Minutes

HEALTH AND WELLBEING BOARD

10 September 2024

Meeting held at Committee Room 5 - Civic Centre

	Board Members Present: Councillor Jane Palmer, Keith Spencer, Lynn Hill, Ed Jahn, Vanessa Odlin, Derval Russell, Sandra Taylor and Tony Zaman **Officers Present:** Shikha Sharma (Consultant in Public Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
15.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor Sue O'Brien, Ms Kelly O'Neill, Mr Richard Ellis and Ms Patricia Wright.
16.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
17.	**TO APPROVE THE MINUTES OF THE MEETING ON 30 JULY 2024** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 30 July 2024 be agreed as a correct record.**
18.	**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 7 would be considered in public and Agenda Items 8 to 9 would be considered in private.
19.	**HILLINGDON JOINT HEALTH & WELLBEING STRATEGY UPDATE** *(Agenda Item 5)* Ms Shikha Sharma, Public Health Consultant at the Council, advised that the Hillingdon Joint Health and Wellbeing Board Strategy was currently in its second year and that the report provided an interim update on progress. The Strategy's three-year cycle would end in 2025 and the report asked that delegated authority be given to the Director of Public Health to develop a new Strategy. Once the new Strategy had been developed, a consultation and engagement activities would be undertaken which would include professionals, residents and community groups from across the Borough at the different stages of the Strategy development to bring insight and understanding to how the Council would prioritise over the next three years and how these priorities should be tackled. It was anticipated that the Year 2 report would be available in January 2025 and would be presented to the Board on 4 March 2025. Although the data for the current year

was not yet available, Ms Sharma was hoping that it would be available soon.

The report included tables which set out progress against each of the priorities, with a RAG status rating for each based on national benchmarking. Ms Sharma talked through the progress of some of the priorities including breastfeeding, children's oral health, children's obesity and smoking.

It was noted that there had been a shared ambition for the Borough to be smoke free by 2030. Funding had been secured for the Swap to Stop and Stop to Start programmes and action had been taken to reduce the instances of vaping amongst young people.

Ms Sharma advised that progress had been made with regard to the Hillingdon Domestic Abuse Advocacy Service (HDAAS) which had evolved so that it was more robust and had more capacity. IDVAs (independent domestic violence advocates) had also been funded by the Council for high risk cases. Huge strides had been made in relation to domestic abuse (DA) but referrals from health partners remained low and needed to be improved and reflected in the report. It was suggested that primary care needed to participate more in this work so that the impact of DA on health could be determined and changes could be made at a higher level.

Ms Sharma advised that she had worked on DA training in primary care some time ago, as clinicians often had more contact with victims of DA than other partners

With regard to reducing homelessness, Hillingdon continued to be RAG rated as red. It was suggested that this was because homelessness rates in the Borough were higher than in London and England and continued to increase from previously published data. P3 had been working with potentially homeless people in the Borough to try to prevent homelessness and Public Health Management (PHM) approaches had been used to try to reduce the numbers.

Work on hypertension continued to be rated as amber with the second highest prevalence in North West London. Action was being taken to scale up the work that had taken place across the Hypertension Prevention Neighbourhood Programme within the local Integrated Neighbourhood Teams.

Concern was expressed in relation to hypertension and the data time lags that existed before outcomes were known. Although there had been improvements in the detection of hypertension, the health of these patients then needed to be managed to prevent stroke, etc. The outcome of these interventions would not be known for around 3-5 years. Detecting hypertension was something that was being done well in Hillingdon which then had a knock-on effect by increasing the demand for services. Ms Sharma noted that preventative work in relation to hypertension had not been good up until now but that a weight management programme was now in place.

Board members queried what the two or three biggest areas of concern were in Hillingdon that partners should be focussing on. Ms Sharma advised that the application of the PHM Programme was key. There were three posts working on this Programme (two had been appointed and one was currently vacant). It would be important that these posts identified the areas that partners needed to focus on and determine how improvements should be conveyed. Work had started by looking at the Integrated Neighbourhood Teams but this had since been widened out.

It was suggested that Hillingdon needed to improve outcomes for its residents in

	relation to autism, homelessness and children's dental health but also childhood obesity and hypertension. Although the report was thought to be comprehensive, there needed to be wider reporting on all indicators with primary care so that the information did not stand in isolation (for example, homelessness was not solely a public health responsibility and needed a whole Council and whole system approach). There had been a lot of work undertaken within primary care which tied into the work that had been set out in the report but which had not been mentioned. It had been suggested that new reporting and monitoring mechanisms be identified through PHM approaches and introduced from January 2025. A good Joint Strategic Needs Assessment would provide good data. **RESOLVED: That:** **1) the reported activities that demonstrate the progress that has been achieved between year 1 and year 2 of the implementation of the Joint Local Health and Wellbeing Strategy (JLHWBS) by lead officers collaborating with HHCP partner organisations, what has been achieved since the strategy was implemented and the plans for year 3 2024/25, be noted.** **2) planning and implementation progress of the Health Inequalities funded projects be noted.** **3) it be noted that the JLHWBS three-year cycle will end in 2025 and the Board delegates responsibility to the Director of Public Health to develop a new strategy (the timetable of which will be concurrent with the updating of the JSNA) and ensure that there is effective planned and systematic engagement and consultation with Hillingdon professionals, residents, neighbourhood and community groups across the Borough at all stages of the Strategy's development that brings insight and understanding.** **4) it be noted that the Year 2 interim report is planned to be presented in January 2025, the combined Year 3 final report that includes strategy closure will be presented with the new Health and Wellbeing Strategy in September 2025.**
20.	**2024/25 Q1 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** *(Agenda Item 6)* Mr Keith Spencer, Co-Chair of the Health and Wellbeing Board and Managing Director of Hillingdon Health and Care Partners, advised that the Better Care Fund (BCF) template had been submitted on 29 August 2024 under delegated authority. Discussions were ongoing in relation to how funds should be deployed. It was noted that Pathway 3 funding related to admittance to long term care and had been an area of focus. Given the timings of the national deadlines for reporting on BCF spend and activity, it was agreed that delegated authority to sign off the templates be given to the Corporate Director of Adult Social Care and Health in consultation with the Co-Chairs of the Health and Wellbeing Board, the ICB Borough Director and the Chair of Healthwatch Hillingdon. Although A&E attendances had stabilised, the conversion to admittance had increased significantly towards the end of last year and the beginning of this year. Brunel had agreed to undertake some research to establish whether this increase in admittances had been as a result of individuals being sicker. It was noted that the wrong solution

was sometimes applied to a problem and action needed to be taken to establish whether or not this was the case in this instance.

It was suggested that more could be done by partners in relation to cervical cancer screening as this had seen some slippage. Furthermore, reference had been made in the report to slippage in the completion of Education, Health and Care Plans against the national target, yet no explanation had been given as to why the target was not being met.

There had been some slippage in relation to the estimated diagnosis rate for people aged 65 and over with dementia. The report stated that the main reason for not meeting the target during this period was due to temporary gaps in permanent staffing in the Memory Service. However, concern was expressed that, during these temporary staffing gaps, locum support had been provided. The Board asked what action had been taken to address this issue.

Ms Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that, as far as she was aware, there had been no major staffing gaps in that service area. Temporary staff were deployed whenever there were shortages so she would need to investigate to establish what this referred to and report back to the Board. She would also check the demand for, and capacity of, the service.

It was noted that Healthwatch Hillingdon had seen an increase in the number of patients that were unhappy with A&E and the Urgent Treatment Centre (UTC). The CQC had recently undertaken an unannounced visit to the UTC and the resultant report was awaited. It was queried whether the increase in admittances from A&E had any correlation with those patients that were known to be waiting for a medical or surgical intervention.

Mr Spencer advised that the admissions from A&E had risen from 30-40% to around 60%, most of whom were patients that had been waiting for medical interventions. It was recognised that it was important to understand the activity of these patients that were being admitted from A&E as Adult Social Care had also been seeing an increase in activity. As information gathered by the old hospital IT system had been unable to look at activity or compare data, Brunel had been working on getting these comparisons from the data that was available. It was suggested that Brunel liaise with Adult Social Care to include this in its research.

Information from the Clinical Decision Unit had showed that flow had improved and length of stay and discharge were good at Hillingdon Hospital. However, there were some contradictory issues whereby the length of stay had been reducing but acuity had been lower at the weekend than during the week.

It was queried how much information the Board wanted to receive in future. Did the Board want to continue to receive the high-level messages arising from activity as well as reporting by exception where its intervention was required to address blockages? It was agreed that changes would be made to the format of the report and how the data was reported so that the focus would be on those issues that were deemed to be most important. A dashboard format would be brought to the next Board meeting on 26 November 2024 to get feedback.

RESOLVED: That:

1. **the 2024/25 Quarter 1 BCF reporting template be approved;**

	2. **delegated authority to approve Better Care Fund reporting templates be given to the Corporate Director of Adult Social Care and Health in consultation with the Co-Chairs, the ICB Borough Director and the Chair of Healthwatch Hillingdon;** 3. **arrangements for the monitoring of, and reporting on, activity and spend against the agreed BCF plan as outlined in the report (paragraph 9) be reaffirmed;** 4. **a dashboard format of the report be reported to the Board's next meeting on 26 November 2024; and** 5. **the content of the report be noted.**
21.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 7)* Consideration was given to the Board Planner and future agenda items. It was noted that thought needed to be given to what information was brought to the Board. At the next meeting, the Board would have a discussion on what it did and how it did it. **RESOLVED: That:** 1. **the Board discuss what it did and how it did it at its next meeting on 26 November 2024; and** 2. **the Board Planner, as amended, be agreed.**
22.	**TO APPROVE PART II MINUTES OF THE MEETING ON 30 JULY 2024** *(Agenda Item 8)* Consideration was given to the confidential minutes of the meeting held on 30 July 2024. **RESOLVED: That the PART II minutes of the meeting held on 30 July 2024 be agreed as a correct record.**
23.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 9)* The Board members discussed a number of issues including governance and reporting to the Health and Wellbeing Board. **RESOLVED: That the discussion be noted.**
	The meeting, which commenced at 2.35 pm, closed at 4.48 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.