

## Minutes

### HEALTH AND WELLBEING BOARD

14 June 2022

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



	<p><b>Board Members Present:</b> Caroline Morison (Co-Chairman), Councillor Jane Palmer (Co-Chairman), Councillor Susan O'Brien (Vice-Chairman), Richard Ellis, Professor Ian Goodman, Lynn Hill, Vanessa Odlin (In place of Graeme Caul), Kelly O'Neill, Sandra Taylor, Patricia Wright and Tony Zaman</p> <p><b>Officers Present:</b> Kevin Byrne (Head of Health and Strategic Partnerships), Gary Collier (Health and Social Care Integration Manager), Naveed Mohammed (Head of Business Performance &amp; Insight) and Nikki O'Halloran (Democratic Services Manager)</p>
1.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Mr Nick Hunt, Mr Graeme Caul (Vanessa Odlin was present as his substitute) and Mr Eddie Jahn.</p>
2.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
3.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 22 MARCH 2022</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 22 March 2022 be agreed as a correct record.</p>
4.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 10 would be considered in public and that Agenda Items 11 and 12 would be considered in private.</p>
5.	<p><b>INTEGRATED NEIGHBOURHOOD WORKING</b> (<i>Agenda Item 5</i>)</p> <p>Professor Ian Goodman noted that the Primary Care Networks were geographically located with a discreet coverage in the north of the Borough and a more intermingled coverage in the south of the Borough. The activity of the Care Connection Team (CCT) had successfully reduced the number of A&amp;E attendances by 440 and non-elective admissions by 282 which equated to an estimated gross saving of £1.28m.</p> <p>Integrated paediatric clinics had been running since 2018 and had been rotated through different practices across the Borough in order to provide access to residents and clinicians in general practice rather than having to attend hospital. This was now</p>

being expanded to include multi disciplinary team (MDT) discussions in relation to children with complex needs (including mental health).

Population health and preventative care was thought to be at the heart of the development of neighbourhood working. Services had been impacted by the pandemic over the last two years but the primary care teams and community team had worked hard to develop the diabetes enhanced service. There had been impressive improvements in those diabetes patients that had stuck to the REWIND low calorie programme.

With regard to Covid vaccination rates, Hillingdon had performed best in North West London (NWL) for first jabs and second highest overall. Hillingdon had also performed better than all other NWL boroughs in relation to flu vaccination uptake.

On average, there had been 106,124 more GP appointments offered in 2021/22 than in 2019/20 during the Winter Access Fund period. In Hillingdon, this had included the mobilisation of the primary care surge hub to support additional demand during the winter months. Work was also underway to double the number of appointments available out of hours.

The use of virtual consultations had enabled an increase in the number of patients being seen by GPs. However, it was recognised that, whilst younger working patients seemed to like eConsult, there were older and more frail patients that did not want / were unable to use digital facilities. Consideration needed to be given to how to identify those patients that would not be using eConsult. Hillingdon had recently procured a more modern version of eConsult which would be rolled out in the coming weeks and further communication about the system needed to be sent out to patients and practices.

Work had continued to develop new pathways to improve access to care and alleviate demand into specialist services such as gynaecology, ophthalmology and gastroenterology.

Ms Kelly O'Neill, the Council's Director of Public Health, advised that there had been variations across the Borough and it was important to identify difference, and areas with the highest needs and unmet needs.

Councillor O'Brien expressed concern that some patients seemed to be bombarded with a significant amount of text communication (e.g., surveys, information about getting a health check, etc). It was noted that this tended to reflect the NHS requirements for GPs to collect an increasing amount of information. Although the data that was collected might not be particularly useful, GPs were required to continue to send out these messages to ensure that they met their key performance indicators. Given that there would be a cohort of patients that did not use mobile phones, consideration would need to be given by HHCP to how the data / responses of these patients was being captured.

It was noted that the integrated neighbourhood working was an example of good partnership working, with health and local authority partners working better together than they had previously.

**RESOLVED: That the progress and future priorities be noted.**

6.

**POPULATION HEALTH MANAGEMENT AND JOINT STRATEGIC NEEDS ASSESSMENT 2022 - VERBAL UPDATE** *(Agenda Item 6)*

Ms Kelly O'Neill, the Council's Director of Public Health, advised that North West London Clinical Commissioning Group (NWL CCG) had commissioned Optum to undertake work on population health management (PHM) with boroughs in NWL. Hillingdon had the only place-based project being undertaken in NWL and the programme aim was to look at complex problems that could not be resolved by a single organisation. A robust PHM process had been put in place to be able to identify interventions.

It was noted that population health management looked to achieve the 'who', 'why' and the 'how' and target a defined population and achieve a more effective use of health and social care resources in tackling a health and/or care need. The Kings Fund PHM Framework had identified five stages of 'how'. The progress was being driven at place level through six Action Learning Sets and Task Groups had been established to drive the actions forward. Ms Melanie Foody at NWL CCG had been the project lead on this work and had driven this intensive programme, providing effective leadership. The process took stakeholders through questions such as: How were needs targeted? What did the aligned data sets tell us? What were the outcomes that we were trying to achieve? What were the short, medium and long term plans?

Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners (HHCP), advised that the data collected allowed partners to identify cohort characteristics but there was a need to be explicit about the aim of any activity. For example, a strategy for the prevention of falls and associated key performance indicators (KPIs) had been put in place as well as a decision support tool. A logic model had been used to help prevent partners from jumping to conclusions by starting any process with the identification of the outcomes that were required.

In terms of long-term outcomes required, a positive view of ageing needed to be promoted. Interventions and other activities also needed to be developed which were inclusive. Engagement would be fundamental to the development of new approaches and solutions and needed to be planned into the process. Interventions would also need to be tweaked to ensure that they met people's needs. This was a time-consuming process so a pragmatic approach to continuous learning was required going forward to ensure that it moved faster and became embedded as "business as usual".

Ms Patricia Wright, Chief Executive of The Hillingdon Hospitals NHS Foundation Trust (THH), noted that, as a proof of concept, the falls work had been a good piece of work and the associated learning could be transferred to other areas, e.g., the psychological aspects of mobility aids had proved significant as they had allowed patients to take control of their illnesses. Sensible advice about mobility aids would make a huge difference to older people and consideration needed to be given to where these aids could be obtained and how they could be promoted, e.g., pharmacies and Age UK.

Ms Morrison noted that Age UK was a partner on the group. It was important for residents to have an understanding of the risks in their own homes and effort was needed to destigmatise the issue. However, residents were not always aware of where they could obtain this information. Ms Morrison stated that there had been a gap in the process that had been addressed, and that the group had set out arrangements for engaging with residents.

	<p>Ms O'Neill advised that a lot had been achieved since the engagement work had started over the last two weeks. Although partners had come up with their views of what residents needed, the feedback from residents had identified different needs (there were some residents who didn't recognise themselves as being frail) so the interventions needed to be reframed. Ms Wright gave an example of getting someone trendy walking poles rather than a walking stick or frame.</p> <p>Councillor Jane Palmer had been struck by the other activities that had taken place and stated that the emotional support needed by residents should not be underestimated. Whilst residents wanted partners to fix things quickly, they also wanted to be able to then fix it themselves if it happened again.</p> <p>Ms O'Neill stated that the long term objectives reflected a need to change the culture. There needed to be a universal approach that was applicable across all deprivation scales. Residents needed to realise that this was about adapting for a different stage of life.</p> <p>Professor Ian Goodman, Hillingdon Borough Medical Director at NWL CCG, advised that more needed to be done in relation to intergenerational work, starting at primary school. Schemes were being established where students could go and live with older people (perhaps from Brunel University). This would encourage a better understanding in younger people of the issues faced by older people as well as providing assistance to the older people.</p> <p>Ms Wright suggested that, rather than having an outcome of a skilled and empowered <i>workforce</i>, the outcome should be a skilled and empowered <i>population</i>. This reflected the Asset Based Community Development approach which identified existing community strengths and what that asset offered the community.</p> <p>It was agreed that a further update on population health management be provided at the Board's next meeting on 14 September 2022.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. an update on population health management be provided at the meeting on 14 September 2022; and</b></li> <li><b>2. the discussion be noted.</b></li> </ol>
7.	<p><b>2021/2022 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT</b> (<i>Agenda Item 7</i>)</p> <p>Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the 2021/2022 template had been submitted as draft, subject to approval by the Board. With regard to the 2022/2023 BCF development, the planning requirements were likely to be published in July for submission in mid-September 2022 but that this was subject to change. Additional requirements were likely to include health inequalities and supporting carers.</p> <p>On 7 September 2021, the Government announced funding reforms in relation to Adult Social Care. Work in relation to the introduction of the Cost Care Cap was underway. The impact of this initiative on the market was uncertain and feedback would be provided to the Board once more information was available. Concern was expressed that there could be an impact on NHS rates as providers might seek to make up costs from the NHS.</p>

	<p>The report stated that, between 2019/2020 and 2021/2022, West London had halved the percentage of people with 3+ emergency admissions in the last year of life. It was unclear what actions had been taken in West London to produce this outcome.</p> <p>Councillor Susan O'Brien noted that the report contained updates on progress in promoting child healthy weight such as the Holidays and Food (HAF) programme which had worked well in Hillingdon. It was thought that, during the HAF programme, the children had been monitored to see if they were eating more healthily as a report had been produced but it was suggested that this be taken up outside the meeting. It was also suggested that promotion with Aggie now concentrate on children's dental health. Councillor O'Brien suggested that a fuller update be provided at the next board as to how child healthy weight issues were being taken forward in light of discussions on Population Health Management and post-Covid, especially in relation to schools.</p> <p>Ms Morison noted that some of the activity outlined in the report was linked to the Outline Business Case for the new hospital development.</p> <p><b>RESOLVED: That:</b></p> <ul style="list-style-type: none"> <li><b>a) the content of the 2021/22 end of year template be approved;</b></li> <li><b>b) delegation to the Executive Director for Adult Social Care and Health to sign-off the template submission on behalf of the Board be approved;</b></li> <li><b>c) the Board receive an update on the impact of the Cost Care Cap at a future meeting; and</b></li> <li><b>d) the content of the report be noted.</b></li> </ul>
8.	<p><b>MENTAL HEALTH CRISIS PATHWAY</b> (<i>Agenda Item 8</i>)</p> <p>Ms Vanessa Odlin, Director for Hillingdon and Mental Health Services, Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that the Crisis House provided by Comfort Care would be opening in the first week of August 2022.</p> <p>Hestia and CNWL had undertaken social media advertising in relation to the Cove Café which had resulted in a small increase in the number of people using the service (70 in March 2022). Although this performance was better than other facilities in North West London in terms of presentations, the target was 140+ per month. Information about these services had been shared with the Metropolitan Police Service and London Ambulance service and consideration had been given to targeting Heathrow hotels and capturing the user experience in a bid to increase numbers. It was suggested that advertising needed to be much wider than just social media.</p> <p>Following concerns raised at the last Board meeting in March 2022 about the unprofessional approach of Cove staff, further training had been provided and the issue had been addressed immediately.</p> <p>Ms Odlin advised that the number of crisis presentations in A&amp;E for those aged 18+ had increased and that approximately 60% of residents presenting in crisis in A&amp;E were not known to partners. As such, consideration was being given to having Cove staff based in A&amp;E at Hillingdon Hospital and to transporting those in crisis to the Crisis House or Cove Café which would provide a calmer and more appropriate environment. Similar to Brent, Hillingdon would be extending the Cove service to those aged 16+ in the next three months. It was suggested that links be made into Kooth.</p> <p>Whilst further support for those aged 16+ would be welcomed, Councillor Palmer</p>

	<p>queried how support could be provided to those who weren't coming forward. It was suggested that young service users ought to be asked where they thought other young people in need could be located. Councillor Susan O'Brien queried whether Cove was the right place for 16 year olds to turn up. The space needed to be right for them. Ms Odlin stated that the risks of a 16+ expansion would need to be assessed and it was hoped that the work would help to support colleagues in A&amp;E.</p> <p>With regard to population health management, opportunities to identify those young people who would benefit from using the services (but who were not accessing them) needed to be found. Ms Lynn Hill, Chairman of Healthwatch Hillingdon (HH), suggested that this could be linked into the recruitment that was currently being planned for Young Healthwatch via schools in the Borough.</p> <p>Councillor Susan O'Brien suggested that CNWL try searching for these young people in community centres, P3 Navigator and foodbanks. She queried whether the same people were currently being captured under different headers which would be wasting resources by duplicating work.</p> <p>It was recognised that A&amp;E should not be the first contact for residents in mental health crisis. Consideration needed to be given to how residents could become smarter consumers of the system and how resources could be shifted from crisis to prevention. All of the different parts of the system needed to be connected and communicated effectively to enable this to happen. Mr Tony Zaman, the Council's Interim Chief Executive, would speak to Ms Kelly O'Neill, the Council's Director of Public Health, about the associated communications and strategy outside of the meeting.</p> <p><b>RESOLVED: That the updates in respect of mental health crisis services be noted.</b></p>
9.	<p><b>PHARMACEUTICAL NEEDS ASSESSMENT UPDATE</b> (<i>Agenda Item 9</i>)</p> <p>Mr Naveed Mohammed, the Council's Head of Business Performance and Insight, advised that the Pharmaceutical Needs Assessment (PNA) needed to be published on 1 October 2022. It was currently in draft format and included demographic and epidemiological analysis. The assessment looked at the effectiveness of pharmacies in meeting residents' needs and had received 100% response rate. Mr Mohammed advised that many pharmacies in Hillingdon had indicated that they would be willing to provide other commissioned services. There were also opportunities for improvements or better access to current services. The PNA would now be subject to a 60-day consultation period.</p> <p>Ms Kelly O'Neill, the Council's Director of Public Health, was aware that there was a desire by Select Committees to make better use of pharmacies. As they were so accessible and convenient, thought needed to be given to how pharmacies could be better used.</p> <p>Mr Richard Ellis, Joint Lead Borough Director at North West London Clinical Commissioning Group (NWL CCG), noted that there were good networks between the pharmacies and GPs. Although NHS England was currently responsible for commissioning pharmacies, this would be transferring to the Integrated Care Board (ICB) later in the year. There would then be an opportunity to look at ways of working with pharmacies as well as with optometrists too.</p> <p>Although it was thought that there was a good mix of independent pharmacies in the</p>

	<p>Borough, Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, queried their sustainability and viability in the longer term. Mr Mohammed advised that the PNA had not looked at the viability of pharmacies but that it had looked at the available capacity of pharmacies in the Borough.</p> <p>The Board was advised that the first census outputs were expected on 28 June 2022. Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners (HHCP), noted that it would be worth inputting the feedback received from pharmacies into the neighbourhood discussions. Mr Tony Zaman, the Council's Interim Chief Executive, suggested that a market position statement be presented to pharmacies like a type of procurement exercise.</p> <p>It was noted that the final sign off of the PNA would be brought to the next Board meeting on 14 September 2022.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li>1. it be noted that that work on the 2022 PNA is on track for publication by 1 October 2022; and</li> <li>2. a 100% response rate was achieved on the survey of pharmacy contractors and 95 responses were received for the patient survey.</li> </ol>
10.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Board Planner. It was noted that the following items would be included on the agenda for the next meeting on 14 September 2022:</p> <ul style="list-style-type: none"> <li>• 2022/2023 Better Care Fund Plan;</li> <li>• Population health management update;</li> <li>• Cost Care Cap update – impact on the market (if available); and</li> <li>• PNA final sign off.</li> </ul> <p><b>RESOLVED: That the Board Planner, as amended, be agreed.</b></p>
11.	<p><b>TO APPROVE PART II MINUTES OF THE MEETING ON 22 MARCH 2022</b> (<i>Agenda Item 11</i>)</p> <p><b>RESOLVED: That the Part II minutes of the meeting held on 22 March 2022 be agreed as a correct record.</b></p>
12.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 12</i>)</p> <p>Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners, advised that the Better Care Fund had been expanded to include mental health services and physical health services. Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that a broader place-based health approach would be ready for 2023/2024.</p> <p>It was agreed that the ICS Strategy be included on the agenda for the next meeting on 14 September 2022.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li>1. The ICS Strategy be included on the agenda for the next meeting on 14 September 2022; and</li> <li>2. the discussion be noted.</li> </ol>

	The meeting, which commenced at 2.30 pm, closed at 4.15 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.