

Minutes

HEALTH AND WELLBEING BOARD

27 June 2017

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



HILLINGDON
LONDON

	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and Douglas Mills, Dr Kuldhir Johal (in place of 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 Sharon Daye - Statutory Director of Public Health (substitute)</p> <p>Co-opted Board Members Present: Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Caroline Morison - Hillingdon Clinical Commissioning Group (officer) (substitute) Dan Kennedy - LBH Deputy Director Housing, Environment, Education, Health and Wellbeing</p> <p>LBH Officers Present: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Glen Egan (Office Managing Partner - Legal Services) and Nikki O'Halloran (Democratic Services Manager)</p> <p>LBH Councillor Present: Councillor Beulah East</p> <p>Press & Public: 2</p>
1.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Bianco, Burrows, Lewis and Puddifoot, and Dr Ian Goodman (Dr Kuldhir Johal was present as his substitute), Mr Rob Larkman (Ms Caroline Morison was present as his substitute), Mr Bob Bell (Mr Nick Hunt was present as his substitute) Ms Robyn Doran, Ms Maria O'Brien and Ms Allison Seidler.</p>
2.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 14 MARCH 2017 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 14 March 2017 be agreed as a correct record.</p>
3.	<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 1 to 14 would be considered in public. Agenda item 15 would be considered in private.</p>

4. **BOARD MEMBERSHIP UPDATE** (*Agenda Item 5*)

It was agreed that, in addition to the proposal for Ms Morison to replace Mr Ferrelly, an additional recommendation for Mr Dan Kennedy to replace Mr Nigel Dicker on the Health and Wellbeing Board membership would be considered.

It was noted that further changes would be made to the Hillingdon Clinical Commissioning Group representation on the Health and Wellbeing Board in the near future.

RESOLVED: That the Health and Wellbeing Board agree that:

1. **Ms Caroline Morison replace Mr Neil Ferrelly as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted (Officer) Substitute member on the Board; and**
2. **Mr Dan Kennedy, Deputy Director Housing, Environment, Education, Health and Wellbeing, replace Mr Nigel Dicker, Deputy Director Residents Services, as a Non-Voting Co-opted member of the Board.**

5. **HILLINGDON'S HEALTH & WELLBEING STRATEGY 2018-2021** (*Agenda Item 6*)

The Chairman advised that the Board had sought to establish one strategy and one reporting process for Hillingdon. A reduction in the volume of paper reporting to the Health and Wellbeing Board could be achieved by sharpening the content of the reports. The strategy report would provide the 'what' and the Better Care Fund report would provide the 'how' to complement each other.

It was acknowledged that the draft strategy was work in progress which reflected the discussion from the Transformation Board. The Sustainability and Transformation Plan (STP) had been framed as part of the strategy but had not included enough emphasis on health outcomes or on the use of resources to deliver those outcomes. Much of the content had been generic and could have been applied to any area and, as such, consideration would need to be given to providing a sharper focus on the demography of Hillingdon and specific health issues that were faced by different areas of the Borough. For example, air pollution, respiratory disease and obesity were very local issues and should be addressed, identifying where the issues were most prevalent, what factors were contributing to the prevalence and what action could be taken to address these issues locally. The strategy needed to look at how these issues impacted on the lives of local residents and what improvements they could expect to see.

It was noted that Healthwatch Hillingdon was not a provider, as had been implied in the report.

It was agreed that the report that would be considered by the Health and Wellbeing Board on 26 September 2017 would include more local detail so that consideration could be given to approving the report for consultation. The Chairman would liaise with officers between now and the September meeting.

RESOLVED: That the Health and Wellbeing Board:

1. **noted the progress in developing the Hillingdon's Joint Health and Wellbeing Strategy 2018-21.**
2. **agreed to further work being undertaken across partners to develop the outline draft and establish an implementation plan, with a view to a consultation draft coming back to the Board at its meeting on 26 September 2017.**

6. **BETTER CARE FUND PLAN 2017-2019** (*Agenda Item 7*)

It had been proposed that the Better Care Fund Plan continue to focus on older people, especially in relation to delayed transfers of care (DTC). Care Connection Teams (CCTs) were being established and a joint market management and development approach had been adopted. Collaboration between adult social care and the CCTs had started, exploring scope for joined up working.

On 9 March 2017, the Department of Communities and Local Government (DCLG) had published funding allocations for the additional Improved Better Care Fund (IBCF). This IBCF funding had been committed to stabilising the local social care provider market which would have a direct impact on the health and care system's ability to support admission avoidance and reduce hospital delays. It was proposed that the additional allocations of £4.1m in 2017/18 and £2.9m in 2018/19 be used to meet this aim, which would in turn lead to reducing pressures on the NHS. Rigorous reporting would be required to monitor the impact on pressures and consideration would need to be given to being more explicit about the benefit derived by Hillingdon Hospital.

It was noted that there were correlations between Scheme 3: Better care at end of life (EOL) and Scheme 5: Improving care market management and development. Although these schemes were thought to be a good way forward, it was suggested that further consideration needed to be given to the EOL arrangements put in place during the interim. Work had been postponed on the palliative at home service to prevent fragmentation but the integrated home care service would be taken forward and would be effective from November 2017.

It was recognised that the Better Care Fund schemes would include joint work on out of hospital activity, including the Discharge to Assess (D2A) scheme.

RESOLVED: That the Health and Wellbeing Board:

- a) **approved the approach to the 2017/19 BCF plan and the outlined schemes as described in the report.**
- b) **approved the proposed use of the Improved Better Care Fund (IBCF) and note its intended impact.**
- c) **directed officers as to how it wishes to consider the final and completed BCF plan, e.g., including narrative document and planning template, once the submission deadline has been announced, which was likely to be before the end of the summer.**
- d) **delegated authority to make any further minor amendments prior to submission 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 Health and Wellbeing Board, the Chairman of HCCG's Governing Body and the Chairman of Healthwatch Hillingdon.**

7. **BETTER CARE FUND: PERFORMANCE REPORT (JANUARY - MARCH 2017)**
(*Agenda Item 8*)

The last four quarters had been challenging but had seen Hillingdon's performance remain the same/improve on the previous year. Challenges were still faced in relation to issues such as readiness for seven day discharge and these would need to be taken forward and resolved. The H4All patient activation measure and reablement had been successful as a result of the hard work of the officers involved. The budget had been agreed to help move the work forward.

With regard to hospital discharge, it was noted that the Healthwatch Hillingdon (HH) report received at the Health and Wellbeing Board meeting on 14 March 2017 had highlighted this as a challenging issue. Since that report had been published, HH had been working closely with Hillingdon Hospital and, although steps had been taken, it would be a while before the impact of these improvements would be seen.

It was noted that the report provided some local issues such as the impact of substance misuse issues on delayed transfers of care (DTOCs). Progress had been made by the hospital, and within the system as a whole, but there were more complex issues that now needed to be understood and addressed. Hillingdon Hospital currently discharged 60-70 patients each day and this number was growing year on year. A myriad of initiatives had been introduced to solicit patient feedback to then improve their experience and speed up the processes. Mr Shane DeGaris would provide a comprehensive report on these issues and the action taken to address them to the meeting on 26 September 2017.

Concern was expressed about the issues faced by hospital staff when communicating with patients that lacked capacity. This was being looked at by the hospital and it was recognised that this could delay discharge even further. It was suggested that dementia and challenging behaviour needed to be included in the Better Care Fund Plan 2017-2019 as it was at the heart of DTOC and put pressure on the whole system.

RESOLVED: That:

- 1. Mr DeGaris provide a comprehensive report on the initiatives and improvements to DTOC resultant from patient feedback and engagement to the Health and Wellbeing Board meeting on 26 September 2017; and**
- 2. the Health and Wellbeing Board notes the content of the report.**

8. PHARMACEUTICAL NEEDS ASSESSMENT (Agenda Item 9)

Following consultation, the Pharmaceutical Needs Assessment (PNA) would need to be published by 2018. The assessment came at a critical time and would help in the production of a robust framework. Consideration was given to the impact of the removal of the essential small pharmacy scheme and whether pharmacies' financial viability would be compromised. As such, it was agreed that the PNA review should take account of communities that were not located near a pharmacy.

RESOLVED: The Health and Wellbeing Board is asked to:

- 1. note the requirement to prepare and publish a refreshed pharmaceutical needs assessment (PNA) for Hillingdon by 1 April 2018.**
- 2. consider and agree the proposed plan to review and publish Hillingdon's PNA by the required deadline, including the requirement to undertake a minimum 60 day consultation.**
- 3. agree to delegate the final approval of the arrangements for the statutory consultation to officers in consultation with the Chairman of the Health and Wellbeing Board, including approval of the draft PNA for consultation.**
- 4. the PNA review should have regard to any communities which, because of geographical locations, were more than a 15 minute walk from their nearest pharmacy.**

9. HILLINGDON CCG UPDATE (Agenda Item 10)

Hillingdon Clinical Commissioning Group (HCCG) was taking action to improve the quality of primary care and provide access on a 24 hour basis. In addition, feasibility was being considered, based on current findings.

Choosing Wisely was an initiative that sought to advance a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures. HCCG had started an engagement exercise to solicit feedback from the health sector as well as from local patients about repeat prescriptions and the use of local pharmacies. It was noted that wider education would be needed in relation to these proposals once in effect and that surety would be needed to ensure that the right decisions were made, especially in relation to those experiencing hardship.

The CCG Governing Bodies would meet in July/August to assess the volume of information received as a result of the consultation. This information would then be triangulated across NWL. Consideration would need to be given to clear review points and processes to enable measurement of the impact. It was noted that this collaboration at scale was beneficial for small hospitals like Hillingdon Hospital. The Hillingdon Choosing Wisely consultation would close on Friday 30 June 2017.

Improvements had been made as a result of joint working between the Accountable Care Partnership (ACP) and the Care Connect Teams (CCTs) in relation to more challenging patients being supported in the community.

It was noted that the health partners in Hillingdon were coterminous but that they operated within a broader system. As such there was value in undertaking the more challenging conversations just once across North West London (NWL) rather than borough by borough (the changes made to paediatric services across NWL through Shaping a healthier future was an example of this). There was an ongoing balance between collective working across NWL versus local changes.

The report set out the HCCG's financial position at the end of 2016/2017. NHS NWL Collaboration of CCGs needed to save nearly £135m in 2017/2018 in order to balance its budgets. It was queried: what proportion of this saving would be expected from HCCG, given that the organisation had already made significant efficiency savings; and how challenging it would be to adhere to common approaches and standards across NWL.

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

10. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 11*)

The Shaping a healthier future review had resulted to changes in the provision of maternity services in North West London (NWL), particularly for Ealing. The report identified the impact of these changes and showed that Hillingdon residents were generally pleased with the new service, whereas the experience of Ealing residents was significantly different. It was noted that consideration should be given to the impact on different groups when looking at changes to service provision in NWL. Looking forward, capacity would need to be reviewed to accommodate future maternity demand at Hillingdon Hospital.

The Board was advised that expectant mums were asked to provide a first and second choice hospital. There were a number of Ealing mums that had not been given Hillingdon Hospital as their first choice and, as such, were not happy with the process. It was noted that travelling to Hillingdon Hospital would not be easy for Ealing residents and that consideration should be given to liaising with TfL about required changes to

the transport links (although it was understood that this type of change could take up to two years to implement).

Hillingdon Hospital had been capped at 5,000 births and a £30m investment was needed to build a new wing to deal with an increase in capacity. Although a large number of appointments were carried out locally, the births would take place at the hospital so this would need to be watched carefully.

There had been improvements to the parking at Hillingdon Hospital. Staff and patient/visitor parking were now segregated and this had prevented the queues of traffic from building up on Pield Heath Road.

It was suggested that online access to prescribed medications needed to be taken account of in the Pharmaceutical Needs Assessment.

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

11. **UPDATE: STRATEGIC ESTATE DEVELOPMENT** (*Agenda Item 12*)

This report now provided a broader context than it had previously, where it had solely looked at whether s106 health spend was on track. Hillingdon Clinical Commissioning Group (HCCG) had been working closely with Council colleagues to establish the impact of the Hayes Town Housing Zone on local health services. Negotiations had also progressed between Shakespeare Medical Centre, HCCG and the Council in relation to the proposed relocation of the practice to new premises on the former Woodside Day Centre site.

It was noted that a recent scrutiny review of GPs in the Borough had highlighted a number of options with regard to GP facilities and the Naylor Review had looked at how efficiently the NHS used its land and property. Consideration would need to be given to how processes could be sped up as the Naylor recommendations could impact on the issues being considered in Hillingdon.

It was acknowledged that a practice on the St Andrews Park development was now a missed opportunity. As such, the next report would need to identify alternative and honest options available in Uxbridge to meet the increased demand.

HCCG had been successful in securing funding to refurbish some recently vacated space at the Yiewsley Health Centre site into additional clinical accommodation. Although this would create additional capacity for primary care provision at the site, a long term solution for the site would still need to be explored with the support of CNWL.

It would be important to ensure that the work of the Strategic Estates Group was not replicated.

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

12. **CAMHS UPDATE REPORT** (*Agenda Item 13*)

The Anna Freud Centre for Families had been involved in undertaking several elements of its co-production programme as part of the overall CAMHS pathway redevelopment project. A summary report would be available to commissioners by the end of July 2017 and a report regarding the commissioning of the new service would be considered by the Health and Wellbeing Board at its meeting on 26 September

2017. This report would include recommendations on the approach to the commissioning of the reconfigured service.

It was disappointing that, despite a lot of time and money being invested to improve this very important service, there had been little change in the CAMHS performance and waiting times.

RESOLVED: That the Health and Wellbeing Board:

- a) noted ongoing progress towards a new approach to commissioning CAMHS services which were to be developed and were subject to approval by HCCG and LBH;
- b) noted the current performance against CAMHS waiting times; and
- c) consider a report, which included recommendations on the approach to the commissioning of the reconfigured service, at its meeting on 26 September 2017.

13. **BOARD PLANNER & FUTURE AGENDA ITEMS** (*Agenda Item 14*)

It was agreed that the following items be added to the Board Planner for 26 September 2017:

- DTOC Initiatives and Improvements at THH;
- Joint Strategic Needs Assessment;
- Pharmaceutical Needs Assessment; and
- Primary Care Strategy Update.

RESOLVED: That, subject to the above amendments, the Health and Wellbeing Board's Board Planner be agreed.

14. **UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** (*Agenda Item 15*)

The Board discussed a number of issues in relation to the Choosing Wisely consultation, healthcare provision within Yiewsley and Government consultation.

RESOLVED: That the discussion be noted.

The meeting, which commenced at 2.30 pm, closed at 3.58 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.