

RESTRICTED MINUTES

HEALTH AND WELLBEING BOARD

28 November 2023



HILLINGDON
LONDON

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

	<p>Board Members Present: Councillor Jane Palmer, Keith Spencer, Susan O'Brien (Vice-Chair), Tina Benson (In place of Patricia Wright), Richard Ellis, Professor Ian Goodman, Ed Jahn, Julie Kelly, Vanessa Odlin, Derval Russell, Lisa Taylor (In place of Lynn Hill), Sandra Taylor and Tony Zaman</p> <p>Officers Present: Gary Collier (Health and Social Care Integration Manager), Viral Doshi (Public Health Officer), Gary Hutchings (Public Health Strategist), Kelly O'Neill (Director of Public Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
24.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies had been received from Ms Patricia Wright (Ms Tina Benson was present as her substitute) and Ms Lynn Hill (Ms Lisa Taylor was present as her substitute).</p>
25.	<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>
26.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 12 SEPTEMBER 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 12 September 2023 be agreed as a correct record.</p>
27.	<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 9 would be considered in public and Agenda Items 10 to 12 would be considered in private.</p>
28.	<p>HILLINGDON JOINT HEALTH & WELLBEING STRATEGY 2022-2025: YEAR 1 REVIEW 2022-2023 (<i>Agenda Item 5</i>)</p> <p>Mr Sunny Doshi, the Council's Public Health Officer, advised that the report provided a progress review of the first year's delivery of the Hillingdon Joint Health and Wellbeing Strategy 2022-2025. He and Ms Becky Manvell, Public Health Manager - NHS Health Checks at the Council, had reviewed the first year and developed a framework. The report set out the evaluation process, aiming to showcase achievements in alignment with the Strategy's key priorities. It meticulously outlined areas where significant progress had been made, those where data limitations hindered a comprehensive assessment, and priorities that required further clarification to establish measurable</p>

progress indicators.

At the core of the Strategy were six thematic priorities, each bolstered by specific workstreams targeting diverse aspects of health and social care delivery. The Strategy envisioned each priority being realised through distinct Hillingdon Health and Care Partnership (HHCP) Transformation Boards.

The review had highlighted several challenges encountered during the evaluation. These included difficulties in assigning clear responsibilities and identifying lead officers responsible for providing comprehensive progress updates. Despite these challenges, the review identified ten specific areas where notable progress had been made in 2022-23. These successes had included initiatives such as falls prevention programs for older residents, hypertension awareness campaigns and enhanced support services for individuals dealing with dementia.

Conversely, certain areas demonstrated limited or no progress, particularly in combating child obesity and engaging children in healthy activities. Notably, the My Choice healthy weight intervention programme had faced constraints due to capacity limitations and low participation rates, posing a challenge in addressing child obesity effectively. Councillor Sue O'Brien, Vice Chair, noted her disappointment that there had been little progress with regard to childhood obesity and that partners couldn't do more. Capacity on the obesity course had been limited, take up had been low and many participants had not made it to the end of the course.

Mr Doshi noted that consideration was being given to having a revised evaluation process in place to report progress back to the Health and Wellbeing Board. Further work was also needed in relation to more effective and efficient data gathering. While acknowledging the strength of ongoing operational work, it was recognised that there was a need to align strategic priorities more closely with the tangible progress being made on the ground. Ms Kelly O'Neill, Director of Public Health, advised that there had been some crossover between Hillingdon's Joint Health and Wellbeing Strategy and the Better Care Fund (BCF) Transformation Boards but that there had been no baseline for some of the metrics. Year 2 of the Strategy required significant link up but this needed to be embedded in the Transformation Boards and milestone measures needed to be put in place.

Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, advised that Mr Doshi had not been able to access the right people to get the right information for inclusion in sections of this report. There were clear workloads and Senior Responsible Officers had been identified for the Transformation Boards. It would be important to report the right information to reinforce existing milestones, reporting and governance. In addition, baselines needed to be established and progress needed to be benchmarked and monitored through the Health and Wellbeing Board to ensure that progress was made. Clarity was needed in relation to what was being measured and the expected outcomes. An update on this would be provided at the Board's next meeting on 5 March 2024.

Mr Tony Zaman, the Council's Chief Executive, noted that operational work was being undertaken day in / day out. Operational delivery was mature in some areas but this needed to be evidenced. Ms Vanessa Odlin, Managing Director at Goodall Division Central and North West London NHS Foundation Trust, advised that there had been a disappointingly low take up of the School Nurse Programme / My Choice. Investigations were underway to establish why there had been limited engagement with young people as well as how progress could be made to reduce instances of obesity in

young people. Ms Odlin advised that she was the SRO for mental health, learning disabilities and autism.

The Chair commended successful initiatives such as the Falls Directory (which had been replicated across London) and the attainment of a dementia-friendly community status. Nevertheless, the necessity for clearer measures and milestones for effective strategy evaluation and progress tracking was underscored as a priority moving forward. Overall, the Board collectively agreed to these recommendations, highlighting the importance of enhancing existing governance mechanisms to improve the Strategy's execution.

RESOLVED: That:

- 1) the content of this review of year 1 (2022/23) of the Hillingdon Health and Wellbeing Strategy be noted.**
- 2) a revised evaluation process anticipating the need to evaluate year 2 (2023/24) of the H&WBS, led by the LBH PH team which enables periodic oversight and assurance of progress made, outcomes achieved, and escalation routes for improvement milestones not being achieved be noted.**
- 3) an update on progress on the baselines be brought to the Health and Wellbeing Board meeting on 5 March 2024.**

29. **2023-24 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** (*Agenda Item 6*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that new information on reporting activities in the fourth quarter of the year had been awaited. This entailed the need for a quarter three template and an additional 2024/25 planning addendum. The latter was significant as it aimed to refresh the plan for the year 2024/25, encompassing an update to the Intermediate Care demand and capacity templates. As guidance for the 2023/2024 submission in mid-February 2024 was expected in January 2024, the Board agreed to delegate authority for approval of the quarter 3 performance template and 2024/25 planning annex to the Council's Corporate Director of Adult Social Care and Health in consultation with the Board Co-Chairs, NWL Borough Director and Healthwatch Hillingdon Chair.

Mr Collier noted that the target for permanent admissions to care homes would not be met. It was suggested that an increase in need attributable to the pandemic was a contributing factor. The Board was assured that there were measures in place to ensure that permanent residential placements were the most appropriate means of addressing resident need.

With regard to the demand and capacity template, underutilisation had been observed in one pathway, and ongoing efforts to rectify this issue had been put in place. Challenges were also acknowledged in managing capacity related to discharge to care homes due to supply constraints within the local care market.

Mr Spencer advised that a huge amount of work had been undertaken in relation to Integrated Neighbourhoods as well as the new Hillingdon Hospital redevelopment. Significant work had also been undertaken to reduce the length of stay in hospital as this was part of the longer term plan. The new end of life model had also gone live during the previous week. Due to geographical changes, the Neighbourhood Teams had been reduced from six to three.

Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care and Health, advised that it was important that partners shared as much as they could about what they were doing so that it could be captured at these Health and Wellbeing Board meetings. The report had highlighted some excellent pieces of work and, on behalf of the Board, the Chair thanked Mr Collier for his efforts, particularly in outperforming other NWL boroughs and for navigating through a particularly challenging year.

Mr Tony Zaman, the Council's Chief Executive, advised that it would be important that, early in 2024, a stocktake be undertaken on the models of care. A meeting could be held for key people to put together a compendium of achievements and ambition (what had partners been doing?). The Chair asked that Mr Zaman make arrangements for this to take place.

RESOLVED: That:

- a) the BCF Quarter 2 performance template be approved.
- b) the content of the report be noted.
- c) approval of the Quarter 3 2023/24 performance template and 2024/25 Planning Annex be delegated to the Council's Corporate Director of Adult Social Care and Health in consultation with the Health and Wellbeing Board Co-Chairs, the NHS NWL Borough Director and the Healthwatch Hillingdon Chair.
- d) Mr Zaman arrange for a meeting to take place in the new year for partners to identify a compendium of achievements and ambition.

30. **FROM HARM TO HOPE: COMBATING DRUG AND ALCOHOL MISUSE** (*Agenda Item 7*)

Mr Gary Hutchings, the Council's Public Health Strategist, advised that the 10 year Strategy, formulated in December 2021, had stemmed from the Dame Carol Black review in 2021, following an 80% increase in drug and alcohol-related deaths since 2012. The Strategy had been bolstered by a three-year grant and had received supplementary national funding from the £85.7m allocated to local authorities as the commissioners of drug and alcohol services. Collective accountability had been established for the metrics and criteria had had to be met including a needs assessment.

The Office of Health Inequalities and Disparities (OHID) had overseen this funding, known as the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). The Council was currently in its second of three years of SSMTRG funding and had also secured £599k as an annual Rough Sleeper Drug and Alcohol Treatment Grant which would end in March 2024. The supplementary grant complemented the existing £3 million annual contract, primarily managed by Central and North West London NHS Foundation Trust (CNWL), the main service provider. This collaboration had facilitated the funding of hospital-based clinical teams, community outreach teams for homeless individuals, and specialised interventions for inpatients experiencing homelessness.

The SSMTRG also funded a holistic clinical team, linking hospitals, communities, criminal justice intervention workers and mental health services. Governance of the project had been established through terms of reference by the Safer Hillingdon Partnership, ensuring operational roles were identified and action plans were enacted. Several meetings and panels had been formed to oversee different aspects of the Strategy, such as the Combating Drugs and Alcohol Partnership Board and the Drug and Alcohol Mortality Review Panel.

Metrics and outcomes were overseen by OHID, utilising the National Drug Treatment and Monitoring System to track reductions in drug use, drug-related crimes, deaths and increased engagement in outcomes. Hillingdon had showcased remarkable performance across these metrics, exceeding London averages in several areas.

Ms Kelly O'Neill, Director of Public Health, advised that the framework required the Council to report as part of the funding requirements. The impact of the additional funds had been huge with £1.1m of SSMTRG expected in 2024/25, enabling Hillingdon to ramp up its support. Ms O'Neil had chaired the review that had taken place in relation to 'B', a case study that was set out in the report. There had been many risk factors, any combination of which could have resulted in suicide. This review had provided partners with the opportunity to be more preventative and to make improvements to ways of working. It was anticipated that additional funding would be forthcoming from 22025/26 after the three-year funding agreement had ended.

A national data system had been put in place for drug and alcohol services that showed month-on-month progression. Although the reporting system had been a challenge, it was strictly monitored. Ms O'Neill would be happy to circulate more detailed statistics to the Board after the meeting.

Consideration was given to teeing up with services such as Children's Services and Housing. It was noted that these teams might be privy to information or behaviours that might indicate a need for drug and alcohol services. For example, a tenancy breakdown might be as a result of drug or alcohol issues. It was suggested that consideration also be given to looking at the children's pathway. Every contact needed to count and family hubs needed to be brought into this too to ensure that it was joined up.

Ms O'Neill advised that the drug and alcohol services were currently out to tender. Children living with parents that had drug and alcohol issues had featured more prominently in the service that was now being tendered.

RESOLVED: That:

- 1. the content of this report be noted and the Board be assured that Hillingdon was meeting the requirements of the Harm to Hope Strategy, including the importance of the three-year fixed term funding that would improve outcomes for residents, their families, and communities whose lives were adversely affected by drug and alcohol addiction.**
- 2. the operational delivery and oversight requirements to establish a Hillingdon 'Combating Drug and Alcohol Partnership Board (CDAPB)', responsible for the operational implementation of the strategy, performance and outcomes, and use of the three-year investment, referred to as the supplementary substance misuse treatment and recovery grant (SSMTRG) be noted.**
- 3. the concurrent tendering of the Hillingdon Adult Community Addictions Service contract that sets out a new model of service delivery that would sustain some improvements being achieved through the additional funding be noted.**

31. **'STOPPING THE START' CREATING A SMOKEFREE GENERATION & TACKLING YOUTH VAPING NATIONAL CONSULTATION** (*Agenda Item 8*)

Mr Sunny Doshi, the Council's Public Health Officer, advised that the Government had introduced a new law to safeguard future generations from the perils of smoking, labelling it as a pivotal public health intervention. The Government strategy, "Stopping the Start", sought to prevent young people from purchasing cigarettes, aimed to support smokers to quit and prevent new addictions, and regulate the surge in youth vaping.

The proposed legislation involved gradually raising the age of tobacco sale by one year annually from 2027, making it illegal for individuals born after January 2009 to purchase tobacco products. This model emphasised support for smokers looking to quit, coupled with increased funding for awareness campaigns and stricter enforcement to curb youth vaping.

Highlighting the adverse health and economic impacts of smoking, Mr Doshi emphasised the strain it placed on the healthcare system and the economy. Smoking-related costs were estimated at £17 billion annually, impacting individual incomes and burdening the NHS with frequent appointments for smoking-related illnesses.

The Government had announced its proposals on 4 October 2023 with the national consultation ending on 6 December 2023. The proposed legislation would restrict the sale of tobacco products to individuals born after 1 January and regulate vaping flavours, displays and pricing to deter youth usage. The consultation had invited feedback on the proposed measures and a response had been drafted on behalf of the Council.

The report provided insights into Hillingdon's smoking prevalence, highlighting disparities among social housing residents, where approximately one in three individuals smoked, compared to one in ten of those in their own homes. The estimated annual cost of smoking in Hillingdon was £192m.

Funding of £70 million per year had been allocated to support local stop-smoking services, supplementing the existing public health grant. The proposals could have a potential positive impact on the lives of around 19,000 smokers in Hillingdon and their families, enhancing health and economic outcomes.

Professor Ian Goodman, NHS NWL, queried how the £292k funding in Hillingdon would be used and spoke about the previous success of GP-initiated stop-smoking programmes. He also pointed out discrepancies in the smoking prevalence data included in the report, challenging the accuracy of figures provided by OHID. Ms O'Neill advised that this data had already been challenged.

Acknowledging the vaping issue's evolution, it was agreed that there was a need for effective enforcement measures to address the unintended consequences of vaping's initial purpose. Baseline data would be needed to ensure that progress could be monitored effectively.

RESOLVED: That the Board:

- 1. note the report and the significant public health impact implementation of Smokefree Generation will have on long term population health.**
- 2. Is aware of the national consultation process and determines any planned consultation responses by the Board and partners.**

32.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 9</i>)</p> <p>My Tony Zaman, the Council's Chief Executive, had recently attended Brunel University's medical school's external advisory body meeting. He highlighted the significant progress made by the school, particularly its outreach efforts in local communities and its aim to provide better opportunities for young individuals interested in studying medicine. It was agreed that the Health and Wellbeing Board receive an update on this at its next meeting on 5 March 2024 to provide an overview of the developments.</p> <p>The second year of the medical school programme had proved successful, with all students passing (this was a rarity in medical education). The school had employed a modern teaching approach, focusing on team-based learning instead of traditional lectures, emphasising collaborative problem-solving - a vital skill for future doctors. The intake for the second year had expanded to approximately 115 students. An exciting development had emerged in that the Government had approved the admittance of 50 UK students in the following year. This alteration would slightly reduce the number of overseas students. However, statistics had indicated that most graduates, regardless of origin, tended to continue their postgraduate training in the UK.</p> <p>The curriculum incorporated community engagement elements, intending to increase student involvement with voluntary and community agencies. Plans to collaborate with the public health department for community projects, particularly addressing population health management and inequalities, were in their preliminary stages. It was agreed that a formal report on these developments would be brought to a future Health and Wellbeing Board meeting. The Board also requested a more comprehensive report on health and wellbeing strategies, particularly concerning baseline assessments, before the new financial year. Quantifiable measures would enable the Board to gauge the impact of any action taken and would be contingent on cooperation from all stakeholders. This would allow trajectory planning for the upcoming year.</p> <p>RESOLVED: That the 2023/2024 Board Planner, as amended, be noted.</p>
33.	<p>PLACE FINANCIAL POSITION (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the place financial position and the challenges therein.</p> <p>RESOLVED: That the discussion be noted.</p>
34.	<p>STRATEGIC UPDATE (<i>Agenda Item 11</i>)</p> <p>The Board discussed the structural review that was being undertaken by North West London Integrated Care Board (NWL ICB). A full and final report about this issue would be included on the agenda for the next Health and Wellbeing Board meeting on 5 March 2024.</p> <p>RESOLVED: That the discussion be noted.</p>
35.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 12</i>)</p> <p>There were no current or emerging issues to discuss.</p>

	The meeting, which commenced at 2.30 pm, closed at 4.48 pm.
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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.