

## Minutes

### HEALTH AND WELLBEING BOARD

8 December 2016

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



HILLINGDON  
LONDON

	<p><b>Statutory Voting Board Members Present:</b> Councillors Philip Corthorne (Chairman), Richard Lewis and Douglas Mills, Dr Ian Goodman and Stephen Otter</p> <p><b>Statutory Non Voting Board Members Present:</b> 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><b>Co-opted Board Members Present:</b> 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) Rob Larkman - Hillingdon Clinical Commissioning Group (officer) Nigel Dicker - LBH Deputy Director Residents Services</p> <p><b>LBH Officers Present:</b> Nikki O'Halloran (Interim Senior Democratic Services Manager), Kevin Byrne (Head of Policy and Partnerships) and Gary Collier (Better Care Fund Programme Manager)</p> <p><b>LBH Councillor Present:</b> Councillor Beulah East</p>
31.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Bianco, Burrows, Puddifoot and Simmonds, and Mr Bob Bell (Mr Nick Hunt was present as his substitute) and Ms Robyn Doran (Ms Maria O'Brien was present as her substitute).</p>
32.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 29 SEPTEMBER 2016</b> (<i>Agenda Item 3</i>)</p> <p>Mr Stephen Otter was nominated as the Statutory Voting Member for Healthwatch Hillingdon and Mr Turkay Mahmoud was nominated as the Substitute Statutory Voting Member for Healthwatch Hillingdon. These nominations would be considered at the Council meeting on 19 January 2017.</p> <p>Ms Alison Seidler was appointed as the Non-Voting Co-opted Member (Clinician) for Hillingdon Clinical Commissioning Group.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"><li><b>1. Council on 19 January 2017 consider the nominations for Mr Stephen Otter and Mr Turkay Mahmoud;</b></li><li><b>2. Ms Alison Seidler be appointed as the Non-Voting Co-opted Member (Clinician) for Hillingdon Clinical Commissioning Group; and</b></li></ol>

	<p><b>3. the minutes of the meeting held on 29 September 2016 be agreed as a correct record.</b></p>
33.	<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>It was confirmed that Agenda Items 5 to 16 would be considered in public. Agenda Items 17 and 18 would be considered in private.</p>
34.	<p><b>DEVELOPING HILLINGDON'S HEALTH &amp; WELLBEING STRATEGY</b> (<i>Agenda Item 5</i>)</p> <p>It was noted that, at the Board's last meeting, officers had been asked to consider how to provide sharper focus to the report and to link it to the delivery of the local Sustainability and Transformation Plan. It was agreed that the Local ST Plan would be considered by the Board prior to its inclusion in the Health and Wellbeing Strategy. The Board also noted that Pharmacies were providing income generating services which were financially sustainable and which were reducing the footfall to GPs</p> <p>During the first half of 2016/17, 668 residents had accessed the H4All Wellbeing Service and 357 assessments had taken place using the Patient Activation Model (PAM) (which tested how motivated a person was to manage their long-term condition and helped to identify the level of support required from services).</p> <p>The Autism Plan had been drafted and was awaiting sign off from the CCG. With regard to the reduction in winter deaths, consideration would be given to breaking the figures down to show the impact of air quality.</p> <p>It was noted that the Council's Hospital Discharge Team had supported the early discharge of 157 people from Hillingdon Hospital and 62 from other hospitals during the first six months of 2016/2017. This Team was working with partners in a multi-disciplinary way.</p> <p>The Board was advised that subsequent iterations of the report would be presented in a different format to ensure that it reflected the progress on particular high profile issues and demonstrated links to others plans especially the STP. It was noted that the intention would be to eventually bring one overall strategy to the Board and then have one performance report based on the strategy. However, bringing together the different aspects of performance might take a little longer.</p> <p><b>RESOLVED: That the Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li><b>1. notes the approach towards developing one overall Health and Wellbeing Strategy that will encompass delivery of the local Sustainability and Transformation Plan.</b></li> <li><b>2. notes progress against the existing plan.</b></li> </ol>
35.	<p><b>HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT</b> (<i>Agenda Item 6</i>)</p> <p>The Hillingdon Joint Health and Wellbeing Strategy had been developed in conjunction with Hillingdon CCG and was driven by the core offer from the Council and Public Health. It had identified emerging population trends which then helped to shape the Commissioning Intentions and highlighted emerging areas of focus.</p>

Although the report stated that the life expectancy of both men and women in Hillingdon was higher than the England average, it did not make a distinction between the north and south of the Borough.

The number of TB cases in Hillingdon during 2012-2014 had been higher than the England and regional average. There had been an issue in the Borough regarding the availability of vaccines. Vaccines were commissioned by NHS England, Public Health England and the Council and re-commissioning work was currently underway. Consideration would be given to how this process could be accelerated. The Board was advised that GPs were incentivised to screen at risk patients for TB.

Although the number of people diagnosed with diabetes in Hillingdon was higher than average, it was suggested that this was positive as it reflected a better standard of primary care.

It was noted that the Safer Hillingdon Partnership would be leading on the development of a multi agency suicide strategy.

**RESOLVED: That the Health and Wellbeing Board:**

- 1. notes the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) which are being considered in developing updated commissioning plans.**
- 2. notes and comment on the proposed JSNA work priorities (as set out in Appendix 2 of the report) which ensures that it remains a key source of local intelligence to underpin effective service planning.**

36. **SUSTAINABILITY AND TRANSFORMATION PLANS** (*Agenda Item 7*)

It was becoming easier to visualise how the Sustainability and Transformation Plan (STP) would take shape and the prioritisation. However, local authorities had expressed concern regarding the lack of clarity in relation to emerging investment. The funding principles would be examined and consideration would need to be given to investment in transformational systems to improvement patient experiences such as intermediate care. Officers were asked to prepare a detailed Hillingdon STP Plan with specific actions drawn from Appendix B of the report. Options for consultation could then be considered by the Board at its meeting on 14 March 2017.

The Implementation Business Case (ImBC) set out the investment of £½bn in North West London (NWL). With regard to the ImBC Strategic Outline Case, a capital bid for investment was being made to create additional capacity for hospitals and primary / community hubs (including A&E and maternity). It was noted that £70m was available for PC sites/GP premises in NWL and that, if successful in its bid, some £100m would be made available to Hillingdon.

**RESOLVED: That the Health and Wellbeing Board:**

- 1. notes the NWL STP submission (Appendix 1 of the report) and, whilst continuing to offer broad support to the direction of the plan, registers concern regarding uncertainty on the funding arrangements and to seek reassurance on flexibility to deliver what works best for Hillingdon.**
- 2. notes the Hillingdon STP (Appendix 2 of the report) and progress in implementing proposals to take it forwards into a full delivery plan linked**

to an eventual overall Health and Wellbeing Strategy.

3. asks officers to prepare, in the first place, a detailed Hillingdon STP Plan with specific details drawing from Appendix B of the report and options for consultation to be considered by the Board at its meeting on 14 March 2017.

37. **BETTER CARE FUND: PERFORMANCE REPORT** (*Agenda Item 8*)

The BCF Policy Framework, setting out the national conditions that all Health and Wellbeing Board areas would be required to satisfy, was expected to be circulated after Christmas. Depending on the timings, consideration might then need to be given to delegations.

It was noted that there had been some recording issues in relation to the number of delayed days in an acute setting as a result of difficulties in securing appropriate placements. Although a lot of encouraging work was underway in relation to BCF in relation to prevention and early intervention, it was agreed that the Corporate Director of Adults, Children and Young People's Services would provide a breakdown of the transfer delays to show the median as it was suspected that there might be a handful of individuals that skewed the results.

With regard to delayed transfer of care (DTC), it was noted that, although there had been 10 confirmed DTCs at Hillingdon Hospital, it was thought that there were about 20-30 additional patients at the hospital who were medically fit but who were still unable to leave. It was noted that the CCG, Social Services and The Hillingdon Hospital NHS Foundation Trust (THH) had been working well in partnership to address this issue.

Healthwatch Hillingdon had undertaken a review of hospital discharges and had found that a patient's personal circumstances could impact on delays in their discharge (for example, when an appropriate home could not be found). It was noted that the length of time that a discharge was delayed impacted on the whole pathway.

A&E attendances had increased 8% on the previous year and, although emergency admissions had reduced as a result of the work of the Rapid Response Team, patients were staying longer in hospital. It was also noted that the number of blue light admissions had increased significantly (these tended to be for symptoms such as fast respiratory rate or fever). These increases had impacted on the hospital which was now under immense pressure.

The Board was advised that THH had planned for an increase in paediatric admissions following closures at Ealing Hospital and that this had not impacted on the Trust's performance targets. It was suggested that the increase in A&E attendances had been as a result of a population increase in Hillingdon as well as some additional patients coming from Ealing. To mitigate the number of patients from Ealing attending Hillingdon Hospital, it was suggested that there be some form of communication to remind residents that Ealing A&E was still open.

**That the Health and Wellbeing Board:**

- a) notes the contents of the report.
- b) provides feedback to officers on outline proposals for the 2017 to 2019 BCF plan contained within the report.
- c) receives a breakdown of the transfer delays from the Council's Corporate Director of Adults, Children and Young People's Services.

38. **CAMHS PROGRESS REPORT** (*Agenda Item 9*)

It was noted that, despite investment in the service, CAMHS had not been transformed and so, in its current form, would not be sustainable in the future. The report set out action that would be taken to address the issues and improve the CAMHS service. The Chairman had attended an event in October 2016 and had met with Council officers from Children and Young People's Services the previous week to discuss the timeframe for the implementation of the proposed improvements.

The Board recognised that there had been some improvement in relation to waiting times, but also acknowledged that more improvement was needed.

**RESOLVED: That the Health and Wellbeing Board:**

- a) notes the progress in implementing the agreed 2016/17 Local Transformation Plan.
- b) notes proposals to develop a new approach to commissioning CAMHS services which are to be developed and are subject to approval by HCCG and the Council.
- c) continues to request regular performance updates against the partnership plan.

39. **PROGRESS UPDATE ON THE DEVELOPMENT OF AN ACCOUNTABLE CARE PARTNERSHIP (ACP) IN HILLINGDON** (*Agenda Item 10*)

The report set out the actions being taken as well as the reasoning and benefits of these actions. The case for change highlighted that the funding gap and the increase in long term conditions necessitated the need for more integrated working which had then led to the creation of the Accountable Care Partnership (ACP). The ACP comprised four equal partners: The Hillingdon Hospitals NHS Foundation Trust (THH), CNWL, H4All CIC (a federation of voluntary sector partners) and Hillingdon's four GP networks (which would become Hillingdon GP federation from April 2017). The ACP had been named Hillingdon Health and Care Partners (HHCP).

HHCP had been working with the Council, to ensure that social care pathways were available and managed, and commissioners to ensure that it received input on shaping the right model. A phased approach to a capitated budget was planned for those in the Borough aged 65+. It was anticipated that there would be 15 Care Connection Teams (CCTs) that would work with GPs to identify those people at greatest risk, proactively plan their care to reduce risk of emergency admission and to enable people to remain in their own home as long as possible. The proposed changes would require a culture shift for staff to ensure that they were more flexible in responding to the needs of patients. CCTs had already shown positive results and work was now underway to recruit to the remaining CCT vacant posts. It was anticipated that CCTs would be able to help patients navigate through the health system to receive the right care and support.

HHCP had been one of the local priorities included within the Sustainability and Transformation Plan (STP) and meant that Hillingdon was ahead of other parts of North West London (NWL). It was noted that service users would be included on working groups and consideration was now being given to the inclusion of lay people on the Board.

**RESOLVED: That the Health and Wellbeing Board:**

- a) notes the update on the work that is going on in Hillingdon develop an Accountable Care Partnership (ACP), initially for older people
- b) notes the progress to date, the proposed actions going forward and the current challenges within the ACP work plan.
- c) has the opportunity to discuss and input ideas into the further development opportunities that may exist for this model within the Borough.

40. **HILLINGDON CCG UPDATE** (*Agenda Item 11*)

It was noted that planning had gone well in relation to children's services and the Sustainability and Transformation Plan (STP). Furthermore, HCCG and CNWL had been successful in a joint bid to become a national early implementer of the new access targets for Improving Access to Psychological Therapies (IAPT).

Whilst HCCG was hoping to hit all of its targets during 2016/2017, this would require all of its resources. As such, HCCG was unclear how it would bridge the funding gap in 2017/2018.

The report highlighted three major areas which needed to be controlled: continuing healthcare beds; palliative care beds; and over activity at Harefield Hospital. It also stated that discussions were ongoing across London with regards to the next phase of the devolution proposal with key areas of focus being estates and integration.

It was noted that work was underway to elect a new Vice Chair of HCCG.

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

41. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 12*)

Healthwatch Hillingdon had completed two major projects:

1. maternity - the feedback on this service had been good; and
2. hospital discharge - the feedback on this had not been good and highlighted that there would be a significant pressure through QIPP.

Further information about these two reviews would be included in Healthwatch Hillingdon's report to the Health and Wellbeing Board on 14 March 2017.

It was noted that the recruitment and retention of volunteers continued to be a challenge. Healthwatch Hillingdon had a small nucleus of volunteers and there were times when this experience had helped them in moving on to new jobs. The organisation would continue to advertise for new volunteers and consideration would be given to using Hillingdon People to support this recruitment.

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

42. **UPDATE: STRATEGIC ESTATE DEVELOPMENT** (*Agenda Item 13*)

It was noted that the format of the report had been revised to include broader estates themes and any comments or feedback on these changes were welcomed. All s106 health contributions with a deadline during 2016/2017 had been spent or allocated. Although this demonstrated that key players were working together, it belied the difficulties experienced when working with NHS Property Services (NHSPS) in relation to projects such as the Yiewsley Health Centre. Consideration was being given to how progress could be made on projects, such as the St Andrews development.

A significant population growth was expected in Hayes and it was queried whether the Hesa Centre had sufficient capacity to cope with the expected increased demand. As the Hesa Centre was not likely to be big enough, HCCG was looking to put a contingency plan in place to deal with the excess.

As well as having early sight of the issues so that they could be discussed, the Board agreed that it would be useful to have a map of the Borough with locations and public transport links included.

**RESOLVED: That the Health and Wellbeing Board notes the progress being made towards the delivery of the CCGs strategic estates plans.**

43. **HILLINGDON LOCAL SAFEGUARDING CHILDREN'S BOARD (LSCB) ANNUAL REPORT** (*Agenda Item 14*)

It was noted that both of the reports of the Local Safeguarding Children Board (LSCB) and the Safeguarding Adult Partnership Board had focussed on limited resources. Consideration was being given to bringing the two Boards together as there were common attendees at both meetings. The LSCB had been streamlined and the task and finish groups that had been set up were working well.

In light of the recent abuse allegations in relation to football clubs, concern was expressed in relation to the oversight that was provided for smaller groups and organisations. Outreach work was undertaken and all schools were provided with information but, given the recent high profile in the news, it was agreed that reminders would be sent out. The website pages would also be refreshed and information would continue to be periodically included in Hillingdon People to raise awareness.

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

44. **HILLINGDON SAFEGUARDING ADULT PARTNERSHIP BOARD ANNUAL REPORT** (*Agenda Item 15*)

The Care Act 2014 had been a significant factor in the way adult safeguarding was regarded amongst both agencies and the public. A business unit had been put in place to develop performance and audit processes and ensure that training packages were available to all agencies, as well as provide project management support.

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

45. **BOARD PLANNER & FUTURE AGENDA ITEMS** (*Agenda Item 16*)

Consideration was given to the Health and Wellbeing Board's Board Planner. It was noted that s106 information would in future be included in the report entitled Update: Strategic Estate Development.

Detailed Sustainability and Transformation Plan (STP) information would be fitted into the existing STP report.

**RESOLVED: That the Health and Wellbeing Board notes the Board Planner, as amended.**

46. **TO APPROVE THE PART II MINUTES OF THE MEETING ON 29 SEPTEMBER 2016** (*Agenda Item 17*)

It was noted that the consultation on the proposal to withdraw paediatric cardiac services from Royal Brompton and Harefield NHS Foundation Trust had been delayed until the new year. No practical steps would be able to be taken regarding any changes until April 2019 at the earliest.

**RESOLVED: That the Part II minutes of the meeting held on 29 September 2016 be agreed as a correct record.**

47. **UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** (*Agenda Item 18*)

The Board considered a number of issues including available/possible health sites in Hillingdon, joined up strategic planning and the Accountable Care Partnership.

**RESOLVED: That the discussion be noted.**

The meeting, which commenced at 2.30 pm, closed at 4.00 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.