

Minutes

HEALTH AND WELLBEING BOARD

21 July 2015

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



HILLINGDON
LONDON

	<p>Statutory Voting Board Members Present: Councillor Ray Puddifoot MBE (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Douglas Mills Councillor David Simmonds CBE Dr Ian Goodman - Hillingdon Clinical Commissioning Group Jeff Maslen - Healthwatch Hillingdon</p> <p>Statutory Non Voting Board Members Present: Tony Zaman - Statutory Director of Adult Social Services and Interim Statutory Director of Children's Services Sharon Daye - Statutory Director of Public Health (substitute)</p> <p>Co-opted Board Members Present: Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Robyn Doran - Central and North West London NHS Foundation Trust Rob Larkman - Hillingdon Clinical Commissioning Group (Officer) Dr Reva Gudi - Hillingdon Clinical Commissioning Group (Clinician) Nigel Dicker - LBH Deputy Director Residents Services Jean Palmer OBE - LBH Deputy Chief Executive and Corporate Director of Residents Services</p> <p>LBH Officers Present: Kevin Byrne, Gary Collier, Glen Egan and Nikki O'Halloran</p> <p>LBH Councillors Present: Councillors Beulah East and Phoday Jarjussey</p>
1.	<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 and Dr Steve Hajioff (Ms Sharon Daye was present as his substitute).</p>
2.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 17 MARCH 2015 (<i>Agenda Item 3</i>)</p> <p>Consideration was given to the minutes of the meeting held on 17 March 2015 and the following issues arising:</p> <ul style="list-style-type: none">Minute 48: Primary Care Contraception Service - Although the Chairman had sent a letter to NHS England North West London requesting documentary evidence of receipt of funds for the primary care contraception service, the response received had not resolved the situation. The response had been

forwarded to the Chairman of the Hillingdon Clinical Commissioning Group (HCCG) to progress. In the meantime, it was agreed that temporary funding be approved until September 2015;

- Minute 50: Primary Care Co-Commissioning: Update - It was noted that Councillor Corthorne, as the local authority representative from the Health and Wellbeing Board, would be joining the committees established to undertake primary care co-commissioning as a non-voting attendee; and
- Minute 51: Child and Adolescent Mental Health Services (CAMHS) Update - It was noted that there had been a number of developments in relation to CAMHS since the Board's last meeting, which included a recommendation by the Children's Mental Health Task Force to oversee development of local transformation plans to assist NHS England (NHSE) in the allocation of funding. A report would be brought back to the Board at its next meeting to update them on progress with the Hillingdon Strategic Partnership plan and whether guidance had been made available by NHSE. In addition, a CAMHS needs assessment had been developed by Public Health to help the Strategy group to identify and develop actions to bridge service gaps.

The Board was advised that the issue of provision of mental health services for children was complicated by there being no clear definition of the service levels for each of the Tiers or the associated funding. Concern had been expressed by Head Teachers that schools were increasingly using their own resources to provide facilities such as drop in services, which were not joined up. Conversely, there was frustration that schools were not addressing issues early or necessarily providing interventions where they could. It was suggested that the needs assessment and plan be shared with the Schools Strategic Partnership to help a joined up approach to wellbeing of vulnerable young people.

RESOLVED: That:

1. the HCCG Chairman progress the investigation into funding of the primary care contraception service;
2. temporary funding for the primary care contraception service be approved until 30 September 2015;
3. a report in relation to CAMHS be considered by the Board at its meeting on 22 September 2015; and
4. the minutes of the meeting held on 17 March 2015 be agreed as a correct record.

3.	<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>It was confirmed that all items would be considered in public.</p>
4.	<p>HEALTH & WELLBEING STRATEGY: PERFORMANCE REPORT (<i>Agenda Item 5</i>)</p> <p>Consideration was given to the report which provided the Board with an update on progress against Hillingdon's Joint Health and Wellbeing Strategy Delivery Plan objectives and the outcome metrics. Key highlights in the report included progress made in relation to smoking cessation and the launch of the Hillingdon Dementia Action Alliance which had the potential to improve the lives of those who suffered with dementia as well as their carers.</p>

It was noted that air quality impacted significantly on the health of the Borough's residents. The Board was advised that air quality in Hillingdon was becoming an increasingly important issue which would deteriorate further with the threat of a third runway at Heathrow Airport and, as such, the Council would welcome input from clinical colleagues. Members were keen to ensure that the Board was aware of the issue and addressing it in a strategic way.

Concern was expressed that, whilst the report stated that smoking prevalence amongst pregnant women in Hillingdon had reduced, later HCCG data indicated that figures were since rising and were higher than the London average (and, in some cases, two to three times higher than the North West London average). HCCG was analysing the data to identify what support could be offered to women who smoked whilst pregnant.

RESOLVED: That the Health and Wellbeing Board:

- 1) noted the updates in the report and delivery plan; and**
- 2) noted the outcome performance indicators in the quarterly dashboard).**

5. **BETTER CARE FUND: PERFORMANCE REPORT (APRIL-MAY 2015)** (*Agenda Item 6*)

Concern was expressed that the HCCG figures included in the report were not acceptable and that discipline was needed with regard to financial reporting to ensure that the Board was aware of how much had been spent in each area of the budget. The HCCG Chairman assured the Board that the figures for Month 3 would be more accurate and it was agreed that accurate figures would form part of monthly reports to the Chairman and Vice Chairman of the Board. The report for the three months to June would be provided in August 2015 and the Chairman indicated that, if there was no realistic improvement in the accuracy of the HCCG figures, he would commission external support to provide future reports.

The Board was advised that a substantial amount of HCCG commissioned activity within the BCF was provided through a block contract with Central and North West London NHS Foundation Trust (CNWL) which gave HCCG some certainty in relation to expenditure. However, other services were provided on a payment by results basis and, therefore, determined by the level of activity. Information in relation to this type of service provision was not being expediently processed through the secondary user system, which had resulted in a reporting time lag of about one month.

Although it was too early to assess its long term impact on service users, Board members were pleased with the work that had been undertaken by the multi disciplinary teams.

Insofar as the GP Networks were concerned, it was noted that a lot of work was now being rolled out across the whole of the Borough. Although this was a steep learning curve for GPs, it was also an operationally and educationally advantageous way of working.

RESOLVED: That:

- 1. the Chairman and the Vice Chairman receive monthly performance reports and the Chairman be authorised to commission external support to produce future reports if there is no improvement in the accuracy of the HCCG figures; and**
- 2. the Health and Wellbeing Board note the content of the report.**

6. **HILLINGDON CCG UPDATE** (*Agenda Item 7*)

It was noted that the integration of services for older people (now known as Hillingdon Integration Plan) had started to go live and was being rolled out to all practices across the Borough.

Dr Goodman advised that QIPP continued to be a challenge. As it was becoming increasingly difficult to identify savings, HCCG was focussing on quality improvements through the transformation process. That said, HCCG was determined to build on the healthy financial position that it had been in at the end of 2014/2015.

HCCG had formally entered Joint Commissioning of Primary Care services with NHS England on 1 April 2015. Although this was now starting to take off, progress had been slow due to the complexities of the North West London CCGs working together. It was hoped that the associated working groups would be established by the end of July 2015 to drive through transformation working at primary care level.

The Board was advised that the maternity unit at Ealing Hospital had closed on 1 July 2015 as part of the *Shaping a healthier future* programme. To accommodate an additional 800 pro rata deliveries that were anticipated as a result of this (taking the annual total to 5,000 deliveries), maternity services at Hillingdon Hospital had been upgraded. It was noted that priority would be given to those expectant mothers that were resident in the Borough and identified Hillingdon Hospital as their first choice. However, flexibility had been built into the capacity to accommodate patients in labour who arrived unexpectedly at the Hospital.

Overall, at Month 2, HCCG was reporting a £0.539 surplus position against a £0.58m planned surplus year to date. It was noted that these figures showed a degree of accuracy that had not been shown in the BCF report.

RESOLVED: That the Health and Wellbeing Board note the update.

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

Consideration was given to the quarterly and annual reports of Healthwatch Hillingdon (HH) which gave an indication of the range and variety of activities undertaken by the organisation and their impact on the Borough. It was noted that HH's Chief Operating Officer had been hospitalised and off work for a significant period, which had impacted on the organisation's longer term business planning but not on its operational commitments.

HH had taken stock and was now looking to fine tune its activities and provide additional input for providers and commissioners. A significant number of changes were already underway in the health sector and it was likely that there would be more to come. HH was keen to monitor these big developments to ensure that the views of residents were taken into account and that they reflected the needs of the community. The impact of the changes would then be measured and assessed to identify what difference the development had made to residents.

It was noted that the HH Chairman had established an appraisal process for its Board members and that there were, at present, two vacancies. Consideration was now being given to identifying the aims of the Board to ensure that the skills and knowledge of any new Board members complemented those of the current Board. It was suggested that, when HH was ready to recruit, use could be made of the Council's Hillingdon People publication.

It was noted that the eight Clinical Commissioning Groups (CCGs) across North West London had agreed to remove the clinically unjustified weight criteria for knee replacement operations from 2015/16. Furthermore, the wording of the referral policy for inguinal hernias had now been amended - HCCG advised that there had not previously been anything unsafe about the procedure.

The Board thanked HH for its contribution to shaping health service provision in the Borough and thanked the HH staff and volunteers for the part that they had played in this.

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 progress in relation to the development of the Yiewsley pool site had come to a halt as NHS Property Services had been unable to agree the terms of a lease with the Council. In response to an update request from local Residents' Associations, the local MP would be writing to the Secretary of State for Health to see if the development could be progressed. Councillor Puddifoot would let the HCCG Chairman know when he had received a response. If no further progress could be made on this site, consideration would need to be given to alternative options.

As the £37,732 s106 contribution towards the Yiewsley Health Centre development would need to be spent by March 2016, the HCCG Chairman would consider whether this could be spent on an alternative project. If an alternative had not been identified by HCCG by the Board's next meeting, the Board would need to consider alternative proposals at that meeting to ensure that the money was spent by the deadline.

The Board was advised that the developer had been holding up progress in relation to St Andrews Park. As such, it would now be down to NHS Property Services to make a viable proposition.

It was noted that £273k of s106 contributions had been allocated towards the Uxbridge Health Centre scheme. However, many of these contributions were time limited.

RESOLVED: That:

- 1. HCCG consider options for the alternative use of the £37,732 s106 funding for the Yiewsley Health Centre (H/23/209k); and**
- 2. the Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.**

9. **CHANGES TO ADULT MENTAL HEALTH SERVICES** (Agenda Item 10)

Although work had been undertaken to redesign community services, mental health had lagged behind. As a result of shrinking budgets and increasing demand, consideration was now being given to best practice and improving access to services and crisis response through things like a single point of access (in accordance with the pledges within the Mental Health Crisis Concordat (2014)). Other improvements could include the provision of a 24 hour, 7 days a week Home Treatment Rapid Response Team.

CNWL was working with stakeholders and service users to improve the mental health service provision. It was anticipated that a reduction in the amount of money spent on

	<p>buildings and administration would enable greater productivity and better value for money.</p> <p>The Board was aware of the challenges faced by CNWL and broadly welcomed the proposed approach to improving the mental health service provision.</p> <p>RESOLVED: That the Health and Wellbeing Board note the report.</p>
10.	<p>SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) REFORMS (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the report which set out the Disabled Children's Charter, the Joint Commissioning Strategy and the SEND reforms and their proposed implementation. Although the full impact on residents of the reforms was not yet apparent, more flexibility was now available and developments to date had been positive.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. notes progress on the SEND Reforms; 2. approves the LBH/CCG Joint Commissioning Strategy; and 3. agrees to adopt and sign the Disabled Children's Charter.
11.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the Board Planner report. It was agreed that the Board would receive a CAMHS update report at its meeting on 22 September 2015 as well as a report in relation to IFR (Individually Funded Requests) / PPwT (Patient Procedure with Threshold). It was noted that the list of reports included in the Appendix was indicative and was subject to change.</p> <p>RESOLVED: That the Board Planner, as amended, be agreed.</p>
	<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.