Minutes

HEALTH AND WELLBEING BOARD

7 March 2023

Meeting held at Committee Room 6 - Civic Centre, High Street, Uxbridge UB8 1UW

	Board Members Present: Councillors Jane Palmer (Co-Chairman) and Susan O'Brien (Vice-Chairman), Keith Spencer (Co-Chairman), Richard Ellis, Professor Ian Goodman, Lynn Hill, Nick Hunt, Ed Jahn, Kelly O'Neill, Sandra Taylor, Patricia Wright and Tony Zaman **Otheres Present:** Kevin Byrne (Head of Health and Strategic Partnerships), Gary Collier (Health and Social Care Integration Manager), Jane Hainstock (Head of Joint Commissioning, NWL ICS), Derval Russell (Harefield Hospital Site Director) and Nikki O'Halloran (Democratic Services Manager)
36.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Ms Julie Kelly, Ms Vanessa Odlin and Mr Graeme Caul.
37.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
38.	**TO APPROVE THE MINUTES OF THE MEETING ON 29 NOVEMBER 2022** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 29 November 2022 be agreed as a correct record.**
39.	**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 8 would be considered in public and Agenda Items 9 to 11 would be considered in private.
40.	**2022/2023 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** *(Agenda Item 6)* Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that a lot of work had been undertaken with regard to shaping the future health and care system but that the publication of the planning requirements for the Better Care Fund were still awaited. Insofar as the system wide winter key performance indicators in respect of Hillingdon Hospital activity were concerned, the Board was advised that 74% of patients attending Hillingdon A&E each day were individuals registered with a GP in the Borough. As the

majority of people in all age groups who attended A&E were not admitted (63% in 2021 and 2022), it was queried how these patients could be educated to understand that A&E was not the most appropriate place for them to present. It was also queried why over one third of patients presenting at A&E were admitted. Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that the Urgent Treatment Centre (UTC) sat at the front end of A&E and only passed on patients that had had an accident or emergency. As such the percentage of patients who were admitted from A&E was likely to be high as these were the patients that were most in need and were therefore in the right place.

Professor Ian Goodman, North West London Integrated Care System (NWL ICS), advised that the running of the UTC had recently been changed. The UTC had been commissioned by the Urgent Care Board and had been transferred back to THH to maintain at short notice.

With regard to the Discharge to Assess pathway, it was requested that data be provided at a future meeting on the delays to hospital discharge, perhaps grouped by type of blockage. Whilst Hillingdon had one of the best track records with regard to discharge, there were still patients that were staying in hospital longer than necessary and further work was needed on Emergency Department avoidance. Ms Wright advised that there was lots of data available but that this varied on a day-to-day basis so a conversation was needed to determine what would be useful and achievable.

Mr Keith Spencer, Co-Chairman and Managing Director at Hillingdon Health and Care Partners (HHCP), stated that the report had been useful but that it needed to include information about what partners were going to do about each of the issues. He would be happy to take this action forward.

With regard to addressing the budget deficit, Mr Tony Zaman, the Council's Interim Chief Executive, queried whether there was a tolerance level. Ms Wright advised that there had been some discussion about whether the deficit sat at a place level or with the hospital and noted that THH was unable to control factors such as demand. The NWL Integrated Care Board (ICB) held the budget and would be the body that set any tolerance levels (if they were to exist) but that it would need to set a balanced plan for 2023/2024. The acute trusts in NWL were required to submit a collective balanced plan and the mental health trusts were being required to do something similar. It was queried whether the plans being put in place addressed the historical deficit that had been caused by the funding formula and whether it would even balance. Ms Wright advised that negotiations had been undertaken with the ICB at a Trust and place level.

Mr Spencer advised that, at a place level, the root cause of the deficit had been investigated. Work had been commissioned to look at how a balanced plan could be put in place for the next five years that would unlock discussions with NWL ICB. In addition, the hospital would need to identify and achieve efficiencies and action would need to be taken at a place level to reduce the demand on the hospital. It was hoped that this plan would be shared with the Health and Wellbeing Board once developed.

Professor Goodman noted that there was a focus on the money when the focus should actually be on the impact on patients. Patients expected much more from the NHS now than they had before the pandemic which had created a backlog in primary and secondary care. In local government too, the money to provide residents with support around Covid had gone but the expectation to deliver had remained.

There was a large number of GPs aged 65+ who would be retiring in the next few years

	and this loss would need to be mitigated. It was noted that only around half of those training as GPs went into practice (they were instead working as a locum, etc). It was clear that the status quo was not an option. **RESOLVED: That the discussion be noted.**
41.	**PUBLIC HEALTH UPDATE** *(Agenda Item 5)* Ms Kelly O'Neill, the Council's Interim Director of Public Health, advised that the whole system approach to obesity had identified Hayes as being an area of need. Action had been undertaken to establish how best to engage with these communities and a pilot had been completed. The core team had been set up to lay the structures that would be needed to then build a framework to understand the community better. Initial work had been completed to target communities where obesity was prevalent and where these individuals were less likely to seek help. This included targeting obese young people too with initiatives such as active travel, for which three bids had been submitted. Minet School had been successful in its bid and the outcome of the other two bids was still awaited. The Board was advised that a workshop would be held at the end of March and consideration had been given to who would need to attend. It would be important to develop sustainable long term engagement plans and mobilise those who had already been identified whilst also trying to identify others that were currently unknown. Consideration would need to be given to questions such as: was there a limited ability to walk to school?; was there a perception of poor safety when walking? A reference group would be built up over the next few months with the community. This could then be developed so that it identified what the community saw as barriers and came up with solutions and options to tackle obesity. Measures of success would need to be identified that meant something to residents and which they would think were important. Although this might be the achievement of a healthier weight, it might be a feeling of being fitter or a greater sense of wellbeing. Concern was expressed that there had been a wave of messages being sent out to residents from local GP surgeries stating that they were overweight and that they could sign up to a programme to get help. It was noted that GPs had been incentivised to identify overweight patients and refer them on to a specific programme that had been funded by the NHS. Unfortunately, there had been limited spaces on this programme (which had quickly become overwhelmed with referrals) which meant that there was a 13 week wait before anything would happen. It would be important to change behaviour with the integrated neighbourhood process and that some of this could be facilitated by non-clinicians. A meeting had taken place on 6 March 2023 to set up networks of community champions to go into neighbourhoods and develop a programme of health improvements and integration. Ms O'Neill suggested that more sustainable ways of getting active were needed and less reliance on GPs as the impact on them had been huge. Council officers had been working with communities to get them more physically active and local sports facilities had been reviewed to ensure that they were affordable. Consideration now needed to be given to the wider assets available in the community and whether or not they could be used more effectively. It was noted that there would be greater links in a whole system approach to obesity and links to integrated neighbourhoods. Neighbourhood working and the purpose of

	neighbourhoods went hand in hand, especially in relation to conditions such as hypertension. Priorities and actions would need to be identified on the neighbourhood agenda. NHS Health Check was a mandated national screening programme, delivered in Hillingdon by GPs, which had been useful in identifying previously undiagnosed long term conditions. However, it was queried what happened after diagnosis. Interventions needed to be put in place and patients needed to take ownership of their own conditions. Consideration also needed to be given to how to engage with GPs and how to reduce the GP variation. Ms O'Neill advised that the NHS Health Check was supposed to be undertaken every five years. It would be important to identify those communities that were not taking part in the initiative as they were the ones that were less likely to have registered with a GP but most likely to have undiagnosed conditions. Although it varied across ethnic groups, uptake of the Health Checks was less than 50%. It was suggested that the situation with obesity felt like déjà vu from about ten years ago. The Royal Borough of Kensington and Chelsea (RBKC) had taken an advertising approach to negotiate with residents: if the 'place' did something for them, what would they do in return. Rather than medicalising the issue, initiatives such as lunch clubs for older people had been established. Ms O'Neill would be interested in looking into the work undertaken by RBKC. Ms Wright queried whether digital interventions had been used to make a difference as there were some low cost options available. NWL was part of the digital accelerator for London and lots of technology would be available to do Health Checks at community events. Ms O'Neill confirmed that digital options, uptake and access were being investigated, especially for those who wanted to help themselves. Momentum needed to be generated around School Superzones using digital to reach large numbers at a relatively cheap cost. It was deemed encouraging that schools were engaging and that they had signed up to the Superzones. It was queried whether dental nurses would return to schools or whether dentists would visit schools to talk to children about oral health. Ms O'Neill noted that poor oral health had so many interdependencies with other issues such as obesity so was deemed a key issue. Preventative measures, such as the provision of water in schools, was thought to be the panacea. **RESOLVED: That the discussion be noted.**
42.	**THRIVE UPDATE** *(Agenda Item 7)* Ms Jane Hainstock, Head of Joint Commissioning at North West London Integrated Care System (NWL ICS), advised that information from Central and North West London NHS Foundation Trust (CNWL) / Child and Adolescent Mental Health Services (CAMHS) had not been available when the agenda had been published. This information would be circulated to the Board after the meeting. Ms Hainstock advised that a cultural change was needed in the approach to children's mental health and wellbeing. The old tiered model had felt like young people and their parents were having to climb a ladder to move from one tier to the next and it would be important to not create a new set of challenges in the move to Thrive. The set up and governance needed to be established before the structural features could be

	determined. The implementation of the Thrive methodology was thought to be ambitious and a service mapping exercise had already been undertaken with partners. This exercise had tried to align the language used by the different organisations and had identified a number of gaps and some short, medium and long term actions. The voluntary sector had identified the need for more peer support and the need to increase capacity. It was noted that CAMHS was not the appropriate place for some mental health issues and that sometimes young people might be experiencing emotional distress rather than mental ill health. Action was being taken regarding the criteria for using the CAMHS service and what was needed by those young people and their families that did not meet the threshold. Ms Hainstock advised that the activity data illustrated the level of pressure on the system with one in four children and young people now having a diagnosable mental health condition. It would be important to understand why these young people were unwell to then be able to address the causes rather than medicalising the issue. The population health management project had set out an aspiration to have a single front door for all young people's services. This would mean that young people would not have to tell their story more than once and that a plan could be put together. Following on from the first two Thrive meetings, a third meeting with partners had been scheduled for April 2023 where consideration would be given to what was being done well and what was not so good. This would show where the focus needed to be so that the right teams could be pulled together, which might take time. Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that the NWL Integrated Care Board (ICB) had agreed three programmes of work, one of which was in relation to children and young people's mental health. It would be important that the work being undertaken locally in relation to Thrive was fed into that research work. It was confirmed that the Children and Young People's Transformation Board had received a presentation on that part of the research project and a two year pilot project for London was being introduced to provide a single front door. Ms Kelly O'Neill, the Council's Interim Director of Public Health, noted that a similar approach to the Thrive methodology had been introduced in Northamptonshire some time ago. Although adults had been prioritised in work undertaken in the Borough, it was time to take a good look at services for children and young people. Having been underfunded previously, increased investment meant that the needs of young people could be addressed at an earlier stage so that they are prevented from escalating into crisis. **RESOLVED: That the update be noted.**
43.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 8)* Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that it was possible that the Better Care Fund Plan would need to considered at the Health and Wellbeing Board meeting on 13 June 2023. Mr Tony Zaman, the Council's Interim Chief Executive, advised that there were wider

	changes being introduced across London and consideration needed to be given to the role of the Health and Wellbeing Board in the new arrangements. Rather than the Board receiving reports that provided a descriptive narrative, it was suggested that this should be more of an in-depth look at issues or that workshops should be undertaken. Ms Kelly O'Neill, the Council's Interim Director of Public Health, noted that the Health and Wellbeing Strategy had been published about a year previously and that now would be a good time to evaluate the impact of the action taken to help the Board refocus. It was agreed that this would be included for the next meeting on 13 June 2023. **RESOLVED: That the 2023/2024 Board Planner, as amended, be agreed.**
44.	**TO APPROVE PART II MINUTES OF THE MEETING ON 29 NOVEMBER 2022** *(Agenda Item 10)* **RESOLVED: That the Part II minutes of the meeting held on 29 November 2022 be agreed as a correct record.**
45.	**BETTER CARE FUND - NEXT STEPS - VERBAL UPDATE** *(Agenda Item 9)* Consideration was given to the future state operating model for Hillingdon. **RESOLVED: That the discussion be noted.**
46.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 11)* Consideration was given to the impact of strikes on Hillingdon Hospital. **RESOLVED: That the discussion be noted.**
	The meeting, which commenced at 2.30 pm, closed at 4.42 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on nohalloran@hillingdon.gov.uk. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.