

Minutes

HEALTH AND WELLBEING BOARD

12 April 2016

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 Stephen Otter - Healthwatch Hillingdon (substitute)</p> <p>Statutory Non Voting Board Members Present: Tony Zaman - Statutory Director of Adult Social Services and 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 Robyn Doran - Central and North West London NHS Foundation Trust Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (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>Present: Neil Ferrelly - Hillingdon Clinical Commissioning Group (Officer)</p> <p>LBH Officers Present: Kevin Byrne, Gary Collier, Glen Egan and Nikki O'Halloran</p> <p>LBH Councillor Present: Councillors Beulah East and Phoday Jarjussey</p> <p>Press & Public: 3</p>
40.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Mr Bob Bell (Mr Nick Hunt was present as his substitute), Mr Rob Larkman and Mr Jeff Maslen (Mr Stephen Otter was present as his substitute). It was noted that Mr Maslen had now left his position as Chair of Healthwatch Hillingdon.</p>
41.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 3 DECEMBER 2015 (<i>Agenda Item 3</i>)</p> <p>It was noted that, at its last meeting, the Health and Wellbeing Board felt that it had not</p>

received enough information in relation to the Hillingdon Clinical Commissioning Group's 2016/2017 Commissioning Intentions to be able to comment. As a result, although the Board's comments were required to be included, this had not been possible. The Chairman requested assurances that this situation would not be repeated in the current year. The Board was advised that it would receive regular updates which would include information about upcoming intentions. The next round of commissioning intentions would start in June 2016 and the team would be asked to ensure that it kept the Board apprised.

RESOLVED: That the minutes of the meeting held on 3 December 2015 be agreed as a correct record.

42. **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 Agenda Items 5 to 13 would be considered in public. Agenda Item 14 would be considered in private. It was noted that current and emerging issues could, where applicable, be included under Agenda Item 14.

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

The Vice Chairman advised that the Health and Wellbeing Strategy played an essential role in tackling health and wellbeing in the Borough and that it was incumbent on the Board to ensure that the Strategy reflected Hillingdon's needs and priorities. He noted that the Strategy was a living document that needed to be fit for purpose.

There had been a number of positive developments over the last quarter including: a joint project to improve access to preventative dental care; a new programme to engage overweight pregnant women in ante-natal exercise; and Orchard Hill College Academy Trust working with Eden Academy to set up specialist college provision on the Pentland Fields site.

Hillingdon's smoking prevalence (age 18+) rate was estimated to have increased from 16.2% to 17.1% compared with the England average of 18%. However, although it was thought that the current figures were more in keeping with those that would be expected in the Borough, it was important to keep a watching brief on the situation.

It was noted that there had been a significant increase in suicides in the Borough in the last year. This increase had been seen in other boroughs and reflected the national trend of increase. The Vice Chairman had spoken to the CNWL Borough Director about this issue and would liaise further with the Director of Public Health.

RESOLVED: That the Health and Wellbeing Board:

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

44. **BETTER CARE FUND: PERFORMANCE REPORT (OCTOBER - DECEMBER 2015)** (*Agenda Item 6*)

It had been recognised that the BCF pooled fund for the current year would not be enough to cover the burdens of the Care Act. However, it was pleasing to note the progress that had been made against targets such as the reduction in emergency hospital admissions.

The 2015/2016 BCF Plan Evaluation had demonstrated the value of integration. The Vice Chairman had spent time with a range of staff who had contributed ideas for improvements and displayed enthusiasm regarding partnership working. It was important that the 2016/2017 BCF Plan harnessed these ideas and enthusiasm.

It was noted that the Hillingdon Clinical Commissioning Group (HCCG) would be producing its own document which would include assessments by each of the Trusts. HCCG would coordinate this in due course.

RESOLVED: That the Health and Wellbeing Board:

- 1. notes the contents of the report; and**
- 2. agrees that a report on the draft digital roadmap across health and care partners in Hillingdon be brought to the June 2016 Board meeting for consideration.**

45. **DRAFT BETTER CARE FUND PLAN 2016/2017** (*Agenda Item 7*)

It was noted that the detail required in the Better Care Fund (BCF) Plan 2016/2017 was significant and that it would have been useful if the timescales for the BCF and the Sustainability and Transformation Plan (STP) had been coterminous.

For 2016/2017, slightly more than the required minimum funding was being provided by the partners. Although progress had been made, it was disappointing that not enough progress had been made to enable the partners to undertake something more ambitious in the subsequent year. This would be an aim for the future.

The 2016/2017 BCF Plan would need to be submitted by 25 April 2016 which meant that authority for signing the Plan off would need to be delegated to officers in consultation with members of the Board. It was agreed that, in the interest of transparency, the Chair of Healthwatch Hillingdon be included in those that needed to be consulted in relation to this sign off.

Although it was still early days, the BCF offered opportunities to shape the local community. With a growing population, there was an opportunity to liaise with developers and housing providers to provide more appropriate housing for older people. With an increasing number of under occupiers in the Borough, there was a risk of isolation and consideration would need to be given to how these individuals could be encouraged to downsize and be part of a community.

It was suggested that the following statement included in the Plan be investigated further: Overall, Hillingdon is expected to have the greatest increase in the proportion of older people with long term conditions compared to other London boroughs making the management of these conditions a significant priority. Whilst a bold and dramatic statement, it was important to ensure that it was also accurate.

There were currently a range of plans and strategies being developed, e.g., BCF, STP and Strategic Estates. It was thought that, as they were all linked, it would have been useful to have these combined.

RESOLVED: That the Health and Wellbeing Board:

- 1. approves the 2016/17 Better Care Fund plan in principle for submission to the London Regional Assurance Team on 25 April 2016 as described in this report or with any amendments that it requires;**
- 2. delegates authority to make any further minor amendments prior to submission, e.g., to reflect feedback from the London Regional Assurance**

Team and/or Policy Overview and Scrutiny Committees, to the Corporate Director of Adults and Children and Young People's Services, LBH and the Chief Operating Officer, HCCG, with final sign-off by the Chairman of the Board, the Chairman of HCCG's Governing Body and the Chair of Healthwatch Hillingdon; and

3. notes the content of the Health and Equality Impact Assessments.

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

The timing of the publication of the Health and Wellbeing Board agenda had meant that it included Month 10 figures. Month 11 figures had subsequently been published and were roughly in keeping with the projections. It was noted that the QIPP efficiency programme was expected to be approximately £900k short of its target as the easy savings had already been made. However, over the next five years, QIPP was expected to achieve efficiency savings in relation to the prevention of long term conditions and through negotiation with CNWL regarding mental health services. It was suggested that the Council share its experience of delivering savings with Hillingdon Clinical Commissioning Group (HCCG).

HCCG was currently looking at supporting The Hillingdon Hospitals NHS Foundation Trust (THH) through its transition over the next year or two and was starting to work on the five year Sustainability and Transformation Plan (STP) for the Borough. There would be 44 STPs covering the country with a huge variation in the total population that they would represent. Of these, only 10 had identified an individual to lead for their area: 2 Chief Executives, 4 CCG Chief Officers and 4 Hospital Trust Chief Officers. Concern was expressed that the local perspective should not be lost in the STP.

It was noted that the Local Government Association would be writing to the Health Secretary about the effectiveness of STPs as it appeared that local authorities were being excluded. It was important that the Board partners work together in relation to the STP to make progress before the Board's next meeting. As such, a draft STP would be discussed at a meeting (comprising the Council, THH and HCCG) on 9 May 2016. The Chairman advised that a Member would attend this group rather than a Council officer.

HCCG's 2016/2017 Operating Plan had been submitted on 11 April 2016. Although the Board report stated that there would be a -6.1% mitigated growth in relation to non-elective admissions, following negotiations with NHS England, this had been changed to +1%.

Concern was expressed that the terminology used by HCCG was quite difficult to understand and there were a number of funding assumptions made. A request was made that the information be provided in a simpler format in future reports.

It was recognised that Heathrow airport had a significant impact on the health of residents in the Borough. To this end, it was suggested that the STP be used to acknowledge the impact that Heathrow expansion would have on residents' health. Clean Air Action Zones had been proposed in the East Midlands and London where the EU safety limit had been exceeded. Although the Board would not make the decision about whether or not Heathrow was expanded, it would have a statutory responsibility to do something about it. It was suggested that consideration be given to what further action could be taken by GPs and the Council and whether lobbying should be undertaken to add further weight to arguments about motorway and airport expansion in the area. HCCG would be provided with information regarding the impact that the airport had on the health of local residents.

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

47. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 9*)

The Chairman placed on record the Board's thanks to Mr Jeff Maslen for the superb job he had done in representing Healthwatch Hillingdon (HH). It was noted that HH was now looking for a new Chair.

The *Shaping a healthier future* consultation had resulted in promises relating to the level of consultant cover. HH had fed back its disappointment regarding the outcome.

With regard to the Sustainability and Transformation Plan, concern was expressed that, although the Plan should cover local issues, centrally pushed issues would have a major impact.

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

48. **UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS** (*Agenda Item 10*)

It was noted that all of the time limited s106 funding had been allocated to eligible schemes. In December 2015, the Hillingdon Clinical Commissioning Group had advised that NHS England had set aside a budget of £250m in 2015/16, to be invested in primary care premises to help manage the increase in demand for primary health care service in England. All local practices were now able to submit requests for funding in a second round of bidding for a further £250m in 2016/17. It was noted that the process had been prolonged.

RESOLVED: That the Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.

49. **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE** (*Agenda Item 11*)

It was noted that the Local Transformation Plan had been signed off by NHS England in December 2015. Waiting times for the CAMHS clinic had been identified as a priority and, although 75% of young people were now seen within 18 weeks for a routine appointment, this was falling short of the 85% target.

Work had been undertaken in schools to identify gaps in service provision and good practice had been embedded in a number of schools. It was recognised that there were a number of schools that were less inclined to engage. As the Council lacked influence with schools, the Chairman of the Safeguarding Board would be exploring the issue.

It was confirmed that the CAMHS funding had now been absorbed into the base budget but would still be allocated for the same purpose.

Although the report stated that good progress had been made in recruiting staff for new services, this had been challenging. Working with fewer staff had impacted on waiting times and, even with additional funding, the service needed to be embedded in schools.

The King's Fund had undertaken research in relation to CAMHS and had provided a

breakdown of referrals and services from a national to a local level. The Director of Public Health was asked to provide further information in relation to this for an informed discussion.

In February 2016, a meeting of Primary and Secondary Heads had taken place (with 50% attendance) to commence active discussions with the schools forum, offering training and support to recognise and develop services. The schools forum had been very active in engaging schools and the Healthy Schools Programme publicised good practice. In addition, a revised/refreshed good practice guide for schools was being developed and consideration was being given to achievement awards. It was recognised that children's mental wellbeing in schools was now part of schools' core business.

Although there was a national level of concern regarding children's mental health, further discussions were needed in relation to what was happening in Hillingdon and what further action could be taken. Consideration would also need to be given to the thresholds that were often not being met when children were referred to the CAMHS service.

RESOLVED: That the Health and Wellbeing Board:

- 1. notes the progress against the implementation of the agreed 2015/6 Local Transformation Plan;**
- 2. continues to request regular performance updates against the partnership plan over its remaining 4 years , including detail of metrics, such as reducing waiting times, training of the workforce and of financial spend against workstreams to enable it to monitor progress and risks; and**
- 3. notes proposals for further developing the plan from 2016/17 and for the next four years in light of progress and changes to funding streams. The 2016/17 plan will be approved by HCCG and by Health and Wellbeing Board and submitted as part of the Sustainability and Transformation Plan in June 2016.**

50. **STRATEGIC ESTATES DEVELOPMENT: UPDATE** (*Agenda Item 12*)

It was essential that service and estates planning were integrated to ensure that quality estate was available to deliver high quality services and make well informed investment decisions. It was anticipated that this strategic approach would facilitate the best use of existing property and ensure that new estate developments met service need.

The Hillingdon Clinical Commissioning Group (HCCG) was aware that there were a lot of GP premises within the Borough which were in need of an upgrade or redevelopment. As there was capacity in a number of Children's Centres, clinics and other community facilities around the Borough, it was suggested that these venues could be used to relieve the pressure described by the HCCG. Furthermore, the Council was open to discussions with the HCCG about alternative premises that it might have identified.

In addition, it was suggested that consideration be given to providing a confidential report to a future Board meeting overlaying the upcoming residential developments in the Borough (by type) with the associated GP pressures.

RESOLVED: That the Board notes the progress being made towards the delivery of the Hillingdon CCG's strategic estates plans.

51.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 13</i>)</p> <p>It was agreed that the meeting scheduled for 5 July 2016 be moved to either 28 or 30 June 2016.</p> <p>As the Hillingdon Clinical Commissioning Group's 2016/2017 Commissioning Intentions would need to be submitted by 1 October 2016, they would be considered by the Health and Wellbeing Board at its meeting on 29 September 2016.</p> <p>RESOLVED: That, subject to rescheduling the July 2016 meeting, the Board Planner be agreed.</p>
52.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 14</i>)</p> <p>The Board discussed a number of issues in relation to the Commissioning Intentions, the contraception service, home care and the NHS pharmacy review.</p> <p>RESOLVED: That the discussion be noted.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.54 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.