

HEALTH AND WELLBEING BOARD

14 March 2017

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



	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), Douglas Mills, David Simmonds, Dr Ian Goodman and Stephen Otter</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 Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) Robert J Bell - Royal Brompton and Harefield NHS Foundation Trust Rob Larkman - Hillingdon Clinical Commissioning Group (officer) Dr Kuldhir Johal - Hillingdon Clinical Commissioning Group (clinician) Nigel Dicker - LBH Deputy Director Residents Services</p> <p>LBH Officers Present: Kevin Byrne (Head of Policy and Partnerships), Gary Collier (Better Care Fund Programme), Glen Egan (Legal Services) and Khalid Ahmed (Democratic Services Manager).</p>
48.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Lewis and Puddifoot and from Ms Robyn Doran (Ms Maria O'Brien was present as her substitute).</p>
49	<p>TO APPROVE THE MINUTES OF THE MEETING ON 8 DECEMBER 2016 (<i>Agenda Item 3</i>)</p> <p>RESOLVED:</p> <p>1. That the minutes of the meeting held on 8 December 2016 be agreed as a correct record, subject to an amendment to Minute No. 35 - Hillingdon's Joint Strategic Needs Assessment, 3rd paragraph, so that the sentence takes out reference to the Council commissioning vaccines.</p>
50.	<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 Agenda Items 5 to 12 would be considered in public. Agenda Items 13 and 14 would be considered in private.</p>

HILLINGDON'S HEALTH & WELLBEING STRATEGY AND SUSTAINABILITY AND TRANSFORMATION DELIVERY PLAN (*Agenda Item 5*)

The paper provided the Board with a draft delivery plan for the Hillingdon Sustainability and Transformation Plan (STP) together with timescales and proposals for governance. The Board was informed that this would form part of the next Hillingdon Joint Health and Wellbeing Strategy.

The Chairman reported that everything had to be brought together by September. Reference was made to the expectation of very little transformation funding from a social care perspective which would impact on the ability to transform services.

The Board was informed that the Hillingdon STP had been developed to transform local health and care services and to address the projected funding gap which was likely to be experienced between 2016 and 2021.

Reference was made to the Hillingdon STP delivery plan which provided details of the programme of work for system transformation. The importance of taking this forward and the consultation which was allied to this was noted.

Discussion took place on the difficulty of trying to follow what Hillingdon was trying to achieve and the need for clarity on the proposed recommendations. A Hillingdon solution should be adopted because of concerns on a national level.

In relation to governance, there were no milestones set. However, it was important that locally consideration should be given to how progress was measured. It was agreed that Hillingdon had its own plan which should be taken forward, working closely with partners. Reference was made to the North West London STP and that Hillingdon's STP was strongly aligned to that to ensure the delivery met the needs of local people.

RESOLVED: That the Health and Wellbeing Board:

- 1. Noted the update provided on taking forward decisions made by the Board regarding developing the next Hillingdon Joint Health and Wellbeing Strategy to encompass STP delivery.**
- 2. Asked that the comments made in relation to the draft Hillingdon ST delivery plan, including the timescales and proposals for governance, detailed in annexes 1 and 2, be noted and be taken into consideration.**

BETTER CARE FUND: PERFORMANCE REPORT (OCTOBER-DECEMBER 2016) (*Agenda Item 6*)

The Board was provided with the third performance report on the delivery of Hillingdon's Better Care Fund Plan for 2016/17 and the management of the pooled budget hosted by the Council.

Reference was made to the key headlines from the monitoring report and particular mention was made to the good performance (94.2%) against target (93.8%) of the average number of older people aged 65 and over, who were still at home 91 days after discharge from hospital to reablement.

Discussion took place on Delayed Transfers of Care and how this was proving challenging. As reported at the December Board meeting there were a number of key reasons and particular reference was made to the complex and fragmented nature of the local health and care system which contributed to the problem. Reference was

made to over 65s with mental health issues, and that this would always present a challenge due to the complexity of cases. The Board noted that in quarter 3 68% of delays were attributed to the NHS, 22% to social care and 10% to both. The Board was also informed that Healthwatch was providing input into the DTOC action plan.

There had been positive performances in relation to emergency admissions to hospital of people aged 65 and over with a 4% drop compared to the 3rd quarter.

RESOLVED: That the Health and Wellbeing Board:

1. **Noted the contents of the report.**

53. **BETTER CARE FUND PLAN 2017-2019: PROPOSED PRIORITIES** (*Agenda Item 7*)

The Board was informed that the report proposed that the next iteration of the plan more closely demonstrate how the BCF plan would contribute to the implementation of delivery areas within the STP.

The focus on the joint management and development of the care market was highlighted, as well as looking at opportunities for the Council to join the emerging Accountable Care Partnership to deliver integration and better outcomes for residents. NHSE guidance that will set out the detailed requirements for the new plan was still awaited.

RESOLVED: That the Health and Wellbeing Board instructed officers to:

1. **Complete the development of priorities and associated actions as described in Appendix 1 of the report.**
2. **Bring back a completed draft plan that complied with NHSE guidance back to the June Board meeting for consideration.**

54. **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE** (*Agenda Item 8*)

The report provided the Board with details of the next steps in accelerating the transformation of CAMHS in Hillingdon, together with an update on the CAMHS transformation plan.

The Board was reminded that the Anna Freud Centre had facilitated a strategic seminar to look at the possibility of an integrated CAMHS pathway without tiers. Detailed co-production work would be required, together with discussions with schools to enhance the preventative aspects of a future CAMHS pathway.

The Board noted the proposal that organisational resources could be pooled through the Better Care Fund which might allow an additional level of governance and transparency.

RESOLVED: That the Health and Wellbeing Board:

1. **Noted the proposals to develop a new approach to commissioning CAMHS services which are to be developed and are subject to approval by Hillingdon Clinical Commissioning Group and the London Borough of Hillingdon.**
2. **Noted the potential management of the CAMHS implementation plan through the Better Care Fund.**
3. **Noted the progress in implementing the agreed 2016/17 Local**

	Transformation Plan.
55.	<p>HILLINGDON CCG UPDATE (<i>Agenda Item 9</i>)</p> <p>The Board was provided with a paper which provided an update on a number of key areas of CCG work.</p> <p>It was noted that it had been agreed that level 3 delegated commissioning would take place. This would mean that Hillingdon CCG would take full responsibility for the management of their GP and primary care services. Over time this delegation would improve the access for residents of primary care services. A report would be brought back providing an update on progress made on delegation of primary care commissioning.</p> <p>The Board was informed that the due diligence process for Hillingdon Health and Care Partners was underway. The "Accountable Care Partnership" had been given challenging milestones to achieve.</p> <p>Reference was made to the precarious financial position which the CCG was still in, with further challenges ahead. Details of the main areas of slippage were reported</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Noted the update report provided.
56.	<p>HEALTHWATCH HILLINGDON UPDATE (<i>Agenda Item 10</i>)</p> <p>The Board was provided with a report which summarised the outcomes, impacts and progress made by Healthwatch Hillingdon.</p> <p>Particular mention was made of the Discharge from Hillingdon Hospital Project, detailed in Appendix 1. The project provided details with the insight into older people's experiences of being discharged from Hillingdon Hospital and the care and support provided to them in the community.</p> <p>The Board noted the extent of the problem and that there had been acknowledgment that there was a problem. The representative from Hillingdon Hospital reported that steps were being taken to improve the process, with all partners working closely together to improve the hospital discharge for elderly patients. What was required was a more joined up process, better communication with patients and carers which would make the experience better and more efficient.</p> <p>The Board agreed that Hospital Discharges needed to be monitored to improve the process.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Noted the report received and thanked the efforts of the volunteers at Hillingdon Healthwatch for the work they carried out.
57.	<p>UPDATE: STRATEGIC ESTATE DEVELOPMENT (<i>Agenda Item 11</i>)</p> <p>The Board was provided with a report from the Hillingdon Clinical Commissioning Group which provided an update on strategic estate initiatives and the proposed spend of S106 health facility contributions in the Borough.</p> <p>Reference was made to the work which was taking place with the Council on</p>

	<p>establishing the impact of the Hayes Housing Zone on local health services and the improvement of the access to Primary Care which the Council's External Services Scrutiny Committee was looking at.</p> <p>In relation to the creation of an out of hospital Hub in North Hillingdon, the Council's planners were working closely with the CCG with negotiations ongoing to locate the North Hub on the Mount Vernon Hospital site.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Noted the progress made towards the delivery of the CCGs strategic estates plans.
58.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the Health and Wellbeing Board's Board Planner.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Noted the Board Planner. 2. Noted the updated Board membership as detailed in Appendix 2.
59.	<p>TO APPROVE THE PART II MINUTES OF THE MEETING ON 8 DECEMBER 2016 (<i>Agenda Item 13</i>)</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That the Part II minutes of the meeting held on 29 September 2016 be agreed as a correct record.
60.	<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 considered and discussed the possibility of health provision facilities throughout possible sites within the Borough</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the discussion be noted.
	<p>The meeting, which commenced at 2.30 pm, closed at 3.40pm.</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.

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