

## Minutes

### HEALTH AND WELLBEING BOARD

1 December 2020

**VIRTUAL - Live on the Council's YouTube channel: Hillingdon London**



HILLINGDON  
LONDON

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|     | <p><b>Statutory Voting Board Members Present:</b><br/>Councillors Jane Palmer (Chairman), Jonathan Bianco (Vice-Chairman), Keith Burrows, Richard Lewis and Susan O'Brien and Dr Ian Goodman (in part) and Ms Lynn Hill</p> <p><b>Statutory Non Voting Board Members Present:</b><br/>Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services<br/>Sharon Daye - Statutory Director of Public Health (substitute)</p> <p><b>Co-opted Board Members Present:</b><br/>Graeme Caul - Central and North West London NHS Foundation Trust (substitute)<br/>Sarah Crowther - Hillingdon Clinical Commissioning Group<br/>Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute – in part)<br/>Dan Kennedy - LBH Director Housing, Environment, Education, Performance, Health and Wellbeing</p> <p><b>LBH Officers Present:</b><br/>Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Amanda Gregory (Business Manager to Rob Larkman, Chief Officer), Joe Nguyen (Deputy Managing Director) and Nikki O'Halloran (Democratic Services Manager)</p> |
| 16. | <p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Philip Corthorne, Douglas Mills and Sir Ray Puddifoot, Dr Steve Hajioff (Ms Sharon Daye was present as his substitute), Mr Bob Bell (Mr Nick Hunt was present as his substitute), Ms Robyn Doran (Mr Graeme Caul was present as her substitute), Ms Caroline Morison and Mr Jason Seez.</p>   |
| 17. | <p><b>TO APPROVE THE MINUTES OF THE MEETING ON 22 SEPTEMBER 2020</b><br/>(<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 22 September 2020 be agreed as a correct record.</p>   |
| 18. | <p><b>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</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 15 would be considered in public and Agenda Items 16 and 17 would be considered in private. The Chairman noted that consideration needed to be given to the way that the Board operated and, to this end,</p>   |

she had invited a number of report authors to present their reports to the Board rather than the Board member.

19. **COVID-19 LOCAL OUTBREAK CONTROL PLAN** (*Agenda Item 5*)

Mr Dan Kennedy, the Council's Director of Housing, Environment, Education, Performance, Health and Wellbeing, noted that this was the second report to the Board in relation to an action plan that had been put together for partners to contain the spread of COVID-19. It was recognised that the situation continued to change rapidly and that the country was just about to exit its second national lockdown when London would then go back into Tier 2 restrictions.

Partners continued to work together and monitored infection rates on a daily basis so that they were as proactive as possible. Environmental Health officers had continued to undertake visits and fixed penalty notices and fines had been issued in a minority of cases for non-compliance with COVID-19 measures.

Support had been provided to a range of organisations including Heathrow Airport and a range of schools, and work had been undertaken with care homes to keep infection rates low. Testing had been extended locally and the Council was now involved in Track and Trace where officers had to contact residents locally when the NHS had been unable to reach them. The high contact rate that the Council had achieved had helped to limit the spread of the virus.

It was noted that the Council continued to provide support to vulnerable residents with regard to things like getting food and residents were being encouraged to use the GP text service. The Council had been working closely with faith leaders to get messages out to the community and preparation was underway for the distribution of the COVID-19 vaccine once it had been approved. Mr Kennedy advised that officers had had several meetings with community leaders where strong engagement had helped to tailor messages to specific groups and would be useful to disseminate information about the vaccine when appropriate. It was anticipated that this communication would continue and that community groups would be encouraged to provide feedback about their concerns so that these could be addressed. The Board suggested that partners capitalise on these lines of communication which could be used to publicise access to (or raise awareness of) other health related information and services.

The Board noted that locations had been identified in Yiewsley and Ruislip as vaccination sites and the current infection rates were queried. Mr Kennedy advised that the London average infection rate was around 162 per one hundred thousand and Dr Ian Goodman, Chair of Hillingdon Clinical Commissioning Group, advised that Hillingdon was currently at 149.9 which was higher than Harrow (127.8) but lower than Hounslow (160). Dr Goodman advised that the rate of positive test results in Hillingdon had decreased from 10% to 8.7% which took the Borough into the amber zone. Concern was expressed that there might be an increase in infection rates after the Christmas period where people would be mixing more.

**RESOLVED: That the work undertaken and underway by the Council and Board members to prevent and control the spread of the COVID-19 virus be noted.**

20. **2020/21 INTEGRATED PERFORMANCE REPORT** (*Agenda Item 6*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that, as requested by the Board at its last meeting on 22 September 2020, this report

had combined the reporting of the delivery of the Hillingdon Health and Care Partners' (HHCP) COVID-19 recovery plan with the Better Care Fund (BCF) delivery plan. As the Board was happy with the structure and content of the report, this format would be used for future reports. It was recognised that a huge amount of work had gone into this report and that the work undertaken had put Hillingdon in a good position. It was suggested that future reports identify areas of concern and issues that needed to be resolved.

Mr Collier advised that there was no requirement for a BCF submission during 2020/21. However, there was still a need to get partners to confirm financial arrangements and there would therefore be a reliance on the delegations agreed by the Board at its September 2020 meeting.

It was queried why there were no reliable data sources for the number of health and social care staff across the system who had been vaccinated for flu. Mr Collier noted that there was no single IT system being used across social care providers to be able to monitor this information. A system called Capacity Tracker had been developed by the NHS to track activity in care homes but providers had found it difficult to use. There had also been issues about the reliability of the data. The scope of Capacity has recently been extended to include homecare providers and companies delivering personal care in supported living settings.

Mr Graeme Caul, Managing Director of Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that 83% of eligible staff had received the flu vaccination but that the campaign would continue.

Dr Ian Goodman, Chair of Hillingdon Clinical Commissioning Group (HCCG), advised that Ms Caroline Morison had recently moved from HCCG to HHCP and suggested that she be invited to attend future Board meetings. HCCG provided a forum for partners to which the London Borough of Hillingdon would be closely aligned. Ms Morison would be able to offer a system provider overview at Board meetings.

Concern was expressed in relation to Discharge to Assess pathways and what happened to those patients in their 70s and 80s without care needs who could be sent home but who were still vulnerable and perhaps lived on their own. It was noted that Age UK had been providing support to some of these individuals. Mr Joe Nguyen, from HCCG, advised that care and support was available through the Discharge to Assess pathways, including support from the voluntary sector for residents without personal care needs. Mr Caul advised that CNWL had undertaken a lot of work on discharge across the Borough and would be happy to provide a summary for a future Board meeting.

**RESOLVED: That:**

- 1. the content of the report be noted; and**
- 2. feedback on the content and structure of future integrated performance reports be noted.**

**21. DEVELOPING HILLINGDON'S HEALTH & WELLBEING BOARD AND THE JOINT HEALTH AND WELLBEING STRATEGY FROM 2021** *(Agenda Item 7)*

Mr Kevin Byrne, the Council's Head of Health Integration and Voluntary Sector Partnerships, noted that, at the Board's last meeting, full support had been given to look at a workshop to develop the Board's leadership and place role. The report set out the vision for the Board to make it more meaningful as well as developing its

priorities. It was anticipated that the workshop would last about three hours and would be held in late February / early March 2021. The Local Government Association (LGA) would be able to facilitate a bespoke workshop for Hillingdon using funding from the Department of Health and Social Care. Consideration was being given to the agenda for the event and interviews would be undertaken with potential LGA panel members.

The Chairman noted that the Conservative group was in the process of electing a new Leader which would have potential ramifications on the roles of Councillors. That said, she wanted a Health and Wellbeing Board that was meaningful to partners and, if the process was embraced, it was anticipated that the workshop would enable a conversation about whether the current environment was helpful to partners. The development session would help to create a Board that was able to deal with challenging issues in an environment that empowered and engaged partners to contribute in a meaningful way.

**RESOLVED: That:**

- 1. the approach to holding a developmental workshop as set out at 3.3 and 3.4 of the report, be agreed; and**
- 2. the proposed Board development workshop be noted as the starting point for the next iteration of the Borough's Joint Health and Wellbeing Strategy.**

**22. HILLINGDON CCG UPDATE** (*Agenda Item 8*)

Dr Ian Goodman, Chair of Hillingdon Clinical Commissioning Group (HCCG), advised that each of the CCGs in North West London (NWL) had voted at the end of October 2020 and it had been agreed that they would merge with effect from 1 April 2021. It was noted that HCCG had had to downsize its staff as a result of financial constraints. Although Ms Caroline Morison was no longer Managing Director at HCCG, she was still working in the Borough as the Managing Director of Hillingdon Health and Care Partners (HHCP). Dr Goodman noted that other members of HCCG staff would also be leaving in the near future such as Mr Joe Nguyen who would be moving to Westminster.

The Board was advised that there would no longer be a managing director specifically for Hillingdon and that there would instead be a Joint Operating Officer for Brent, Harrow and Hillingdon and a Joint Finance Officer.

Dr Goodman advised that 70½% of the over 65s in the Borough had had a flu vaccination and 70% of those in care homes had been vaccinated. It was noted that there was still more to do to increase the uptake in those that were under 65 but in 'at risk' groups and children aged 2-3. It was hoped that the flu vaccination programme would ease pressure on the NHS as it prepared for upcoming winter pressures. Already, patients presenting with COVID-19 were decreasing but the number of non-COVID patients had been increasing.

At the start of the flu vaccination programme there had been a rush for vaccinations to the extent that the supply had run out. Pharmacies had received their stock of vaccinations first and some GP practices had not received theirs until the end of September/beginning of October. The vaccination for children had also been in short supply but was now readily available. It would be important to maintain momentum on the flu vaccination programme as it had started to flag since the public focus had moved to the COVID-19 vaccination.

Mr Tony Zaman, the Council's Corporate Director of Social Care, noted that partners

locally had worked well together and developed strong relationships. When it had been proposed that the eight NWL CCGs should merge, Hillingdon had made the case that it should be treated differently as it had 85% congruence of patients coming from the Borough. Furthermore, concern had been expressed that the local authority had not been included in staffing decisions for the local area and that key members of staff had been lost during the process.

Dr Goodman noted that the NHS worked in cycles and was currently following a 'bigger is better' approach. He believed that this was likely to be short lived before reverting back to a more localised approach.

**RESOLVED: That the update be noted.**

23. **THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST: KEY DEVELOPMENT UPDATE** (*Agenda Item 9*)

As there was no representative from The Hillingdon Hospitals NHS Foundation Trust at the meeting to present the report, it was deferred to the next meeting.

24. **MENTAL HEALTH SERVICE DELIVERY IN HILLINGDON** (*Agenda Item 10*)

Mr Graeme Caul, Managing Director Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that the report provided an update on current developments in aligning Hillingdon adult mental health services with the NHS Long Term Plan. These developments had included "The Cove" crisis haven for Hillingdon residents which was available from 2.30pm to 9.30pm, 365 days each year for non-clinical contact. Individuals could be referred to the service to receive immediate support. Much of the work being undertaken had been closely aligned to the work of Hillingdon Health and Care Partners (HHCP).

Consideration had been given to the 0-25 pathway with the development of an integrated Children and Young People Early Intervention and Multi-Agency care and support model. The model had been expanded and developed to deliver an integrated early intervention response across the whole Borough to meet the new needs and potential gaps in provision. This had included extending both Kooth and Think Ninja services to support the model, which had been running since May, with funding secured for the model until December 2020. A crisis helpline was also being rolled out for adults to signpost them to early help and support.

The Board was advised that the community mental health teams would be moving to Mill House in the centre of the Borough. It was anticipated that this would help to bring mental health services closer to the service users.

It was recognised that mental health services were under more pressure than usual with an increase in demand resulting from the current pandemic. It was suggested that future reports on this issue include measures and outcomes.

The new First Response Service offered 24/7 assessment to residents, wherever they were in the community. CNWL offered a single point of access and anyone was able to refer to the service including: self-referral; members of the public; police; and GPs. It was likely that a homeless person would present at a hospital or police station so could be referred from there.

The mental health crisis teams had seen a 20% increase in the number of

appointments in comparison to the same time during the previous year. There had been a 13% increase in hospital liaison and a 13% increase in community hub activity in comparison to the previous year. That said, there had been a reduction in the number of inpatient admissions. Mr Caul would be happy to provide further information at a future meeting to demonstrate the good work that was being undertaken.

**RESOLVED: That the report be noted.**

25. **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING** (*Agenda Item 11*)

Mr Joe Nguyen, Hillingdon Clinical Commissioning Group (HCCG), advised that, in 2018/19, HCCG had led on CAMHS with partners with a focus on crisis point. However, it had been clear that CAMHS had needed to change and work was now underway to provide a multi-agency, integrated approach. It was anticipated that services such as the Multi-Agency Safeguarding Hub (MASH), Child and Adolescent Mental Health Service (CAMHS) and P3 Navigator (a national charity) could provide a single point of advice, access and triage, using multi-disciplinary assessment and short-term intervention.

Between February and March 2020, Phase 1 prototyping had been undertaken in the south of the Borough providing access to the service through different avenues. Phase 2 had built on the learning from Phase 1 to expand and develop the model to deliver an integrated early intervention response across the whole Borough to meet the new needs and potential gaps in provision. This had included extending both Kooth and Think Ninja services to support the model, which had been up and running since May, with funding secured for the model until December 2020. It was noted that there had been a 50% increase in the use of Kooth as a result of the COVID-19 pandemic.

Phase 3 would see the model being developed further. To date, there had been 142 referrals brought to the referrals meeting and, of those, 32 had been passed to CAMHS for action. The majority of the remaining referrals had been in relation to emotional support and wellbeing.

Mr Nguyen advised that, although not achieving the target during 2019/2020, there had been an improvement in CAMHS core service performance with regard to the 18 week Referral to Treatment (RTT) target but that this had slipped during the first wave of COVID-19 in March 2020 as 50% of staff had been impacted by the pandemic. To achieve and sustain improvements, a review of job plans and specific Quality Improvement (QI) methodology had been undertaken in order to improve the referral and triage assessment process. Mr Graeme Caul, Managing Director Goodall Division at CNWL, advised that the Trust welcomed the report and the work that had been undertaken. He noted that the report illustrated the fragility of the CAMHS performance and advised that the Trust was doing what it could to drive productivity without negatively impacting on other services.

The Hillingdon Navigator Plus project was being led by P3 charity and was designed to enhance the mental wellbeing of young people aged 16-25. The ultimate aim of the project was to offer a person-centred early intervention approach to help young people thrive on their transition into adulthood. There had been good buy in from partners who had not needed to be incentivised to work together on this project and funding had been provided by NHS England (NHSE) and HCCG. The project offered links for young people into other services such as sexual health and tied in with the work of the Hillingdon Health and Care Partners (HHCP).

Concern was expressed that, whilst Mr Nguyen had stated that the Navigator Plus project had been a good investment, funding would end in February 2021. Mr Nguyen advised that he would pick this issue up with Central and North West London NHS Foundation Trust (CNWL) as there was additional funding available from NHSE and then provide the Board with an update.

The Board endorsed the proposed direction of the work being undertaken and looked forward to being provided with an update on the outcomes.

**RESOLVED: That the Health and Wellbeing Board:**

- 1. reviewed and provided feedback on the progress update for phases 1 and 2 of Hillingdon's Integrated Early Intervention Service developments;**
- 2. reviewed and provided feedback on the future development (Phase 3) of the CYP Early Intervention and Multi-Agency Care and Support Model for Hillingdon's Integrated Early Intervention Service; and**
- 3. considered and provided feedback on the requirement for formal agreements between agencies, around their involvement and time requirements, rather than relying on goodwill and relationships between individual professionals.**

26. **CHILD HEALTHY WEIGHT UPDATE** (*Agenda Item 12*)

Mr Kevin Byrne, the Council's Head of Health Integration and Voluntary Sector Partnerships, noted that children's weight had become a significant public health issue. The action plan appended to the report had identified what partners were doing to address the issue.

During the pandemic, action to address children's weight had slowed down and schools now needed to be risk assessed before further action could be taken. It was noted that a pilot programme (SMILE) had been agreed by Colham Manor school in February 2020 to promote healthy eating and physical activity in primary schools by enabling children and parents to learn basic cooking skills. This had paused but it was hoped that it would be resumed perhaps through use of a video blog across other schools in the Borough before the end of the summer term.

The Board was advised that the National Child Measurement Programme had restarted to measure children in reception and Year 6. The programme had halted midway through data collection for 2019/2020 following the closure of schools during lockdown. One in five children in reception were now overweight or obese, which increased to two in five at Year 6.

A number of public health contracts, including the 0-19 contract, were currently being retendered and consideration would be given to addressing issues. It was noted that children's weight had been impacted by the pandemic which had added to the lack of exercise being undertaken by young people. This, in turn, would affect children's mental health.

Mr Graeme Caul, Managing Director Goodall Division at Central and North West London NHS Foundation Trust (CNWL), welcomed the work that was being undertaken to address children's weight. He noted that national studies had supported the notion that a lack of exercise and poor diet during lockdown had increased children's weight. To this end, it was suggested that partners needed to discuss targeted interventions and required outcomes.

**RESOLVED: That the progress against the earlier plan be noted and comments be provided on proposals for taking forward actions to support children's healthy weight across partners and in the light of the current pandemic.**

27. **UPDATE: STRATEGIC ESTATE DEVELOPMENT** (*Agenda Item 13*)

Ms Amanda Gregory, Strategic Estates at Hillingdon Clinical Commissioning Group (HCCG), advised that NHS Property Services (NHSPS) had made progress with regard to the design of a new healthcare facility in Northwood. The next stage would be to submit the Outline Business Case followed by the full planning application. Whilst the Board was pleased that progress was being made, concern was expressed that it had already taken 2½ years to get to the current stage.

It was noted that the London Ambulance Service (LAS) had also been based at the Northwood and Pinner Health Centre and Community Hospital location. Ms Gregory had contacted the LAS to ensure that they had been involved in the discussions with NHSPS. The LAS had confirmed that moving out of the site did fit in with their estates strategy.

With regard to the new healthcare facility in Uxbridge / West Drayton, it was noted that Central and North West London NHS Foundation Trust (CNWL) had been in discussions about a potential alternative option with HCCG. Instead of demolishing and redeveloping the existing Uxbridge Health Centre, the proposed alternative was to have a phased relocation to Beaufort House. This had been approved by HCCG in principle and a business case was expected in March 2021.

Ms Gregory advised that the Old Vinyl Factory development had been progressing with weekly meetings with the developer and the Heads of Terms had provisionally been agreed subject to District Valuer sign off on the rental figure and NHS approval.

It was noted that the improvement works at the Yiewsley Health Centre had been completed, creating additional capacity. Following meetings with the Council's planning team, HCCG was waiting for an update from the developer with regard to options for a long term site for the area.

Although work on a new provision in Heathrow Villages had paused, Ms Gregory advised that this development was still a key priority for HCCG. A derelict area in Harmondsworth had been identified for a potential health facility and options were being sought.

Work to increase capacity at Harefield Health Centre had stalled due to COVID-19. However, NHSPS had been in discussions with the practice and it was anticipated that the work would be completed by the end of March 2021.

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

28. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 14*)

Ms Lynn Hill, Chair of Healthwatch Hillingdon (HH), advised that HealthFest had been held in the Autumn via ten virtual sessions. Although there had been a lower than usual uptake, future work would be largely based on the feedback that had been received. Future work would also include looking at the care home work that had



previously been undertaken to see if there were any further improvements that could be made.

HealthFest was usually held over the summer holidays and included talks on issues such as drugs and alcohol. It also included a lifestyle section which covered things like healthy eating. The event was open to anyone and any member of the Board that was interested in attending the event in future would need to contact Ms Kim Markham-Jones. It was noted that the sexual health survey that had been undertaken had been borne out of misconceptions that had been highlighted at HealthFest.

Ms Hill advised that HH continued to work closed with The Hillingdon Hospitals NHS Foundation Trust (THH). Residents' concerns had been raised with THH in relation to ophthalmology and orthopaedic appointments.

HH had undertaken a survey about the COVID-19 vaccine. 2,000 responses had already been received, giving insight to how residents felt.

The Board was advised that HH had been championing the Loved Ones Project. This project provided individuals with access to information about their loved ones in hospital in the absence of being permitted to visit them in person.

The Chairman thanked HH for the work that it had undertaken during the pandemic and the innovative way that the organisation had tried to engage with residents.

**RESOLVED: That the report be noted.**

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

It was agreed that the Better Care Fund: Performance Report would be replaced by the Integrated Performance Report as a standing item on each agenda.

Consideration had been given earlier in the meeting to holding a virtual workshop for partners at the end of February / beginning of March 2021. To enable the outcomes of this session to be formally reported back to the Board at its meeting in March 2021, the Board's next meeting date might need to be moved from 2 March 2021 to later in the month. However, it was suggested that it not be held any later than March 2021 as there would be changes to the structure of Hillingdon Clinical Commissioning Group that would be effective from 1 April 2021.

**RESOLVED: That the Board Planner 2020/21, as amended, be noted.**

30. **TO APPROVE PART II MINUTES OF THE MEETING ON 22 SEPTEMBER 2020** (*Agenda Item 16*)

**RESOLVED: That the PART II minutes of the meeting held on 22 September 2020 be agreed as a correct record.**

31. **UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** (*Agenda Item 17*)

Ms Sharon Daye, the Council's Deputy Director of Public Health, advised that it would be useful to have an update from The Hillingdon Hospitals NHS Foundation Trust (THH) in relation to recent inspections. Hillingdon Hospital had been inspected by the Care Quality Commission (CQC) in August 2020 and actions had been required to

improve infection prevention and control at the hospital. A subsequent visit had been undertaken by the CQC and the Health and Safety Executive in September 2020 and further improvements had been required. Mr Joe Nguyen, Hillingdon Clinical Commissioning Group, advised that he would be meeting with THH on 2 December 2020 where he would raise the issue and report back.

**RESOLVED: That Mr Nguyen speak to THH about recent CQC inspections of Hillingdon Hospital and report back.**

The meeting, which commenced at 2.30 pm, closed at 4.29 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.