

Minutes

HEALTH AND WELLBEING BOARD

5 March 2024

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



HILLINGDON
LONDON

	<p>Board Members Present: Councillors Jane Palmer, Keith Spencer, Susan O'Brien (Vice-Chair), Richard Ellis, Claire Eves (In place of Vanessa Odlin), Lynn Hill, Derval Russell, Ed Jahn, Julie Kelly, Sandra Taylor and Patricia Wright</p> <p>Officers Present: Gary Collier (Health and Social Care Integration Manager), Professor Naomi Low-Ber (Dean of Brunel Medical School), Abi Preston (Head of Education Improvement & Partnerships) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
36.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Professor Ian Goodman (North West London Intergrated Care Board), Ms Vanessa Odlin (Ms Claire Eves was present as her substitute) and Mr Tony Zaman (the Council's Chief Executive).</p>
37.	<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>
38.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 28 NOVEMBER 2023 (<i>Agenda Item 3</i>)</p> <p>The Co-Chair noted that, at the last meeting, the <i>2023/24 Integrated Health and Care Performance Report</i> had incorrectly stated that the wellbeing bus in Heathrow Villages had been scheduled to run from 10am to 5pm when it had actually been scheduled to run from 10am to 4pm.</p> <p>It was agreed that the wording of the third sentence in the third paragraph on page two of the minutes be amended to: "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 <i>hadn't done</i> more."</p> <p>RESOLVED: That the minutes of the meeting held on 28 November 2023, as amended, be agreed as a correct record.</p>
39.	<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 9 would be considered in public and Agenda Items 10 to 11 would be considered in private.</p>
40.	<p>BRUNEL UNIVERSITY MEDICAL SCHOOL COMMUNITY ENGAGEMENT - VERBAL UPDATE (<i>Agenda Item 5</i>)</p> <p>The Chair welcomed those present to the meeting. Professor Naomi Low-Ber, Dean of Brunel Medical School (BMS), advised that BMS was a new institution designed for</p>

a changing world by providing the opportunity to rethink the future of medical education and the type of doctors that could be developed (considering global challenges such as climate change, pandemics and conflict).

BMS had been envisaged in 2016 and had been established under Professor Low-Beer's leadership from 2020. The medical school was able to focus on the future of healthcare, team-based care, person-centred care, the use of technology, health and wellbeing, tackling health inequalities, patient empowerment and the transformation of healthcare through local partnerships.

Professor Low-Beer outlined three ways in which the medical school could make a difference: education; research and innovation; and local engagement. She described Brunel as a research-intensive, technologically focused university with a diverse student population and excellent healthcare partners. Brunel had a strong track record of widening access to its professional programmes which included nursing, OT physiotherapy, physician associates and social work.

The Board was provided with information about the medical school, including its MBBS degree programme and a physician associate MSc programme. The first cohort was currently in its second year of study and all of the students were international and self-funding. However, Professor Low-Beer advised that UK students would be starting at BMS from September 2024, with interviews for the first UK students taking place the following week.

BMS aimed to produce doctors that were aware of the importance of kindness, professionalism, lifelong learning and resilience and who adopted a teamwork ethos. The BMS programme had distinctive features such as team-based learning, a strong focus on communication skills and contact with patients in the local community from the first term of the first year.

As well as positive feedback about the first cohort, successes of the programme so far included the development of an identity as a London medical school, and interest from other UK medical schools in BMS's team-based learning approach. Professor Low-Beer noted that BMS had developed hospital partnerships and connections with the local community through primary care partnerships and community engagement projects.

Action was being taken to widen access events and outreach activities, including a STEM outreach programme called Girls in STEM. Key priorities and challenges for the future included successfully graduating the first cohort, recruiting local medical students from widening access backgrounds, expanding the Bachelor of Medicine, Bachelor of Surgery (MBBS) and Physician Associate (PA) programmes, and growing the BMS reputation for education. Action was being taken to introduce a new four-year MBBS programme, increasing the range of community placements, focusing on interprofessional learning and driving the local public health research agenda. This would secure BMS's position as a medical school in the community, for the community.

The Board commended BMS's team-based learning approach and queried how the school planned to show its students the benefits of early intervention and keeping people out of hospital, in line with the Borough's vision. Consideration would need to be given to how they could demonstrate what staying out of hospital looked like in Hillingdon and ensure that GPs referred correctly to social care when a medical intervention was not necessary.

	<p>Professor Low-Beer was open to facilitating sessions for anyone interested in observing team-based learning. The community projects currently being undertaken by the students were their first exposure to seeing how patients were kept well out of hospital. Consideration was being given to formalising these projects into clinical placements for the later years for a more immersive experience.</p> <p>Concern was expressed in relation to the growth of the medical school in the next few years and how partners could work together to build the capacity required for the students, especially in primary care. The Board also questioned how the school would retain some of the great students within Hillingdon so that they could get involved longer term with the local community. Professor Low-Beer advised that, even among international students, they expected around 70% to stay for some years after they had graduated, if not even longer term. Consideration was also being given to adopting live streaming technology to accommodate more students.</p> <p>Ms Kelly O'Neill, Hillingdon's Director of Public Health, commended the inclusion of public health and community-based understanding in the medical school's agenda. She asked what difference the school expected to see when their first graduates finished in five years and how they could help their students understand how people lived and how that affected their health and wellbeing. Professor Low-Beer advised that BMS was aiming to create generalist doctors with an awareness of what the community had to offer in terms of care and the importance of health promotion and prevention. She would welcome having Ms O'Neill in to talk to their students.</p> <p>RESOLVED: That the presentation and discussion be noted.</p>
41.	<p>HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2022-2025 (<i>Agenda Item 6</i>)</p> <p>It was agreed that this item be deferred to a future meeting.</p> <p>RESOLVED: That this item be deferred to a future meeting.</p>
42.	<p>2023/24 Q3 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT (<i>Agenda Item 7</i>)</p> <p>Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the Council had recently received an 'Outstanding' Ofsted inspection result for its Children's Services. Adult Services was currently preparing to undergo a similar process with the Care Quality Commission later in the year. It was agreed that the Q3 performance template would be signed off under delegated arrangements. With regard to preparation time for the 2024-2025 Better Care Fund submission, it was likely that Hillingdon would only receive around six weeks' notice.</p> <p>The Board was advised that the population health management infrastructure posts were currently being advertised. It was hoped that the interviews would take place in April so that the outcome could be reported back to the Board at its next meeting on 11 June 2024. Other positive news included the opening of the second same-day urgent care hub in October 2023.</p> <p>Mr Collier had updated the Cabinet and the Health and Social Care Select Committee on the Carers' Strategy. A high number of carers had been declining to have a carers assessment (the route to statutory support from the local authority). He would keep the Board updated on any progress that was made in improving uptake.</p>

Ms Kelly O'Neill, the Borough's Director of Public Health, advised that action was being taken to align the Public Health Officers in the Integrated Neighbourhood Teams with the Population Health Management work that was being undertaken. The NWL Integrated Care Partnership had prioritised the need to undertake further work to increase the uptake of cervical screening and expand the promotion of cancer checks to drive the uptake amongst young women. The emphasis needed to be on keeping their families and themselves safe and making it as easy as possible to access screening / tests. The communications also needed to be as simple as possible.

The Board queried the data related to the number of people still at home after 91 days of reablement. Mr Collier advised that there had been some issues getting the data together, but the data for the national metric would be the number of people admitted to hospital in Q3 and whether they were still at home during Q4. He also mentioned that this metric would be discontinued from this year and expanded to all adults from next year. There had been an increase in the number of long length patients at Hillingdon Hospital which had, in part, been driven by elective patients' length of stay during the recent junior doctor strikes. The length of stay for non-elective patients had decreased. The average length of stay needed to reduce from 10.7 days (the NWL average was 7 days).

Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners (HHCP), advised that work had been undertaken with Mr Steve Curry at Harlington Hospice/Michael Sobell Hospice to be more clear about what good end of life care looked like. Metrics had been agreed.

Concern was expressed about underage girls accessing contraception and the morning-after pill, particularly in the north of the Borough. Ms O'Neill advised that sexual health was the responsibility of the local authority, not the NHS, and that Public Health was in the process of transitioning to a new contract with London North West who provided this service. A central location was needed but only a small number of pharmacies provided emergency contraception so action was needed to identify the barriers and make this happen. As there was currently a gap in the north of the Borough, this would be included in discussions moving forward with the contract.

Mr Spencer noted that he had attended a meeting of the Health and Social Care Select Committee where they had discussed services to the Heathrow Villages. After that meeting, representatives from a number of the partners had gone to meet with the residents in the Villages. They had shared a draft of an evaluation report that had been written in relation to the recent wellbeing bus pilot, which had been set up to provide health services to the area.

The meeting with the residents from the five villages had been very positive and, having identified a number of preferred options with the residents, amendments were being made to the evaluation report. Mr Spencer would be meeting with colleagues from Heathrow Airport the next day. Heathrow owned a number of sites in the Heathrow Villages that could potentially be used for future provision of health services. He would report back to the next Board meeting on 11 June 2024.

RESOLVED: That:

- 1. the content of the report be noted;**
- 2. approval of the Quarter 3 2023/24 performance template 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; and
3. Mr Spencer provide an update on the use of Heathrow Airport estate for
the provision of health services in the Heathrow Villages.**

43. HILLINGDON LOCAL AREA SEND AND AP STRATEGY 2023-2028 (*Agenda Item 8*)

Ms Abi Preston, the Council's Director of SEND and Education, noted that the Hillingdon Local Area SEND and AP Strategy 2023-2028 had been a collaborative effort (not solely Council-owned) and highlighted the importance of partnerships in addressing SEND issues. The updated Strategy had incorporated alternative provision elements that aligned with national SEND and AP improvement guidelines.

Initially, a draft Strategy with three key priorities had been developed but, after considering consultation feedback from parents, families and schools, broader ambitions had been identified. The Strategy aimed to achieve several key ambitions, notably emphasising early intervention, inclusive education, tailored provision for Hillingdon children and ensuring children lived happy and fulfilled lives within their communities.

Ms Preston advised that there had been extensive data analysis to ensure that the Strategy aligned with local needs and national SEND and AP improvements, including Green Paper developments. Challenges highlighted by schools had centred on national priorities such as increased inclusion in mainstream schools and funding constraints which could not be changed at a local level.

Action was now being taken to establish a systematic approach to SEND, collaborating closely with counterparts from the local area, and included the development of systematic leadership training and updating the funding model (the current model was eight years old). Additionally, new needs and provision matrices were being created for a uniformed approach to supporting children and clear admission guidance was being produced for special needs schools.

Concerns were raised about funding pressures in mainstream schools and the increasing complexity of student needs. Ms Preston advised that collaborative work was being undertaken with these schools to deal with these issues as one size would not fit all.

Although Harefield had a low total number of EHCPs, the number per 100,000k population was high. It was noted that there was a gender imbalance with regard to EHCPs, particularly related to Autism Spectrum Disorder (ASD), with more boys identified than girls (possibly as a result of girls being more likely to mask their needs). The Board noted that the Strategy did not include ethnicity data due to the document's comprehensive nature – 32% were White British with the next highest group being Any Other Asian Background.

The Board asked about the support available for families and primary carers within the Strategy, emphasising early intervention and the need to ensure that families could access necessary information and support. Children and families were central to everything in the Strategy and the collaboration undertaken between health services and voluntary sector partners had been integral to addressing waiting lists and providing timely support. Thinking about the challenges, it would be important to ensure that families had access to information but that the support available would develop over time to meet the needs.

	<p>There was acknowledgment of the collaborative approach taken and the need to continue refining pathways for families to access support whilst waiting for assessments without solely relying on diagnoses. Clarity was needed on how partners could provide and promote this support.</p> <p>RESOLVED: That the Local Area Special Educational Needs and Disability (SEND) and Alternative Provision (AP) Strategy 2023-2028 be noted.</p>
44.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Board Planner and future agenda items. It was agreed that Ms Tina Benson be invited to attend the Board's next meeting on 11 June 2024 to provide an update on the Hillingdon Hospital planning and redevelopment.</p> <p>RESOLVED: That the 2024/2025 Board Planner, as amended, be agreed.</p>
45.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 28 NOVEMBER 2023 (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Part II minutes of the meeting held on 28 November 2023.</p> <p>RESOLVED: That the Part II minutes of the meeting held on 28 November 2023 be agreed as a correct record.</p>
46.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIR CONSIDERS TO BE URGENT (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the Better Care Fund, NWL ICB governance review and the implementation of the CERNER system.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Board receive an update on the implementation of the CERNER system at its next meeting on 11 June 2024; 2. the Board receive an update on the NWL ICB governance review at its next meeting on 11 June 2024; and 3. the discussion be noted.
	<p>The meeting, which commenced at 2.30 pm, closed at 4.47 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@hillingdon.gov.uk. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.