

Minutes

HEALTH AND WELLBEING BOARD

22 September 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 Dr Steve Hajioff - Statutory Director of Public Health</p> <p>Co-opted Board Members Present: Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Ceri Jacob - Hillingdon Clinical Commissioning Group (Officer) (substitute) 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: Glen Egan, Steve Powell and Nikki O'Halloran</p> <p>LBH Councillors Present: Councillor Phoday Jarjussey</p> <p>Press & Public: 1</p>
12.	<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 Ms Robyn Doran (Ms Maria O'Brien was present as her substitute), Mr Robert Bell (Mr Nick Hunt was present as his substitute) and Mr Rob Larkman (Ms Ceri Jacob was present as his substitute).</p>
13.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 21 JULY 2015 (<i>Agenda Item 3</i>)</p> <p>Consideration was given to the minutes of meeting held on 21 July 2015 and the following matter arising:</p> <ul style="list-style-type: none">Minute 2: To Approve The Minutes Of The Meeting On 17 March 2015 (<i>Minute 48: Primary Care Contraception Service - meeting held on 17 March 2015</i>) - At its meeting on 21 July 2015, the Board had agreed for further investigation to be

undertaken by the Hillingdon Clinical Commissioning Group (HCCG) Chairman into the funding of the primary care contraception service and that the temporary funding for the service would be agreed until September 2015. It was noted that the Council's Director of Finance had written to the HCCG Chairman evidencing the authority's belief that, following detailed investigations, the funding had not been transferred to the Council. Dr Goodman believed that the documents forwarded to the Council by Mr Jonathan Wise provided the audit trail for this funding transfer but would undertake further investigations. It was agreed that HCCG would provide the Council with this evidence before the next Health and Wellbeing Board meeting on the understanding that, if this evidence was not provided, HCCG would need to reimburse the Council. In the meantime, it was agreed that Council funding for the primary care contraception service would continue until December 2015.

RESOLVED: That:

- 1. the HCCG provide the Council with evidence to show that funding for the primary care contraception service had transferred to the Council before the next Health and Wellbeing Board meeting;**
- 2. Council funding for the primary care contraception service continue until December 2015; and**
- 3. the minutes of the meeting held on 21 July 2015 be agreed as a correct record.**

14. 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 (Agenda Item 4)

It was confirmed that Item 13 would be considered in private. All other items would be considered in public.

15. HEALTH & WELLBEING STRATEGY: PERFORMANCE REPORT (Agenda Item 5)

It was noted that the report included the latest performance against indicators and it was pleasing that there had been reductions in a range of indicators including Under 18 conceptions, preventable sight loss and hospital admissions. In addition, a pilot weight management programme had been introduced to help reduce the risk of chronic disease in obese adults.

The Board was advised that, in line with its statutory duties under the Environment Act 1995, the Borough had a declared Air Quality Management Area (AQMA) from the Chiltern-Marylebone railway line to the southern Borough boundary. It was noted that the Council would be responding to the Air Quality Action Plan matrix which was currently out for consultation.

The Vice Chairman advised that he had visited the Rural Activities Garden Centre over the summer as well as the drug and alcohol outreach service where he had spoken to staff about the encouraging proactive work that had been undertaken with the hospital.

It was noted that the Council had provided TeleCareLine free of charge to Hillingdon residents over the age of 80 for some time. Consideration was now being given to the possibility of extending this to those aged 75 and over but would depend on the extent to which it would have a positive impact on the work of partner agencies.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted the updates in the report and delivery plan.**

2. noted the outcome performance indicators in the quarterly dashboard.

16. **BETTER CARE FUND: PERFORMANCE REPORT** (*Agenda Item 6*)

Officers were thanked for the work that had completed so far and it was noted that further work was still required. The Better Care Fund performance report covered a subset of the activities undertaken by partners and, although the format was similar to Cabinet reports, the quality needed to be improved.

The Board was advised that £1m had been included in the budget for Care Act new burdens. However, it was important to ensure that this was monitored and managed and that any discrepancies were identified so that next year's budget was as accurate as possible.

It was noted that some of the causes of delayed transfers of care (DTC) were known about in advance, e.g., a patient not wanting to be moved to a care home. To mitigate this delay, Integrated Assessments were now undertaken with the patient and their family at the start of the process rather than towards the end. Although these discussions were undertaken as early as possible, they could often be protracted, which contributed to delays.

The Hillingdon Hospitals NHS Foundation Trust (THH) was familiar with those patients that were regularly readmitted to hospital. Mr DeGaris noted that the Trust's objective was to get these patients back home as soon as practicable with the support that they needed in place. However, as patients with escalating crises would not benefit from this help, the possibility of moving into a care home had to be discussed.

The Board noted that, with regard to DTC, there were issues regarding people with mental health issues in that they were sometime difficult to locate due to their lifestyle. As such, consideration was being given by CNWL to investment in housing stock and additional secure locked beds. It was anticipated that the development of an integrated care plan template would assist with care planning and care coordination across all partner agencies.

Hillingdon Clinical Commissioning Group (HCCG) advised that many of the services that it commissioned were block contracts which resulted in a predictable one twelfth of the budget for these services being spent each month. It was noted that a block contract would have to significantly over or under perform to trigger a discussion. It was agreed that HCCG would include information about the activity of these contracts in future reports to the Board. A decision had not yet been made about the additional funding that could run alongside this as it was still going through the governance process to ensure that it was deliverable. It was agreed that the Board also be provided with:

- a rough breakdown of the overspend from the Council and HCCG in relation to rapid response and joined up intermediate care to identify activity and possible improvements;
- detail of the outturn in relation to seven day working;
- a breakdown of, and reasons for, the overspend from the Council and HCCG in relation to the review and realignment of community services to emerging GP networks; and
- a breakdown from Council officers of the calculation of the £1,686k outturn in relation to the Care Act implementation.

RESOLVED: That the Health and Wellbeing Board:
1. noted the contents of the report.

2. approved the increase in the permanent admission to care homes target for 2015/16 from 104 to 150.
3. would receive information about block contract activity in future HCCG reports.
4. receive the additional information as detailed in the minute.

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

The report identified key areas of work being undertaken by Hillingdon Clinical Commissioning Group (HCCG). It was noted that there had been significant constraints on NHS funds, additional pressures on medical and clinical staff and an increase in demand which necessitated the need to look at different ways of working, such as collaborative arrangements.

Four GP networks had been established across Hillingdon and the composition and services provided by each had been set out in the report. It was noted that integrated care planning (ICP) had been incorporated into every network and, it was hoped, would be fully effective in time for the winter pressures. The Board was advised that, although there were no savings targets planned for the networks this year, there were targets set in relation to the diabetes service and consideration would be given to the provision of quality improvements as opposed to financial savings. It was suggested that the creation of targets would provide HCCG with something to aim for.

It was recognised that there was a direct correlation between a patient's home address and their likelihood to attend A&E rather than go to see a GP. Although there were issues around ease of access, it was noted that a significant number of these patients came from countries where there was no primary care service. In a recent audit undertaken at Hillingdon Hospital A&E, approximately 60% of patients had not contacted their GP before attending A&E.

Dr Goodman stated that, at month 4, HCCG was forecasting an outturn of £6.18m (£1.566m variance) against its QIPP (Quality Innovation, Productivity, Prevention) target for 2015/2016. However, it was noted that HCCG was looking to address this by identifying areas for improvement such as MSK activities, chronic pain, dermatology and paediatric schemes.

Insofar as HCCG's financial position was concerned, Dr Goodman remained optimistic. He noted that HCCG was on target to achieve a planned surplus of £1.161m and a forecast surplus of £3.482m in line with its plan. In addition, HCCG was looking to develop more GP services across the Borough and would be working with NHS England to address estate management issues.

It was agreed that, as not all of the detail in relation to the reserves had been included in the report, e.g., areas of underspend, more specific information would be included in future reports to the Board.

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

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

Issues of concern to Healthwatch Hillingdon (HH) identified in the report included difficulty in accessing primary care, outpatients and continuing healthcare treatment. At the next HH Board meeting, it was anticipated that consideration would be given to approving a new programme of engagement which would join up issues raised by the community with the work of providers and commissioners to resolve concerns as efficiently as possible.

Mr Maslen noted that HH was now in a position to undertake larger and more formal projects which could include:

- Unsafe discharges (also known as delayed discharges) - this involved many services that needed to work in an integrated way and, it was hoped, HH would provide a patient perspective to work that was already underway.
- Maternity services - following the closure of the service at Ealing Hospital, HH would be investigating the patient experience at Hillingdon Hospital.
- CAMHS - as well as being part of the multi agency approach, HH would be testing services.
- Primary care - as primary care would be at the heart of the new model of care, HH would be providing a patient perspective. Concern was expressed regarding the extent that the NHS had consulted and engaged with residents.
- Care homes - HH was conscious that the Council had a team that inspected care homes so would be looking to complement this work.
- Shaping a healthier future (SaFH) - HH planned to spend a lot of time engaging on this programme at a North West London level.

It was noted that HH had recently produced a report *Seen & heard - Why not now?* in relation to CAMHS in Hillingdon. Concern was expressed regarding the variation and quality of the support that was provided through schools and what level of influence would be gained through the implementation of a plan.

With regard to the HH Board vacancies, members were advised that Mr Maslen had outlined six key projects to be undertaken. It was anticipated that each of the existing Board members would lead on one of these projects based on their skills, knowledge and experience. Recruitment to fill the vacancies would then be focussed on selecting Board members with the relevant background to lead on the remaining projects. Mr Maslen advised that HH would be taking the Council up on its offer to advertise the vacancies through Hillingdon People as it was deemed to be the best hard copy medium that could be used to engage with Borough residents.

RESOLVED: That the Health and Wellbeing Board note the report received.

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

It was noted that the Yiewsley Health Centre development would not be going ahead as it had become apparent that NHS Property Services (NHSPS) was not able to afford the rent. As a result, HCCG would need to consider alternative appropriate local uses for the £398,438 s106 funding that had been set aside for this project. Consideration would need to be given to alleviating any resultant pressure that might be felt by the surgeries in Yiewsley.

It was suggested that the Board forward its comments to Ministers in relation to the frustration felt at the failure of the Yiewsley Health Centre development after 6 years of discussions with NHSPS. The MP for Uxbridge and South Ruislip had already written to the Secretary of State about this issue and had received an inadequate response back from a Junior Minister. Consideration was being given to forwarding the original letter and the response received to Jeremy Hunt to advise that this was not good enough.

Concern was expressed regarding the proposed new health hub at St Andrews Park. As development on the site was now moving at a pace, it was becoming increasingly

important that NHSPS brought forward a viable proposition to prevent this development from failing in the same way that the Yiewsley Health Centre had.

Consideration would also need to be given to the use of £37,732 (H/23/209K) which would need to be spent by March 2016.

RESOLVED: That the Health and Wellbeing Board:

1. noted the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough; and
2. recorded its disappointment at the failure of NHSPS to be able to finalise the arrangements for a new health centre at Yiewsley and trusted that NHSPS would not allow the development at St Andrews Park to fail as well.

20. **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE** (*Agenda Item 10*)

In July 2015, it had been reported that further work would be undertaken to prepare a Local Transformation Plan (LTP) and to draw down additional funds. Work was continuing and a strategy document had now been developed and agreed by the Statutory Director of Children's Services, the Director of Public Health, Healthwatch Hillingdon and Hillingdon Clinical Commissioning Group (HCCG). The Plan set out a number of priorities, including:

- reducing the waiting times for tier 3 CAMHS;
- the development of support services for self harm and crisis; and
- preventative work for higher level issues.

It was noted that the LTP would need to be agreed before submission and that robust project management arrangements would need to be in place to deliver the Plan for partners. The Board agreed that this be included on its Planner as a standing item every six months and that it would receive a further report at its meeting on 3 December 2015.

The Vice Chairman thanked Council officers, Healthwatch Hillingdon and the HCCG Vice Chairman for their efforts so far to implement improvements to prevent individuals from escalating to tier 3.

RESOLVED: That the Health and Wellbeing Board:

1. noted the progress so far in improving Child and Adolescent Mental Health Services in Hillingdon, through partnership action.
2. agreed the outline Local Transformation Plan at Appendix 2 of the report and authorised the Chairman of the Board, in consultation with the Chairman of HCCG and Chairman of Healthwatch Hillingdon, to sign off the final submission spreadsheet based on this outline to NHS England by 16 October 2015.
3. receive a progress report at its meeting on 3 December 2015 and every six months thereafter.

21. **IFR/PPWT UPDATE** (*Agenda Item 11*)

The report set out the clinical thresholds for treatments. It was noted that policies had been set up in 2011. The NWL Policy Development Group (PDG) had been established to review and scrutinise Patient Procedure with Threshold (PPWT) policies and proposals for new introductions against new clinical recommendations and guidance to ensure that they were clinically and financially effective. The PDG

comprised a number of organisations including Public Health, pharmacists, Healthwatch and clinicians.

Healthwatch Hillingdon believed that, although it might continue to disagree with the Hillingdon Clinical Commissioning Group over cost effectiveness, the PDG brought transparency to the decision making process.

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

22. **BOARD PLANNER & FUTURE AGENDA ITEMS** (*Agenda Item 12*)

Consideration was given to the Board Planner and it was agreed that the Board receive a CAMHS progress report at its meeting on 3 December 2015 and every six months thereafter. Furthermore, it was agreed that HCCG's Commissioning Intentions 2016-17 report be brought back to the next meeting on 3 December 2015 for sign off.

The Chairman advised that requests for additional reports to be added to the Board Planner should be forwarded as soon as practicably possible.

RESOLVED: That, subject to the above amendments, the Health and Wellbeing Board noted the Board Planner.

23. **HILLINGDON CCG COMMISSIONING INTENTIONS** (*Agenda Item 13*)

It was noted that the Hillingdon Clinical Commissioning Group (HCCG) was required by the NHS to produce its Commissioning Intentions each year. As the document included on the agenda was considerable, HCCG was planning to produce a two page summary of the important proposed changes and the impact that these changes would have on patients (a copy of the summary would be sent to the Chairman by the end of the week). The Board was advised that the final version of HCCG's Commissioning Intentions 2016-17 would be considered by the HCCG Board in the first week of October 2015. Once it had been agreed it would be published in the public domain.

Concern was expressed that the Board was being asked to delegate authority to the Chairman to approve HCCG's Commissioning Intentions 2016-17 without it being in the public domain in final version first. As such, it was agreed that the Chairman would not approve the Commissioning Intentions 2016-17 outside of the Board meetings and that it would need to be brought back to the next meeting on 3 December 2015 for sign off. It was suggested that HCCG revise its timetable in future to ensure that the final version was available for the Board to agree in a timely fashion.

It was noted that, as the Chairman would not be agreeing this document in private, HCCG would need to issue its six month letter to contractors without the Board's approval. It was suggested that reference needed to be made to intention and the objectives that needed to be addressed and that finance was an important part of this, as the intentions needed to be affordable.

RESOLVED: That the Health and Wellbeing Board requested a report on the Hillingdon CCG commissioning intentions at its meeting on 3 December 2015.

The meeting, which commenced at 2.30 pm, closed at 3.44 pm.

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.