



HILLINGDON
LONDON



Virtual Health and Wellbeing Board

Date: TUESDAY, 2 MARCH 2021

Time: 2.30 PM

Venue: VIRTUAL

Meeting Details: Members of the Public and Press are welcome to watch this meeting on YouTube

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To Members of the Board:

Statutory Members (Voting)

Councillor Jane Palmer (Chairman)
Councillor Susan O'Brien (Vice-Chairman)
Councillor Jonathan Bianco
Councillor Ian Edwards
Councillor Martin Goddard
Councillor Edward Lavery
Councillor Douglas Mills
Councillor John Riley
Dr Ian Goodman, Chair - Hillingdon CCG
Lynn Hill, Chair - Healthwatch Hillingdon

Statutory Members (Non-Voting)

Statutory Director of Adult Social Services
Statutory Director of Children's Services
Statutory Director of Public Health

Co-Opted Members

The Hillingdon Hospitals NHS Foundation Trust
Central & North West London NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Hillingdon Clinical Commissioning Group
Hillingdon Clinical Commissioning Group
LBH - Director of Housing, Environment, Education, Performance, Health & Wellbeing

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Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 1 December 2020 1 - 10
- 4 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

Health and Wellbeing Board Reports - Part I (Public)

- 5 Board Membership Update 11 - 16
- 6 Health Protection Board - Covid-19 Response and Recovery Issues 17 - 24
- 7 Vaccination Programme Update 25 - 30
- 8 Key Partner Updates (Verbal) VERBAL
- 9 Board Planner & Future Agenda Items 31 - 36

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.

- 10 Update on current and emerging issues and any other business the Chairman considers to be urgent 37 - 38

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Minutes

HEALTH AND WELLBEING BOARD

1 December 2020

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



HILLINGDON
LONDON

	<p>Statutory Voting Board Members Present: 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>Statutory Non Voting Board Members Present: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Sharon Daye - Statutory Director of Public Health (substitute)</p> <p>Co-opted Board Members Present: Graeme Caul - Central and North West London NHS Foundation Trust (substitute) Sarah Crowther - Hillingdon Clinical Commissioning Group Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute – in part) Dan Kennedy - LBH Director Housing, Environment, Education, Performance, Health and Wellbeing</p> <p>LBH Officers Present: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Amanda Gregory (Business Manager to Rob Larkman, Chief Officer), Joe Nguyen (Deputy Managing Director) and Nikki O'Halloran (Democratic Services Manager)</p>
16.	<p>APOLOGIES FOR ABSENCE (<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>TO APPROVE THE MINUTES OF THE MEETING ON 22 SEPTEMBER 2020 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 22 September 2020 be agreed as a correct record.</p>
18.	<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 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.
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	RESOLVED: That Mr Nguyen speak to THH about recent CQC inspections of Hillingdon Hospital and report back.
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	The meeting, which commenced at 2.30 pm, closed at 4.29 pm.
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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.

BOARD MEMBERSHIP UPDATE

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Nikki O'Halloran, Corporate Resources and Services
Papers with report	Appendix 1 – Board Membership

1. HEADLINE INFORMATION

Summary	The Health and Wellbeing Board has been established since 1 April 2013. Board members are now asked to consider any proposed changes to its membership.
Contribution to plans and strategies	Joint Health and Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That:

1. the changes made at Council to the Cabinet Member membership of the Board be noted;
2. the appointment of the Cabinet Member for Families, Education and Wellbeing as Vice Chairman of the Board be noted;
3. the appointment of Ms Patricia Wright as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted member on the Board, and the appointment of Mr Jason Seez as her named substitute, be agreed;
4. the appointment of Mr Sheikh Auladin as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted member on the Board, and the appointment of Mr Richard Ellis and Ms Sue Jeffers as his named substitutes, be agreed;
5. Hillingdon Health and Care Partners be included as a Non-Voting Co-opted member on the Board; and
6. the appointment of Ms Caroline Morison as the Hillingdon Health and Care Partners Non-Voting Co-opted member on the Board be agreed.

3. INFORMATION

Supporting Information

The Local Trusts and NHS representatives are invited to attend Board meetings as Co-opted Members. Statutory Members and Co-opted Members are allowed a single nominated/named substitute.

Cabinet Members

Following a change in the leadership of the Conservative Group at the London Borough of Hillingdon, Councillor Ian Edwards was appointed as Leader of the Council. At the Council meeting on 14 January 2021, the following amendments made to the Cabinet membership for 2020/2021 onwards (along with associated amendments to Cabinet portfolios) were noted:

Position/Portfolio	Councillor
Leader of the Council	Councillor Ian Edwards
Deputy Leader of the Council and Cabinet Member for Property and Infrastructure	Councillor Jonathan Bianco
Cabinet Member for Finance	Councillor Martin Goddard
Cabinet Member for Environment, Housing and Regeneration	Councillor Eddie Lavery
Cabinet Member for Corporate Services and Transformation	Councillor Douglas Mills
Cabinet Member for Families, Education and Wellbeing	Councillor Susan O'Brien
Cabinet Member for Health and Social Care	Councillor Jane Palmer
Cabinet Member for Public Safety and Transport	Councillor John Riley

At that Council meeting, Members also approved a change to the Cabinet Scheme of Delegations so that the Cabinet Member for Families, Education and Wellbeing would hold the Vice Chairmanship of the Health and Wellbeing Board. The alterations to Cabinet portfolios and titles require minor consequential changes to the following part of the Council's Constitution: Council Committees and Bodies (Article 8) in relation to the Vice Chairman of the Health and Wellbeing Board. All Cabinet Members remain statutory voting members of the Health and Wellbeing Board.

The Hillingdon Hospitals NHS Foundation Trust

Following changes to the leadership team, Ms Patricia Wright has been nominated to replace Mr Jason Seez as The Hillingdon Hospitals NHS Foundation Trust's Non-Voting Co-opted member and Mr Jason Seez had been nominated to replace Professor Elisabeth Paice as the named substitute. The Board is asked to agree these nominations.

Hillingdon Clinical Commissioning Group

In addition to the Statutory Voting member, Hillingdon Clinical Commissioning Group has two Non-Voting Co-opted members. Nominations have been received to replace Mr Mark Easton with Mr Sheikkh Auladin as the member and Mr Richard Ellis and Ms Sue Jeffers to replace Ms Caroline Morison as the substitutes. The Board is asked to agree these nominations.

Hillingdon Health and Care Partners (HHCP)

HHCP is an innovative, joined-up approach to improving care for older people in Hillingdon and brings together hospital services, GPs, community and voluntary services to provide more seamless care for older people in Hillingdon, with the aim of preventing hospital admissions. The HHCP is made up of Hillingdon Hospitals NHS Foundation Trust, Central and North West

London NHS Foundation Trust (CNWL), H4All, a partnership of voluntary sector health care providers and Hillingdon's newly formed GP Federation, which brings together all of Hillingdon's GPs.

It is proposed that, given its role, HHCP is invited to join the Hillingdon Health and Wellbeing Board as a Non-Voting Co-opted member and that Ms Caroline Morison be nominated as the named representative. The Board is asked to agree addition of HHCP membership and the nomination.

Voting Rights

In addition to Councillors, the statutory representatives from the local Clinical Commissioning Group and Healthwatch Hillingdon (or their substitutes if required) will be entitled to vote at meetings but Co-opted Members and Council officers will not.

The national regulations surrounding the Board require that all 'voting' members sign up to the Council's Code of Conduct. The Code of Conduct is a set of golden rules by which Elected Councillors must follow to ensure high standards in public office. It includes a public declaration of any interests. It should be noted that the term "Co-opted Member", so far as the Code of Conduct is concerned, is different to that of a Co-opted Member on the Board.

The Board requires that the confidential nature of reports containing exempt information within the meaning of section 100I of the Local Government Act 1972 (commonly known as Part II reports) is observed at all times and by all members of the Board. As Co-opted non-voting members of Hillingdon's Health and Wellbeing Board are not bound by the Council's Code of Conduct, these members are asked to complete a confidentiality agreement. This agreement notes the confidentiality requirement and the need to refrain from discussing or disclosing any aspect of confidential reports to any individual or body outside of the meeting.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A.

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

Section 194 of the Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board to comprise a number of Statutory Members and such other persons, or representatives of such other persons, as the local authority thinks appropriate.

Sections 195 and 196 of the Health and Social Care Act 2012 specify the functions of the Board. These duties are to encourage persons engaged in the provision of any health or social care services "to work in an integrated manner" and to "provide advice, assistance or other support" to encourage joint working between local authorities and NHS bodies. Section 196 also specifies that the Board is to exercise the Council's functions under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 - assessment of health and social care needs in the Borough and the preparation of the Joint Health and Wellbeing Strategy.

In addition, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 set out how the Board should operate as a Committee of the Council. Regulation 6 provides that the existing legislation on voting rights need not apply unless the Council so directs. However, before making such a direction on voting rights, the Council is required to consult the Board. Regulation 7 makes there no requirement to have all political groups within the Council represented on the Board.

Section 49(7) of the Local Government Act 2000 requires any external members of a Council committee to adhere to the Members Code of Conduct if they have an entitlement to vote at meeting of the committee.

6. BACKGROUND PAPERS

NIL.

HEALTH AND WELLBEING BOARD MEMBERSHIP 2020/2021

subject to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Organisation	Name of Member	Substitute
STATUTORY MEMBERS (VOTING)		
Chairman	Councillor Palmer	Any Elected Member
Vice-Chairman	Councillor O'Brien	Any Elected Member
Members	Councillor Bianco	Any Elected Member
	Councillor Edwards	Any Elected Member
	Councillor Goddard	Any Elected Member
	Councillor Lavery	Any Elected Member
	Councillor Mills	Any Elected Member
	Councillor Riley	Any Elected Member
Healthwatch Hillingdon	Ms Lynn Hill	Mr Turkay Mahmoud
Clinical Commissioning Group	Dr Ian Goodman	Dr Kuldhir Johal
For information Membership also includes:		
STATUTORY MEMBERS (NON-VOTING)		
Statutory Director of Adult Social Services	Mr Tony Zaman	Ms Sandra Taylor
Statutory Director of Children's Services	Mr Tony Zaman	Ms Sandra Taylor
Statutory Director of Public Health	VACANCY	Ms Sharon Daye
CO-OPTED MEMBERS (NON-VOTING)		
The Hillingdon Hospitals NHS Foundation Trust	Ms Patricia Wright	Mr Jason Seez
Central and North West London NHS Foundation Trust	Ms Robyn Doran	Mr Graeme Caul
Royal Brompton and Harefield NHS Foundation Trust	Mr Robert J Bell	Mr Nick Hunt
LBH	Mr Dan Kennedy	N/A
Clinical Commissioning Group (No 1)	Ms Sarah Crowther	Dr Kuldhir Johal
Clinical Commissioning Group (No 2)	Mr Sheikh Auladin	Mr Richard Ellis / Ms Sue Jeffers
Hillingdon Health and Care Partners	Ms Caroline Morison	N/A

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HEALTH PROTECTION BOARD - COVID-19 RESPONSE AND RECOVERY ISSUES

Relevant Board Member(s)	Councillor Jane Palmer, Health and Wellbeing Board Chairman
Organisation	London Borough of Hillingdon
Report author	Dan Kennedy, Hillingdon Council
Papers with report	None

1. HEADLINE INFORMATION

Summary	This report updates the Health and Wellbeing Board on Hillingdon's Local Outbreak Control Plan and HHCP recovery plan. This plan sets out how the Council and partners are working with residents, businesses, schools and a wide range of other organisations to prevent and contain the spread of the Covid-19 virus.
Contribution to plans and strategies	The Covid-19 Local Outbreak Control Plan contributes to Hillingdon's Health and Wellbeing Strategy by helping to protect the health of residents.
Financial Cost	There are no direct financial costs arising from the recommendations set out within this report.
Ward(s) affected	All

2. RECOMMENDATION

That the work to date and underway by the Council and Board Members to prevent and control the spread of the Covid-19 virus be noted.

3. INFORMATION

Supporting Information

- In line with much of London and many other areas of the country, Covid-19 infection rates in Hillingdon and London increased sharply from December but are now significantly lower following the third national lockdown from early January. As at 17 February 2021, Hillingdon's 7-day rolling infection rate per 100,000 population is 141.8. London was circa 117.3 per 100,000 population in comparison. The sharp rise in infection rates in London and nationally during December 2020 and January 2021 is understood to be largely attributed to a new variant of coronavirus. Work is underway to prepare a plan to implement rapid testing in the Borough should there be an outbreak of a variant of Covid-19.

2. As part of the national effort to reduce the spread of the Covid-19 virus, every local authority prepared a Local Outbreak Control Plan (LOCP) which sets out how the local authority and partners are working together to help reduce the likelihood of further outbreaks of Covid-19, particularly for some of the most vulnerable residents, such as those living in care homes. The plan presents preventative action as well as what the approach will be in the event of an outbreak.

Settings

3. Particular attention continues to be given to higher risk settings such as care homes, schools and accommodation for homeless individuals to ensure that infection controls are in place and are robustly adhered to.
4. Care homes continued to have multi-agency 'wrap around' support to enable them to continue to provide safe services to the residents of Hillingdon, prevent the spread of infection and ensure that safe visiting takes place (where this has been agreed).
5. In line with latest guidance, the Council and CCG will manage the discharge of patients who have tested positive for Covid19 from hospital to designated beds for isolation. All patients that are to be discharged from hospital to a care setting will be tested and their Covid status known. For those residents who are tested negative, they will be discharged to 'step down' facilities or to their original care home placement to enable a further period of isolation at home to continue.
6. Since early January 2021, schools have been closed to most children. The Council is working closely with the Borough's primary and secondary schools to support them through the pandemic. All schools have access to a Council link officer who acts as a central point of contact for Covid-19 queries to ensure they can follow the latest Government guidance to help keep their schools safe. Education advisors are also on hand to support headteachers with maintaining education provision and provide additional support and guidance.
7. During lockdown, children receive a mix of remote and face-to-face learning (for vulnerable and critical worker children). Schools provide a mixture of remote learning provision from live lessons, to pre-recorded lessons and worksheets. Through a combination of assistance from the Department for Education and the schools, electronic devices and internet access has been provided to families in need, to support home learning. Schools continue to provide eligible children with Free School Meals support for those attending schools or learning from home during term-time.
8. Housing providers in the Borough have been contacted and provided with nationally published information to share with tenants living in shared housing. This sets out what they can do to keep safe and to help prevent the spread of the virus. Landlords of shared accommodation and their tenants have been written to by the Council setting out practical advice and guidance to prevent the spread of the infection. For vulnerable residents testing has been undertaken and is available.

Helping Residents to Shop Safely

9. The Council introduced Covid-19 marshals in November to assist the public as part of an

ongoing effort to slow the spread of coronavirus and remind residents and businesses what actions are needed to help keep everyone safe.

10. The marshals have been busy patrolling areas throughout the Borough to help drive down infection rates by raising awareness of the Government restrictions in place. They have also been explaining how the public should comply with Covid-19 public health measures such as social distancing, using face coverings and hand washing.
11. Since January, licensing and environmental health and regulatory officers have carried out more than 1,300 visits to businesses across the Borough to ensure they are Covid compliant, and 97 warnings have been issued for breaches of regulations. So far this year, the Council has issued fines totalling £42,000 to businesses that were repeatedly caught flouting regulations. Should any fines go unpaid, businesses may be taken to court, and the Council has the power to close premises for serious Covid-19 failures.

Testing

12. A key element of the national strategy to reduce the spread of the Covid-19 virus is to establish a robust testing strategy, targeting specific occupations, such as care staff. Working jointly with the Clinical Commissioning Group, the Council has put in place regular testing arrangements for care settings. In terms of the broader approach to testing, in Hillingdon this has involved:
 - Mobile testing units visiting on a regular basis;
 - Access to home testing kits, available to all residents;
 - Pop-up testing sites as required; and
 - Local testing sites (walk through).
13. Testing for residents who do not have symptoms - Free rapid tests are available at seven sites across the Borough (Hayes, Harlington, Harefield, Uxbridge, Northwood, Sipson and South Ruislip) for anyone not showing Covid-19 symptoms.
14. As many as one in three people who have Covid-19 show no symptoms but could be passing the virus on to others. Testing those who do not have symptoms enables those who test positive, and their contacts, to self-isolate, which can help to drive down transmission locally and save lives.
15. The rapid testing process is simple and results are often provided within an hour. Specially trained staff are on hand to help through all parts of the process. All sites are open Monday to Friday, with some open Saturdays and up to 8pm, to enable as many people as possible to get tested.

Local Contact Tracing Introduced

16. The Council is continuing to support the national contact tracing effort by using its local knowledge to successfully trace hard-to-reach individuals. In November, the Council introduced a Covid-19 contact tracing service in support of the NHS. The scheme sees NHS Test and Trace pass details to the service of residents who have tested positive for the virus, but who they have been unable to contact. The team makes contact with these residents either by text, phone or email to enable them to capture information about their activities in the days prior to their positive result.

17. If they are unable to speak with the resident, officers will make a socially-distanced face-to-face visit to the address provided. Since the service started on Wednesday 11 November 2020, more than 2,113 residents have been successfully contacted.

Covid-19 Vaccinations

18. The NHS is offering the Covid-19 vaccine to people most at risk. The vaccine is safe and effective. The vaccine, like all vaccines in the UK, has been approved for use after meeting the strict standards of safety, quality and effectiveness set out by the Medicines and Healthcare products Regulatory Agency. So far, reports of serious side effects, such as allergic reactions, have been very rare. No long-term complications have been reported. The Covid-19 vaccine also does not contain any egg or animal products.

19. The NHS is vaccinating people in priority order. The first four groups are:

- residents in care homes for older adults and their carers;
- all those 80 years of age and over and frontline health and social care workers;
- all those 75 years of age and over; and
- all those 70 years of age and over and clinically extremely vulnerable individuals.

20. The programme has gathered pace during the past month, and more than 13 million people have been vaccinated across the UK. As at 9 February 2021, 94.6% of vaccinations were completed in Hillingdon for the 70 years and upwards cohort.

Monitoring / Surveillance

21. Covid-19 infection rates are closely monitored by the Council on a daily basis (seven days a week) so that any patterns in infection rates are swiftly identified and responded to in order to limit the spread of the virus. Monitoring includes the following:

- The rate of infection for Hillingdon per 100,000 population (the standard measure used by Public Health England which allows for comparison across local authorities);
- The number of new infections registered for Hillingdon in the last 24hrs;
- Cumulative demographic information on gender, age and ethnicity;
- Number of tests completed and the positive infection rate;
- Incidences of infection broken down at ward level; and
- Comparative information from geographic neighbours (West London and Home Counties).

22. In addition, officers of the Council are working closely with colleagues in the Clinical Commissioning Group and health partners to exchange information to help track changes in infection rates. Analysis and interrogation of Covid-19 related data continues to evolve and develop as the understanding of patterns of infection becomes more sophisticated and the data available to the Council improves.

23. The take up of the vaccine is being closely monitored by the NHS and the Council.

Supporting businesses

24. The Council is providing a range of targeted support and guidance to businesses throughout the pandemic, ensuring that financial assistance is given to those who are

eligible. In light of the most recent lockdown, further grant schemes were made available by the Government. So far, the Council has paid out £8.7 million of the new Local Restrictions Support Grant and continues to process new applications as quickly as possible.

Supporting Vulnerable Residents

25. The Council is putting its residents first during the Covid-19 pandemic and continues to coordinate support, working with partners for vulnerable residents who need to self-isolate. This helps to keep residents safe by helping to prevent the spread of the virus, particularly important for those that are clinically extremely vulnerable.
26. Hillingdon's approach to protecting and supporting residents is centred on:
 - Practicing social distancing and hand and respiratory hygiene and wearing Personal Protective Equipment (PPE) in line with Government guidance;
 - NHS testing for the presence of coronavirus if residents display symptoms;
 - Supporting the tracing system if residents have tested positive and have been in close contact with others; and
 - Supporting self-isolation for those who have tested positive or have been in close contact with those who have tested positive for the presence of the virus.
27. During the pandemic, the Council has maintained a Covid-19 Community Hub within the Council's Contact Centre to respond to Covid-19 enquiries. It is open from Monday to Friday, 9am to 5pm. The Council has a dedicated contact centre which responds to resident queries. The Council is supporting local foodbanks to provide food parcels where required and signposting residents to Hillingdon 4 All and other charities to provide support.
28. Residents on a low income can claim the £500 financial support payment when self-isolating through the Hub. Schools and other businesses enquiries have been routed into the Contact Centre.
29. The Hub is fully scalable to increased demands and relevant data is monitored to ensure correct resources are allocated. The Council maintains the ability to reactivate its own food distribution service if the local food bank capacity is exceeded.

Communications and Engagement

30. The Council, together with partners, has and continues to be proactive in delivering health protection messages to residents using a range of communication channels.
31. Since the start of the pandemic, the team has publicised key guidance to residents and businesses, ensuring that they are aware of:
 - Important health, testing and any restriction/lockdown messages;
 - The impact on Council events and services;
 - The Council support available, i.e., community hub;
 - Various Government campaigns; and
 - The easing of restrictions and subsequent recovery of Council services.
32. Coronavirus messaging has been widely communicated using all available Council channels, including the Council's website (including the specially created coronavirus subsection), social media platforms, media relations, regular e-newsletters (the frequency of

these has been increased), GP texting, Hillingdon People, JC Decaux boards, refuse lorries, lamp post banners, posters and signage and internal communications.

33. The team produced communications plans and localised assets for raising awareness of coronavirus, local outbreaks, the tier alert levels and the second national lockdown.
34. The team is also working with a range of services to support their messaging, ensure consistency and amplify/target messages to their audiences. This has included services working with schools and universities, businesses and community and faith groups.
35. Corporate Communications has also linked up with a variety of communications colleagues from neighbouring, pan-London and outer London local authorities, PHE and partner agencies to share best practice and resources and, in the case of partners, amplify messages via each other's channels.
36. The Council is supporting health partners and the rollout by sharing NHS information and messaging to ensure that residents are well informed about the Covid-19 vaccine. The Council is encouraging residents to have the vaccine when they are told that it's their turn so that they can protect themselves, their friends, families and local community – and keep Hillingdon safe. The Council is also working with H4All (a collaboration of local charities) to deliver the Community Champions scheme to support those most at risk from Covid-19 and boost vaccine take-up by providing advice as well as tackling misinformation.
37. The Council has already built a strong network of community, faith and voluntary sector groups since the start of the pandemic, working closely with health partners. The Community Champions scheme will further strengthen this by working with trusted local champions from faith and community groups to help reach older people, disabled residents and people from ethnic minority backgrounds.
38. During the week commencing 8 February 2021, two sessions were held with community/voluntary/faith groups. 45 organisations attended across the two sessions. Police and a local GP were present at the virtual sessions. Nine people have stepped forward to be community champions and further recruitment is underway.

Targeted Actions

39. Whilst there is a degree of confidence that the action taken to date has helped to limit the spread of the Covid-19 virus in the Borough, there is no room for complacency. It is recognised, therefore, that there will be a need for a range of ongoing proactive actions to keep Covid-19 infection rates as low as possible. This includes: continuing to deliver a communications and engagement campaign, restating national infection control messages, quality assuring and inspecting care services, the hospitality sector and retail organisations to support them to ensure compliance with Covid-19 guidelines; supporting the expansion of Covid-19 testing and vaccination arrangements; and providing support to residents who need assistance to keep safe and well.

Financial Implications

There are no direct financial costs arising from the recommendations set out within this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

Preventing and controlling the spread of the Covid-19 virus will help to keep Hillingdon's residents safe.

Consultation Carried Out or Required

The development of Hillingdon's Covid-19 Local Outbreak Control Plan has involved joint working with a range of partner organisations, including the Clinical Commissioning Group, NHS provider organisations and the Police, amongst others. The plan will continue to be kept under review and will be updated, in line with the latest NHS guidance and advice.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and concur with the financial implications set out above, noting that there are no direct financial implications arising from the report recommendations.

Hillingdon Council Legal comments

The Borough Solicitor confirms that the Council's Local Outbreak Control Plan complies with the requirements of the Coronavirus Act 2020 and associated legislation. In addition, detailed legal advice on individual cases is provided whenever necessary to enable the Council to minimise the spread of Covid-19.

Relevant Service Groups

The development of the Covid-19 Local Outbreak Control Plan has involved all Council Directorates.

6. BACKGROUND PAPERS

Nil.

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VACCINATION PROGRAMME UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Richard Ellis, Sue Jeffers, Tarvinder Kalsi, Sean Bidewell
Papers with report	Appendix

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on the Covid-19 vaccination programme.
Contribution to plans and strategies	The National Programme for Covid vaccination.
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Select Committee
Ward(s) affected	All

2. RECOMMENDATION

That this update be noted by the Health and Wellbeing Board.

3. INFORMATION

The Covid-19 vaccination rollout is a NHSE nationally led programme, the Council has worked in partnership with health colleagues locally to find suitable sites for the vaccination centres. The vaccination programme under central NHSE command and control has expanded daily and has been broadly organised into two streams:

1. Local Vaccination sites are being coordinated by North West London Collaboration of CCGs including in Hillingdon. The Hillingdon Confederation CIC is running the two local vaccination sites in Hillingdon on behalf of the Primary Care Networks.
 - There are two community sites in Hillingdon based at Ruislip Young People's Centre (which opened on 16 December 2020) and the Navnat Centre in Hayes (which opened on 14 January 2021). These two sites have a capacity to deliver 1,450 vaccinations per day. Roving vaccination teams have also been operating from these community sites to vaccinate care home residents and house-bound residents. All of the residents and care home staff in the Borough's 46 homes have been offered

vaccinations.

- In addition, Hillingdon Hospital has been providing a vaccination service for health and social care staff from across the NHS, Council, private providers and charities. The Council's social care programme started on 13 January 2021 with the intention of vaccinating all 6,000 front line staff (including those from private provision) by 14 February 2021.
 - Some community pharmacies have been incorporated into the community stream and the first three pharmacies opened for vaccinations on 3 February 2021 in Stockley Park, Eastcote and Sharman's Pharmacy in Northwood.
2. Mass vaccination centres have been set up across the country organised centrally with no local involvement.
- The open units are currently not ideally located for Hillingdon residents with the closest centres being in Wembley, Stevenage, Epsom and the Docklands. Of the ten that are being set up in North West London, three will be in Hillingdon providing a high degree of accessibility for residents. The three proposed sites for mass vaccination centres are Winston Churchill Hall in Ruislip, and the Compass Centre near Heathrow and a site still to be confirmed in the Hayes area.
 - There has been a delay in the opening of the mass vaccination centres in Hillingdon and it is understood that the next wave of mass vaccination sites will be stood up in mid-March. There has been a national change in that all over 70's can now contact the mass vaccination sites and book an appointment without having to wait for a letter. It is anticipated that, when up to speed, these three centres will have a maximum capacity of 10,000 vaccinations per day.

The priority order for vaccinations has been determined nationally by the JCVI. The groups are care homes for older adults, front line health and care staff, residents over 80, residents over 75 and residents over 70, including those identified as clinically extremely vulnerable. It is anticipated that the first four cohorts from the priority list will have been vaccinated by 14 February 2021. To 10 February 2021, 49,203 residents and health and care staff have had their first vaccination and 1,401 have had their second vaccination.

The infrastructure and staff have been coming on stream to markedly increase the rate of vaccination and steps are being taken to expand capacity even further. Health colleagues are confident that, subject to a reliable supply of the vaccine, Hillingdon will meet the 14 February 2021 75% target for the clinically extremely vulnerable. The 75% target for our over 80s, over 70s and care home residents has been exceeded before 14 February 2021.

The Council will be advised of subsequent vaccination targets and delivery cohorts and will monitor performance against those targets. Officers will be monitoring the situation closely and will share details regarding the reporting regime and how frequently updates will be provided by the NHS when available. The Leader of the Council has been given assurance that the performance of the local community sites will be reported to the Council on at least a weekly basis.

An emerging issue is the potential number of people not accepting the vaccine when offered. Although there are very few people who have not turned up to their appointment locally, there have been anecdotal reports of up to 30% of some groups not making a booking. The Council has been working with the NHS and other partners to promote the take up of the vaccine and to myth-bust some of the misinformation that has been circulated. Being vaccinated will be the

best way to protect yourself, friends, family and others within your community and all Members have been asked to use their influence to spread this message amongst their communities.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

Please see attached the latest data against the JCVI vaccines for 10 February 2021.

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Whole System Integrated Care | COVID-19 Vaccination Dashboard

Refresh Date: 18/02/2021 14:09:45

Data for this dashboard is provided from the GP systems.

Latest Data: 16/02/2021

CCG: NHS HILLINGDON C... Primary Care Netw...: All Practice: All Local Authority: All Ward: All Ethnic Category: All Gender: All Housebound: All Deprivation: All Post First Vaccinati...: All

Eligible Pts: 255,317 Contraindication: 1 % Contraindication: 0.00% Declined: 907 % Declined: 0.36% 1st Vaccine: 60,776 2nd Vaccine: 1,435

Vaccination rates by Cohort

(hover to view vaccination uptake over time)

The cohort *At-Risk* is currently in development.

1st Vaccine Given
2nd Vaccine Given

Category	Eligible Pts	1st Vaccine	2nd Vaccine	% Declined	% Contraindication
Care Home Resident	1,377	1,097	5	1.60%	0.00%
Age 80+	11,222	9,835	1,008	2.39%	0.00%
Age 75-79	7,379	6,494	14	1.64%	0.01%
Age 70-74	10,566	9,146	15	1.49%	0.00%
Clinically extremely vulnerable	6,611	5,095	56	1.68%	0.00%
Age 65-69	10,572	8,105	20	1.18%	0.00%
Age 60-64	14,011	4,387	26	0.15%	0.00%
Age 55-59	17,854	4,663	39	0.16%	0.00%
Age 50-54	19,770	2,282	47	0.06%	0.00%
Age 16-49	155,955	9,672	205	0.03%	0.00%

Split by Ethnicity

Selected Attribute: All

Cohort: All

Click to filter or drill-through

Selected Attribute	Eligible Pts	1st Vaccine	2nd Vaccine	% Declined
Asian or asian british	68,833	13,737	347	19.96%
Black or black british	15,305	2,062	28	13.47%
Mixed	6,238	942	13	15.10%
Not Recorded	33,186	4,285	80	12.91%
Other ethnic groups	14,776	2,332	38	15.78%
White	116,979	37,418	929	31.99%

Eligible Pts: 255,317 Contraindic...: 1 % Contraindication: 0.00% Declined: 907 % Declined: 0.36% 1st Vaccine: 60,776 2nd Vaccine: 1,435

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BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Nikki O'Halloran, Corporate Resources and Services
Papers with report	Appendix 1 - Board Planner 2021/2022

1. HEADLINE INFORMATION

Summary	To consider the Board's business for the forthcoming cycle of meetings.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2021/2022 Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2021/2022, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Chairman's approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued

after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Chairman.

Advance reminders for reports will be issued by Democratic Services but report authors should note the report deadlines detailed within the attached Board Planner. Reports should be presented in the name of the relevant Board member.

With the Chairman, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house “cabinet style” with clear recommendations as well as the inclusion of corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

Board meeting dates

The Board meeting dates for 2021/2022 were considered and ratified by Council at its meeting on 25 February 2021 as part of the authority’s Programme of Meetings for the new municipal year. The proposed dates and report deadlines for the 2021/2022 meetings have been attached to this report as Appendix 1.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

Consideration of business by the Board supports its responsibilities under the Health and Social Care Act 2012.

6. BACKGROUND PAPERS

NIL.

BOARD PLANNER 2021/2022

15	Business / Reports	Lead	Timings
June 2021 2.30pm Committee VIRTUAL? / Room 6?	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 28 May 2021 Agenda Published: 7 June 2021
	COVID-19 - Local Outbreak Control Plan Update	LBH / HCCG	
	Hillingdon's Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	2021/2022 Integrated Performance Report <i>(instead of Better Care Fund: Performance Report)</i> (SI)	LBH	
	Hillingdon CCG Update (SI) - to include update on Financial Recovery Plan / QIPP Programme savings update	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	The Hillingdon Hospitals NHS Foundation Trust Update	THH	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Board Planner & Future Agenda Items (SI)	LBH	
	Board Workshop Feedback / Update	LBH	
	Hillingdon CCG Operating Plan	HCCG	
	Child Healthy Weight Update	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
PART II - Update: Strategic Estate Development (SI)	HCCG/LBH		
14 Sept 2021 2.30pm Committee VIRTUAL? / Room 6?	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 27 August 2021 Agenda Published: 6 September 2021
	COVID-19 - Local Outbreak Control Plan Update	LBH / HCCG	
	Hillingdon's Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH / HCCG	
	2021/2022 Integrated Performance Report <i>(instead of Better Care Fund: Performance Report)</i> (SI)	LBH	
	Hillingdon CCG Update (SI) - to include update on Financial Recovery Plan / QIPP Programme savings update	HCCG	
	Healthwatch Hillingdon Update	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Hillingdon Safeguarding Partnership Annual	LBH	

	Report		
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent (SI)	All	
	PART II - Update: Strategic Estate Development (SI)	HCCG/LBH	

30 Nov 2021 2.30pm Committee VIRTUAL? / Room 6?	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 12 November 2021 Agenda Published 22 November 2021
	COVID-19 - Local Outbreak Control Plan Update	LBH / HCCG	
	Hillingdon's Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	2021/2022 Integrated Performance Report <i>(instead of Better Care Fund: Performance Report) (SI)</i>	LBH	
	Hillingdon CCG Update (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
PART II - Update: Strategic Estate Development (SI)	HCCG/LBH		

8 Mar 2022 2.30pm Committee VIRTUAL? / Room 6?	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 18 February 2022 Agenda Published: 28 February 2022
	COVID-19 - Local Outbreak Control Plan Update	LBH / HCCG	
	Hillingdon's Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	2021/2022 Integrated Performance Report <i>(instead of Better Care Fund: Performance Report) (SI)</i>	LBH	
	Hillingdon CCG Update (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging	All	

	issues and any other business the Chairman considers to be urgent		
	PART II: Update: Strategic Estate Development (SI)	HCCG / LBH	

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