

Minutes

HEALTH AND WELLBEING BOARD

25 June 2019



HILLINGDON
LONDON

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

Statutory Voting Board Members Present:

Councillors Philip Corthorne (Chairman), John Riley (In place of Keith Burrows) and Steve Tuckwell (In place of David Simmonds CBE), and Dr Ian Goodman and Ms Lynn Hill

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

Co-opted Board Members Present:

Robyn Doran - Central and North West London NHS Foundation Trust

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 Director Housing, Environment, Education, Performance, Health and Wellbeing

LBH Officers Present:

Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships) and Nikki O'Halloran (Democratic Services Manager)

1. APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence had been received from Councillors Jonathan Bianco, Keith Burrows (Councillor John Riley was present as his substitute), Richard Lewis, Douglas Mills, Ray Puddifoot and David Simmonds (Councillor Steve Tuckwell was present as his substitute), and Mr Mark Easton (Ms Caroline Morison was present as his substitute) and Mr Bob Bell (Mr Nick Hunt was present as his substitute).

The Chairman thanked those who were present as substitutes. He noted that Councillor Tuckwell was the Council's Mental Health Champion and Councillor Riley was the Chairman of the Council's External Services Select Committee.

2. TO APPROVE THE MINUTES OF THE MEETING ON 5 MARCH 2019 (Agenda Item 3)

RESOLVED: That the minutes of the meeting held on 5 March 2019 be agreed as a correct record.

3. 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 (Agenda Item 4)

It was confirmed that Agenda Items 1 to 16 would be considered in public and Agenda Items 17 and 18 would be considered in private.

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

Ms Maria O'Brien was congratulated on her recent promotion and thanked for her contribution on the Health and Wellbeing Board as well as behind the scenes. As a result of this promotion, a vacancy had arisen for the Central and North West London NHS Foundation Trust Non-Voting Co-opted Substitute Member on the Health and Wellbeing Board. It was agreed that Mr Graeme Caul be appointed to this vacancy.

It was noted that a vacancy had also arisen as The Hillingdon Hospitals NHS Foundation Trust (THH) Non-Voting Co-opted Substitute Member on the Health and Wellbeing Board. The Board agreed that Professor Elisabeth Paice, Interim Chair of the THH Board, be appointed to fill this vacancy.

RESOLVED: That:

1. **Mr Graeme Caul be appointed as the Central and North West London NHS Foundation Trust Non-Voting Co-opted Substitute Member on the Health and Wellbeing Board; and**
2. **Professor Elisabeth Paice be appointed as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted Substitute Member on the Health and Wellbeing Board.**

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

The Chairman noted that Hillingdon's Joint Health and Wellbeing Strategy was a broad / overarching document from which others sprang. The NHS Long Term Plan set out a blue print for the NHS over the next ten years and presented an opportunity to reform and improve local health and care across partners and at a local level. The legislative proposals included the removal of Competition and Market Authority functions to review mergers involving NHS Foundation Trusts and removing NHS Improvement's powers to enforce competition. Concern was expressed that the absence of regulatory controls could exacerbate an already challenging situation.

The proposal to merge the eight North West London (NWL) CCGs would bring challenges. It was noted that London Councils had produced a response to the proposals which had been sent to Mr Mark Easton. Arrangements were also being made for Mr Easton to meet with the Council to discuss this matter further. Assurances were also being sought regarding the financial arrangements that would be put in place for integrated care if the eight NWL CCGs merged into a unitary CCG.

It was noted that the Council's External Services Select Committee (ESSC) had been monitoring action to reinstate palliative inpatient care at Michael Sobell House. It would be imperative that consultation and proactive conversations were undertaken on the End of Life Strategy at a formative stage to look at what the services needed to look like in the future to meet the needs of the residents.

Ms Caroline Morison, Managing Director at Hillingdon CCG (HCCG), advised that HCCG had been through the formal process with regard to recommissioning the provision of inpatient palliative care beds at Michel Sobell House. Due processes had been followed and Harlington Hospice had been commissioned to provide the service, which would also include a 24/7 consultant-led advice line and day centre services. The mobilisation process had started but there were challenges with regard to the estate and workforce. These issues had been escalated through East and North Hertfordshire NHS Trust and CCG communication channels to try to resolve them. The ESSC would be receiving an update at its meeting on 9 July 2019 with regard to action

taken and next steps. The Chairman commended the work undertaken by ESSC in relation to this issue and holding the relevant organisations to account.

The NWL collaboration of CCGs had written to partners confirming that the proposals for reshaping the provision of Health Based Places of Safety (HBPoS) in NWL had been paused whilst a view was taken as to the resource implications. Consideration was also being given to how this would fit in with priorities for Mental Health across NWL.

Homelessness and knife crime were cross-cutting areas of concern that impacted on the health and wellbeing of residents and which required significant partnership response. It was agreed that ad hoc reports on both of these issues be included on the agenda for the next Board meeting.

RESOLVED: That:

1. the issues raised in the report be noted; and
2. the performance issues contained at Appendix 1 of the report be noted.

6. BETTER CARE FUND: PERFORMANCE REPORT (Agenda Item 7)

It was thought that the 2018/2019 Better Care Fund (BCF) plan had had a positive impact on people most at risk of admission to hospital. Partners had worked hard towards achieving one of the toughest hospital discharge targets in London and had only fallen slightly short of the target.

Although the 2019/2020 BCF plan period had started, guidance had still not been produced by central Government. Nonetheless, Hillingdon partners were making progress on delivering the plan.

The Chairman expressed his thanks to the staff that had delivered the initiatives within the BCF plan. They had worked hard and done an amazing job.

RESOLVED: That:

1. the progress in delivering the 2018/19 plan be noted; and
2. the update on the development of the 2019/20 plan be noted.

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

Dr Ian Goodman, Chair of Hillingdon Clinical Commissioning Group (HCCG), advised that the online counselling service, Kooth, had been going from strength to strength with a very good uptake amongst the BAME community. In March 2019, the CCG successfully bid to NHSE for £45,000 non-recurrent funding to clear the waiting list in the CAMHS Specialist Service. This money was used to adopt an evidenced based CBT approach of 6-8 sessions per child to remove 90 children from the waiting list by 31 May 2019.

CAMHS was now close to hitting its 18 week performance target. It was noted that the 18 week performance target had been kept under close scrutiny over the last 3-4 years and, although there had been significant improvements, it still appeared incoherent and disjointed. It was noted that consideration was being given to a triage arrangement and single point of access (SPOA) to address this.

The Board was advised that HCCG was looking to roll out a SPOA model across mental health, children and young people's services and routes out of hospital and into

the community. Although it was relatively early days and was still a work in progress, the fundamental principle had been included in care models.

Following a query at its previous meeting, the Board was advised that the main sources of publicity for Kooth were local schools and GPs. Work had also been undertaken with 22 Hillingdon schools in developing mental health champions and the Social Communication, Emotional Regulation and Transactional Support (SCERTS) was operating in 35 Hillingdon schools. It was encouraging that users of these services were deriving benefits and being prevented from deteriorating.

The Chairman thanked Healthwatch Hillingdon, and Kim Markham-Jones in particular, for the work that had been undertaken in relation to CAMHS.

RESOLVED: That progress made on the following be noted:

1. the approval and submission of the annual refresh of the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan.
2. 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 which has increased access to emotional wellbeing and mental health services for children in Hillingdon in 2018/19.
3. the development of the early intervention and prevention model.
4. 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.

8. UPDATE: STRATEGIC ESTATE DEVELOPMENT (Agenda Item 9)

It was noted that the formal end of Shaping a Healthier Future had been announced and the new NHS plan would be the driving force for change over the next 10 years. Although it was not anticipated that there would be a direct impact on the development of the hubs in Hillingdon, there would be an issue with regard to the ongoing revenue costs once the hubs had been built. Progress of the hub development had been slower than anticipated, although it had not slowed down any further since the last Health and Wellbeing Board meeting.

The Board was advised that the Yiewsley Health Centre project had again slowed down. It was suggested that the changes made to the lease by NHS Property Services had contributed towards this delay.

It was noted that, at the last Board meeting, members were advised that a site had been identified in Heathrow Villages for GP service provision and that consideration was being given to service requirements and provision. A unit had been located for the site and the service specification had been scoped out. As Hillingdon Clinical Commissioning Group (HCCG) was unable to hold a lease for the service, a provider needed to be identified to hold the lease. HCCG would need to follow the process of soliciting expressions of interest for the service provision which would take 6-8 weeks. Action needed included writing up the specification and making arrangements for the portacabin to be relocated to the Borough.

It was suggested that GPs' knowledge and experience of managing a business was not always sufficient. Whilst the HCCG Estates Team did look to support GPs and explain the risks associated with lease agreements, the GPs were generally risk averse. As such, this could result in delays.

RESOLVED: That progress towards the delivery of the CCG's strategic estates plans be noted.

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

It was noted that the Joint Health and Wellbeing Strategy report included on this agenda had covered a lot of the issues raised in this report. Hillingdon Clinical Commissioning Group (HCCG) had been making provisions for the consequences prompted by the NHS Long Term Plan. The eight North West London (NWL) CCGs had been working together to form a single unitary CCG – a copy of the Case for Change document which looked at commissioning reform had been circulated to members of the Health and Wellbeing Board.

Concern was expressed regarding the implications of having one over-arching NWL CCG. Whilst the economies of scale that could be achieved would be a positive move, it was suggested that this arrangement would not take account of effective local working practices or relationships. It was thought that the current effective relationships could be hindered if the other NWL boroughs did not achieve these standards. It was noted that the HCCG Governing Body had shared these concerns with Mr Mark Easton with the belief that elements of the Hillingdon health environment needed to be protected. This was particularly important given that Hillingdon Hospital was the smallest acute trust within the NWL area.

The Board was advised that a second paper had been produced which looked at new GP contracts and a five year plan. HCCG had been setting up primary care networks to enhance the work already started in Hillingdon to establish eight 'neighbourhoods' of community and primary care services wrapped around local populations as well as implementing the requirements of the new national primary care contract. Further work was needed to ensure that all patients had access to a primary care network (even those whose practices were not participating). Concern had been expressed with regard to the legality of sharing data across networks. It was anticipated that legislation and / or Government guidance would be needed to address this issue.

It was noted that HCCG had ended 2018/2019 with a £5.3m deficit. A deficit of £1.7m was expected by the end of 2019/2020. As such, action needed to be taken to mitigate the financial challenges experienced by HCCG.

Healthwatch Hillingdon had produced a report in relation to the changes to policy on treatment for lower back pain. Although the decommissioning process followed had been the same as that followed in the other seven NWL boroughs, it had not gone as smoothly in Hillingdon as it had elsewhere. There had been issues regarding the mindset of some individuals and the message given to some patients had been confusing. Lessons needed to be learnt from this experience to improve processes – whilst the evidence from NICE had been robust, patient inclusion in the decision to decommission the service had been poor.

RESOLVED: That the update be noted.

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

The performance of Young Healthwatch Hillingdon (YHwH) had gone from strength to strength. Work would be undertaken over the summer in relation to children's mental health as it was thought that the waiting times were still too long. Consideration would also be given to how children in the South of the Borough could be encouraged to be more active to try to reduce child obesity.

The Board was advised that a mystery shopping exercise was currently being undertaken to look at local dental practices for people with physical disabilities and sensory impairments. A report setting out the findings would be forthcoming in due course.

It was noted that there had been an uplift in the number of volunteer hours. Volunteers had been involved in engagement activities around the NHS Long Term Plan.

Healthwatch Hillingdon had been successful in its application for a further £9,250 from the Big Lottery Awards for All to fund the activities of YHwH. The day to day running of YHwH had been embedded within the existing Healthwatch Hillingdon budget so the Awards for All funding would be used to fund YHwH promotional materials, training, events, meetings and campaigns. Consideration would be given to expanding awareness raising in schools regarding where young people could go to seek help as this work had produced positive results.

Recruitment for new YHwH volunteers was currently underway. This was being publicised mainly through sixth forms and word of mouth.

It was noted that the timing of the Healthwatch Hillingdon Board meetings had been changed to ensure that members of YHwH were able to attend.

RESOLVED: That the report be noted.

11.	HILLINGDON AIR QUALITY ACTION PLAN CONSULTATION RESPONSE (<i>Agenda Item 12</i>)
<p>The response made on behalf of the Health and Wellbeing Board to the consultation on the Air Quality Action Plan was noted. It supported health and wellbeing policy objectives and provided further evidence regarding the impact of Heathrow Airport expansion. It was noted that enforcement action was being taken with regard to idling engines in the vicinity of schools.</p> <p>It was agreed that the Board would receive periodic updates in relation to air quality.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none">1. the response made on behalf of the Board to the consultation on the Air Quality Action Plan contained at Appendix 1 of the report be noted; and2. it be agreed that the Board receive periodic updates on the work being undertaken by the Council and Health services to reduce air pollution and to increase public awareness of air quality.	

12.	CHILD OBESITY IN HILLINGDON (<i>Agenda Item 13</i>)
<p>It was noted that this report set out the collective thoughts of the health partners in relation to obesity and provided a starting point from which progress could be made. It was agreed that a task and finish group needed to be established to oversee the implementation of actions set out in the action plan. Data would be available from the National Child Measurement Programme and public health expertise would be needed to determine the most effective interventions.</p> <p>The task and finish group would need to consider issues such as:</p> <ul style="list-style-type: none">• what conversations were taking place and with whom;• the advice and support available in relation to healthy eating;	

- the nutritional advice available in the community;
- access to/availability of healthy food;
- identifying local pinch points and establishing an “everybody’s business” approach;
- how to increase physical activity in school (for example, any influence over the after school clubs, partnerships with local sports clubs);
- how to encourage more parents to be more active with their children; and
- at what point child obesity becomes a safeguarding issue.

It was agreed that the task and finish group should include a Health Visitor and School Nurse as they would be key to identifying solutions. An item would be included on the agenda for the Health and Wellbeing Board’s next meeting to provide much more detail.

It was recognised that obesity was linked to social deprivation and low income. However, it was noted that there were a variety of different drivers and obesity could also be linked to success and “eating well” in some communities. These drivers would need to be mapped before looking at community in-reach activity. The Board was advised that, although very important, a lack of physical activity was not the main determinant of obesity (the main determinant was overeating / nutrition).

RESOLVED: That the delivery plan be agreed and officers be instructed to implement and report back on progress at the Health and Wellbeing Board's next meeting.

13. **THE HILLINGDON HOSPITAL NHS FOUNDATION TRUST UPDATE (Agenda Item 14)**

Ms Sarah Tedford, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that an organogram had been included within the report to illustrate the Trust’s management structure. It was noted that Piers Young had now taken over from Dean Spencer.

The report set out a number of key objectives for the Trust during 2019-2020. It was thought that this work would lay foundations which included:

- delivering the constitutional standards;
- bringing the organisation back into financial balance – THH had been £2m over budget each month during the last year
- addressing key estates risks – there was an urgent need for a new building or significant investments; and
- achieving a ‘Good’ CQC rating.

This would be underpinned by an organisational development programme of work. It would also be supported by a range of strategies (for example, estates, communications, IT, etc).

It was anticipated that the Trust’s improvement journey would see all of the standards being met over the next three years. Fortnightly meetings were being held to review the detailed improvement plan and monthly meetings were held with Healthwatch Hillingdon, CQC, Hillingdon CCG and other partners to challenge progress on the work streams. Ms Tedford agreed to provide more detailed information on the improvement plan at the Health and Wellbeing Board’s next meeting.

It was noted that there had been no reference made in the report to the Integrated Care

Partnership (ICP). Ms Tedford advised that work on ICP pathways was underway and a Board to Board meeting would be taking place on 26 June 2019 to identify additional pathways that could be taken forward. It was clear that the current model of care at THH was not sustainable.

Concern was expressed that the current proposal to create one unitary CCG for North West London (NWL) would be an imminent consideration on top of everything else going on at THH. This would mean that there would be areas where the Trust would need to network with other hospitals across NWL. It would also be important for the CCGs to get the clinical strategy right to ensure that Hillingdon was protected.

RESOLVED: That the update be noted.

14.	INTEGRATED CARE PARTNERSHIP UPDATE (<i>Agenda Item 15</i>)
	<p>Significant work had been undertaken to move as many services as possible into the community. It was not anticipated that the end of Shaping a Healthier Future would impact on this work.</p> <p>Integrated Care Partnership (ICP) development had been an important step to bring together health and care resources locally and to optimise the value and outcomes for Hillingdon's residents. This would operate under an outcomes-based contract, delivering a population-health model that worked within a capitated budget by 2021 to target resources where they were most needed.</p> <p>Every care provider within the ICP shared the associated clinical and financial risk – this was a key change. It was thought that Hillingdon was ahead of the game in its commitment to the ICP and in its delivery of initiatives such as the Care Connection Teams which had now been expanded to those aged under 65 to help reduce unnecessary hospital admissions even further. It was thought that Hillingdon's unique position would help to overcome some of the challenges with regard to the move to one CCG covering North West London.</p> <p>It was noted that the Council was not currently looking to go forward with a formal partnership. However, the Council was working alongside partners with regard to the tendering process and discussions about a formal partnership would continue.</p>
	<p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none">1. reviewed and provided feedback on the progress update on Hillingdon ICP development.2. reviewed and provided feedback on the proposed 2019/20 priorities – in particular on the joint working and development between LBH and HHCP across areas such as Intermediate Tier working.3. noted the proposed the direction of travel for Hillingdon ICP development in the context of NWL CCGs Case For Change and Long Term Plan.
15.	BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 16</i>)
	<p>It was agreed that reports on the following issues would be included on the agenda for the next Health and Wellbeing Board meeting on Tuesday 24 September 2019:</p> <ul style="list-style-type: none">• THH Improvement Plan update;• Homelessness;• Knife Crime; and• Obesity Strategy.
	<p>RESOLVED: That the Board Planner, as amended, be agreed.</p>

16.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 3 MARCH 2019 (<i>Agenda Item 17</i>)</p> <p>RESOLVED: That the confidential minutes of the meeting on 3 March 2019 be agreed as a correct record.</p>
17.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 18</i>)</p> <p>Consideration was given to the Case for Change.</p> <p>RESOLVED: That the discussion be noted.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 4.11 pm.</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.