

Minutes

HEALTH AND WELLBEING BOARD

5 March 2019

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



HILLINGDON
LONDON

	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and Richard Lewis, and Dr Ian Goodman and Ms Lynn Hill</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) Sarah Crowther – Hillingdon Clinical Commissioning Group 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>
44.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Jonathan Bianco, Keith Burrows, Douglas Mills and Ray Puddifoot, Mr Mark Easton (Ms Caroline Morison was present as his substitute), 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>
45.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 4 DECEMBER 2018 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 4 December 2018 be agreed as a correct record.</p>
46.	<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 12 and 14 to 15 would be considered in public. Agenda Items 13 and 16 would be considered in private.</p>
47.	<p>HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021 (<i>Agenda Item 5</i>)</p>

Key themes highlighted within the report included the publication of the NHS' Long Term Plan for health on 7 January 2019. This plan included the creation of Integrated Care Systems (ICS) by 2021 with local plans by April 2019. Work was moving apace to develop the Hillingdon ICS. On 14 January 2019, the Leader of the Council and the Chairman of the Health and Wellbeing Board had met with Mr Duncan Selbie, Chief Executive of Public Health England, and raised the Council's concerns about the underlying financial viability of the health system based on the starting deficit position.

Work around the reconfiguration of Health Based Places of Safety (HBPoS) in North West London (NWL) continued, with significant opposition to proposals from across local government. It appeared that consideration had not been given to the impact of the proposed changes on the finances and resources required by local authorities or on A&E departments once the new venues became overloaded. There was a shared interest in local partners working together on this and options, including legal challenge, would need to be kept open. Because there had not yet been agreement in NWL, the area was now out of sync with the rest of London and a great deal more work and engagement would be needed.

The Board noted that the Hillingdon Air Quality Action Plan would be issued for public consultation in the near future. It was recognised that there were areas in the Borough which were already predicted to be above the air quality limits for annual mean nitrogen dioxide even before considering issues such as a third runway at Heathrow or HS2. It was agreed that the Health and Wellbeing Board would respond to the consultation. Should the timescales not permit the Board's draft response to be considered at a scheduled Board meeting, the draft response would be circulated to Board partners for comment and agreement. It was also agreed by the Board that submission of the final document be delegated to the Council's Deputy Chief Executive and Corporate Director of Residents Services in consultation with the Chairman of the Health and Wellbeing Board, Chair of HCCG and Chair of Healthwatch Hillingdon.

The Chairman noted that there had been some positive developments in relation to the reinstatement of inpatient hospice provision in the North of the Borough since the Board's last meeting. The Council's External Services Select Committee (ESSC) had held its third meeting to discuss the issue the previous week and there had been some very productive conversations held in the Borough. Hillingdon Clinical Commissioning Group (HCCG) had advised East and North Hertfordshire NHS Trust (NHS) about its commissioning intentions which covered three elements: a day centre, an 8 bed inpatient unit and a 24 hour consultant-led telephone helpline. HCCG hoped to be in a position to identify a provider by the end of April and have the service back up and running by the summer. HCCG, and other health partners, had committed to return to a future ESSC meeting at the end of May / beginning of June 2019 to provide Members with an update on progress.

Concern was expressed that the plan still appeared to be inward looking rather than showing what the actions would mean to residents in practice. The information included therein was based on existing programmes or buildings and consideration needed to be given to broader use of social media to encourage residents to engage on issues included in the plan.

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.**

- 3. should timescales not permit consideration at a scheduled Board meeting, submission of the Health and Wellbeing Board's consultation response be delegated to the Council's Deputy Chief Executive and Corporate Director of Residents Services in consultation with the Chairman of the Health and Wellbeing Board, Chair of HCCG and Chair of Healthwatch Hillingdon.**

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

The Chairman noted that the Board had been keen to see historical context around the figures that were included in the report. It was pleasing to note that, since opening in October 2018, Grassy Meadow Court extra care housing scheme had provided an alternative to care home admission for 8 people and that 63 of the 88 units had now been filled. It was anticipated that Park View Court would open April 2019, providing a further 60 extra care housing units. The Chairman had recently shared information about these scheme's with a Councillor from Surrey County Council.

The NHS Long Term Plan set out the Government's requirements for the population's health and care needs from April 2020. As the NHS Plan would run for five years, it was important that partners agreed a single year plan for the Borough to cover the 2019/2020 interim period. It was recognised that the final version of this local plan might need to be reported to the Board for sign off at its next meeting on 25 June 2019.

Ms Sarah Tedford, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that the Trust had been working hard to refine discharge processes and had been working with community health services on home of choice discharges (in relation to care home placements). Support was also being provided to facilitate discharges from hospital earlier in the day which would then have a lesser impact on other providers.

Although there had been an increase in the number of A&E attendances over the winter period, there had not been an increase in the number of hospital admissions. This had helped in not adding pressure to the subsequent number of discharges that would be needed. However, performance against seven day metrics at Hillingdon Hospital was not on track. Whilst there had been an improvement in weekend discharges within the surgery department, there had been a reduction in performance against the other seven day metrics.

It was noted that HCCG had asked Healthwatch Hillingdon to revisit the work that it had previously undertaken in relation to hospital discharge. To enable the improvements that had been implemented to take effect, the start of this work would be delayed until later in the year.

It was agreed that it would always be lower risk to keep someone in hospital rather than moving them on. As such, consideration needed to be given to focussing on the back end of service provision. Ms Tedford confirmed that THH was focusing on the back end with initiatives such as discharge to assess. Although these programmes were helping to improve patient flow through the hospital, further work was still needed.

RESOLVED: That the Health and Wellbeing Board:

- a) noted the progress in delivering the plan during the Q3 2018/19 review period;
- b) agreed the proposed approach for the 2019/20 BCF plan (paragraphs 26 and 27 of the report); and
- c) agreed to delegate approval of the 2019/20 BCF plan submission to officers in consultation with the Chairman of the Board, the Chairman of

the Hillingdon Clinical Commissioning Group's Governing Body and the Chairman of Healthwatch Hillingdon, subject to the assumptions set out in paragraphs 26 and 27 of the report.

49. **CHILD OBESITY IN HILLINGDON** (*Agenda Item 7*)

When Mr Duncan Selbie, Chief Executive of NHS England, had visited the Borough, there had been some discussion about the levels of child obesity in Hillingdon which had stood out for the wrong reasons. Whilst the report provided local and national context, it did not give sufficient detail of the follow up actions and effectiveness of interventions being undertaken. It was agreed that a further report would be included on the agenda for the Board's next meeting.

Whilst the list of local action was thought to be sensible, it was not thought to be sufficient. Consideration would also need to be given to why local schemes were not always producing the expected improvements. It was suggested that this could be as a result of a larger problem where alternative interventions and different approaches were needed.

RESOLVED: That the Health and Wellbeing Board agrees the actions set out under next steps below and instructs officers to bring back an updated delivery plan to the next meeting.

50. **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING** (*Agenda Item 8*)

It was noted that mental health services in Hillingdon had been a source of concern for some time. Indeed, Healthwatch Hillingdon had identified a number of shortcomings in its review of the service.

The success of KOOTH had been encouraging with the take-up figures for teenagers, particularly from minority groups, being positive. It was noted that Hillingdon had been the second London borough to introduce KOOTH. The Board was advised that Hillingdon now had one of the largest number of teenagers accessing mental health services but one of the lowest waiting lists (at the Board's last meeting, the 18 week target had been missed by 0.1%). This had been supported by the good work being undertaken by mental health champions and schools.

Concern was expressed that the absence of intervention measures resulted in the need for a referral. KOOTH was a positive step in terms of intervention but it was queried whether there was sufficient awareness of the service amongst schools and GPs. Programmes run in schools by Young Healthwatch and Healthwatch Hillingdon about issues such as self harm had helped to identify young people in need and deliver positive outcomes. The Chairman asked that his thanks be passed to Ms Kim Markham-Jones for her work on this.

Referral levels were still very high with Hillingdon thought to be second only to Brent. It was unclear whether high referral rates meant that there was high awareness of the service, and therefore higher take up, or whether need was more prevalent in Hillingdon.

The mental health needs assessment that was undertaken about five years ago had identified a greater proportion of unmet need in Hillingdon than its statistical neighbours. The situation was likely to have changed since then. As such, the Director of Public Health agreed to rerun the analysis so that a comparison could be

made.

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 would be published in March 2019 when the NHSE assurance process was 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 online counselling service KOOH which had increased access to emotional wellbeing and mental health services for children in Hillingdon in this quarter.
3. in the continued engagement of schools via the Thrive Network and by the wellbeing and Mental Health project in schools, which was developing a model of best practice, improving links with locality CAMHS and developing a compendium of resources to support all schools in the Borough.
4. 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. The CCG planned to reduce the Hillingdon waiting times for access to CAMHS by successfully obtaining non-recurrent waiting list monies from NHSE to remove 90 children from the Hillingdon CAMHS waiting list by May 2019.
5. in the continued engagement and consultation with Hillingdon Young Healthwatch in developing local services and their involvement with the CCG as part of the Takeover Bid in developing the model for transition to adult services and the new early intervention and prevention model for emotional wellbeing and mental health.

51. **UPDATE: STRATEGIC ESTATE DEVELOPMENT** (*Agenda Item 9*)

It was noted that the two Hubs were both at the same stage which meant that timescales on the North hub had slipped by ten months since the last Board meeting. There had been a complete change of team at NHS PS so it was hoped that the North hub would now progress at pace. Expressions of interest had been sent out to give practices the opportunity to indicate if they were interested in delivering the service. Once the provider had been confirmed, the process would move into the planning and design stages. The planning process had taken longer than expected and options had been reconfigured following discussions with planning officers.

With regard to The Old Vinyl Factory development in Hayes and Harlington, it was expected that the Heads of Terms for a new health facility would be concluded by the end of March 2019. Consideration was also being given to a new health centre on the former Nestle factory canteen building site as the expected number of residential units had increased significantly.

The Board was advised that a site in Holloway Lane, Harmondsworth had been identified for a GP practice in Heathrow Villages. Action was now being taken to locate a mobile unit elsewhere in the country to put on the site. A provider would also need to be identified.

It was noted that works to complete the extension of St Martin's Medical Centre were nearing completion. S106 funding had been received to support the practice's

contribution to the scheme.

Lease terms had been agreed between the practices and NHS Property Services (NHS PS) for the Yiewsley Health Centre. The funding deadline had been extended to enable the project to commence and the contract price was being reviewed ahead of contract signature. It was noted that NHS PS had created its own communications team.

Following a detailed design exercise, a refined set of Heads of Terms had been agreed between Shakespeare Medical Centre, Yeading Court Surgery and the Council for the relocation of the practices to new premises on the redeveloped former Woodside Day Centre site. The CCG had agreed the business case in the summer of 2018 and the GPs would now need to sign the terms of the leases. A conclusion was expected in the next two weeks.

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

52. **HILLINGDON CCG UPDATE** (*Agenda Item 10*)

Being half way through the five year period covered, and following the publication of the NHS Long Term Plan, North West London (NWL) Health and Care Partnership believed it timely to review and refresh the NWL Sustainability and Transformation Plan (STP) which had not been as successful as anticipated. This work had been rebadged as the NWL Health and Care Partnership refresh.

The Board was advised that Harrow had made a successful bid to the Department for Education (DfE) on behalf of the 8 NWL boroughs to become an Early Adopter Site for developing new arrangements for the delivery of Child Death Overview Panels in NWL.

There had been a central drive to encourage GPs to work in groups. Dr Goodman advised that Hillingdon had already designed its groups around the recommended size. It was thought that a more detailed update on this contract would be available at the Board's next meeting.

It was noted that action was being taken to amalgamate the eight CCGs in NWL to reduce duplication and provide a louder collective voice. However, it was still unclear how this would work on a practical level. Steps would need to be taken to ensure that the good work already undertaken in Hillingdon was not undone. Concern was expressed that a decision in relation to health based places of safety would sit with the amalgamated CCG which might not be in the Borough's best interest.

Hillingdon CCG's financial position remained extremely tight at month nine, with significant adverse variances within acute and continuing care.

The Board noted that, with regard to vaccinating children against tuberculosis (TB), Hillingdon CCG had been trying to pick up those who were at risk and send them for testing (this could be done at birth or subsequent referral to a clinic). However, although there had been a good uptake in the South of the Borough, it was unclear how successful this had been as there were some practices that were unaware of the programme.

Concern was expressed that Hillingdon had the sixth highest incidence of TB in London but that many children were not being offered the vaccination. It was queried whether the degree of risk present in the Borough was not high enough to prompt vaccinations

being more widely available.

The Board was advised that the Borough's approach to TB vaccination had been agreed about 20 years ago based on evidence from that time. It was recognised that new cases of TB would be found in the immigration removal centres and in people coming through Heathrow airport and, therefore, Hillingdon met the criteria for new born immunisation. About four months ago, NHS England had commissioned a catch up immunisation service for new borns that had previously been missed and this was available in West London. Dr Steve Hajioff would investigate the issue of the policy being universal but the practice being less thorough.

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

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

Healthwatch Hillingdon (HH) had completed a second round of recruitment to appoint a new Chief Executive Officer but had not found a suitable applicant. In the meantime, Mr Turkay Mahmoud would continue as the interim Chief Executive Officer and consideration was being given to an alternative configuration with the possible appointment of someone who would be able to develop the organisation's systems. It was hoped that such an appointment would enable greater use of the functionality of the organisation's technology which could then help to increase feedback from service users. It was recognised that HH had experienced challenges with regard to recruiting a new Chief Executive Officer.

Members of Young Healthwatch Hillingdon (YHwH) had a tour of Hillingdon Clinical Commissioning Group (HCCG) where they were able to ask questions of the heads of departments to get an idea of what they did.

Following feedback from visually impaired service users, a wayfinding / signage review had been undertaken at Hillingdon Hospital. The findings and recommendations of the review had been included in a report which had been appended to the agenda.

The Board was advised that HH had worked with HCCG and The Hillingdon Hospitals NHS Foundation Trust (THH) to support patients who had had their treatment plans changed following the decommissioning of some spinal injections and acupuncture in June 2018. A report had been drafted and would be brought to the next Health and Wellbeing Board meeting.

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

54. **THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST UPDATE** (*Agenda Item 12*)

The Board was advised that The Hillingdon Hospitals NHS Foundation Trust (THH) recovery plan had been shared widely. The original plan, following the CQC inspection, had focussed on tackling the 'should do' and 'must do' actions and the requirement notices. The work undertaken had gone well and the plan was now being revised to broaden it and provide more detail for the next year. Organisational development and urgent estate issues would be dealt with. Key milestones would be shared with the Health and Wellbeing Board at its next meeting but it was clear that more still needed to be done in relation to improvements in the emergency department, the elective (18 week) waiting times and work on the estate. Managing finances would be a key element of this work.

To ensure that partners were engaged more widely, monthly meetings were being held to monitor progress and ensure a more rounded approach. In addition, regulators were providing THH with support to enable the Trust to scrutinise itself more robustly.

It was noted that THH had undertaken a review of the seven day provision of clinical services. The review had focussed on the provision of seven day services in therapies, pharmacy and inpatient care. A further stage of the review would examine the provision of services in radiology and outpatients.

The Hillingdon Improvement Practice (HIP) team had been appointed to work collaboratively with the other six Trusts involved in Vital Signs. The NHS Improvements Vital Signs programme used systems thinking and lean principles to deliver a continuous improvement culture and practice within organisations. Occupational therapy work would need to be included in this.

The Board was advised that THH had met with Deloitte and that its review would be put on hold until the end of July / beginning of August whilst the new senior Trust managers settled in.

The number of A&E attendances at Hillingdon Hospital had increased by approximately 6% over the winter period and the number of Type 1 attendances had also increased by around 10%. However, it was noted that there had been no increase in admissions and there had been a decrease in the number of emergency admissions. This had impacted positively on patients and staff.

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

55. **MEMORANDUM OF UNDERSTANDING BETWEEN HCCG & LBH 2019-2021**
(Agenda Item 14)

It was agreed that the Memorandum of Understanding provided focus for the way in which the Council and Hillingdon Clinical Commissioning Group would work together.

RESOLVED: That the Health and Wellbeing Board agreed the draft Memorandum of Understanding.

56. **BOARD PLANNER & FUTURE AGENDA ITEMS** (Agenda Item 15)

Consideration was given to the Board Planner. It was agreed that Child Obesity would be added to the agenda of the next meeting on 25 June 2019. Subject to the timing, a report on air quality would also be considered at the Board's next meeting.

RESOLVED: That the Health and Wellbeing Board agreed the Board Planner as amended.

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

There were no items raised for consideration.

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

The Board discussed issues in relation to delivering Hillingdon's Integrated Care System.

	RESOLVED: That the Health and Wellbeing Board feedback provided on the HHCP Integrated Care Business Case on the direction of travel and developments be noted.
	The meeting, which commenced at 2.30 pm, closed at 3.51 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.