

Minutes

HEALTH AND WELLBEING BOARD

12 September 2023

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



HILLINGDON
LONDON

	<p>Board Members Present: Councillor Jane Palmer, Professor Ian Goodman, Lynn Hill, Ed Jahn, Julie Kelly, Vanessa Odlin, Jason Seez (In place of Patricia Wright), Sandra Taylor and Tony Zaman</p> <p>Officers Present: Gary Collier (Health and Social Care Integration Manager), Suzi Gladish (Quality and Implementation Manager - Safeguarding Partnership), Gavin Fernandez (Head of Service - Hospital, Localities, Sensory & Review) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
13.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Mr Keith Spencer (Co-Chairman), Councillor Susan O'Brien (Vice Chairman), Mr Richard Ellis, Mrs Derval Russell and Ms Patricia Wright (Mr Jason Seez was present as her substitute).</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 this meeting.</p>
15.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 13 JUNE 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 13 June 2023 be agreed as a correct record.</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 5 to 7 would be considered in public and Agenda Items 8 to 11 would be considered in private.</p>
17.	<p>2022-2023 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT (<i>Agenda Item 5</i>)</p> <p>Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the value of the Better Care Fund (BCF) submission in 2023/24 had been £96.5m, which had been a reduction from £109m in 2022/23 (this had largely been attributed to a reduction in the Integrated Care Board voluntary contribution). The provisional value for 2024/25 was £98.5m.</p> <p>Feedback had been provided by the Assurance Team with changes to the <i>Avoidable</i></p>

Admissions target (which would make the target less challenging to achieve in 2023/24) and a correction to the rationale supporting discharge to the *Usual place of residence* metric (which did not affect the target). Additional text had been added to the narrative plan document that supported data in the demand and capacity worksheet in the submission template. Changes had also been made to the demand figures to reflect those individuals that needed low level assistance. Once confirmation of assured status had been received, a Section 75 legal agreement could be entered into which would satisfy the final BCF national condition by the end of November 2023.

The Co-Chairman commended Mr Collier and his team for the excellent work that they had undertaken during a very difficult period. She gave her personal thanks for this very comprehensive piece of work. Professor Ian Goodman, North West London Integrated Care Board, suggested that further work be undertaken to reflect the changes in the percentage of patients presenting at A&E that had been admitted compared to attendances. Mr Jason Seez, Deputy Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, advised that Hillingdon Health and Care Partners would need to do a deep dive into this and then take it back to their Board.

With regard to the metric for *Discharge to normal place of residence*, Professor Goodman noted that this had been 92.18% in Quarter 1 against a target of 92.8%. However, *Homefirst/Discharge to Assess Pathway 2* figures showed that 4% of hospital discharges went into rehabilitation or short-term care in a 24-hour bed-based setting and Pathway 3 figures showed that 1% required ongoing 24-hour nursing care in a bedded setting. This would suggest that the metric for *Discharge to normal place of residence* should be 95%, not 92%. Mr Collier advised that these figures had been provided by different sources. He would investigate the discrepancy and share this information with the Board.

Mr Collier noted that this year had not been without its challenges with reviews of the BCF scheme. The report set out the parameters for the North West London (NWL) review of schemes which would be undertaken by an external organisation. It would be important that the need to address the key lines of enquiry within the BCF planning requirements was not lost within this process. In addition to the work undertaken at a NWL level, a place-based review would be undertaken locally in relation to out of hospital spend. It was anticipated that this would be completed by the end of October 2023. Results of both reviews would be reported back to the Board at its meeting on 28 November 2023. The Chairman noted that an apology had been received about the way in which the BCF had been handled at a NWL level and that it would not be like this in the future.

Mr Tony Zaman, the Council's Chief Executive, noted that the BCF had been reported to the Health and Wellbeing Board since about 2013. During this time, Mr Collier had put a lot of effort into the BCF which had put the Borough in a good position that would define the future. This work had put Hillingdon ahead of the game and meant that the NWL review could be seen as a positive experience rather than a threat. He stated that the positive results seen in the Borough were thanks to Mr Collier and an excellent example of partnership working.

RESOLVED: That the report and update provided by officers be noted.

18. **HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2022-2023**
(Agenda Item 6)

Ms Suzi Gladish, Safeguarding Partnership Quality and Improvement Manager,

advised that the report set out the work that had been undertaken by the Partnership which had to undergo independent scrutiny. This year, the focus had been on independent working in practice and evidence had been found of strong partnerships and the facilitation of continuous improvement.

The report set out the progress of subgroups (such as the Making Safeguarding Personal subgroup and the Domestic Abuse subgroup) that had worked with multi agency colleagues on prevention, identification and response. With regard to learning from practice, three useful learning reviews had been undertaken during the year which had resulted in improvements and a safeguarding adults review had been undertaken in relation to self-neglect.

Ms Gladish advised that a multi agency quality assurance framework had been introduced. A safeguarding adults audit tool had been developed on a pan-London basis but had not yet been introduced as further improvements were needed.

With regard to the quality of safeguarding practice, training sessions had proved very successful with a 43% increase in continuous professional development across the sector. A webinar programme had also been developed. The Safeguarding Families Team at The Hillingdon Hospitals NHS Foundation Trust had been fully established and had focussed on ensuring that safeguarding remained at the forefront of clinical care through a range of interventions such as training and staff engagement.

Highlights from partner agencies over the past year included an increase in the number of domestic abuse (DA) reports and a drive by the North West London Integrated Care Board in relation to annual health checks. Central and North West London NHS Foundation Trust (CNWL) had also held its fifth Annual Domestic Abuse conference this year. An Independent Domestic Violence Advocate (IDVA) had been co-located at Hillingdon Hospital to help identify and support patients who had been victims of DA. It was recognised that there were significant benefits in learning from practice and that it would be good to see more IDVA involvement in GP surgeries. It was suggested that the Hillingdon Training Hub had been well attended by GPs and might be the best way of targeting GP engagement. Ms Gladish had attended the GP Safeguarding Forum and training was readily available to all GPs. It was suggested that this issue be investigated further outside of this meeting.

CNWL had acknowledged areas of improvement such as identifying the voice of the child in every contact (particularly in relation to Child Sexual Abuse). This had been identified as a priority for this year and consideration needed to be given to what else was needed from partner organisations in order for this to be successful. Ms Gladish needed to know what partner organisations would be doing in response to the feedback and would take this up with them outside of this meeting. A "You Said, We Did" exercise would also be undertaken by the end of October 2023.

Self-neglect was when someone was not able to keep themselves clean, safe and well. Sometimes these individuals did not want help, even though they needed it. The Self-Neglect subgroup had been working to help professionals know how to help people that were unable to help themselves. The Co-Chairman noted that it was good that this issue was being given priority.

Ms Gladish noted that the child and adolescent service had joined with adult services at Harlington Hospice to transform into the Psychological and Emotional Support Service. At the hospice UK conference in November 2022, Harlington Hospice had been awarded first place in the research poster in relation to its work on Neurodiversity

	<p>and Grief.</p> <p>It was noted that Young Healthwatch Hillingdon had undertaken a lot of work with young people in the Borough in relation to issues such as sexual health and self harm. It was queried how Healthwatch could work together with the Safeguarding Partnership. Ms Gladish advised that the sexual health work reported into a subgroup and that the Partnership would welcome ongoing collaborative work on things such a joint consultation event at the end of October 2023.</p> <p>The Board recognised the hard work undertaken by a small team that worked across a range of organisations. The effective partnership working was demonstrated through the rotation of the chairmanship of meetings around the partners that made up the leadership group.</p> <p>RESOLVED: That the achievements of Hillingdon Safeguarding Partnership in the year 2022-2023 be commended and the strategic priorities for 2023-2024 be noted.</p>
19.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 7</i>)</p> <p>It was agreed that the following reports be considered at the Health and Wellbeing Board meeting on 28 November 2023:</p> <ol style="list-style-type: none"> 1. Health and Wellbeing Strategy – One Year On; and 2. Drug and Alcohol Strategy. <p>RESOLVED: That the Board Planner, as amended, be noted.</p>
20.	<p>PLACE FINANCIAL POSITION (<i>Agenda Item 8</i>)</p> <p>RESOLVED: That this item be deferred to the meeting on 28 November 2023.</p>
21.	<p>STRATEGIC UPDATE (<i>Agenda Item 9</i>)</p> <p>RESOLVED: That this item be deferred to the meeting on 28 November 2023.</p>
22.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 13 JUNE 2023 (<i>Agenda Item 10</i>)</p> <p>RESOLVED: That the Part II minutes of the meeting held on 13 June 2023 be agreed as a correct record.</p>
23.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CO-CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 11</i>)</p> <p>There were no current or emerging issues or any other business that the Co-Chairman considered to be urgent.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.17 pm.</p>

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