

## Minutes

### SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

20 April 2016

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



	<p><b>MEMBERS PRESENT:</b> Councillors: Wayne Bridges (Chairman) Teji Barnes (Vice-Chairman) Shehryar Ahmad-Wallana Peter Davis Beulah East (Labour Lead) Becky Haggar Manjit Khatra June Nelson Jane Palmer</p>
	<p><b>OFFICERS PRESENT:</b> Steve Hajioff, Director of Public Health Gary Collier, Better Care Fund Manager Nigel Dicker, Deputy Director Residents Services Paul Richards, Head of Green Spaces, Sport and Culture Ajay Gajree, Senior Well Being Officer Shikha Sharma, Public Health Gary Collier, Better Care Fund Manager Charles Francis, Democratic Services</p> <p><b>OTHERS PRESENT:</b> Joan Veysey, Acting Chief Officer, Hillingdon CCG Dr Hussain, Consultant Cardiologist Dr Thakar, GP Jacqui Guyett, Stroke Association Caroline Humphrey, Stroke Association</p>
16.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>None.</p>
17.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>None.</p>
18.	<p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 24 MARCH 2016</b> (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>

19.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN 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>All items were considered in public.</p>
20.	<p><b>BETTER CARE FUND - UPDATE</b> (<i>Agenda Item 6</i>)</p> <p><b>BETTER CARE FUND - UPDATE</b></p> <p>The Better Care Fund Programme Manager provided a presentation on the Fund (BCF).</p> <p>The BCF is a national scheme intended to encourage health and social care to work together more closely, as required by the 2014 Care Act, with the expectation of a three year Plan from April 2017 to achieve "full integration" by 31 March 2020. It was anticipated that the definition of "full integration" would be included in the guidance that was expected to be issued by the end of the current quarter.</p> <p>The key objectives of this initiative were:</p> <ul style="list-style-type: none"> <li>• Individuals with care needs to receive more joined up care;</li> <li>• That the independence of residents was maximised or maintained through better prevention and early intervention;</li> <li>• Scarce resources were used more effectively; and</li> <li>• Formation of joint plans with agreed priorities to achieve a greater positive impact for local people.</li> </ul> <p>It was noted that BCF funding was not new money. For the 2016/2017 Plan, HCCG and the Council were pooling £22.5m, which was more than the required minimum value of £20m. Government had allocated £1.5bn of new money for the three year plans.</p> <p>Highlighting the achievements in 2015/2016, it was noted these included:</p> <ul style="list-style-type: none"> <li>• A reduction in the number of emergency admissions;</li> <li>• A reduction in the number of falls-related emergency admissions;</li> <li>• A reduction in the delayed transfers of care;</li> <li>• A reduction in the number of permanent admissions to care homes;</li> <li>• Improved working relationships across health and social care - a self assessment was undertaken in December 2015 and staff identified a commitment to working together and an understanding of each others' roles across health and social care.</li> <li>• An increased involvement of GPs and the voluntary sector.</li> </ul> <p>The 2016/2017 BCF Plan included the following:</p> <ul style="list-style-type: none"> <li>• Extending existing schemes where benefits could be achieved for other groups, e.g., supported living and carers;</li> <li>• Adding funds to the pool where demonstrable benefits for residents would be delivered, e.g., specialist palliative care;</li> <li>• Extending scope to cover new activities, e.g., dementia;</li> </ul> <p>The intended outcomes for the 2016/2017 BCF Plan were:</p> <ul style="list-style-type: none"> <li>• A move towards a more stable, cost effective care market that met</li> </ul>

local needs;

- A better resident/patient experience of care;
- A reduction in the number of emergency admissions;
- A reduction in the hospital admission rate;
- A reduction in the number of permanent admissions to care homes; and
- A reduction in the demand for ongoing care, where possible.

Eight BCF schemes had been identified for 2016/17:

1. Early identification of people at risk of falls, stroke, dementia and/or social isolation;
2. Better care for people at the end of their life;
3. Rapid response and integrated intermediate care -
4. Seven day working - to even out discharges across the whole week
5. Integrated community-based care and support -
6. Care home and supported living market development;
7. Supporting carers - aimed at carers of all ages and ensuring that services were in place to meet their needs; and
8. Living well with dementia.

The Committee was advised that the final version of the BCF Plan 2016/2017 would be submitted by 3 May 2016 and would address a number of national conditions that had been rolled forward from 2015/2016.

Noting the Better Care Fund was reliant on a number of partnerships working in unison, Officers confirmed that each individual scheme had an action plan and would be monitored through a series of core meetings. In addition, a quarterly performance report would also be considered by the Health and Wellbeing Board.

In response to a question about how the BCF planned to address inequalities, Officers explained that the Plan incorporated health and equalities impact assessments and one of the key considerations of the Plan moving forward, was to help staff to work differently and share information more efficiently.

In terms of overall performance in respect of delayed transfers of care, Officers explained that the Council was well placed compared to other London Boroughs and was currently leading in North West London. With regard to emergency admissions from Care Homes and why this was occurring, Officers explained that the nature of the work and high turnover of staff along with the stability of the Care market made it a dynamic environment. In some respects, the word 'emergency' was unhelpful. Officers explained that this was used for any scenario which was unexpected and in many respects, lots of instances were not true emergencies but emergencies were a tag that was used to describe unplanned situations.

Work was underway to ensure that care plans could move electronically from one organisation to another, although it was likely to be some time before this was operational.

The Committee was encouraged by the work that had been undertaken and welcomed the suggestion by officers that the POC would become a

consultee on the development of the Plan going forward in the future.

**RESOLVED: That:**

- 1. The report be noted.**
- 2. The Committee's comments be agreed by the Chairman and Labour Lead outside the meeting to be included in the Cabinet**

21. **SECOND REVIEW 2015/16 - WITNESS SESSION 2** (*Agenda Item 5*)

The Director of Public Health introduced the witness session.

The following witnesses attended the meeting:

- Joan Veysey, Acting Chief Officer, Hillingdon CCG
- Dr Hussain, Consultant Cardiologist
- Dr Thakar, GP
- Jacqui Guyett, Stroke Association
- Caroline Humphrey, Stroke Association

Points raised at the meeting and during the second witness session included:

Prevention

The best way to prevent strokes is:

1. healthy eating.
  2. being physically active
  3. smoking cessation
  4. keeping your weight down
  5. and sensible drinking.
- Although exercise is an important element in reducing weight and managing stroke risk, 80% of the management of obesity is through better nutrition.
  - In 2016/17 a Pilot Programme investigating the early detection of people with stroke will take place under the BCF. Identifying AF (Atrial fibrillation - one of the risk factors for stroke) has been added to the programme. Checking adequate numbers of residents is likely to increase the Council's capacity to prevent more strokes.
  - In terms of current preventative action, the Council commissions the statutory NHS Health checks programme via local pharmacists and GPs. This is aimed at the population group aged 40-74 years for identifying the risk of vascular diseases including strokes.
  - With regards to the work being conducted by GP's, the Hillingdon CCG currently have a Working Group investigating stroke prevention.
  - In terms of treating stroke, GPs were working with the CCG and looking at anti-colagulation. When the blood is thinner, there is less prevalence of stroke among AF afflicted people.
  - Scoping work was also taking place at Hillingdon and Harefield Hospitals to see how the stroke prevention service could be delivered in a different way

Health and Wellbeing Team

- The Team offer a range of activities to assist residents keep active.
- Let's Get Moving, Hillingdon, is offering residents the opportunity to take part in a 12 week physical activity on referral programme. This is free, and

anyone can join who is currently inactive, or overweight or suffering from a medical condition

- Lets Get Moving can:-
  1. Provide support on choosing an activity that's right for the individual.
  2. Assist with setting realistic and achievable goals.
  3. Provide on-going support and encouragement.
  4. Advice and guidance on how to be active taking into account your personal circumstances.
  5. A personal plan on how to get active.
- Positive outcomes arising from the Let's Get Moving campaign have included: fewer GP visits, less pain and tiredness, better sleep patterns and improved general fitness.

### The Stroke Association

- Stroke Association is the leading charity in the UK for people affected by stroke
- In the last 20 years the number of people dying of stroke has halved while the number of major strokes has decreased by 40 per cent. More people than ever are benefitting from cutting-edge treatments and making full recoveries. And more people now understand the need to seek emergency treatment for stroke.
- In Hillingdon, the Stroke Association provide information , advice and guidance about preventing stroke but also offer support and referral programmes for survivors of stroke.
- The Stroke Association try and target those groups at highest risk and raise awareness of the condition. In many cases, lots of people do not realise that they have high blood pressure which is one of the most significant risk factors .

Previous and planned activities of the Stroke Association included:

### Stroke Prevention Activities - October 2015 – May 2016

- Information stall at older persons wellbeing day at West Drayton Community centre.
- Information stand/Blood pressure checks at Hillingdon Carers health MOT day.
- Stroke awareness presentation & manned information stand at Older Persons Assembly.
- Regular contact with various statutory and voluntary sector organisations.
- Information stand and blood pressure checks at Barclays Bank, Uxbridge.
- Health Awareness Day at Hillingdon Leisure Centre including information stand and blood pressure checks
- Information stall and blood pressure checks at Healthy Heart Month launch event at Uxbridge Library.
- Stroke awareness talk at Northwood Hills Dementia Café.
- Facilitated Know Your Blood Pressure event at Royal Mail Heathrow Airport.

### Planned Stroke Prevention activities for 2016

- Information stand / Blood pressure checks at Brunel Festival
- Awareness talk at Hayes Dementia Café
- Information Stand / Blood pressure checks at Botwell Green, Highgrove and Hillingdon Leisure Centre
- Information Stand / Blood Pressure checks at Hillingdon Carers Fair.
- Awareness talk / Blood Pressue checks at Age UK Interactive Older People's Club
- Awareness talks to a variety of community groups, including talks to high risk community groups such as BME groups.
- Information stand / blood pressure checks at local businesses and community events.

### Secondary Prevention

- The Stroke Association's local co coordinators also promote secondary prevention through:-
- Providing generic information about lifestyle and risk factors to stroke survivors and their families.
- Identifying individual risk factors, providing specific information and, where appropriate, referring on to statutory and voluntary agencies such as smoking cessation, stroke rehabilitation classes, physiotherapy, GP, Age UK active aging etc.
- Inviting representatives from health and fitness organisations to give information talks at Long Term Communication Group.
- The local coordinators are also looking to arrange some activities to promote a healthier lifestyle such as a walking group, swimming after stroke lessons and walking football.

### Points raised by the Committee in the course of discussions included:

- Although a considerable number of initiatives were taking place across a variety of organisations, the Committee enquired how a member of the public would be made aware of what help was available?
- Members agreed that more emphasis needed to be placed in the future on how this information got into the open forum.
- It was ironic that those with the best knowledge needed the least care and vice versa.
- Taking on board the points raised by GPs, the Committee agreed that existing mail shots like the flu campaign or electoral registration could be used as vehicles to disseminate helpful information about stroke and practical preventative measures which could easily be taken.
- The Committee agreed the Health Checks the Council had a duty to provide in partnership with the Hillingdon CCG offered an opportunity for greater awareness and preventative work to be done in the future.
- In terms of further preventative ideas, the Committee suggested that TVs and or message boards in GP surgeries might be used to provide reflective messages, which could then be read by patients awaiting treatment.
- Hearing about the excellent work done by the Stroke Association in conjunction with its partners, the Committee suggested that the Stroke Association might consider exploring existing networks such as Council supported sports clubs when looking to recruit future volunteers.

Stroke Association social event 18 April 2016

Councillors whom attended a social event with stroke survivors on 18 April 2016 made the following general points:

- Many of the stroke survivors stated that they did not have an assistance package on discharge from hospital and were unsure who to approach for further help.
- All the attendees at the social function were impressed by the level of support the Stroke Association provided.
- It was highlighted that the loss of motor skills was a major challenge after a stroke. Attendees highlighted that the number of physiotherapists at Hillingdon hospital had declined which made recovery more protracted.
- Carers of stroke sufferers did an excellent job. However, some of the carers found arranging respite care difficult.
- A hidden side of stroke was the impact it could have on the survivor and other family member's mental health.

**Resolved -**

- 1. That the report be noted.**

22. **FORWARD PLAN** (*Agenda Item 7*)

The Committee considered the latest version of the Forward Plan.

**Resolved –**

- 1. That the report be noted.**

23. **WORK PROGRAMME** (*Agenda Item 8*)

Reference was made to the work programme and timetable of meetings.

**Resolved -**

**The Committee noted the Work Programme 2015/16.**

The meeting, which commenced at 7.00 pm, closed at 8.50 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Charles Francis on 01895 556454. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.