

Minutes

HEALTH AND WELLBEING BOARD

20 September 2022

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



HILLINGDON
LONDON

	<p>Board Members Present: Councillors Jane Palmer (Co-Chairman) and Susan O'Brien (Vice-Chairman), Richard Ellis, Professor Ian Goodman, Ed Jahn, Julie Kelly, Kelly O'Neill, Lisa Taylor (In place of Lynn Hill), Sandra Taylor and Tony Zaman</p> <p>Officers Present: Kevin Byrne (Head of Health and Strategic Partnerships), Gary Collier (Health and Social Care Integration Manager), Becky Manvell (NHS Health Checks - Smoking Cessation Team), Naveed Mohammed (Head of Business Performance & Insight), Dr Ritu Prasad (Chair of Hillingdon GP Confederation), Shikha Sharma (Consultant in Public Health) and Nikki O'Halloran (Democratic Services Manager)</p>
13.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Ms Lynn Hill (Ms Lisa Taylor was present as her substitute), Ms Vanessa Odlin and Mr Nick Hunt.</p>
14.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before the meeting.</p>
15.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 14 JUNE 2022 (<i>Agenda Item 3</i>)</p> <p>It was noted that Caroline Morison was not a Councillor.</p> <p>RESOLVED: That, subject to the above amendment, the minutes of the meeting held on 14 June 2022 be agreed as a correct record.</p>
	<p>On behalf of the Health and Wellbeing Board, the Co-Chairman thanked Ms Caroline Morison for the excellent work that she had undertaken in Hillingdon and wished her every success going forward.</p>
16.	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 11 would be considered in public and that Agenda Item 12 would be considered in private.</p>
17.	<p>POPULATION HEALTH MANAGEMENT - PROGRESS AND NEXT STEPS (<i>Agenda Item 5</i>)</p> <p>The Director of Public Health advised that the focus had been on Public Health</p>

Management (PHM) being used as an enabling framework to tackle health inequalities. The work commissioned in North West London (NWL) had focussed on place based projects in relation to frailty and falls in Hillingdon. There had also been some initial focussed work on obesity and health checks.

The Board noted that Ms Caroline Morison, former Managing Director of Hillingdon Health and Care Partners (HHCP), had presented the PHM information to the Borough HPB. Consideration needed to be given to the approach that would be taken and prioritising the use of the PHM framework going forward in the Borough.

Ms O'Neill stated that the PHM work being undertaken by Optum had progressed well. However, the process had been paused to enable Healthwatch Hillingdon to support the process by engaging with residents as this intelligence had been missing. Action Learning Sets had been held and key interventions had started to be developed and implemented. **It was agreed that an update on the progress of the Optum project be provided to the Board at its next meeting on 29 November 2022.**

At a NWL level, £7.2m of health inequalities funding had been made available from NHS England. A three week consultation had been undertaken across NWL to identify how this funding could be used to build capacity but the outcome of the consultation had yet to be confirmed.

Health Checks

Ms Becky Manvell, the Council's Public Health Manager, advised that the NHS Health Check programme in Hillingdon aimed to prevent heart disease, stroke, type 2 diabetes, kidney disease and some types of dementia. Eligible residents should receive an NHS Health Check every five years. These appointments were undertaken in all 45 general practices in Hillingdon, lasted approximately 15-20 minutes and measured height, weight, waist circumference, pulse rhythm and blood pressure. Information was also gathered in relation to alcohol consumption, physical activity and smoking status and their CVD risk was calculated and communicated and healthy life advice given or a GP referral made where necessary.

Covid had negatively impacted on the Borough's ability to meet its target for the number of Health Checks undertaken (65% / 2,700 per quarter) and there appeared to be a significant variation in achieving this at a Primary Care Network (PCN) and local practice level.

Currently, Hillingdon had worse levels of cardiovascular disease (CVD) than the London average as well as the national average. It was anticipated that an increase in the Health Checks undertaken across eligible groups would enable the identification and treatment of more people with undiagnosed CVD. Those with a higher risk of developing CVD could be supported and those with a lower-level risk could be signposted and advised. The more Health Checks that were carried out in Hillingdon, the greater their impact would be.

The Board was advised that there was some overlap between the areas with the fewest Health Checks undertaken and the areas of greatest deprivation. Consideration would need to be given to breaking down the data and providing further analysis to increase the uptake of Health Checks.

Work was being undertaken to reduce the variation in the Health Checks amongst individual general practices and on improving access via a range of community settings with appointments available at different times of the day and week, exploring the

possibility of an outreach service to complement the current general practice model.

The work that was being undertaken would improve outcomes for Hillingdon residents by increasing the uptake of preventative interventions as well as enabling higher risk groups to be targeted. A gap analysis would be undertaken to identify under served groups to then engage to understand how this disparity could be addressed. This engagement could include initiatives such as the blood pressure (BP) checks which was recently undertaken at Botwell Library. The Board welcomed this type of proactive outreach as a large number of residents would only seek out medical attention when it was an emergency.

Awareness of and the profile of NHS Health Checks would need to be raised through better communication as it was thought that patients would not actively reject the opportunity to have a Health Check. It was important that, when patients were having a Health Check, they were aware that that was what it was as it was not always being made obvious as these checks were sometimes done as part of a visit to the GP for another issue. It was suggested that the Covid Champions be used to help educate residents and promote NHS Health Checks.

In the medium to long term, a digital NHS Health Check offer was under development by NHS Digital and expected to be ready in about two years. Once this facility was available, it was expected that the age range for the programme would be expanded to include those aged 30-39 (currently around 48k residents). It was suggested that a lot more needed to be done, particularly in relation to places like Botwell and Hayes, and that waiting another two years for the digital offer to come online was unacceptable.

It was queried whether there had been a direct correlation identified between the NHS Health Checks being undertaken and positive health outcomes. Ms Manvell advised that an NHS Health Check dashboard was being developed which would hopefully address this.

Professor Ian Goodman noted that it was going to be difficult to get those who most needed help, support and advice to have an NHS Health Check. Fifty two years ago, Dr Julian Tudor Hart had recognised and referenced an Inverse Care Law whereby those who most needed medical care were least likely to receive it and those who needed it least would use health services more (and more effectively). However, these residents would be more likely to engage if the information and education about healthy lives was taken out to them in their own environment. Professor Goodman advised that he had engaged with a colleague who had spent a number of years implementing a scheme in Brazil and was now doing a similar thing in London.

35% of those in Hillingdon that were eligible had not yet had a Health Check. It would be important to target those residents that had not yet had one and to have that conversation about why it was important to identify health issues early. The uptake in the more deprived communities needed to be increased as these were the residents that were more likely to have long term conditions. Effort then needed to be made to ensure that support is available to those who needed it to reduce the risk of any conditions that were diagnosed.

It was agreed that an update on the progress of this project be brought to the Board at its meeting on 7 March 2023.

Obesity

Ms Shikha Sharma, Public Health Consultant at the London Borough of Hillingdon,

advised that the obesity rates had increased in recent years, and so had the gap in rates between the most and the least deprived people. Obesity was strongly linked to deprivation. In Hillingdon, the small areas of deprivation also had the highest obesity rates; which was of significance due to its negative impacts on health of the most vulnerable people. Nationally, hospital admissions due to obesity were shown to be 2.4 times higher in deprived areas.

Consideration was now being given to understanding the current achievements in terms of preventing obesity and to determine the impact of actions that had been undertaken and the associated learning on a local and national level. Local partners understood that obesity was a significant issue and, although there had been discussions and initiatives introduced to tackle obesity, there were still gaps. A whole system approach that involved bringing everyone together across the system to identify areas for targeting (and working together to action those), was proposed. In order for this to work, certain mindsets and behaviours would need to be promoted and adopted across the system. This would involve acting on wider environmental factors as tackling obesity was not just about diet and physical activity.

To tackle obesity, the population health management (PHM) methodology would be utilised where partners studied local data together to identify the individuals and then look at the risk factors and remove barriers. Staff working in areas such as leisure services, healthcare and social care all needed to be confident in raising the issue of weight and should have knowledge of the interventions that were available to help. It was suggested that tackling obesity was everyone's responsibility.

Ms Sharma advised that sufficient data was not currently collected in relation to who attended what activities in the Borough. As such, it would be more difficult to motivate people to use services or to identify who the non-users were, which areas people lived in and whether or not they had the skills needed to be able to lose weight. The National Institute of Health and Care Research (NIHR) had identified interventions which had been successful and, if applied locally, would need to be monitored to identify their impact and effectiveness as well as identify what didn't work.

Nationally, there had been an increase in rates of people who were overweight and obese. Although obesity rates for adults and children had appeared to have increased in Hillingdon too, due to interruption caused by COVID-19, there were gaps in the collection of local data (as in other boroughs nationally). As a result of the pandemic lockdowns and exclusion of 'bubbles', it had not been possible to measure children's heights and weights and complete data to usual levels in schools. There was further evidence in the data of lifestyles related to diet and physical activity not improving in Hillingdon. As well as physical activity levels for children and adults in the Borough being significantly low, children's dental health was poor and the uptake of 5-a-day was low. The Population Health Management model would shift the focus to treating obesity as a chronic disease involving action on upstream measures across the identified population.

Data collection needed to be improved and residents' engagement needed to be increased. To this end, workshops would be scheduled to target areas where inequalities and obesity levels were comparatively high such as Hayes and Harlington, West Drayton and Yiewsley.

The Health and Wellbeing Board was asked to provide leadership at place to implement a whole system approach for healthy weight through PHM. Partners were supportive of stakeholder professionals to be involved in the PHM process and agreed

that progress insight and recommendations for achieving whole system approach ambitions be reported back to the Health and Wellbeing Board at its meeting on 29 November 2022.

It was queried whether the action being undertaken now differed greatly to that taken five or ten years previously. Ms O'Neill advised that reducing obesity was not just about looking to reduce how much someone ate / calorie intake but was also about the infrastructure that sat behind that. The Council was deemed to be an enabler in relation to services such as planning, housing development, etc, and the NHS looked to promote health literacy, etc. This all needed to be put together to produce better outcomes, whilst also understanding the drivers of obesity and barriers to losing weight (which included the increasing cost of healthy food versus something like a relatively cheap bucket of fried chicken).

Activity that was already being undertaken to address obesity had been mapped out and gaps identified and filled. However, more strategic oversight was needed. The Council's fortnightly senior manager meetings could be used to help position Public Health better within the local authority. For example, it was recognised that housing maintenance covered a huge range of public health issues which could be included in the medium to long term transformation programme. There were some policy decisions that would need to be made to enable work to be undertaken effectively and all partners needed to work together as a beacon.

Although there appeared to be a lot of enthusiasm for the proposed way forward, concern was expressed that enthusiasm had not previously been enough to produce results. Consideration would need to be given to what had worked before and prioritise what would give the biggest return and prove the most robust when evaluated. Professor Goodman advised that colleagues at Brunel University were able to evaluate health interventions and would likely be happy to be involved.

Councillor Sue O'Brien noted that the schools had a range of resources that could be used to tackle obesity such as Multi Use Games Areas (MUGAs). She also queried what action Hounslow had taken that had resulted in significant improvements to obesity levels there. Ms O'Neill advised that Hounslow had made a significant investment in tackling obesity. Dedicated leads had put together ambitious plans that were then promoted to the LGA and London Councils to secure funding, which then attracted additional funding.

It was agreed that an update on the progress of this project be brought to the Board at its meeting on 7 March 2023.

RESOLVED: That the following be noted:

- 1) the current status of the place-based PHM programme on falls and frailty commissioned by NWL in the Borough;**
- 2) discussions at the Health Protection Board that proposed:**
 - a) how we embed population health management in wider projects;**
 - b) how this approach can more efficiently become a systematic tool for improving outcomes in defined communities; and**
 - c) how we can best use the opportunities presented as part of the NWL ICB consultation on investing in PHM to tackle health inequalities at Borough level;**
- 3) two examples of public health focused work that were starting to use PHM as an approach to achieving improved outcomes and offer a different approach to two long-standing health needs to achieve more impact;**

	<p>4) an update on the progress of the Optum project be provided to the Board at its next meeting on 29 November 2022; and</p> <p>5) updates on the progress of the obesity and Health Check projects be considered by the Board at its meeting on 7 March 2023.</p>
18.	<p>2022/23 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT (<i>Agenda Item 6</i>)</p> <p>Mr Gary Collier, the Council’s Health and Social Care Integration Manager, advised that the mental health Crisis House was now operational and people had moved in. The Crisis House was able to help different categories of guests and, therefore, evidence needed to be provided on a quarterly basis to determine whether or not the criteria needed to be altered.</p> <p>As there had been some developments in relation to the Cove Café, Mr Collier would ask Ms Vanessa Odlin to circulate the information to members of the Board.</p> <p>Although there was reference made to the Better Care Fund (BCF) in this report, it was noted that it had not been possible to include the BCF report on this agenda. It was likely that guidance in relation to the post April 2023 BCF arrangements would not be forthcoming until after November 2022.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Ms Vanessa Odlin be asked to provide the Board with information in relation to developments at the Cove Café; and 2. the report be noted.
19.	<p>2022/23 BETTER CARE FUND PLAN - VERBAL UPDATE (<i>Agenda Item 7</i>)</p> <p>Mr Gary Collier, the Council’s Health and Social Care Integration Manager, advised that it had not been possible to provide a report on the 2022/23 Better Care Fund (BCF) Plan. As such, it was agreed that authority to approve the plans and amendments from the assurance process with NHS England be delegated to the Council’s Executive Director, Adult Services and Health in consultation with the Health and Wellbeing Board Co-Chairman, the Joint Borough Director, NHS North West London and the Chairman of Healthwatch Hillingdon. This would be reported back to the Board’s subsequent meeting.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. formal approval of the submission documentation be delegated to the Executive Director, Adult Services and Health in consultation with the Health and Wellbeing Board Co-Chairman, the Joint Borough Director, NHS North West London and the Chairman of Healthwatch Hillingdon, on behalf of the Board; and 2. on behalf of the Board, authority to approve amendments to the 2022/23 plan in response to feedback from NHS England be delegated to the Executive Director, Adult Services and Health in consultation with the Health and Wellbeing Board Co-Chairman, the Joint Borough Director, NHS North West London and the Chairman of Healthwatch Hillingdon.
20.	<p>PHARMACEUTICAL NEEDS ASSESSMENT UPDATE (<i>Agenda Item 8</i>)</p> <p>Mr Naveed Mohammed, the Council’s Head of Business Performance and Insight, advised that consultation on Hillingdon’s Pharmaceutical Needs Assessment (PNA)</p>

had been undertaken between 21 June 2022 and 19 August 2022. A separate consultation had been undertaken with partners. As it was thought to be a niche topic, there had not been a huge number of comments received during the consultation period. However, an amendment to the opening hours had been made following feedback from one respondent. In addition, on 12 September 2022, NHS London had raised ten issues and questioned the localities that had been chosen. A response was being put together.

Professor Ian Goodman noted that Primary Care Networks had been funded to employ community pharmacists that were now in great demand and short supply. He queried whether the PNA covered future workforce planning. Mr Mohammed would get back to Professor Goodman outside of the meeting.

It was agreed that the inclusion of further amendments to Hillingdon's PNA 2022 and publication be delegated to the Council's Director of Public Health and Head of Performance and Insight.

RESOLVED: That the Health and Wellbeing Board:

- 1. agree the final version of Hillingdon's Pharmaceutical Needs Assessment (PNA) including the recommendations and inclusion of summarised comments from the statutory 60-day consultation.**
- 2. agree that the PNA be published by 1 October 2022.**
- 3. agree to delegate further amendments to Hillingdon's PNA 2022 prior to publication to the Head of Performance and Insight and Director of Public Health, should further changes be required.**

21. **ADULT SOCIAL CARE FUNDING REFORMS UPDATE - VERBAL UPDATE**
(Agenda Item 9)

Ms Sandra Taylor, the Council's Executive Director Adult Services and Health, advised that the Council had been working with care home providers about the fair cost of care. Consideration needed to be given to how this was being addressed and assessed and the eligibility for financial assessment before the care cap became effective in October 2023. Eligibility thresholds had increased from £23k to £100k.

It was noted that the Council would be able to start undertaking fair cost of care assessments from February 2023. In the meantime, the authority would need to produce a market position statement by 23 October 2022 on the fair cost for care home placements and domiciliary care. **An update would be provided to the Board at its meeting on 29 November 2022.**

RESOLVED: That:

- 1. Ms Sandra Taylor provide the Board with an update on the fair cost of care at its meeting on 29 November 2022; and**
- 2. the update be noted.**

22. **ICS STRATEGY - VERBAL UPDATE** (Agenda Item 10)

Mr Richard Ellis, North West London Integrated Care System (NWL ICS) Joint Borough Lead Director, advised that, although he had been unable to attend the revised meeting date, the Director of Strategy and Population Health at NWL ICS had been keen to talk to the Health and Wellbeing Board about the ICS strategy.

Mr Ellis noted that the NWL ICS had been committed to working in partnership with

	<p>local authorities. To this end, a number of workshops had been set up (including one in October 2022) for partners to attend. Invitees had included Councillor Palmer as well as the Council's Chief Executive, Executive Director Adult Services and Health, Executive Director of Children and Young People's Services and Director of Public Health. Those that had been invited to the workshops were encouraged to engage.</p> <p>The NWL Integrated Care Board (ICB) had developed four objectives to tackle issues such as health inequalities similar to those discussed earlier on the agenda. Furthermore, NWL aimed to replicate the joint working achieved through the Hillingdon Health and Care Partners (HHCP) which had worked across health, social care, voluntary sector and local authority.</p> <p>NWL ICB had developed nine deliver programmes to look at: mental health; acute care; workforce development; research; maternity; children and young people; cancer; support for people with long term conditions; and older people. Mr Ellis noted that Hillingdon had overachieved in some of these areas.</p> <p>RESOLVED: That the update be noted.</p>
23.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the Board Planner. It was noted that the following items be included on the agenda for future meetings:</p> <ul style="list-style-type: none"> • an update on the progress of population health management interventions to gain residents' insight be provided to the Board at its next meeting on 29 November 2022. • an update of the fair cost of care be provided to the Board at its meeting on 29 November 2022. • an update on the uptake and outcomes of health checks be brought back to the Board at its meeting on 7 March 2023. <p>RESOLVED: That the Board Planner, as amended, be agreed.</p>
24.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CO-CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the make up of the North West London Integrated Care Board (NWL ICB) and NWL Integrated Care System (ICS).</p> <p>RESOLVED: That the discussion be noted.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 4.37 pm.</p>

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.