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Health and Wellbeing Board

Date: **TUESDAY, 8 MARCH 2022**

Time: **2.30 PM**

Venue: **COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE**

Meeting Details: Members of the Public and Press are welcome to attend this meeting

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To Members of the Board:

- Cabinet Member for Health and Social Care (Co-Chairman)
- Hillingdon Health and Care Partners Managing Director (Co-Chairman)
- Cabinet Member for Families, Education and Wellbeing (Vice Chairman)
- LBH Chief Executive
- LBH Corporate Director, Social Care and Health
- LBH Director, Public Health
- NWL CCG - Hillingdon Board representative
- NWL CCG - nominated lead
- Central and North West London NHS Foundation Trust - nominated lead
- The Hillingdon Hospitals NHS Foundation Trust Chief Executive
- Healthwatch Hillingdon - nominated lead
- Royal Brompton and Harefield NHS Foundation Trust - nominated lead
- Hillingdon GP Confederation - nominated lead

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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 30 November 2021	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	Population Health Management and Joint Strategic Needs Assessment 2022	11 - 14
6	2021/22 Integrated Health and Care Performance Report	15 - 34
7	Developing Place-Based Care	35 - 38
8	Mental Health Services: 16-25 Changes & Cove Crisis Cafe	**TO FOLLOW**
9	Pharmaceutical Needs Assessment Update	39 - 40
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Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as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.

Minutes

HEALTH AND WELLBEING BOARD

30 November 2021

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

	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 **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)
12.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* 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).
13.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
14.	**TO APPROVE THE MINUTES OF THE MEETING ON 14 SEPTEMBER 2021** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 14 September 2021 be agreed as a correct record.**
15.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* It was confirmed that Agenda Items 1 to 10 would be considered in public and that Agenda Items 11 and 12 would be considered in private.
16.	**KEY ISSUES & DEVELOPMENTS** *(Agenda Item 5)* 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

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.

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POPULATION HEALTH MANAGEMENT AND JOINT STRATEGIC NEEDS ASSESSMENT 2022

Relevant Board Member(s)	Caroline Morison Kelly O'Neill
Organisation	Hillingdon Health and Care Partners London Borough of Hillingdon
Report author	Kevin Byrne - Health and Strategic Partnerships, LBH
Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper provides a high-level overview of the work in train to drive forward a population health management approach in Hillingdon, consistent with our joint health and wellbeing priorities. It also develops further our understanding of local needs through the Joint Strategic Needs Assessment and proposed further work to collect intelligence regarding disparities.
Contribution to plans and strategies	Our partnership work on population health management and needs assessment is integral to delivering the priorities in our Joint Health and Wellbeing Strategy.
Financial Cost	There are no direct financial costs arising from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **notes the action in place across Hillingdon Health and Care Partners to take Population Health Management approach to improving the health and wellbeing of our population.**
2. **notes the progress in partnership working with Brunel University and public health that will develop an updated Joint Strategic Needs Assessment and further intelligence led enquiry which will provide greater insight to disparities in health and care in Hillingdon.**

3. INFORMATION

Introduction

Hillingdon Joint Health and Wellbeing Strategy 2022-25, approved by the Board at its December 2021 meeting, includes as Priority 2, to:

Tackling unfair and avoidable inequalities in health and in access to, and experiences of, services.

There is also stated commitment to use evidence and data to work to reduce disparities in the Borough.

In addition, our experience through the pandemic and across all HHCP partners, has increased our understanding of communities and enabled us to develop relationships with groups that had not always been in place before. Our activities in recruiting community champions and promotion of vaccine take up, for example, has added to our knowledge and created links that will have a legacy going forward and serve as a conduit for health messaging and exploring issues within and amongst communities.

At national level, policy drivers (including the NHS long term plan and the more recent Levelling-up white paper) point to expectation and commitment to talking health inequalities and wider disparities that exist within boroughs.

Population Health Management provides a framework and methodology to achieving these aims in Hillingdon and our work on the JSNA will update and refine our evidence base to reinforce this.

Population Health Management (PHM)

What 'population health' is – headlines:

- Population health is a whole-systems approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across a defined population – this can be a cohort defined by identity or, as we are doing as part of the NWL PHM work, 'place-based'.
- The 'approach' or 'framework' uses data, evidence and insight from local communities to see where there are the greatest inequalities. It involves identifying groups of people at risk of ill health and then working with these groups and the latest evidence to design interventions that can enable them to better health, considering the wider aspects which might influence health and evaluate them to understand the impact.
- The aim is to bring together partners / stakeholders and prioritise planning and implementation of evidence-based interventions. The approach means we strengthen partnerships across communities, local government and the NHS - a partnership approach which is committed to tackling these health and care issues.

NWL ICS has commissioned a firm named Optum to work with HHCP in support of Borough based Population Health Management activities. The start of the 4 action learning sets (ALS) was Covid-delayed but the first one took place late February. The ALS have 4 areas to explore:

1. Emergency presentations of working age men for chest pain
2. Frequent attenders – mapping of these people to look for flags for what drives this behaviour
3. Frailty and falls
4. High care users – the relationship between high care packages and health

Optum will be working with HHCP as part of a Borough 'Place' PHM challenge – there will also be a PCN place challenge too.

The Borough challenge will be a 22 week process through which we identify a problem, use data and insight to segment this to a group of people and, through joint working and engagement, we look at intervention(s) that will be targeted to that group to achieve better 'access to, experience of, benefit from' so better outcomes, which we evaluate. A point is that programme is about learning, and even if the process does not achieve the intended outcomes, we learn from it, refine and try again.

The task and finish group will decide which of the two initial challenges we want to focus on – frailty and falls, or chest pain acute presentations amongst working age men – both would benefit, and the task and finish group is to decide why we start with one, the rationale, what outcomes we want to achieve so we measure our success, and a narrative about health inequalities is key.

The next session we have requested more focused wider determinant, cohort descriptors: who is falling; where do they live; previous falls. For chest pain: characteristics of the group; their health seeking behaviours (they are men, so empirically they may access health services reactively); where do they live; what their employment is, etc.

The intention is that the PHM approach and methodology is developed in Hillingdon and amongst partners and able to the rolled out across the Borough to review and agree further issues at the PCN level over the coming years. The Optum work in Hayes is the start of that journey.

Joint Strategic Needs Assessment (JSNA)

In parallel (and linked to the PHM work) we have also developed our relationship with Brunel University and the Council's public health team to provide an accurate picture of health in the Borough and to support our insight into communities and access to and use of health and care services.

Stage 1 of the JSNA work has updated and extended the epidemiology review and is in the process of being uplifted onto the Council's website.

Stage 2 will draw conclusions from the epidemiology of the evidence and test this fully with key stakeholders through workshops and using various techniques.

Stage 3 will provide the opportunity to reach out into community groups to research more as to why certain groups may or may not be accessing services and support and how this could be improved through process such as co-design and co-production.

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2021/22 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT

Relevant Board Member(s)	Caroline Morison Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Gary Collier - Social Care and Health Directorate, LBH Sean Bidewell – Integration and Delivery, NWLCCG
Papers with report	None

HEADLINE INFORMATION

Summary	This report provides an update on the delivery of the transformation workstreams established to deliver the priorities within the draft Joint Health and Wellbeing Strategy. This report also includes an update on actions within the scope of the Better Care Fund.
Contribution to plans and strategies	The Joint Health and Wellbeing Strategy and Better Care Fund reflect statutory obligations under the Health and Social Care Act, 2012.
Financial Cost	The total of the BCF for 2021/22 is £106,454k made up of a Council contribution of £57,327k and a CCG contribution of £49,127k.
Ward(s) affected	All

RECOMMENDATION

That the Health and Wellbeing Board notes and comments on the content of the report.

INFORMATION

Strategic Context

1. This report provides the Board with an update on delivery of the priorities within the Joint Health and Wellbeing Strategy for the October to December 2021 period (referred to as the '*review period'*), unless otherwise stated.

2. The Board may wish to note that formal notification of approval of Hillingdon's 2021/22 Better Care Fund (BCF) Plan by NHSE was received on the 17th January 2022. The agreement under section 75 (s75) of the National Health Service Act, 2006 that gives legal effect to the financial and partnership arrangements within the plan has been agreed by North West London Clinical Commissioning Group (CCG) and was approved by the Council's Cabinet at its February meeting.

3. Requirements for the 2022/23 BCF have not been published, although it is understood that this may take place in March 2022. A separate report on proposals for 2022/23 will be submitted to the Board for its consideration.

4. This report is structured as follows:
   A. Key Issues for the Board's consideration
   B. Workstream highlights and key performance indicator updates

A. Key Issues for the Board's Consideration

NHS Recovery and Planned Care Backlogs

5. As with all NHS trusts, the pandemic has had a significant impact on the waiting lists for planned (also known as elective) procedures at Hillingdon Hospital. This is because clinical and support staff have been redeployed to assist with urgent Covid-related demands. Consequently, there are currently 1,400 people waiting 52 weeks or more for surgery.

6. National Covid recovery priorities are set out in the guidance linked to the NHSE Delivery Plan and this identifies three key tasks, and these are:

- Make progressive improvements on long waits, with a goal to eliminate waits of over one year by March 2025 and waits of over two years by July 2022.
- Reduce diagnostic waiting times, with the aim of least 95% of patients receiving tests within 6 weeks of referral by March 2025.
- Deliver the cancer faster diagnosis standard, with at least 75% of urgent cancer referrals receiving a diagnosis within 28 days by March 2024 and return the 62-day backlog to pre-pandemic levels by March 2023.

7. Planned treatment in day case, theatre and outpatient settings has steadily resumed over recent weeks. As of the 15th February 2022, waiting times for outpatient appointments from first GP referral range from 5 to 10 weeks for most routine surgery cases. However, there are longer waits for some specialties, including ear, nose and throat (ENT), ophthalmology and vascular surgery. Approximately 400 surgical operations per week have been undertaken during 2021, which is less than required to meet national delivery targets and Hospital staff are investigating ways of addressing this. However, it is important to emphasise that despite the pressures of the latest Covid wave over the winter period the Hospital was able to maintain planned care delivery.

Covid-19 Vaccination Programme

8. The Board will find more information about the delivery of Covid-vaccination programme during the review period in this report as part of the workstream 1 update (please see paragraphs 15 to 20); however, the key message to highlight is that as restrictions are lifted across the country it is becoming increasingly difficult to convince residents who have not been jabbed or who have not completed the full range of jabs to come forward.

9. Following consultation on the possible revocation of regulations requiring staff working in care settings regulated by the Care Quality Commission (CQC) to have two jabs the Secretary of State has announced this will proceed. The requirement was already in place for care home staff and was due to come into effect for NHS staff and homecare staff from the 1st April 2022.

The infection transmission implications on Hillingdon's care market will be monitored and the Board updated in future performance reports.

Workforce

10. The Board will note throughout the updates in this report that issues with recruiting staff is a recurring theme. Some issues to highlight include:

- There is a limited pool of people available, with some posts being more difficult to recruit to than others, e.g., nurses to work in care homes. This means that the availability of funding is only a part of the recruitment equation.
- Hillingdon is frequently seeking to recruit from the same pool of people as our neighbours, which necessitates ensuring that our unique selling points are promoted.
- It is recognised by the DHSC that health and care workforce recruitment challenges are national issues, and these are being considered as part of the scrutiny process for the Health and Care Bill as it proceeds through Parliament. Local workforce planning and how this can be supported by integrated care systems (ICSs) is also addressed in the health and care white paper published in February 2022.

11. Locally Hillingdon Health and Care Partners (HHCP) has a workforce planning group in place and initiatives are being implemented that include the rotation of staff across Hillingdon Hospital and community health services. A combination of rotation and flexible working helps to increase the breadth of experience as well as respond to personal circumstances that enhances job satisfaction and increases the range of people able and willing to join and remain within the NHS workforce in Hillingdon.

12. The primary care training hubs for Hillingdon and Hammersmith and Fulham have jointly won a contract for the shaping and delivery of training for primary care across North West London (NWL). This creates career development opportunities for clinicians that could assist in filling local vacancies.

13. The Council is currently planning to launch a recruitment campaign that will contribute to addressing vacancies both within in-house social care teams as well as those experienced by independent sector providers. Overseas recruitment will be included as part of the campaign. The recruitment campaign will be funded through the Workforce Recruitment and Retention Fund allocated to the Council by the DHSC.

B. Workstream Highlights and Key Performance Indicator Updates

14. This section provides the Board with progress updates for the six workstreams, where there have been developments. It also provides updates on the five enabling workstreams.

Workstream 1: Neighbourhood Based Proactive Care

15. **Covid-19 Vaccination Programme:** The delivery of an accelerated vaccination programme in Q3 was prioritised following national direction with the aim of reducing admission to hospital and the Council and Primary Care Teams have worked together closely to maximise uptake. Table 3 below provides a summary breakdown of vaccinations by priority group that have been delivered to the 4th February.

16. The approach has comprised of a combination of:

- Fixed and flexible “pop up” hubs, e.g., Mead House in Hayes and Winston Churchill Theatre in Ruislip as well as nine pharmacies across the borough; and use of the Council’s youth service Transporter bus at local sites in West Drayton, Hayes, Uxbridge and Harefield so far plus temporary vaccine sites such as at Sipson.
- Identification of the top ten parts of the borough with a population of approximately 1,500 or 650 households, where their demographics showed a low rate of take-up and high risk of mortality in the event of infection.

17. Working closely with community leaders and champions, targeted pop-up clinics were set up in those areas with low take-up rates with a roving NHS vaccination team initially able to deliver 132 vaccine doses per shift, but capacity has reduced to reflect that the numbers attending have reduced. There has also been targeted activity with rough sleeper, refugee and Traveller communities.

18. Large scale leaflet drops have taken place in the targeted areas and Council staff have been used to engage with people on the street/shop owners and local businesses about

19. The Board may wish to note that it is currently intended to continue the pop-up clinics until the end of 2021/22.

Table 3: Covid-19 Vaccinations by Priority Group

Priority Group	Plan	First Dose % Completed	Second Dose % Completed	Booster % Completed
Age 80+	11,501	92.3%	90.1%	79.8%
Age 75 - 79	7,704	93.4%	92.0%	84.2%
Age 70 - 74	8,678	91.3%	89.5%	83.9%
Age 65 - 69	10,505	89.4%	87.7%	80.5%
Age 60 - 64	8,339	86.1%	84.8%	8.2%
Clinically Extremely Vulnerable	7,910	93.3%	91.4%	68.9%
Vulnerable 16 - 65	25,553	85.3%	81.4%	63.7%
Age 16-17	6,092	61.0%	42.3%	N/A
Age 12 - 15	13,751	49.1%	N/A	N/A
TOTAL	**100,033**			

Source: Foundry data 4/02/22

20. Vaccination rates in care homes and amongst homecare staff are shown in table 4 below.

Table 4: Covid-19 Vaccination Rates by Care Settings

Vaccine Recipient	Hillingdon		North West London Average		London Average	
	Dose 2	Booster	Dose 2	Booster	Dose 2	Booster
Care Home Residents	94%	87%	93%	87%	90%	83%
Care Home Staff		52%		46%		43%
Homecare Staff	87%	30%	79%	22%	76%	25%

Source: Capacity Tracker 10/02/22

21. **Flu Vaccination Programme:** The Primary Care Networks (PCNs) have been implementing an integrated flu plan and table 5 below shows performance against targets for priority groups.

Table 5: Flu Vaccine Programme Delivery 2021/22			
Priority Group	**Eligible Population**	**Target**	**% Vaccinated**
2 – 3 (not at risk)	7,577	70%	44.4%
4 – 15 (not at risk)	45,799	70%	14.3%
6 months – 64 (at risk)	19,093	75%	37.4%
65+	42,772	72.9%	85%
Pregnant	3,580	75%	27.5%
Care Home	1,590	85%	68.5%

Source: Whole Systems Integrated Care database 09/02/22

22. **Community Development:** H4All has received funding to expand the Community Champions programme (see below) to increase vaccination rates in hesitant communities as well as seeking to address other health priorities. The number of champions will increase from 31 to 71 by June 2022 and recruitment will focus on people from the following groups:

- Pakistani heritage
- Bangladeshi heritage
- Eastern European heritage, particularly men
- Black Caribbean heritage
- Black African heritage
- Secondary school pupils

Community Champions Programme Explained

£23million was allocated to 60 councils and voluntary groups in England in 2021 by the Department for Levelling-up, Housing and Communities to support those most at risk from Covid-19 infection and boost vaccine take-up. Champions work with existing networks to identify barriers to accessing accurate information and to provide tailored support, such as phone calls for people who are digitally excluded, helplines, and linking to GP surgeries.

23. **Health Checks:** In a rolling twelve-month period, progress has been made in the following areas:

- *Physical health checks for people with severe mental illness*: The target is to achieve 60% of the people on GP registers identified as living with severe mental illness. *Exceeded:* In a rolling twelve-month period to February 2022 checks have been completed for 61% of

eligible people at a Primary Care Network (PCN) level, which compares to 49% in the previous twelve-month period.

- *Diabetes:* 66% of eligible people with diabetes have received checks up to 28th February 2022 on a rolling 12-month basis.
- *People with learning disabilities:* The NHS Long Term Plan (NHSE 2019) sets an ambition that by 2023/24, at least 75% of people aged 14 or over with a learning disability will have regular annual health checks. *Slippage:* The 2021/22 position to 31st December 2021 was 45% against the milestone for the quarter of 56%.

24. The completion of health checks for the most vulnerable residents is being monitored within primary care and assistance offered where needed.

25. **Additional Roles Reimbursement Scheme (ARRS):** The Board is reminded that this scheme is designed to expand the primary care work force and enable more proactive, personalised and integrated health and social care. In Hillingdon the scheme is being used to develop an additional 91 posts across the PCNs that include clinical pharmacists, dieticians, mental health practitioners and physiotherapists. The project to establish these roles in Hillingdon is being jointly managed between The Confederation and CNWL. The goal of having posts filled by the end of 2021/22 will not be realised due to difficulties in recruiting to some posts, e.g., first contact physiotherapist, dietician and paramedic posts. The Board may wish to note that six additional mental health practitioners have been recruited through this initiative to support GP practices by providing specialist advice regarding support for people with more complex needs and four of the postholders will have started by the end of March 2022.

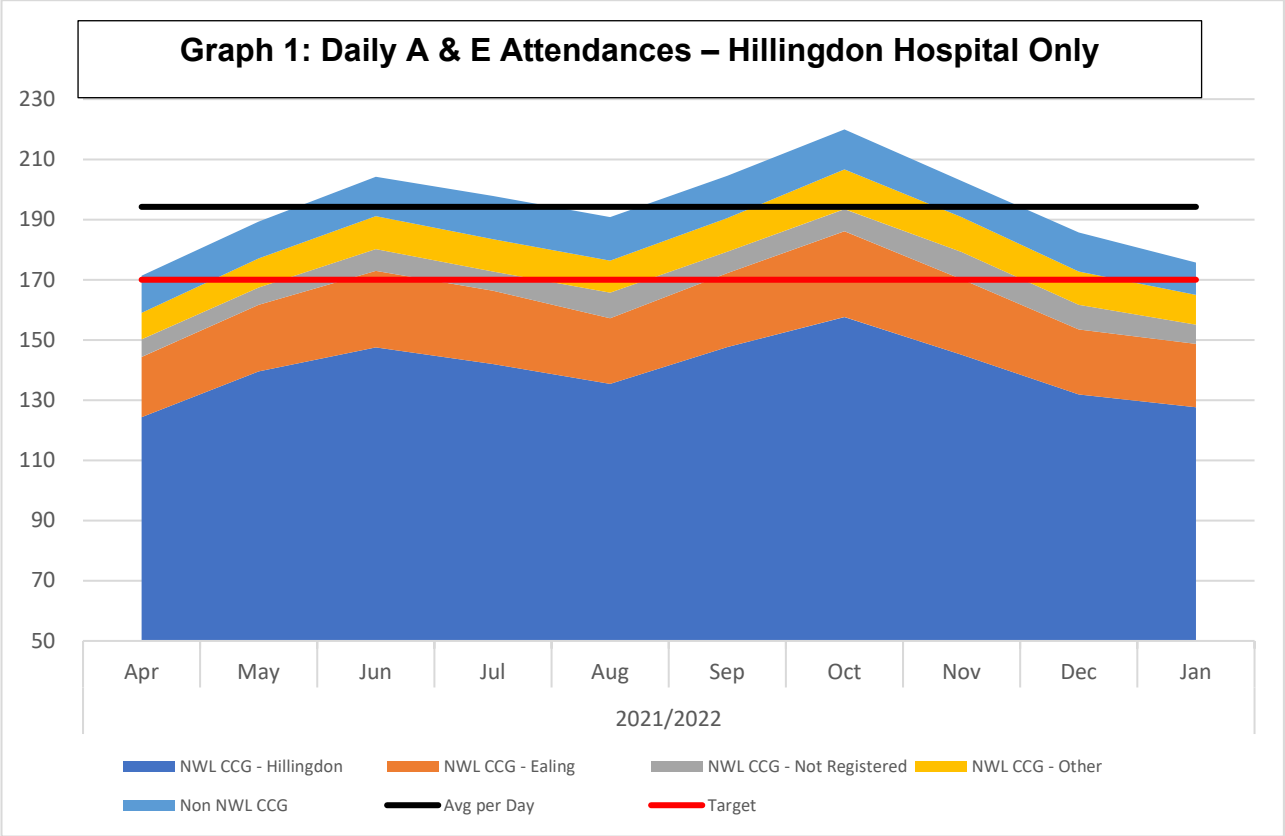
Key Performance Indicators

- ***Admission avoidance:*** This new BCF metric is intended to measure a reduction in adults admitted to hospital for ambulatory care sensitive conditions. The conditions within the scope of this metric include acute bronchitis, angina, heart disease, heart failure, dementia, emphysema, epilepsy, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD) and fluid on the lungs (pulmonary oedema). The ceiling for 2021/22 is 2,550 admissions. A response is awaited to queries raised about the published December 2021 data and officers will provide a verbal update to the Board.

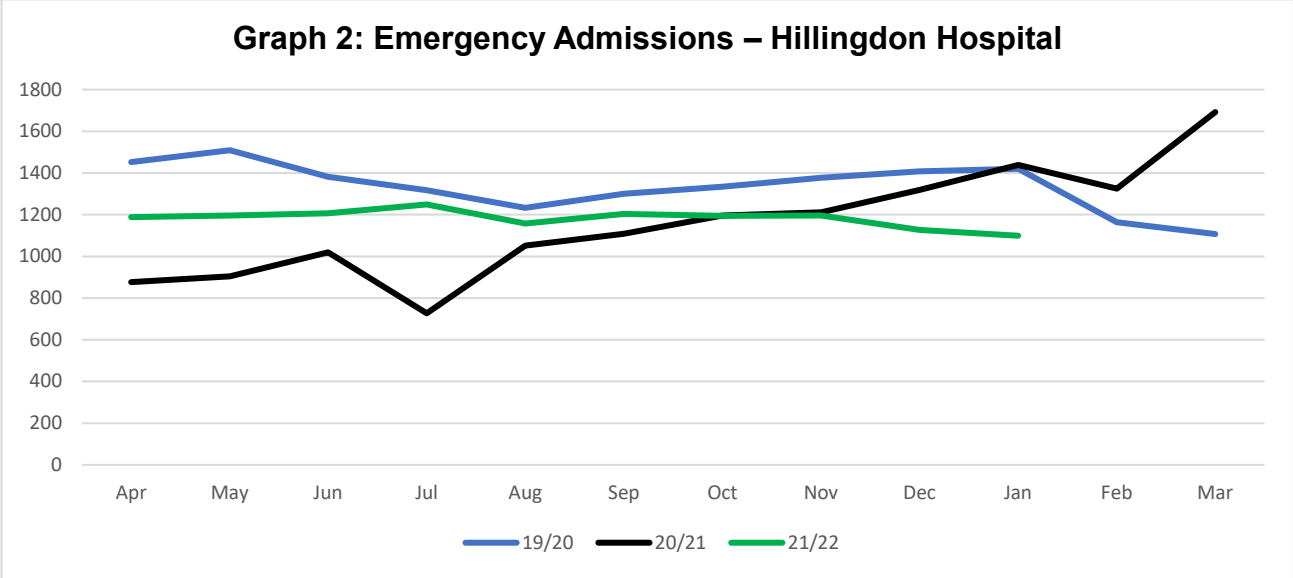
Workstream 2: Urgent and Emergency Care

Workstream Highlights

26. **A & E Attendances:** Graph 1 below shows that attendances to Hillingdon A&E continued to increase with peak daily numbers seen in October. Since October activity has reduced steadily and was at 176 per day in January 2022. The Board may wish to note that 72% of attendees are people registered with Hillingdon GPs; 12% with Ealing GPs and the rest from a range of areas or not registered.

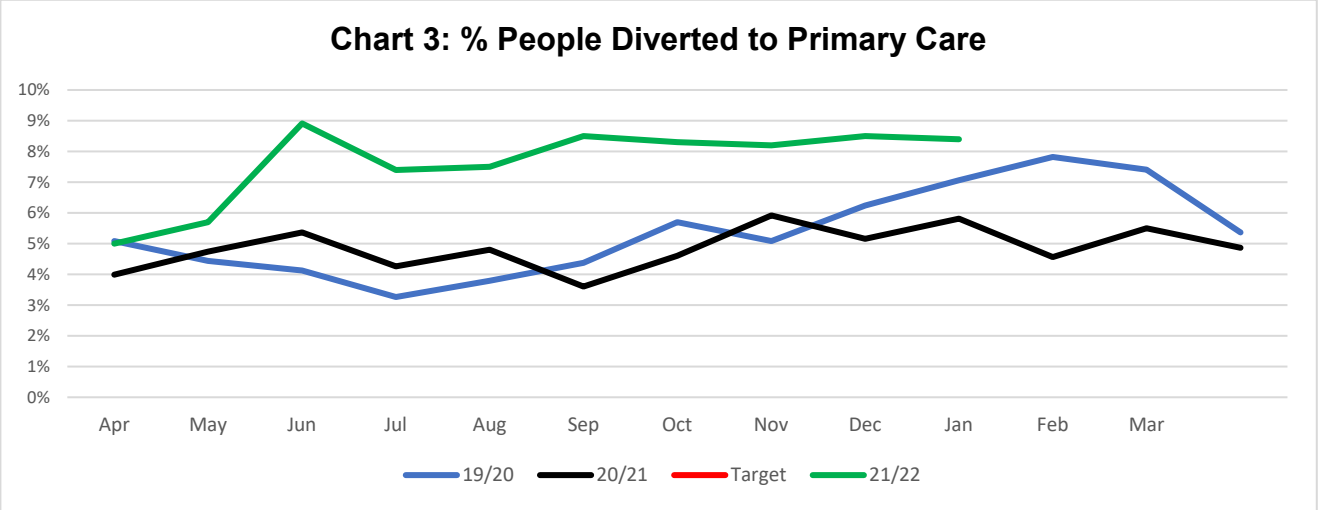


27. **Emergency Admissions:** Graph 2 below shows that there has been a levelling off in the number of emergency (also known as non-elective or NEL) admissions during Q3 and Q2 compared to Q1. Activity in December 2021 and January 2022 remains below that seen in the same months in both 2019/20 and 2020/21.



28. **Urgent Treatment Centre (UTC):** This is for residents who have an urgent or severe condition or minor injury that cannot wait for a GP appointment (usually 48 hours). Hillingdon's UTC is based on the Hillingdon Hospital main site. A key objective of the service is to redirect people to primary care who do not need inpatient treatment at Hillingdon Hospital. The redirection rate has increased from 7.4% in July to 8.5% in December 2021. Chart 3 below

illustrates progress during 2021/22 in comparison with previous years.



29. **Same Day Emergency Care Unit (SDEC):** The Board is reminded that this unit provides same-day assessment and treatment of people who require a secondary care assessment but not necessarily a hospital admission. The SDEC unit has a dedicated direct line for GP advice and operates 7 days a week and the aim is to increase direct referrals from the GPs and therefore reduce unnecessary attendances at the UTC and the Hospital's Emergency Department. Direct GP referrals have increased by 7.2% from September 2021 when it was established to 24.5% in January 2022. Additional winter pressures funding was allocated to enable the service to operate 24/7 but this has not been implemented due to recruitment difficulties.

30. **Step-down, Discharge and Winter Pressures:** During the review period partners have continued to support the discharge pathways (see below) to minimise length of stay in hospital.

Discharge to Assess Pathways Explained

- ***Pathway 0:*** 50% of hospital discharges – simple discharge, no formal input from health or social care needed once home.
- ***Pathway 1:*** 45% of hospital discharges – support to recover at home; able to return home with support from health and/or social care.
- **Pathway 2:** 4% of hospital discharges – rehabilitation or short-term care in a 24-hour bed-based setting.
- ***Pathway 3:*** 1% of hospital discharges – require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these people.

31. The report to the November Board meeting identified a range of initiatives intended to manage demand at Hillingdon Hospital during the winter period. The implementation of some schemes has been delayed due to difficulties in recruiting staff, which has been exacerbated by the late decision about the availability of funding. Discussions are currently in progress to determine whether short-term additional capacity is required going into 2022/23 to support the reduction in length of stay at Hillingdon Hospital, i.e., D2A bridging care, Reablement, 7-day

social care support and step-down bed provision.

32. **Urgent Care Nurse Practitioner Service:** This service provides advice and can offer treatment for minor injuries or illnesses. It is led by Hillingdon Hospital and is based at Mount Vernon. The service operates 8am to 7pm seven days a week and bookings are via the UTC or GP practice staff. Appointments are initially by telephone with a face to face follow up if appropriate. The service is currently treating between 32 and 42 people a day and its effectiveness has been enhanced by increased access to the x-ray unit, which is now open until 8pm.

Key Performance Indicators

33. The following key indicators have been agreed across the system in respect of workstream 2:

- ***Daily bed occupancy rate at Hillingdon Hospital:*** The current bed occupancy target should be at no more than 90%, i.e., 31 bed capacity at the start of each day. *Slippage*: Q3 average was 96%.

- ***Length of stay of seven days or more (Hillingdon Hospital):*** This metric measures the percentage of people in hospital with a length of stay of seven days or more (known as '*stranded patients'*) should be no more than 30% of the bed base, i.e., 94 people based on 313 core beds. *Slippage*: Q3 average was 45% (141 people based on 313 core beds), an improvement of 10% from Q2 with an average of 172 people with a LOS over seven days

- **Length of stay of fourteen days or more (Hillingdon residents):** This new BCF metric measures the proportion of inpatients resident in hospital for 14 days or more. The metric applies to all Hillingdon residents aged 18 and above and the ceiling for Q3 2021/22 is 10.9% and for Q4 it is 12.6%. *Exceeded*: 10.3% was achieved in Q3.

- **Length of stay of twenty-one days or more (Hillingdon residents):** This new BCF metric measures the proportion on inpatients resident in hospital for 21 days or more. As above, the metric applies to all Hillingdon residents aged 18 and above and the ceiling for Q3 2021/22 is 5.6% and for Q4 2021/22 it is 6.2%. *Exceeded:* 5.2% was achieved in Q3.

- **Percentage of people, resident in the borough, who are discharged from acute hospital to their usual place of residence**: This is also a new BCF metric and the expectation is that most people will be discharged from hospital to their usual home, i.e., in most cases, their address at the time of admission. Once again, the metric applies to all Hillingdon residents aged 18 and above and the target for 2021/22 is 91%. The Board may wish to note that the provision of step-down provision to support pathway 2 discharges has a negative impact on this metric because step-down does not count as a '*usual place of residence*.' *Exceeded:* The Q3 position was 92.3%.

- ***Out of hospital capacity:*** Health and social care step-down capacity should be at no more than 90% utilisation. This includes bedded services such as the Hawthorn Intermediate Care Unit (HICU), Park View Court step-down flats and beds in three care homes, as well as services such as the Rapid Response D2A service and District Nursing. *On track:* The Q2 average was 76%, therefore suggesting that there was sufficient community capacity to meet demand.

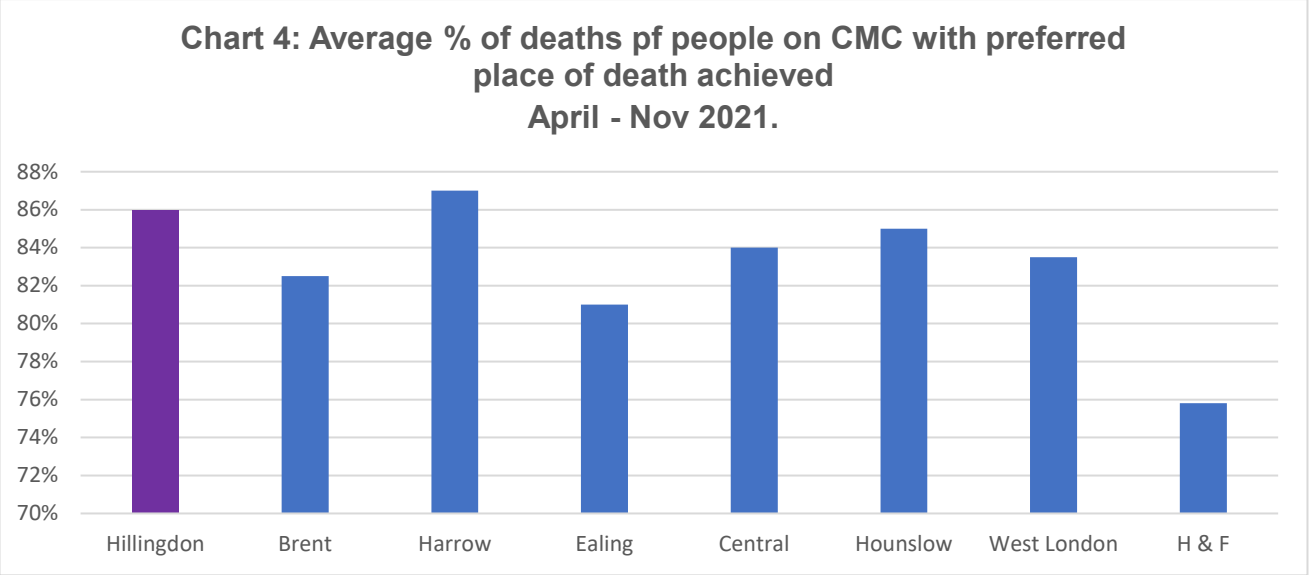
Workstream 3: End of Life Care

Workstream Highlights

34. **End of life dashboard:** The report to the November Board meeting advised that a dashboard was being produced that would show Hillingdon's comparative position in respect of the following measures:

- Average % of deaths occurring in preferred place of care.
- % of deaths occurring in hospital.
- % of deaths occurring in the community.

35. Chart 4 below shows the average % of deaths of people on the advanced care planning tool called Coordinate My Care (CMC) where the preferred place of death was achieved. This shows that Hillingdon was second in NWL in enabling people to achieve their wishes about preferred place of death.



Source: CMC. **Key**: Central – Westminster (excluding Queen's Park and Paddington); West London – Kensington & Chelsea and Queen's Park and Paddington; H & F – Hammersmith and Fulham.

36. It is intended that the report to the Board's June meeting will include Hillingdon's performance in the wider NWL context against the other measures in paragraph 34 above.

37. **Single point of coordination:** A single point of coordination model for all borough end of life services has been established and a pilot became operational on the 4th January 2022. Key to this is creating one telephone number that all services can be accessed by and which links with NHS 111. Included within the model is a 2-hour rapid day time response service that is delivered by CNWL's Rapid Response Team.

38. **Compassionate Hillingdon:** H4All has secured external funding to operate the equivalent of a '*Compassionate Neighbours'* model that has been adapted for Hillingdon. 'Compassionate Neighbours' is a social movement that enables local people to provide support to people in their communities who are at the end of their life due to age or illness. The '*Compassionate Hillingdon'* version includes access to free care provision. A coordinator started in post on 4th January and 20 volunteers have been identified to work on the project and are currently going

through Disclosure and Barring Service (DBS) checks.

Workstream 4: Planned Care

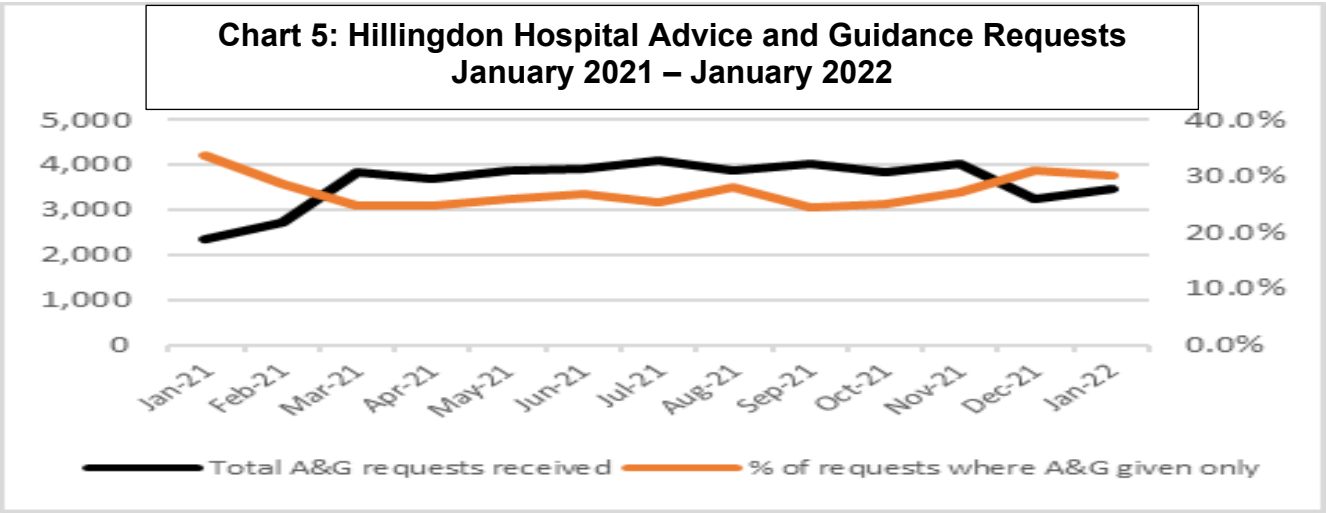
39. The update in this section is linked to the comments in Part A of this report, i.e., paragraphs 5 to 7.

Workstream Highlights

40. **Pathway redesign:** Priority is being given to gynaecology, gastroenterology and musculoskeletal (MSK), ophthalmology and dermatology to determine what activity can take place in the community rather than in hospital.

41. **Integrated Advice and Guidance Hub**: The Board is reminded that the Advice and Guidance (A&G) service went live across Hillingdon GP practices, THH, community and primary care providers in July 2020 with the intention of enabling consultants to triage requests from primary care to ensure that patients who required an outpatient appointment were prioritised. The average monthly A & G request since July 2020 has been 3,553 and the period from November 2021 to January 2022 saw an average of 3,604. Data suggests that the service is being effective in reducing unnecessary referrals to the Hospital and that the period between January 2021 and January 2022 some 9,600 inappropriate referrals have been avoided. Chart 5 below illustrates the total A & G requests received during the twelve-month period from January 2021 and the proportion that have been A & G only.

Chart 5: Hillingdon Hospital Advice and Guidance Requests January 2021 – January 2022



Workstream 5: Children and Young People (CYP)

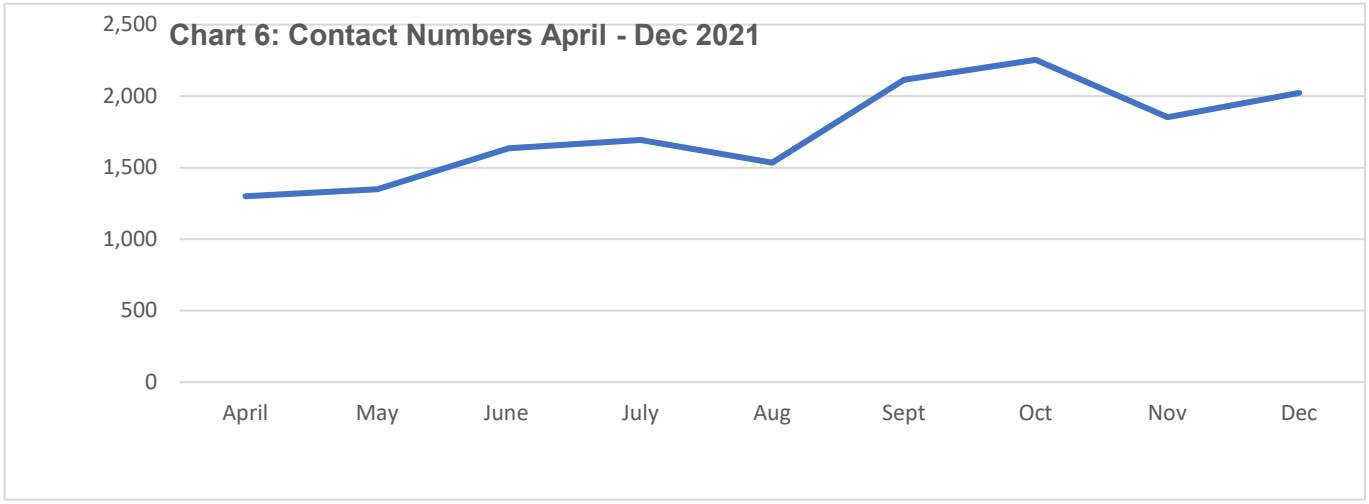
Workstream Highlights

42. **Community step-up/step-down model:** The Providing Assessment & Treatment for Children at Home (PATCH) service went live in June 2021 and 454 children were seen by the service in the period to the end of November 2022. 61% of referrals were from A & E, 30% from wards at the Hospital and 9% from the Paediatric Assessment Unit (PAU).

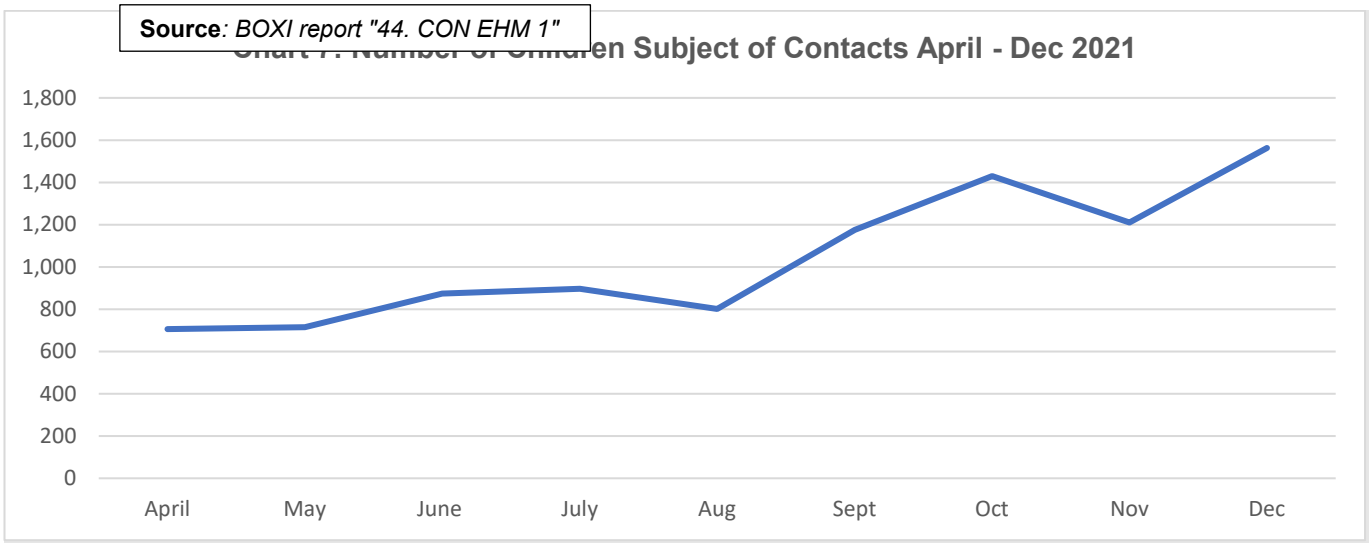
43. **Stronger Families Partnership:** The Stronger Families Hub (SFH) was launched on the 2nd August 2021. The ethos of the hub promotes targeted support and the timely provision of the

most appropriate support service and during the period between August and December 2021 there were 9,778 contacts, including 3,000 via an online portal. 6,182 children were the subject of one or more of the contacts referred to above.

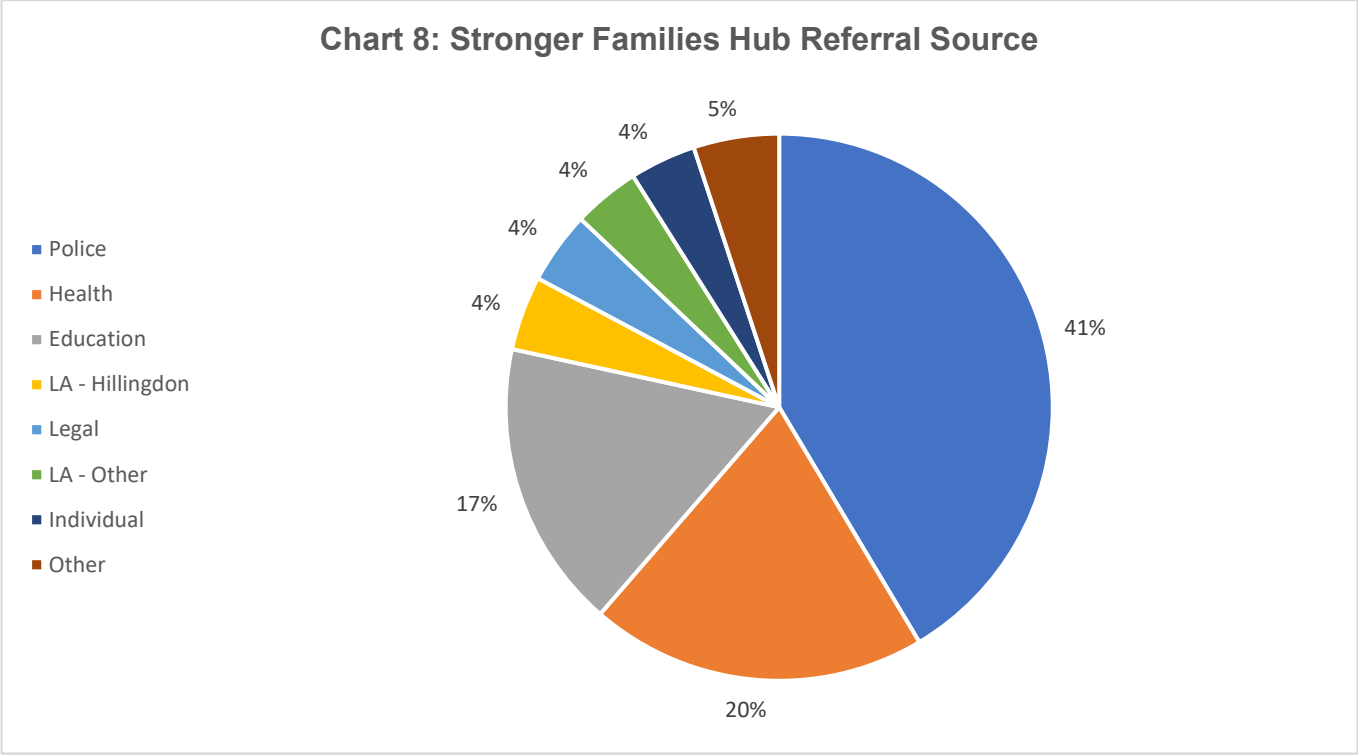
44. Charts 6 and 7 below show the significant increase in both the number of contacts following the launch of the hub in August 2021 but also the number of children who were the subject of one or more of the contacts. The impact of Covid on families, including the implications of the lifting of restrictions for children returning to school and families to work are all significant factors contributing to the increase in demand on the service. Chart 8 shows the source of referrals to the hub.



Source: *BOXI report "44. CON EHM 1"*



Source for charts 6 & 7: *BOXI report "44. CON EHM 1"*



Source: *BOXI report "44. CON EHM 1"*

45. **Family Assessment and Support Team (FAST):** Since June 2021 FAST has provided an effective *'very early in the process'* analysis of the needs of 257 children, young people and families who are referred to the Stronger Families Hub. The team comprises of social workers, an advanced social work practitioner or manager and a locality team representative. This is to enable swift analysis as to the right person/right service to support the family. A key focus of the team is supporting the Council's Education Service to ensure that children missing school are supported to start or resume education. Since the start of January 2022 91 children missing education have been contacted and/or visited by FAST. The funding for the team has been extended to the end of May 2022 pending a review of its scope and staff composition.

46. **Stronger Families Locality Keyworking and Partnership Update:** There are three Stronger Families Locality Keyworking Teams that cover north of the A40, Uxbridge, Yiewsley and West Drayton and Hayes, Harlington and Sipson respectively. They are staffed by 23 keyworkers and 3 team managers. The purpose of the teams is to accept appropriate referrals from the SFH and work with families on Stronger Families Plans which are family focussed, strengths based and time limited. The overall aim is to develop family strengths so that outcomes for children and young people can be achieved and problems are stopped from escalating into referrals to Children's Social Work. We know that the need to help families via the Stronger Families Plan and to '*think family'* is very pressing across health, education, and voluntary sector partners.

47. A sub-group of the Safeguarding Children Partnership Board has been established called the Stronger Families Partnership Subgroup has been established with a multi-agency membership including representatives from Social Care, Health, Education, Communities and the voluntary sector. A priority for this sub-group includes the development of locality-based multi-agency groups like the successful group that has been established in Hayes. Another priority is to ensure that all providers work with the whole family and not only with individual children and young people.

48. **Adolescent Development Service:** This service delivers targeted programmes to vulnerable children and young adults across the borough. The team offers services using an adaptive delivery model that utilises venues across the borough such as community centres, schools, children's centres, and outdoor spaces. Types of intervention offered include intensive one to one support, groupwork (both online and face to face) and residential activities. Demand for the service has significantly increased because of the impact of the pandemic on the lives of children and young people and referrals have risen from 699 in the period from April to December 2020 to 1,118 in the same period in 2021. Anxiety, emotional health issues and domestic abuse are the key reasons given for referrals and the team has devised a range of programmes to support children and young people in coping with these issues.

49. **Transition to Adulthood:** Transition to (also referred to as Preparation for) Adulthood refers to the process of moving from children to adults' services and includes the full process from initial planning, the actual transfer between services, and the provision of support throughout the journey. The transition process refers to both the move from children to adult services within Social Care but also within the NHS where paediatric and adult services are delivered in different ways. The intention is to start planning early on a multi-agency basis that includes Social Care, NHS and Education partners, including schools. Partners are working together to improve the experience of the transition process.

50. A key NHS-led development during 2021 has been the development of the Transition Support Service, which was established in October 2020 with the inclusion of a transition nurse based at Hillingdon Hospital and a clinical lead post based with CNWL. The initial focus of the service has been on young people with long-term conditions (including multiple long-term conditions), e.g., diabetes, epilepsy, cystic fibrosis, asthma, and Looked After Children (LAC). As a result of the work of the service a new neurology pathway has been established that ensures a structured clinical handover from the paediatric consultant to adult neurology services at the Hospital, the outcome of which is to improve the experience of care for the young person and their family. The approach taken is being applied to other medical specialties at the Hospital. The second phase is intended to extend the service to provide transition support for young people moving from children to adult mental health services.

51. **16 -25 Young Adult Mental Health and Wellbeing Partnership Model:** This is the subject of a separate report on the Board's agenda.

52. **CYP Dental Health:** A supervised brushing programme continues to be rolled out in partnership with 5 schools and 3 nurseries and there is engagement with other schools that could see an additional 4 as participants by the end of 2021/22.

53. **Children and Adolescent Mental Health Service (CAMHS) Early Help and Intervention Hub**: Additional funding for the CAMHS service to facilitate achievement of the national target of 35% of CYP with diagnosable conditions having access has been agreed. During the period between January and December 2021 there were 1,799 referrals to the service and nearly 58% were accepted by the service.

54. **CAMHS Mental Health Support Team**: The role of the Mental Health Support Team (MHST) is to:

- Deliver evidence-based interventions for mild-to-moderate mental health issues;
- Support the senior mental health lead in each school or college to introduce or develop their

whole school or college approach; and
- Give timely advise to school and college staff and liaise with external specialist service to help children and young people to get the right support and stay in education.

55. All recruitment to Education Mental Health Practitioner trainee posts have been successful but there have been delays in recruiting to the more senior positions. When operational the team will work initially with four schools, i.e., Pinkwell, Grange Park, Hayden High School and Uxbridge High School.

56. **Autism Pathway:** A mapping exercise of local provision has been undertaken and this is being used to develop a navigation guide.

Key Performance Indicators

57. The following indicators have been agreed for workstream 5:

- **Education, Health and Care Plan (EHCP) Assessments**: The target for completion of assessments following referral is 20 weeks. The April to December 2021 average for the percentage of assessments completed within 20 weeks is 86% compared to 50% for 2020/21. The Board may wish to note that it was 91% in Q3 2020/21. The improved performance continues to be attributed to strong oversight from managers and the recruitment of a permanent team. As reported in the November update, the provision of statutory advice from partners, i.e., therapists, within the mandated 6-week timeframe is also supporting delivery of the 20-week target.

- **CAMHS referral to treatment:** The Hillingdon target for CYP receiving treatment within 18 weeks of a referral is 85%. For the period April to December 2021 the average achieved was 91%. '*Treatment*' is defined as including two contacts, the first to undertake an assessment and the second to provide treatment.

Workstream 6: Mental Health, Learning Disability and Autism

Workstream Highlights

58. **Older Adults:** A new integrated care model for older people that will result in alignment of the Older People's Community Mental Health Team (CHMT) with PCNs is now in development. The scope for linking physical health services to the PCNs is also being explored to improve the service experience for residents.

59. **Crisis Pathway (Crisis House):** The November Board was advised that research on best practice showed that the development of a crisis house was a key component of a robust crisis pathway that would contribute to a reduction in acute admissions and better outcomes for people living with mental health conditions. The delivery model has now been agreed with partners and negotiations are in progress with an established local provider to secure delivery. Funds have been secured, which means that the service will become operational during 2022/23.

60. **Crisis Pathway (Hillingdon Cove Café)**: The café opened on the 29th November and in the period between its opening and the 19th January 2022 there were 79 attendances. The service is co-located at Haya House Community Centre, 90A East Avenue, Hayes, UB3 2HR and is

open access, i.e., people do not need to be referred and have an appointment made. Nearly 22% of the people supported since November have made use of the open access opportunity. The service is run by Hestia. Mental health recovery workers support attendees to build on their resilience, develop coping strategies and self-management techniques around their mental health.

61. **High Re-admission Group**: Discussions between CNWL and H4All have taken place with a view to the latter developing a model of support for people who are frequently admitted to acute mental health services. H4All already delivers an equivalent service for people who are frequent attenders at Hillingdon Hospital's Emergency Department.

62. **Rapid Engagement Support Team (REST) model**: The November Board meeting was informed that funding has been secured to trial a model that has worked effectively in Milton Keynes and entails working with stakeholders and community organisations to:

- Reduce the length of stay on acute mental health wards.
- Provide admissions avoidance support.
- Wrap around addiction specialist support.
- Be a gateway between the substance misuse and the mental health services.

63. The work undertaken as part of the model includes specialist comprehensive assessment, clinical advice and psychosocial and peer support. The service went live in November 2021, although not all posts have so far been filled. A review of the outcomes from implementation of the model will be undertaken at the end of 2021/22.

Enabling Workstreams

64. The successful and sustainable delivery of the six workstreams is dependent on five enabling workstreams and these are:

1. Supporting Carers.
2. Care Market Management and Development.
3. Digital, including Business Intelligence
4. Workforce Development
5. Estates

65. This section provides the Board with updates on implementation of the enabling workstreams where there have been developments during the review period.

66. **Enabler 1: Supporting Carers**: The Council is the lead for this enabling workstream, which seeks to support carers of all ages to continue in their caring role for as long as they are willing and able to do so.

Workstream Highlights

67. **Carer champions in GP practices:** The pandemic has seen a reduction in the number of practices with an identified Carer Champion (see below) from 46 to 27 and some PCNs have resorted to having champions covering more than one practice. An action within the Carers' Strategy Delivery Plan for 2021/22 was to increase the number of practices with their own champions. Unfortunately, the focus within primary care on the vaccine roll out programme has necessitated this action being deferred to 2022/23.

Carer Champions in GP Practices: The Role Explained

Key tasks include:

- Proactively identifying and supporting Carers, many of whom do not see themselves as carers.
- Ensuring that a practice Carer Register is maintained and updated regularly.
- Ensuring the practice provides active signposting to the Hillingdon Carers Partnership.
- Ensuring that standardised packs of information for carers are available within the waiting room
- Feeding into the Confederation and its partners, e.g., Hillingdon Carers Partnership and the CCG, any gaps in provision or requirements to help practices to support carers further.
- Working with colleagues in the practice to provide enhanced access and flexibility of appointments for carers.
- Attending any training/information sessions that relate to the support of Carers within General Practice.

68. **Enabler 2: Care Market Management and Development:** The Council is also the lead organisation for this enabling workstream, the primary objectives of which are to support the sustainability of the market as it emerges from the pandemic and also to integrate commissioning arrangements where this will produce better outcomes for residents and the local health and care system.

Workstream Highlights

69. **Infection Control and Testing Fund and Workforce Recruitment and Retention Fund:** Since the performance update to the November Board a further round of the Workforce Recruitment and Retention Fund has been announced for the period 10th December 2021 to 31st March 2022. A further new grant, the Omicron Support Fund, was also introduced in January 2022. The total additional funding that the Council has received to manage pressures relating to the pandemic for the period October 2021 to March 2022 is £3,655,512. The respective allocations are shown below and with the mandated provision for care homes in brackets, where applicable:

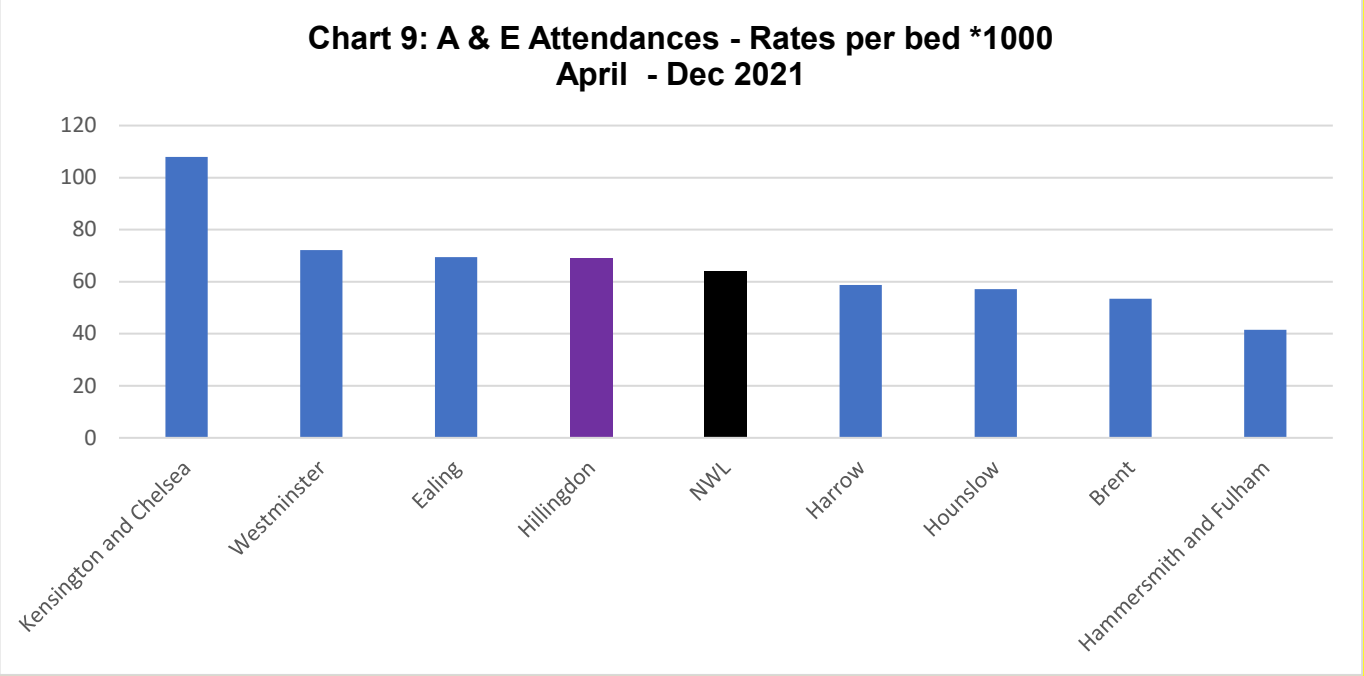
- Infection Control: £841,767 (£417,707)
- Vaccines: £93,661 (£29,375)
- Testing: £453,505 (£296,801)
- Workforce Recruitment and Retention Fund: £2,006,302
- Omicron Support Fund: £260,277

70. Unfortunately, rigid criteria for some of the grants has made it difficult for some providers to spend the funding. With the Omicron Support Fund, the criteria have been loosened and the 31st March 2022 spend deadline removed. This increased flexibility will be beneficial to providers.

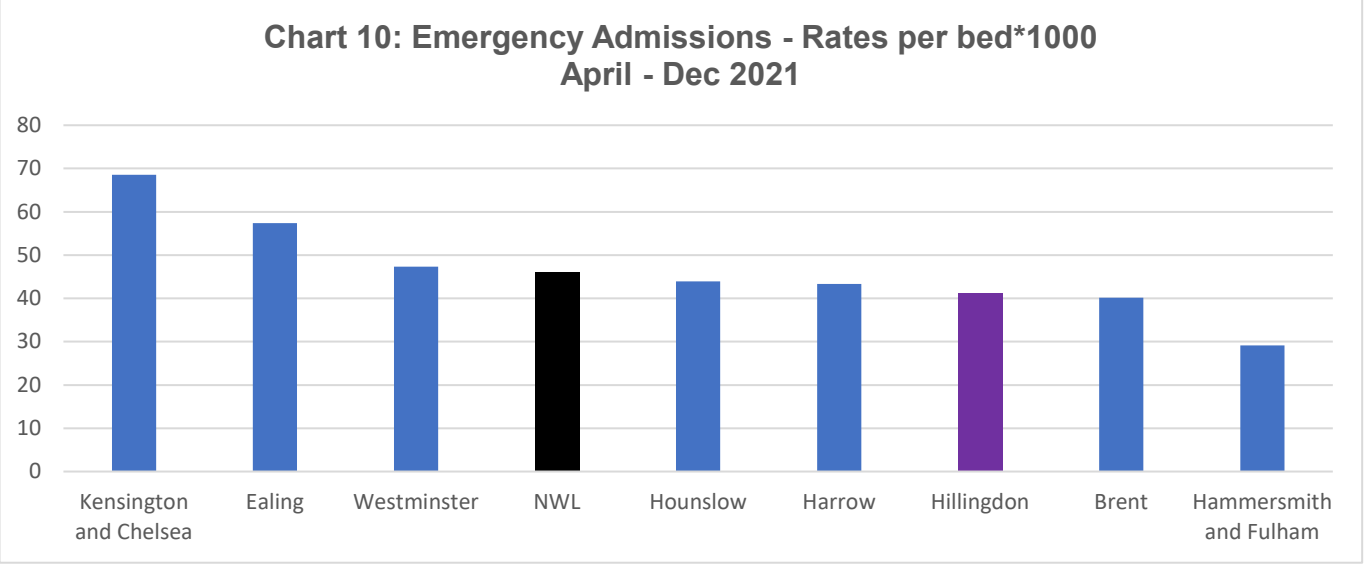
71. **Care home dashboard:** The systemised production of a dashboard containing information about care home-related hospital attendances and admissions as well as cause of this activity is now being produced by the NWL Business Intelligence Unit (NWL BIU). Activity information

from the London Ambulance Service (LAS) about call-out incidents, the reasons behind them and numbers conveyed to hospital is informing the dashboard and this is supporting targeted activity by the Care Home Support Team and Quality Assurance Team to address particular issues faced by care homes. For example, the largest single cause of LAS call outs between April and December 2021 was calls.

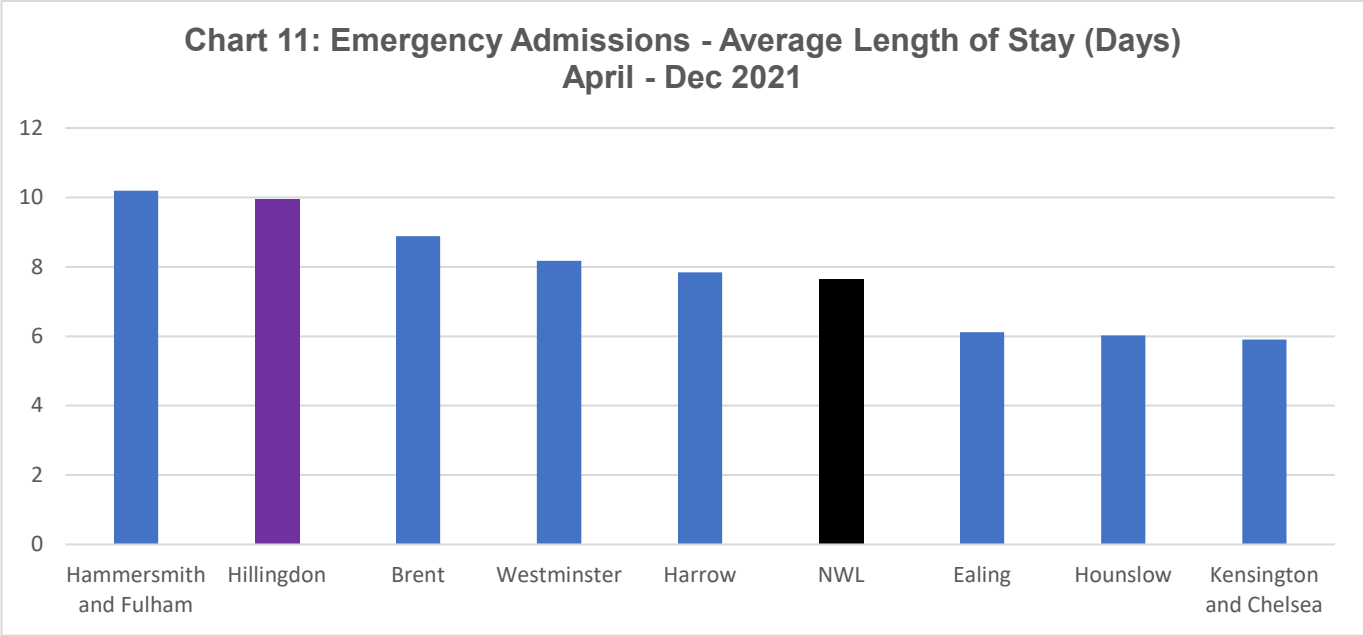
72. Charts 9 to 11 below compares the hospital related activity of care homes in Hillingdon with the other local authority areas within NWL. The Board may wish to note that Hillingdon has the second highest number of care home beds in NWL (Ealing has the highest at 1,560 compared to Hillingdon's 1,427). Chart 8 shows that during the review period Hillingdon had the fourth highest number of attendances at A & E, but chart 9 shows that we had the third lowest number of emergency admissions. Chart 10 shows that Hillingdon had the second highest length of stay for care home admissions.



Source: NWL Care Home Dashboard 21/02/22



Source: NWL Care Home Dashboard 21/02/22



Source: NWL Care Home Dashboard 21/02/22

73. **Enabler 5: Estates:** This workstream concerns maximisation of available property assets to meet current and future needs of the health and care system.

Workstream Highlights

74. **North of Hillingdon Health Hub:** Planning permission has been granted for the development of the new hub on the site of the former Northwood and Pinner Community Hospital and Northwood Health Centre.

75. **Hillingdon Hospital rebuild:** The Council's planning officers are in discussion with Trust representatives on a pre-application basis and offering feedback on proposals.

Finance

76. Table 6 below provides a summary of the financial contributions to the 2021/22 BCF plan.

Table 6: BCF FUNDING SUMMARY 2020/22			
Funding Breakdown	**2020/21 (£,000)**	**2021/22 (£,000)**	**% Difference**
MINIMUM CCG CONTRIBUTION	**19,401**	**20,485**	5.6
Required Spend			
• Protecting Social Care	7,075	7,470	5.6
• Out of Hospital	5,513	5,821	5.6
• Other minimum spend	6,813	7,194	5.6
MINIMUM LBH CONTRIBUTION	**12,359**	**12,359**	**0**
Required Spend			
• Disabled Facilities Grant (DFG)	5,111	5,111	0
• Improved Better Care Fund (iBCF)	7,248	7,248	0
MINIMUM BCF VALUE	**31,760**	**32,844**	**3.4**

• Additional CCG Contribution	28,608	28,642	<1
• Additional LBH Contribution	43,089	44,968	4.4
TOTAL BCF VALUE	**103,457**	**106,454**	**2.9**

77. Table 7 below summarises the contributions by the Council and HCCG in 2021/22 compared with 2020/21.

Table 7: Financial Contributions by Organisation 2020/21 and 2021/22 Compared		
Organisation	**2020/21** ***(£,000s)***	**2021/22** ***(£,000s)***
CCG	48,009	49,127
LBH	55,448	57,327
TOTAL	**103,457**	**106,454**

78. There are no direct financial implications of this report.

CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance Comments

79. Corporate Finance has reviewed this report and concurs that there are no direct financial costs contained within the recommendations.

Hillingdon Council Legal Comments

80. There are no direct legal implications arising from this report.

BACKGROUND PAPERS

Joint Health and Wellbeing Strategy, 2022 – 2025
Joining up care for people, places and populations: The government's proposals for health and care integration (DHSC Feb 2022)

DEVELOPING PLACE-BASED CARE

Relevant Board Member(s)	Caroline Morison Councillor Jane Palmer
Organisation	Hillingdon Health and Care Partners London Borough of Hillingdon
Report author	Caroline Morison – Managing Director Hillingdon Health and Care Partners
Papers with report	None

HEADLINE INFORMATION

Summary	This report is seeking to update the Board on the recent integration white paper and associated developments in place-based care in Hillingdon
Contribution to plans and strategies	Joint Health and Wellbeing Strategy
Financial Cost	There are no direct costs associated with this report.
Ward(s) affected	All

RECOMMENDATION

That the Health and Wellbeing Board considers the proposals contained within this report and advises officers how it wishes to proceed.

INFORMATION

1. **Integrating care – context**

1.1 Across the NHS and social care, there is a continuing local and national focus on joining up health and care services to put people and their needs at the centre of how we structure and provide care. Often the way that regulatory frameworks, organisations and funding flows are set up make it harder for us to align care, resource, information and delivery than we would like. This can cause gaps in services or duplication and means that our residents aren't always able to easily access the right care in the right setting at the right time.

1.2 The Health and Care Bill currently proceeding through Parliament sets out the future component parts of integrated care systems (ICSs) – namely integrated care boards (ICBs) that will become the statutory vehicle for health at system level and integrated care partnerships (ICPs) that bring together a wider range of partners across a system footprint to improve health and care outcomes. It is anticipated that these arrangements will come into effect fully from

July 2022 following legislation.

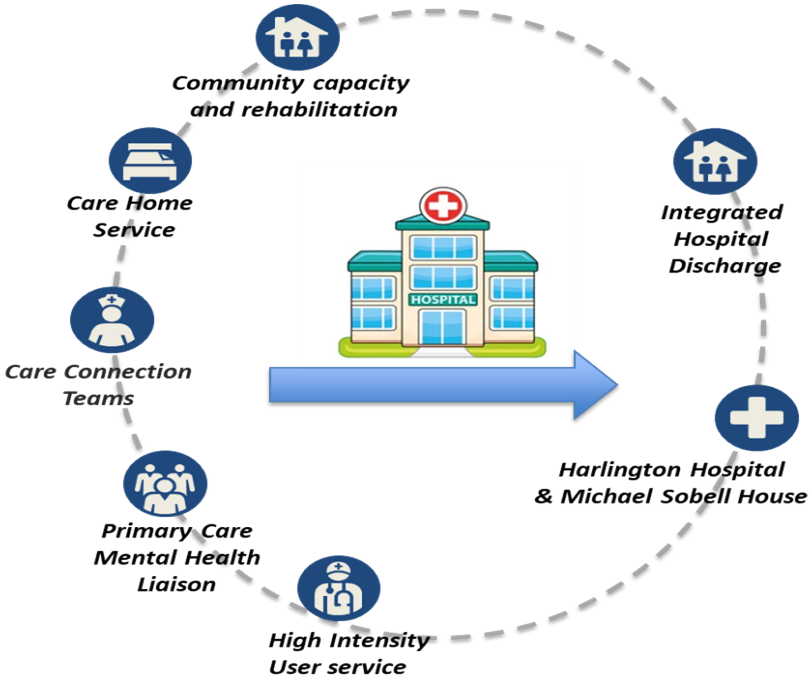
1.3 The white papers published to date (January 2021, February 2022) set out clearly the need for decision-making regarding priorities and resourcing to remain as close to residents and communities as possible through joined up plans, accountability and governance at 'place'.

2. Integrated care in Hillingdon

2.1 In Hillingdon, the development of integrated working at 'place' has been primarily through the existing alliance of The Hillingdon Hospitals' NHS Foundation Trust, Central and North West London NHS Foundation Trust, The Confederation (General Practice) and H4All (collaboration of third sector organisations) - collectively known as Hillingdon Health and Care Partners (HHCP) – alongside the London Borough of Hillingdon and North West London Clinical Commissioning Group (NWL CCG).

2.2 Partners have to date used an 'alliance agreement' to underpin shared resources, information sharing and the use of partnership investments with agreed benefits and outcomes. This mechanism has enabled the development and delivery of integrated services designed to deliver proactive joined up care to our residents.

Fig. 1 – HHCP services



2.3 During 2021/2022, the partnership has expanded its scope to encompass transformation of health and care across the population in line with the priorities within the Hillingdon Health and Wellbeing Strategy and supporting new models of care that will deliver a sustainable new hospital for Hillingdon.

Fig. 2 – HHCP Transformation Programmes

3. Developing place-based care

3.1 Partners in Hillingdon are reviewing our approach to integration in order to:

- ensure delivery of the population health and wellbeing outcomes set out in the Joint Health and Wellbeing Strategy 2022 – 2025
- establish increasingly joined up and person-centred models of care that deliver high quality and sustainable health and care for our residents
- align with national and NWL direction of travel for place-based care including clear, shared outcomes, local accountability and leadership

3.2 NWL ICS is currently establishing the process for the development of an ICS strategy which will include defining the relationship between ICB, ICP and Place. This work is at a relatively early stage but will include engagement across residents and partners at place and system levels.

4. Next steps

4.1 The review of HHCP will provide a roadmap that sets out plans for 2022-2023 and longer term (in line with the Joint Health and Wellbeing Strategy (JHWBS)) and includes:

- A focus on population health and engagement, establishing priority areas from the refreshed joint strategic needs analysis
- Development of our models of care and integrated neighbourhood operating model
- Ongoing mapping and delivery of transformation schemes against Joint Health and Wellbeing Strategy and new hospital activity shifts
- Further building our joint approach to our enabling workstreams including workforce and digital
- Working with NWL ICS to shape and align to the governance required for spring 2023

It is proposed to bring back an update to the June Health and Wellbeing Board that includes both Hillingdon place and NW London ICS development.

BACKGROUND PAPERS

Joint Health and Wellbeing Strategy 2022 – 2025

PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

Relevant Board Member(s)	Kelly O'Neill
Organisation	London Borough of Hillingdon
Report author	Naveed Mohammed
Papers with report	Appendix 1 – Demographic profile Appendix 2 – Epidemiological analysis

1. HEADLINE INFORMATION

Summary	From 1 April 2013, the statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area transferred to Health and Wellbeing Boards from Primary Care Trusts. This statement is known as the 'Pharmaceutical Needs Assessment' (PNA). The PNA assists in the commissioning of pharmaceutical services to meet local priorities. NHS England also use the PNA when making decisions on applications to open new pharmacies. A revised PNA should be published by 1 October 2022. This paper presents an update on progress to the Health and Wellbeing Board.
Contribution to plans and strategies	The PNA sets analysis of provision of pharmacy services within Hillingdon and contributes to the Hillingdon Joint Health and Wellbeing Strategy (JHWBS).
Financial Cost	There are no direct financial costs arising from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **notes the additional work completed on the PNA since the last update which should ensure the 2022 PNA is completed and published by the 1 October 2022 deadline.**
2. **gives delegated authority to Director of Public Health, Head of Health Integration and Head of Business Performance to sign off of consultation documents (June) and consultation responses (September) in consultation with the Co-Chairmen.**

Key Updates since last Board

1 – Demographic analysis (Appendix 1) - approximately 85% complete and includes:

- an overview of the current borough population

- a five-year population projection and components of change overview
- general demographics at borough and ward level (including the new ward structures where available)
- indices of deprivation overview
- economic activity overview including benefit data
- overview of birth and low birth weight data
- overview of certain patient groups (i.e., university student population)

2 – Epidemiological analysis (Appendix 2) - approximately 85% complete and includes an overview of:

- life expectancy
- mortality
- disease prevalence at ward level
- communicable diseases
- risk taking behaviours

3 – A survey of pharmacy contractors in ongoing, with a deadline for completion of 28 February; the response rate is currently 45% (29 responses) so it is likely that the deadline will be extended to ensure 100% compliance from borough pharmacies. Work to follow up and chase responses is planned for early March.

4 – A patient survey is live on the Council website; this will be promoted on social media. Responses will be mapped alongside prescription dispensing flow data (via the Strategic Health Asset Planning & Evaluation tool (SHAPE)).

3. NEXT STEPS

Throughout March, we will continue to engage with Borough pharmacies to get 100% survey completion; the responses will be analysed for Appendices 3 and 4.

The patient survey will be promoted, and we will overlay responses with SHAPE prescription data.

We will continue to map services across the Borough and 3 localities and the new Primary Care Networks (PCNs).

We will start engagement with partners (specifically the Local Pharmaceutical Committee, Hillingdon CCG and CNWL NHS Foundation Trust), ensuring the PNA reflects the new current structures of the NHS and partnership working.

We will also finalise the overall PNA report for sign off and plan for the statutory 60-day consultation for June / July.

A further update on progress will be provided to the Board at the June meeting.

BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Jane Palmer Caroline Morison
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
Report author	Nikki O'Halloran, Corporate Services and Transformation
Papers with report	Appendix 1 - Board Planner 2022/2023

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 Select Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2022/2023 Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2022/2023, 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 Co-Chairmen'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 Co-Chairmen.

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 Co-Chairmen, 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 2022/2023 were considered and ratified by Council at its meeting on 24 February 2022 as part of the authority's Programme of Meetings for the new municipal year. The proposed dates and report deadlines for the 2022/2023 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.

APPENDIX 1

BOARD PLANNER 2022/2023

14 June 2022 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Tuesday 31 May 2022 **Agenda Published:** 6 June 2022
	2022/2023 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Covid 19 - Local Outbreak Management Plan And Vaccination Uptake	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	

13 Sept 2022 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Thursday 1 September 2022 **Agenda Published:** 5 September 2022
	2022/2023 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Covid 19 - Local Outbreak Management Plan And Vaccination Uptake	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	

29 Nov 2022 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Thursday 17 November 2022 **Agenda Published** 21 November 2022
	2022/2023 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Covid 19 - Local Outbreak Management Plan And Vaccination Uptake	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	

7 Mar 2023 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Thursday 23 February 2023 **Agenda**
	2022/2023 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Covid 19 - Local Outbreak Management Plan And Vaccination Uptake	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	

	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	**Published:** 27 February 2023

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