

Minutes

HEALTH AND WELLBEING BOARD

4 December 2018

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



	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and Martin Goddard (In place of Douglas Mills), and Dr Ian Goodman and Mr Turkay Mahmoud.</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: Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Sarah Tedford - The Hillingdon Hospitals NHS Foundation Trust Caroline Morison - Hillingdon Clinical Commissioning Group (substitute) Dan Kennedy - LBH Deputy Director Housing, Environment, Education, Performance, Health and Wellbeing</p> <p>LBH Officers Present: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Press & Public: 1</p>
29.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis, Douglas Mills (Councillor Martin Goddard was present as his substitute) and Ray Puddifoot, and Ms Lynn Hill (Mr Turkay Mahmoud was present as her substitute), Mr Mark Easton (Ms Caroline Morison was present as his substitute), Ms Robyn Doran (Ms Maria O'Brien was present as her substitute) and Mr Bob Bell (Mr Nick Hunt was present as his substitute).</p>
30.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 25 SEPTEMBER 2018 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 25 September 2018 be agreed as a correct record.</p>
31.	<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 Items 15 and 16 would be considered in private.</p>

The Chairman welcomed Ms Sarah Tedford to the meeting and noted that she would provide the Board with a verbal update in relation to Agenda Item 12: CQC Inspection – THH Recovery Planning.

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

The Chairman advised that the report set out the financial position across health and social care and that it would be important to consider the wider views of the NHS regarding the improvements resulting from The Hillingdon Hospitals NHS Foundation Trust's CQC report.

It was noted that the Better Care Fund report being considered at this meeting included a breakdown of Hillingdon's performance in reducing delays to transferring care (DTC). Although the target of 4,991 was likely to be achieved, and perhaps be exceeded, a severe winter could impact on this performance. A business case had been produced to consider long term funding of the bridging care commissioned to support this performance and realise the benefits of early discharge.

New data had been issued from the National Child Measurement Programme showing that the proportion of overweight children in Hillingdon at reception year was lower than the London and England averages. At year six, however, the proportion was below the London average but higher than the England average. The prevalence of underweight children in Hillingdon was higher than in London and England. This data would be used to help inform plans for early intervention, prevention and self-care in the Joint Strategic Needs Assessment.

The Board was aware that there had been a reduction of £0.63 per £1 in Government funding to local authorities. Although the Government's proposals for future funding of adult social care in the Green Paper and its links to the NHS long term plan were anticipated to be published "later this year", the Health and Care Secretary had announced "winter pressure" additional adult social care funding to support admission prevention and accelerate discharge. In addition, a further £650m nationally had been made available to tackle immediate challenges in respect of social care. In Hillingdon, this equated to approximately £2.8m. Overall this meant that the Council's grant funding from central Government for 2019/20 would now be a net cash reduction of £4.1m on 2018/19 rather than the previously planned net cash reduction of £6.9m. Specific to social care, the Corporate Director for Social Care added that the Council had a £2m full year effect pressure over this year which was inflation in the care market beyond what had been planned for.

The Corporate Director of Social Care explained that he had set out how the local authority proposed to apply the additional funding to support winter pressures within the context of the local care market, as was specified in the determination and that this had been shared with the Chief Operating Officer of Hillingdon Hospital, the Managing Director of Hillingdon CCG and the Deputy Chief Operating Officer of CNWL and a subsequent discussion had been undertaken.

The Corporate Director of Social Care advised that stabilising care provision in the Borough was the most critical feature across the whole system, ensuring that there was care available at the end of the various pathways in order that those pathways were freed up, thereby avoiding referrals onto higher costs health services. It also supported there being suitable provision available for people when they left hospital. In addition, the one off nature of the social care winter funding meant that sustainability was important across the system beyond this period. The Council's view was, therefore,

that the most beneficial use of the winter funding money to the overall system would be to support care provision as the final destination of care.

The Managing Director of Hillingdon CCG stated that it was difficult to argue with that, but that the system would want assurance of the benefits it would see. The Council provided assurance that investment in the end destination of the system (direct care) in this way, supported the ability of adult social care to meet the requirements of the grant determination and in the broader narrative, including having social care services on standby to mobilise as and when the acute clinical pathways were sufficiently in place to deliver against planned and agreed integrated discharge arrangements including, for example, the availability of appropriate social care services seven days a week and the increased availability of reablement to support admission avoidance and discharge.

It was noted that Hillingdon Clinical Commissioning Group (HCCG) had asked for support from the Council's public health team to help evaluate the impact of its commissioning programme. This work, together with wider support for HCCG from public health would be developed as part of the core offer delivery plan and it was proposed that the current Memorandum of Understanding be reviewed for 2019/20 and brought back to the Board in the New Year.

RESOLVED: That the Health and Wellbeing Board:

- 1. considered the issues raised at 3.2 of the report setting out live and urgent issues in the Hillingdon health and care economy.**
- 2. noted the performance issues contained at Appendix 1 of the report.**

33. BETTER CARE FUND: PERFORMANCE REPORT *(Agenda Item 6)*

Despite having a challenging delayed transfers of care (DTOC) target, the outturn for the year was looking positive, subject to the severity of the winter. Although this had been helped by Discharge to Assess (D2A), concern was expressed that failing to meet the stretching target could result in a direction on how to use money rather than a reduction. It was anticipated that the NHS 10 year plan and Green Paper would be published by 21 December 2018.

The opening of Grassy Meadow Court in October 2018 had started to have an impact on reducing permanent placements into residential care. It was hoped that this would also impact on the number of short-term placements that converted to long-term placements.

It was noted that the emergency admissions target was not on target. Figures for the total number of emergency admissions in previous financial years reflected the impact that the junior doctors' strike had had in reducing the number of admissions. It was thought that lessons learnt from the strike action had prompted new ways of working, such as extended consultation hours. Oversight was also now in place as a matter of course to ensure that only the most appropriate patients were admitted as emergencies. Challenges still existed around the 28 day target which would be consulted on in the New Year.

The number of emergency admissions was increasing which put pressure on staff. It was agreed that, in future, information be provided in relation to the number of ED attendances as well as the length of stay for those patients that were admitted. Ms Tedford also agreed to provide the Board with further information in relation to seven day working.

Length of stay in hospital appeared to provide a mixed picture. Whilst the length of

stay for an emergency admission was lower in Hillingdon Hospital than in most other hospitals, this had increased during the period when work had been undertaken on A&E but had since reduced again. Although the length of stay for planned admissions was longer than elsewhere, this was mitigated by the direct consultant access (particularly in paediatrics) which reduced the impact on the overall picture. It was suggested that identifying the complexity and the demographics of the population would provide a clearer picture. The Medical Director at The Hillingdon Hospitals NHS Foundation Trust had been in communication with the Council and it was anticipated that more detail would be reported back to the Board at a future meeting.

RESOLVED: That the Health and Wellbeing Board noted the progress in delivering the plan during the Q2 2018/19 review period.

34. **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING** (*Agenda Item 7*)

It was noted that the report contained a significant amount of information. Progress had been made with regard to the KOOTH online counselling service which targeted young people that would not normally access traditional face-to-face services. It had provided a good demographic mix and everyone that had used the KOOTH service, predominantly those aged 14-18, would recommend it to their peers.

Further improvements had been made in relation to THRIVE, with plans to extend innovations within schools. A more positive picture had been produced over the last year with regard to children and young people's mental health with the 18 week target being met in this quarter. However, it would be important to maintain the momentum, through initiatives such as a single point of access, as it was anticipated that there would be a 15.9% increase in this group.

Concern was expressed regarding the effectiveness of the preventative offer and whether gaps remained in the service provision. It was noted that the 18 week wait was a very long time and the Board queried whether this length of time meant that individuals' mental health deteriorated to such an extent that they were beyond preventative and outreach support. Dr Goodman acknowledged that this did seem like a long time but advised that there was a significant variation in the conditions supported which could range from eating disorders to self harm. He noted that most of the issues were generally picked up through schools rather than through a medical process but that more could be done to publicise the services on offer (which was a slow process). Central and North West London NHS Foundation Trust had been putting more resources in place but there had been a challenge regarding recruitment. It was suggested that consideration be given to managing resources differently as the 18 week wait was less than ideal.

Although schools welcomed support, only half of the referrals made to the Child Wellbeing Practitioner Service had proceeded. Consideration would need to be given as to whether this system was targeting appropriately or whether the expectations of the education system were too high. Dr Goodman confirmed that this would be investigated and feedback would be provided.

It was noted that there had been a push recently to reduce the 18 week waiting time to four weeks but that consideration was being given to what this would mean in practice. There were still issues with regard to children and young people being stuck in the system which prevented new referrals and this would also need to be investigated. The Board was advised that the waiting list was regularly reviewed and triaged weekly to ensure that other services were offered where needed but it was confirmed that

more action needed to be undertaken with regard to preventative measures.

RESOLVED: That the Health and Wellbeing Board noted the progress made:

- 1. in the approval and submission of the annual refresh of the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan to NHSE for assurance on 31 October 2018. The plan will be published in January 2019, when the assurance process is complete.**
- 2. in developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention), particularly the progress made in establishing the new on-line counselling service KOOTH and the continued engagement of schools by the Wellbeing and Mental Health project in schools, which is developing a model of best practice and a compendium of resources to support all schools in the Borough.**
- 3. in the sustained improvement in increased access for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from CCG and NHS commissioned services.**
- 4. in the continued engagement and consultation with Hillingdon Young Healthwatch and Children and Young People in developing local services.**

35. UPDATE: STRATEGIC ESTATE DEVELOPMENT (*Agenda Item 8*)

The outline business case for the Out of Hospital Hub was being developed and work was being undertaken with NHS Property Services (NHS PS) to refine the design in order to obtain planning consent. Although the report stated that the target date for the outline business case was February 2019, Dr Goodman advised that, following recent discussions with NHS PS, this would now be May 2019. It was thought that the slippage had been caused as a result of more detailed discussions taking place earlier in the process to then speed things up later. However, the slippage raised alarm bells and it would be important to ensure that timescales were controlled to avoid any further delays in meeting the projected Hub opening in February 2021.

Concern was expressed that the hubs were taking too long to plan, develop and open. Whilst NHS PS had previously been the source of delays, it was thought that the organisation was now keen to mitigate damage to its reputation by completing projects successfully. It was noted that two Hub sites had been identified: one in the North of the Borough and one in the South. There had been good traction with NHS PS in relation to the site in the North and the site in the South did not involve NHS PS.

Effort would need to be focussed on the services that would be delivered from the Hub through an integrated service delivery model. It was thought that the sooner groups were set up to deliver the buildings, the better. Discussions would need to be undertaken with partners in order to move this project forward.

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

36. HILLINGDON CCG UPDATE (*Agenda Item 9*)

On 19 October 2018, the Clinical Commissioning Group (CCG) membership had voted on and agreed amendments to the CCG constitution to establish a joint committee of NW London CCGs, permit electronic voting and reduce the quorum for meetings. It was anticipated that these changes would be ratified by NHS England on 13 December 2018 in time for the December 2018 meeting of the Joint Committee where it would be

able to move from shadow form to decision-making form.

Hillingdon CCG continued to experience financial challenges with significant adverse variances within acute and continuing care. Processes had been put in place to try to control these variances. It was also noted that Hillingdon CCG was £1,139k behind its QIPP target for month 6 of 2018/2019.

Winter funding had been allocated to support Discharge to Assess to streamline the discharge process for those patients that required additional support to leave hospital. To support this work, Hillingdon CCG had been working with partners to implement a range of measures with care home providers, for example, training around pressure ulcers and falls. In addition, the GP care home service pilot had been extended from the end of October 2018 to April 2019. This pilot had provided an urgent visiting service for identified care homes as well as care planning onto the 'Coordinate My Care' care planning tool.

The care homes that had been included in the pilot had been those that had had the highest proportion of emergency admissions. The success of the pilot could be gauged through the subsequent reductions in the number of emergency admissions from these homes. It was noted that information on the progress of the pilot would be fed back to the Primary Care Board in January 2019.

With regard to end of life care, it was anticipated that the single point of access work would provide a positive message. The Council's External Services Select Committee had looked at the closure of Michael Sobell Hospice inpatient unit at its meeting on 30 October 2018 and would be looking at what action would now be taken at a further meeting on 11 December 2018. Although information had been provided to the Committee at its first meeting, it felt as though there was more information that had not been shared. To move forwards, estate would be needed to put beds in. In the meantime, Hillingdon CCG had a spot purchasing arrangement in place for beds at the Peace Hospice (this had been the same arrangement that had been in place with Michael Sobell Hospice).

The focus needed to be on having an appropriate clinical model in place to care for people at the end of their lives. As a long term solution, it was not satisfactory for patients at end of life to be cared for on hospital wards and further work needed to be undertaken to determine how palliative care should be delivered in future. Clarity would need to be sought from East and North Hertfordshire NHS Trust as to the organisation's intention regarding the building as this lack of clarity was preventing Hillingdon CCG from putting short term plans in place.

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

37. HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT *(Agenda Item 10)*

The Joint Strategic Needs Assessment (JSNA) was an assessment of the current and future health needs of Hillingdon's residents and was used to inform commissioning plans to improve health and wellbeing. The report highlighted issues such as obesity and air quality and the areas of development identified in the Work Plan provided an update on progress against these issues.

With regard to tuberculosis (TB), it was noted that Hillingdon had the sixth highest prevalence in London. TB vaccinations were commissioned by Public Health England (PHE) and NHS England (NHSE) and delivered in maternity units. However, as well as a national supply problem with the vaccinations, a top up service had not been

available to immunise babies that had not previously been given the vaccination. Whilst progress had been made with regard to the top up, it would be important to capitalise on the momentum. Ms Tedford would investigate what action was being taken by The Hillingdon Hospitals NHS Foundation Trust (THH) in relation to this issue and report back.

Consideration was given to how the right messages were directed to the right people. Whilst the data included in the report was useful, it provided Borough averages and therefore did not illustrate where there were inequalities across Hillingdon. Further detail would be needed to enable partners to know where to focus their resources.

A considerable amount of work had been undertaken to improve the usability of the JSNA as a tool to inform strategic planning, improve the look and feel of the JSNA and encourage its use across the Council and wider partners. This had included joining analytics and informatics to bring data together and make it more relevant. Work was also underway to embed health planning in small neighbourhoods so that local issues could be addressed. The JSNA had helped to highlight issues that partners could then progress.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) for 2018.**
- 2. noted and commented on the work to develop the JSNA and the key work priorities for 2018/19 (as set out in Appendix 2 of the report) which ensured that it remained a key source of local intelligence to underpin effective service planning.**
- 3. received an update from THH in relation to work around TB vaccination top ups.**

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

It was noted that Mr Graham Hawkes had now left Healthwatch Hillingdon (HH) and the organisation was in the process of recruiting a new Chief Executive Officer. It was hoped that the appointment would be made by the end of December 2018.

HH had received some very positive feedback from its young people in relation to CAMHS but there had not yet been any hard data collected. A report on lower back pain had been produced in draft and it was anticipated that this would be included on the agenda for the next Health and Wellbeing Board meeting. The report had highlighted the lack of public awareness of the service changes.

Whilst HH had received positive feedback about the care provided to patients that had been moved from the Michael Sobell Hospice inpatient unit to Wards 10 and 11 at Mount Vernon Hospital, it was unclear whether this positivity would continue if the situation continued for too long.

HH had undertaken a mystery shopping exercise in May and June 2018 to determine whether GP practices in Hillingdon were following legal guidance when registering a new patient. As only 2 of the 42 practices in the Borough were adhering to the legal guidance, practices needed to be reminded of their responsibilities. HH would be following up on its findings within 12 months.

Young Healthwatch Hillingdon (YHwH) had attended four panel meetings, continued to build on their social media presence, had delivered a summer programme of activity and had held the Healthfest 2018 event. Most of the work undertaken by YHwH was

undertaken during school holidays. HH was using these young people's knowledge about issues to best effect and offered them training to support them in their role. Recruitment for additional young people to join YHwH would be undertaken next year.

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

39. **CQC INSPECTION - THH RECOVERY PLANNING** (*Agenda Item 12*)

Ms Sarah Tedford, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), apologised that there was no report to support this item. She noted that the CQC inspection report had rated Hillingdon Hospital as 'Requires improvement' with urgent, emergency care and surgical rated as 'Inadequate'. An improvement plan had been established, strong governance measures were being put in place and staff and management were aware of the requirements. Of the 'Must do' and 'Should do' actions, a number of immediate changes had been made such as patient flows through the hospital. A&E building work had also been completed and new models of care implemented. Improvements had been made to Emergency Department practices but further work was needed regarding patient flows elsewhere in the hospital.

It was noted that THH had seen more patients in November 2018 than it had ever seen before. Hunter Health had been working with THH to look at how the Trust managed patient handover from the London Ambulance Service (LAS). Improvements had been made and THH had moved from the worst to the second best performing Trust in London.

The Board was advised that THH was awaiting the external 'Well led' report and it was anticipated that there would be a follow-up CQC inspection by July 2019. The Board was aware of the challenges faced by the Trust with regard to estate and it was hoped that these would be addressed through robust planning. A further written report on THH's recovery planning would be provided at the Health and Wellbeing Board's next meeting.

RESOLVED: That:

- 1. the Health and Wellbeing Board noted the verbal update; and**
- 2. an update report on THH's recovery planning be provided at the meeting on 5 March 2019.**

40. **HILLINGDON HEALTH AND CARE PARTNERS - DELIVERING HILLINGDON'S INTEGRATED CARE SYSTEM** (*Agenda Item 13*)

From a Council perspective, the key questions would be in relation to how outcomes could be improved and what tangible cost benefits could be realised. Mr Keith Spencer was commended for his efforts as working with organisations that had different governance arrangements would have been a significant challenge and consideration would have needed to be given to the destabilisation effects of any action taken. Consideration would also need to be given to ensuring that 'management speak' was not included in future reports to the Health and Wellbeing Board.

The report had clearly and succinctly set out the work that had been undertaken over the last few years to agree a model that worked financially as well as setting out the priorities. These priorities had been identified as being the pathways that would have the biggest impact on unplanned care. Further work was now needed to move these forward and shift from reactive to preventative measures (CNWL had been involved in some of these models of care). This work would also need to be tied into local activity

and Government contracts.

As working across multiple organisations was a complex process, it was all the more challenging to ensure that Hillingdon was carved out as a separate entity. That said, staff were enthused about the loss of geographical boundaries as it meant that they would be able to do what was right for each patient.

Concern was expressed that the report appeared to be a management document. It was agreed that further consideration would be given to delivering Hillingdon's Integrated Care System (ICS) at the Board's next meeting on 5 March 2019. It was noted that many ICSs across the country included the local council. As such, Dr Goodman suggested that it would be a positive step to establish when and/or how the Council would join as a partner. Concern was expressed that ICS appeared to have a lack of financial robustness (running at a deficit) and lack of clarity with regard to what it was setting out to deliver which made it a potentially risky proposition. That said, the Council had aligned its own activity to that of Hillingdon Health and Care Partners to optimise available opportunities and continued to have a significant investment in the Better Care Fund which underpinned this work. It was likely that the status quo would remain until more detailed discussions were undertaken with the Council and adequate assurances given.

RESOLVED: That the Health and Wellbeing Board reviewed and commented on the Hillingdon Health and Care approach, emerging model of care and work plan for 2018/19.

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

Consideration was given to the Health and Wellbeing Board's planner. It was agreed that the following information be included in reports that were scheduled for the meeting on 5 March 2019:

- Update on the work undertaken by Hillingdon Clinical Commissioning Group in conjunction with the Public Health team to evaluate the impact of its commissioning programme.
- Review of the HCCG/LBH Core Offer, Memorandum of Understanding 2019/20.
- Update on My Health as it developed.
- Delivering Hillingdon's Integrated Care System - Update
- Update on action being taken by The Hillingdon Hospitals NHS Foundation Trust (THH) in relation to the Tuberculosis top-up programme.
- Update on the number of ED attendances as well as the length of stay for those patients that were admitted.
- Update from THH on seven day working.

RESOLVED: That the Health and Wellbeing Board agreed the 2018/2019 Board Planner, as amended.

42. **TO APPROVE PART II MINUTES OF THE MEETING ON 25 SEPTEMBER 2018** (*Agenda Item 15*)

RESOLVED: That the confidential minutes of the meeting on 25 September 2018 be agreed as a correct record.

43. **UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** (*Agenda Item 16*)

	There were no issues raised in relation to this item.
	The meeting, which commenced at 2.30 pm, closed at 3.55 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.