirement was met.</p> <p>Concern was expressed that access to more uncommon medication was sometimes limited (or unachievable) outside of usual pharmacy opening hours. The Board was advised that pharmacists would have an important role to play in the CCG's proposed three hub model that would be implemented across the Borough. It was suggested that this issue would need to be addressed as part of the PNA.</p> <p><b>RESOLVED: That the Health and Wellbeing Board notes:</b></p> <ol style="list-style-type: none"> <li><b>1. the requirement to prepare and publish a pharmaceutical needs assessment (PNA) for Hillingdon by 1 April 2015; and</b></li> <li><b>2. the timetable to review Hillingdon's PNA with a consultation draft coming to the next Board for approval prior to commencing the statutory minimum 60 day consultation.</b></li> </ol>
10.	<p><b>BETTER CARE FUND: HILLINGDON IMPLEMENTATION PLAN</b> (<i>Agenda Item 11</i>)</p> <p>It was noted that new arrangements for performance and risk sharing were being introduced. This included a new requirement for a local target on reducing emergency admissions to hospital which would now form the sole indicator for performance payment under the Better Care Fund (BCF). This 3.5% suggested reduction, if not achieved, could have significant ramifications for health partners in that the reward element would not become due.</p> <p>Although the BCF plan had been submitted, further guidance was now expected</p>

	<p>requiring a revised plan to be submitted after the summer using a new template. However, it was encouraging to note that partnership working was already delivering improvements to early supported discharge and had identified gaps in service provision with regard to seven day working.</p> <p>It was suggested that care be taken to ensure that work as an early adopter on Hillingdon's Whole Systems Integrated Care did not detract from or hinder progress on the BCF. In the meantime, it was agreed that effort would be made to ensure that the s75 arrangements were in place by the Board's next meeting on 23 September 2014 to formally monitor the financial arrangements and delivery of the BCF outcomes.</p> <p><b>RESOLVED: The Health and Wellbeing Board notes:</b></p> <ol style="list-style-type: none"> <li><b>1. the progress on workstreams for the Better Care Fund; and</b></li> <li><b>2. that the section 256 money for 2014/15 has been agreed between LBH and HCCG, thereby enabling this money to drawn down from NHS England.</b></li> </ol>
11.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (<i>Agenda Item 12</i>)</p> <p>It was agreed that, in future, a single update report combining progress on the Health and Wellbeing Strategy, the Better Care Fund Plan and the Public Health Action Plan would be considered at each Board meeting. Furthermore, rather than submitting several reports, the CCG would provide an update report at each meeting which would include information in relation to the organisation's financial recovery plan.</p> <p>The CCG's commissioning intentions would be published for consultation during October 2014 and would need to be considered by the Health and Wellbeing Board. Although it was noted that the Board's meeting on 11 December 2014 would be too late, the CCG would need to establish whether or not it would be able to adjust its timetable and draft the document in time for inclusion on the agenda for the Board's meeting on 23 September 2014. If it was not possible to meet this deadline, consideration could be given to moving the Board's next meeting to a later date.</p> <p>The Board Planner report would be included as the last item on all future Board agendas.</p> <p><b>RESOLVED: That the Board Planner, as amended above, be noted.</b></p>
12.	<p><b>PROTOCOL FOR THE HEALTH AND WELLBEING BOARD AND HILLINGDON SAFEGUARDING BOARDS</b> (<i>Agenda Item 13</i>)</p> <p>It was anticipated that the introduction of a protocol between the Health and Wellbeing Board, the Local Safeguarding Children Board (LSCB) and the Safeguarding Adults Partnership Board (SAPB) would go some way to improving communication. The Board was advised that similar protocols had been successfully adopted elsewhere.</p> <p><b>RESOLVED: That the Board agrees the protocol between the Hillingdon Health and Wellbeing Board and the Hillingdon Local Safeguarding Children Board (LSC) and the Safeguarding Adults Partnership Board (SAPB).</b></p>
13.	<p><b>HILLINGDON CCG UPDATE</b> (<i>Agenda Item 14</i>)</p> <p>It was noted that the report included information outlining the key organisational changes that had been planned. These changes included integrated care, the development of the Out of Hospital Strategy and 7 day working.</p>

The Board was advised that the CCG's Recovery Plan would enable the organisation to deliver £5m of improvements on its projected deficit and that it was expected to break even this year. It was thought that this would be enabled, in part, by the financial strategy agreed for the eight North West London (NWL) CCGs which effectively provided a level financial playing field. This strategy meant that Hillingdon had been able to put a programme of investment in place. Furthermore, the CCG was congratulated for securing funding from the Prime Minister's Challenge Fund which was being used to establish the infrastructure for networks of GPs. It was anticipated that these networks would help GPs in the move towards the provision of weekend access.

It was noted that the integration of health and social care was deemed to be a priority in Hillingdon. As such, the CCG had become an early adopter for the Whole Systems Integrated Care Pioneer Project which the organisation believed was complementary to the BCF work (focussing on the frail and elderly). Concern was expressed that this Project was being piloted across two cohorts which were both from the north of the Borough (as the area comprised an older population), involving a total of 1,000 patients and starting in October 2014.

Although it was anticipated that the model would be rolled out to the rest of the Borough in 2015, it was suggested that the pilot would have been more representative of the Borough's diverse population if one cohort had been from the south (where the health needs of residents tended to be greater and more complex) and the other from the north of the Borough. It was noted that, had the Board been consulted in advance, it would not have supported the selection of two cohorts from the north as this would not give a complete picture of the issues faced by residents.

Insofar as the savings figures included in the report were concerned, it was noted that the numbers did not make complete sense. It was suggested that the CCG give further consideration to improving the presentation of this data so that the financial picture presented to the Board was as clear as possible. The Board was aware that reporting on the CCG's financial situation was not straight forward as it could take time for the organisation to become aware of costs that had been incurred (for example, if a resident registered in Hillingdon received treatment in Suffolk, it may take time for this cost to be recharged to the appropriate CCG). Furthermore, the process of producing budgetary updates was quite long winded as the CCG's 'first cut' figures were produced each month but then needed to be examined by NHSE.

To help resolve some of the financial reporting issues experienced by the CCG, consideration was currently being given to the implementation of a new IT system in the next year. It was anticipated that this system would prove to be a useful tool (although it would take a year before the positive impact was felt) as it included the ability to integrate social care budgetary information.

The Board was advised that the QIPP programme savings for 2014/15 had been set at £10.3m and would be monitored through the CCG's Programme Monitoring Office function. To provide the CCG with a cushion, it was looking to identify an additional £2m of QIPP savings. The CCG was asked to provide a quarterly update to the Board on the progress of achieving the QIPP programme savings.

It was noted that, for the first time ever, it had been officially acknowledged that health services in Hillingdon had historically been chronically underfunded. However, despite this acknowledgement, the funding levels had still not been addressed and corrected and, as such, the Borough was still £15m underfunded.

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

14. **HILLINGDON CCG 5 YEAR STRATEGIC PLAN** (*Agenda Item 15*)

The CCG was required to produce a five year plan with the other NWL CCGs which therefore covered a wider footprint as required by NHSE. This collaboration also benefitted Hillingdon in terms of an injection of funds totalling approximately £13m in 2014/2015. Additional funds had been allocated to improvements at Hillingdon Hospital as part of the *Shaping a healthier future* programme to ensure that it was able to fulfil its designation as a major acute hospital.

However, concern was expressed that very little of the information contained within the five year plan actually related to Hillingdon and, as such, the document was of little use to the Board. Furthermore, although the CCG was now consulting the Board on the plan, it was suggested that the content of the plan should be discussed before it was presented to the Health and Wellbeing Board and that the Council's Director of Adult Social Care should be involved in its formulation. It was noted that a fair amount of consultation had been undertaken with patients in Hillingdon.

With regard to the Hillingdon summary document appended to the report, it was suggested that this was merely a wish list and that further (more detailed) information needed to be included regarding the effect on local partners. The unintended consequences needed to be addressed as part of the planning process as well the implications for Hillingdon.

Although it was acknowledged that the CCG had drafted the document in a format that would receive NHSE approval, it was generally not deemed to be fit for Hillingdon's purpose in terms of identifying what was achievable locally. Whilst the Council had not been included in (or consulted during) the formation of the five year plan, the CCG had engaged with THH who believed that the Plan was underpinned by a sound financial strategy. Furthermore, the CCG advised that it would liaise with partners about specific issues as they arose.

In health terms, five years was deemed to be a long time. As such, it was anticipated that the 5 Year Strategic Plan would have to adapt to respond to changing NHS influences and direction. It was likely that there would be further changes to the Plan following the general election in May 2015. However, the CCG advised that it was currently only a draft document which was being consulted on and that it would be 'Hillingdonised' as time progressed.

**RESOLVED: Whilst noting the significant effort of Hillingdon GPs in producing the North West London 5 Year Strategy, the Health and Wellbeing Board did not find the Strategic Plan acceptable as a document providing the necessary detail for Hillingdon residents or the impact on partners.**

15. **OPERATING PLAN MEDICATION ERROR REPORTING** (*Agenda Item 16*)

Consideration was given to the medication incident reporting rates. It was noted that effort was being made by THH to increase its rate for reporting medication related incidents (as it was currently 3.9% below that of comparable organisations) and CNWL was looking to reduce its rates (as it was currently reporting at a rate of 1.7% above that of comparable organisations). There was an anomaly in that guidance provided by NHSE suggested that reporting figures should be high but this would imply poor



	<p>performance. It was noted that THH had been highly commended by CQC for its performance.</p> <p><b>RESOLVED: The Health and Wellbeing Board notes the targets set for improvement within THH and CNWL for reporting Medication Incidents.</b></p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.56 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.