

Minutes

HEALTH AND WELLBEING BOARD

30 November 2021

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



HILLINGDON
LONDON

	<p>Board Members Present: Councillor Jane Palmer (Co-Chairman in the chair), Caroline Morison (Co-Chairman), Councillor Susan O'Brien (Vice-Chairman), Fran Beasley, Graeme Caul, Sharon Daye, Professor Ian Goodman, Lynn Hill, Jason Seez (In place of Patricia Wright) and Tony Zaman</p> <p>Officers Present: Kevin Byrne (Head of Health and Strategic Partnerships), Gary Collier (Health and Social Care Integration Manager), Vanessa Odlin (Director of Hillingdon and Mental Health, CNWL) and Nikki O'Halloran (Democratic Services Manager)</p>
12.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Richard Ellis (NWL CCG), Nick Hunt (Royal Brompton and Harefield NHS Foundation Trust), Mr Eddie Jahn (Hillingdon GP Confederation) and Ms Patricia Wright (The Hillingdon Hospitals NHS Foundation Trust - Mr Jason Seez was present as her substitute).</p>
13.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
14.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 14 SEPTEMBER 2021 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 14 September 2021 be agreed as a correct record.</p>
15.	<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 10 would be considered in public and that Agenda Items 11 and 12 would be considered in private.</p>
16.	<p>KEY ISSUES & DEVELOPMENTS (<i>Agenda Item 5</i>)</p> <p>Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, advised that the report provided the Board with a summary of a range of issues rather than including individual reports for each of these. The report highlighted the appointment of Rob Hurd as Chief Executive of the NWL ICS from January 2022, Professor Ian Goodman's appointment as Borough Medical Director for Hillingdon, Dr Mohini Parmar's retirement from March 2022 and Pippa Nightingale's appointment as Chief Executive for London North West University Healthcare NHS Trust. It was also noted that, as the Health and</p>

Care legislation was likely to be delayed until beyond April 2022, the ICS shadow status would remain in place for a while longer.

The publication and maintenance of a Pharmaceutical Needs Assessment (PNA) was a statutory function of the Health and Wellbeing Board with a prescribed process. Engagement was being undertaken with the Local Pharmaceutical Committee (LPC), Healthwatch and the CCG. An update on the progress of the project plan would be scheduled for the Health and Wellbeing Board's next meeting on 8 March 2022.

It was also suggested that the models of working and Neighbourhoods needed to include pharmacies and community pharmacies. Consideration would need to be given to how this would work in practice at a local level and support the PNA process. Mr Byrne would liaise with Ms Caroline Morison, Co-Chairman and Managing Director at Hillingdon Health and Care Partners (HHCP).

Ms Vanessa Odlin, Director of Hillingdon and Mental Health at Central and North West London NHS Foundation Trust (CNWL), provided the Board with an update on the 16-25 Young Adults Service which had been developed to better bridge the gap between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS). A lot of work had been undertaken on this over the last twelve months which had included stakeholder engagement. This engagement had resulted in the development of ten underlying principles which had formed the base for the development of a partnership model.

A Hillingdon implementation group had been established to lead on the work with the aim of going live in April 2022. The new model would include multi agency young adult triage meetings with a flexible interface between services to support young adults to move from CAMHS to AMHS. It was anticipated that discussions would be undertaken to see about embedding this into H4All.

As Hillingdon had the highest number of CAMHS and AMHS new referrals, it was queried what action was being taken to capture data on the related intervention outcomes. Ms Odlin advised that it was very stark from a Hillingdon perspective and that more work would be needed to record this information.

Mr Byrne advised that tooth decay in children had been an issue of concern in the Borough for some time. The report of the External Services Select Committee (ESSC) into children's dental services had made nine recommendations which had been ratified by Cabinet. The Children and Young People's Dental Health task and finish group would be reviewing these recommendations and building actions into their delivery plan. ESSC would be reviewing the progress made with regard to the implementation of the recommendations.

Ms Lynn Hill, Chair of Healthwatch Hillingdon, noted that Healthwatch had seen a recent resurgence of residents having problems with access to dental services, particularly older people and those with a disability. Mr Byrne advised that, as this was outside of the scope of the report, he would liaise with Ms Hill outside of the meeting.

Hillingdon's Joint Health and Wellbeing Strategy set out an ambition to "Tackle unfair and avoidable inequalities in health and in access to and experience of services." The Joint Strategic Needs Assessment (JSNA) identified emerging issues and was being updated in collaboration with Brunel University. With the epidemiology work already nearing completion, it was hoped that a stakeholder engagement event could be planned before Christmas to review the findings. Further work to better understand the drivers behind health inequalities would be undertaken and would be reported to the

Health and Wellbeing Board at its meeting on 8 March 2022.

NWL ICS had embarked on a Population Health Management Programme (PHMP) to support the work on tackling health inequalities in relation to diabetes using the Hayes and Harlington Neighbourhood as Hillingdon's pilot between December 2021 and January 2022. It would be important to ensure that this programme dovetailed with the other health inequality work being undertaken in the Borough. With regard to Covid vaccinations, it was noted that work had been undertaken on take up which had identified health inequalities.

In Hillingdon, 60% of eligible residents with diabetes had received health checks but only 24.1% of those eligible with a severe mental illness had received physical health checks and 33% of those with learning disabilities (in the year to date against a target of 75%). It was queried, with regard to PHMP, whether all NWL boroughs were focussing on diabetes and how this condition had been chosen. Ms Morison advised that NHS England (NHSE) had commissioned this work to support the Primary Care Networks (PCNs). Diabetes had been chosen by NWL as it was indicative of inequalities and it would help to test the model which could then be rolled out elsewhere. It was noted that a lot of work was also being undertaken separately in the Borough in relation to severe mental illness and learning disabilities.

North West London and the ICS were currently in a process of transition and ICPs had been renamed as Place Based Partnerships (PBPs). It was noted that a review was being undertaken of HHCP but that this would be an iterative process that would also look at restating ambitions and visions about what the organisation wanted to achieve. An update would be brought to the Health and Wellbeing Board's next meeting on 8 March 2022.

It was agreed that that the NWL Needs Assessment would need to be considered at a future Board meeting. Hillingdon partners were currently undertaking granular bottom-up work to meet targets but further information was needed on how this was meeting / contributing towards the wider NWL curve.

RESOLVED: That:

- 1. updates on the following issues be considered at the Board's next meeting on 8 March 2022:**
 - a. the progress of the PNA project plan;**
 - b. an update on the drivers behind health inequalities;**
 - c. the review of HHCP; and**
 - d. the NWL Needs Assessment; and**
- 2. the issues in the report and their implications for the health and care system in Hillingdon be noted.**

17. CONSULTATION OUTCOMES: JOINT HEALTH & WELLBEING STRATEGY 2022-2025 (Agenda Item 6)

Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, advised that 30 responses had been received in relation to the online public consultation undertaken on the draft Strategy. Consultation had also taken place with the Council's Housing Team to ensure that there were links to the Housing Strategy.

As an example: 80% of respondents had agreed or strongly agreed with *Priority 1: Support for children, young people and their families to have the best start and to live healthier lives*, and 83% agreed or strongly agreed with the proposed associated actions. Consideration was being given to additional actions suggested by

respondents in relation to early prevention and intervention measures, a trauma-based service for children and support for unpaid carers.

Concern was expressed that, with regard to *Priority 4: Supporting people to live well, independently and for longer in older age and through their end of life*, it could be difficult to get help for older people with issues other than social isolation. As the feedback provided was anonymous and it was unclear what these other issues might be, Mr Byrne would speak to Age UK to see if they had any further information.

Professor Ian Goodman, Borough Medical Director for Hillingdon at NWL CCG, advised that the Whole Systems Integrated Care (WSIC) system provided a linked integrated summary of patient's health and social care which could be used to help patients who needed more targeted and proactive care. The system collected data on inequalities based on neighbourhoods, age, ethnicity, etc, and was likely to have information on deprivation too. Mr Byrne advised that Brunel University was currently working on this with a view to having a data set that could be cut in a range of different ways.

At the Board's previous meeting, it had been noted that audits were being undertaken of Council and NHS owned assets in the Borough. It was anticipated that the NHS audit would be completed by the end of December 2021. It was agreed that an update on progress would be provided at the Board's meeting on 8 March 2022.

RESOLVED: That:

- 1. an update on the audit of NHS owned assets be provided at the Board's meeting on 8 March 2022; and**
- 2. the results of the public consultation on the Strategy be noted and that the Strategy be approved and published.**

18. **2021/2022 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** (*Agenda Item 7*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the report provided the Board with an update on the delivery of the priorities set out in the draft Joint Health and Wellbeing Strategy. The report set out workstream highlights and key performance indicator updates as well as key challenges such as winter pressures. It represented a single performance report for the Hillingdon system.

It was noted that there had been an increase in the number of individuals attending A&E and that there had also been an increase in attendances at the Urgent Treatment Centre (UTC). However, the UTC had been able to increase the number of people redirected to primary care who did not need inpatient treatment at Hillingdon Hospital. Furthermore, NHS 111 had directly booked in more Hillingdon patients to see a GP than any other borough in North West London. Patients were now also able to pre-book an appointment via NHS 111 with an Urgent Care Nurse Practitioner at Mount Vernon Hospital.

The Board was advised that funding had been made available to primary care to look at accessibility. To this end, "Advice and Guidance" had been put in place so that GPs and Hillingdon Hospital consultants were working together to ensure that the consultants only saw those patients who needed to be seen at hospital. Hillingdon had been a pioneer with this initiative which facilitated speedy two way conversations between GPs and consultants and had reduced the length of waiting lists.

Professor Ian Goodman, Borough Medical Director for Hillingdon at NWL CCG,

advised that the pandemic had prompted GPs to move towards a digital way of working. Although the general public had been quite relaxed about this initially to prevent the spread of Covid, consideration now needed to be given to integrating face to face and virtual appointments as part of the GP offering. Whilst younger people tended to be more supportive of this, older people were keen to get back to the way things had been pre-pandemic with in-person appointments.

It was noted that the ability to have virtual appointments had meant that GPs were now seeing more patients each day than they had been before the pandemic and were able to prioritise more effectively. However, as some groups were feeling / being disadvantaged by virtual appointments, it was important that this issue be thoroughly worked through.

Dr Sharon Daye, the Council's Interim Director of Public Health, advised that she chaired a Suspected Suicide Learning Panel (SSLP) and was aware that some calls for help were not being heard. Professor Goodman advised that primary care needed to continue to identify vulnerable individuals but that there had been some concern about Covid infection rates and the increasing use of waiting rooms. With regard to suicide and self-harm, it was important that any information about patterns identified by the SSLP be passed on to GPs.

Concern was expressed that good work was being undertaken in primary care but that the publicity around GPs was often negative. Mr Tony Zaman, the Council's Corporate Director Social Care and Health, suggested that a partnership approach might be needed to communicate the channel shift around digital service provision across the whole health and social care landscape.

RESOLVED: That the content of the report be noted.

19. **2021/2022 BETTER CARE FUND PLAN** (*Agenda Item 8*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the Board had previously discussed aligning the BCF budget and workstreams to provide visibility with regard to the investment that was available to support health and wellbeing. The incremental progression towards this had been set out in the appendices.

The Board was advised that the draft Better Care Fund Plan 2021/2022 had been submitted to the NHS England (NHSE) Better Care Support Team. The new targets contained therein had been set to coordinate with those across North West London (NWL). It was anticipated that any issues with the submitted plan would be received by Christmas and that a decision would then be made in the week commencing 11 January 2022.

The Co-chairman, Councillor Palmer, and Mr Tony Zaman, the Council's Corporate Director Social Care and Health, thanked Mr Collier for the comprehensive work that he had put into the Plan which had then provided the basis for much of the other work that had taken place in the Borough.

RESOLVED: That:

- 1) the 2021/22 Better Care Fund Plan be approved as described in the report, including the proposed financial arrangements and proposed targets for the national metrics.**
- 2) the formal approval of the submission template and supporting narrative be delegated to the Corporate Director, Social Care and Health on behalf of**

the Board.

- 3) authority to approve amendments to the 2021/22 plan in response to feedback from NHSE be delegated to the Corporate Director, Social Care and Health, in consultation with the co-chairmen and the Board representative of the North West London Clinical Commissioning Group and reports back in due course.
- 4) the position regarding the refresh of Equality and Health Impact Assessments as set out in the report be noted.

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

Mr Jason Seez, Deputy Chief Executive and SRO for Redevelopment at The Hillingdon Hospitals NHS Foundation Trust (THH), apologised for the THH Chief Executive, Ms Patricia Wright, not being in attendance. The Co-Chairman, Councillor Palmer, thanked Mr Seez for attending the meeting and hoped that Ms Wright would be able to attend the next meeting.

With regard to the performance of the Trust, the report had focussed on four distinct areas: quality, access, people and finance. The key to improvement would be to get all of these areas moving in the right direction at the same time. Over the last year, significant inroads had been made to improving quality with two of the licence conditions imposed by the CQC being lifted in July 2021. This had been testament to the hard work of the THH staff who had been driving the improvements.

Insofar as access was concerned, there had been a national focus since April 2021 on elective recovery. THH had continued to provide elective care during the second wave of the pandemic and a plan was in place to reduce and eliminate long waiters by 2022/2023. Consideration would be given to how resources could be shared across hospitals to help catch up with elective care.

Since April 2021, pressure on Hillingdon's Urgent and Emergency Care (UEC) had been increasing and performance against the 4-hour target had deteriorated. Work was now underway to assess how people were accessing the services and Hillingdon Health and Care Partners (HHCP) was looking at a joined-up approach with regard to access to UEC.

With regard to people, Mr Seez noted that THH staff were tired. Many had carried forward a lot of leave from the 2020/2021 financial year into 2021/2022 as they were unable to take time off because of the pandemic. It would be important to communicate how hard these staff had been working and to prioritise how valued they were.

THH had had financial issues in the last year and the Trust had been working hard with national partners to get back on track and in control of the finances. The Trust had been put on the Financial Recovery Programme (formerly Special Measures) and would be putting a three-year financial recovery plan in place.

Mr Tony Zaman, the Council's Corporate Director Social Care and Health, noted that a large number of staff had been moving around between the NHS, local authority, care sector and other partners. It was suggested that a deeper dive would be needed to address this issue to ensure stability within the workforce with regard to the recruitment, retention and integration of staff.

Mr Seez advised that all partners should be proud of the progress that had been made

with regard to the hospital development project. Support for the new build had been wide ranging.

In 2019, the Government's Health Infrastructure Plan had shortlisted the development of 40 new hospitals, which had included Hillingdon. Hillingdon had been identified as one of the pathfinders which would be the first eight of the 40 new hospitals to be built. These pathfinders had adopted an open book approach and were collectively working to find ways of standardising the design of the buildings that would then inform the remaining 32 hospital builds. A design review had been undertaken in the summer and the latest design (which incorporated as much of the national design as possible) would be reviewed with Planning officers. It was noted that the design became a bit more blocky with the Modern Methods of Construction (MMC) criteria.

The Board was advised that MMC was a positive move and clinicians had been able to drive design and coadjacencies such as paediatrics and maternity services, and A&E and UTC. The design had now progressed from the 1:500 plans to the 1:200 plans and had incorporated learnings from the pandemic. The latest design had been understood by clinicians and translated into a capital value.

The Green Book guidance issued by HM Treasury on how to appraise policies, programmes and projects included the submission of a Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC). Hillingdon's OBC was currently in progress and it was hoped that, by working with partners, it would articulate how the new build would fit in with the wider health and care needs of the Borough. The OBC would be submitted to the centre in the spring of 2022 at the same time as the submission of the planning application.

Mr Seez advised that it would be important to maintain the momentum which would be key to delivery. A decamp and enabling plan to clear the site was underway and the modular north and modular south buildings were already in place. It was anticipated that the site would be ready for demolition in 2022 and build-ready by 2023.

A focus group had been held with Friends of the Earth, a public exhibition had been held and feedback had been received – it was noted that a lot of feedback had been received in relation to parking. Mr Seez was conscious that any further public engagement would need to hear from those who had not yet engaged and from those who might be disadvantaged.

Professor Ian Goodman, Borough Medical Director for Hillingdon at NWL CCG, noted that around 85% of patients using Hillingdon Hospital lived in the Borough. The new hospital build was not going to be just about bricks and mortar, it would be about building new ways of working. Hillingdon was already ahead of the game with regard to place-based partnerships and would need to build on this to make the partnerships even stronger.

Dr Sharon Daye, the Council's Interim Director of Public Health, queried how the population needs identified within the Joint Strategic Needs Assessment had been incorporated into the design and use of the new build. Mr Seez advised that his experience of building new hospitals meant that he understood the importance of being able to incorporate agility into the building. He was aware that, over time, the way that partners worked together would change and that there would be changes to other things such as technology. Mr Seez's team knew how to get a business case approved, that the building that needed to be as flexible as possible and that this was being highlighted to the centre.

Ms Caroline Morison, Co-Chairman and Managing Director of HHCP, advised that there had been more focus over the last year and that consideration now needed to be given to how digital solutions sat within the community and how this spanned other NHS partners. A partnership model would need to be put in place to gain benefits and a responsive ability to come back with a strategic response.

RESOLVED: That the update be noted.

21. **BOARD PLANNER & FUTURE AGENDA ITEMS** (*Agenda Item 10*)

Consideration was given to the Board Planner. It was agreed that the following issues be considered at the Board's next meeting on 8 March 2022:

- an update on the progress of the PNA project plan;
- an update on the drivers behind health inequalities;
- an update on the review of HHCP;
- the NWL Needs Assessment;
- an update on the audit of NHS owned assets;
- an update on the tobacco alliance work;
- an update on the Cove crisis café which had opened on 29 November 2021 (the café had been changed to be open access and was open until 10pm); and
- an update on the effectiveness of the changes regarding 16-25 young adults mental health services and whether or not they had achieved their objective.

The Co-Chairman, Councillor Palmer, advised that she had regular briefing meetings with officers on a range of health and social care issues. It was agreed that, where appropriate, these issues would be raised at subsequent Health and Wellbeing Board meetings for wider discussion.

RESOLVED: That:

1. the following updates be included on the agenda for the meeting on 8 March 2022:

- a. the progress of the PNA project plan;
- b. the drivers behind health inequalities;
- c. the review of HHCP;
- d. the NWL Needs Assessment;
- e. the audit of NHS owned assets;
- f. the tobacco alliance work;
- g. the Cove crisis café which had opened on 29 November 2021 (the café had been changed to be open access and was open until 10pm); and
- h. the effectiveness of the changes regarding 16-25 young adults mental health services and whether or not they had achieved their objective; and

2. the Board Planner, as amended, be agreed.

22. **TO APPROVE PART II MINUTES OF THE MEETING ON 14 SEPTEMBER 2021**
(*Agenda Item 11*)

RESOLVED: That the PART II minutes of the meeting held on 14 September 2021 be agreed as a correct record.

23. **UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS**

THE CHAIRMAN CONSIDERS TO BE URGENT (*Agenda Item 12*)

The Co-Chairman, Councillor Palmer, advised that this would be the last Health and Wellbeing Board meeting that Dr Sharon Daye, the Council's Interim Director of Public Health, would be attending. Dr Daye would be leaving the Council on 31 December 2021 and Councillor Palmer thanked her for her service to the Borough and wished her well. On behalf of the Board, Councillor Palmer also thanked Dr Fran Beasley, the Councils' Chief Executive, who would also be leaving on 31 December 2021 and wished her well.

It was noted that Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners, would be chairing the next Health and Wellbeing Board meeting on 8 March 2022.

RESOLVED: That the discussion be noted.

The meeting, which commenced at 2.30 pm, closed at 4.11 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.