



HILLINGDON
LONDON



Health and Wellbeing Board

Date: TUESDAY, 10 SEPTEMBER 2024

Time: 2.30 PM

Venue: COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW

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To Members of the Board:

- Cabinet Member for Health and Social Care (Co-Chair)
- Hillingdon Health and Care Partners Managing Director (Co-Chair)
- Cabinet Member for Families, Education and Wellbeing (Vice Chair)
- LBH Chief Executive
- LBH Executive Director, Adult Services and Health
- LBH Executive Director, Children and Young People's Services
- LBH Director, Public Health
- NWL ICS - Hillingdon Board representative
- NWL ICS - nominated lead
- Central and North West London NHS Foundation Trust - nominated lead
- The Hillingdon Hospitals NHS Foundation Trust Chief Executive
- Healthwatch Hillingdon - nominated lead
- Royal Brompton and Harefield Hospitals - nominated lead
- Hillingdon GP Confederation - nominated lead

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Agenda

CHAIR'S ANNOUNCEMENTS

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 30 July 2024 1 - 8
- 4 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

Health and Wellbeing Board Reports - Part I (Public)

- 5 Hillingdon Joint Health & Wellbeing Strategy Update **TO FOLLOW**
- 6 2024/25 Q1 Integrated Health And Care Performance Report 9 - 18
- 7 Board Planner & Future Agenda Items 19 - 22

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.

- 8 To approve PART II minutes of the meeting on 30 July 2024 23 - 26
- 9 Update on current and emerging issues and any other business the Chairman considers to be urgent 27 - 28

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Minutes

HEALTH AND WELLBEING BOARD

30 July 2024

Meeting held at Committee Room 5 - Civic Centre



HILLINGDON
LONDON

	<p>Board Members Present: Councillors Jane Palmer, Keith Spencer, Susan O'Brien (Vice-Chair), Amanda Carey-McDermott (In place of Ed Jahn), Richard Ellis, Professor Ian Goodman, Claire Eves (In place of Vanessa Odlin), Julie Kelly, Jason Seez (In place of Patricia Wright) and Lisa Taylor (In place of Lynn Hill)</p> <p>Officers Present: Gary Collier (Health and Social Care Integration Manager), Toby Lambert (Executive Director of Strategy and Population Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
1.	<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), Mr Edmund Jahn (Ms Amanda Carey-McDermott was present as his substitute), Ms Vanessa Odlin (Ms Claire Eves was present as her substitute), Ms Sandra Taylor, Ms Patricia Wright (Mr Jason Seez was present as her substitute) and Mr Tony Zaman.</p>
2.	<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>
3.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 5 MARCH 2024 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 5 March 2024 be agreed as a correct record.</p>
4.	<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 14 would be considered in private.</p>
5.	<p>NWL JOINT FORWARD PLAN FOR 2024-25 TO 2028-29 (<i>Agenda Item 5</i>)</p> <p>Mr Toby Lambert, Executive Director of Strategy and Population Health at North West London Integrated Care Board (NWL ICB), advised that he had not included the Mental Health Strategy in this item but that he would be happy to bring a report on this issue to a future meeting to provide the Board with an update. The Joint Forward Plan (JFP) for 2024/25 to 2028/29 should originally have been considered by the Board on 11 June 2024. This meeting had been cancelled following the announcement of the election as an NHS directive had been issued that the JFP should not be discussed in public. As</p>

the timetable for submission of the JFP was subsequently changed to the day after the election (therefore not allowing enough time to arrange a new meeting), Hillingdon's Director of Public Health had had to submit comments to NWL ICB on behalf of the Hillingdon Health and Wellbeing Board. Consideration would need to be given to how this process could be improved for the next iteration of the JFP.

The Board was advised that the JFP had been a 'joint' initiative between the ICB and other NHS organisations (rather than between the local authority and the NHS). It built on the NHS Health and Care Strategy which had been published in November 2023 and included nine priorities with cross cutting principles:

1. Reduce inequalities and improve health outcomes through population health management;
2. Improve children and young people's mental health and community care;
3. Establish Integrated Neighbourhood Teams with general practice at their heart;
4. Improve mental health services in the community and for people in crisis;
5. Embed access to a consistent high quality set of community services by maximising productivity;
6. Optimise ease of movement for patients across the system throughout their care – right care, right place;
7. Transform maternity care;
8. Increase cancer detection rates and deliver faster access to treatment; and
9. Transform the way planned care works.

To achieve these priorities, the following steps now needed to be followed:

1. Ensuring a core / common offer across NWL - currently the offer across NWL was inequitable and needed to be levelled up (rather than being levelled to the middle). However, productivity would need to be pushed to enable funding to be freed up for this to be actioned;
2. Whilst the provision of a common offer would address some of the inequity in NWL, it was recognised that the ICB would need to work with local authorities to reach out to seldom heard groups in the community which would then result in a shift in resource allocation. The speed of implementation of these first two steps would need to keep pace with each other; and
3. Consideration needed to be given to what percentage of the population's needs could be met by the core offer and where tailored services would be needed. It was recognised that the core offer would never meet the needs for some communities in NWL, for example, rough sleepers and asylum seekers. These groups would need bespoke solutions.

The JFP would be for the whole of NWL and identified a great degree of commonality (80-90%) between the different boroughs' Health and Wellbeing Strategies. It would enable interventions to be undertaken at scale through the core offer, and the remaining 10-20% would need to be given space as they would have divergent priorities.

It was noted that the JFP had been discussed by stakeholders at a Town Hall meeting. Mr Lambert advised that the NWL ICB was keen to solicit suggestions for improving the process of developing future JFPs.

The Board recognised that NWL ICB had been given a tight timeframe by NHS England regarding data publication. Although the Board supported the idea of boroughs levelling up to the same core offer and therefore providing opportunities to improve weaker areas, concern was expressed that those boroughs that were already performing well in specific areas would be required to mark time whilst the others

caught up, preventing them from moving even further ahead. Furthermore, it had been difficult to compare boroughs based on the number of patients registered with GPs as this was inaccurate and could be inflated by up to 15%. This needed to be acknowledged and addressed by using population figures instead.

The Board queried how the ICB would be supporting the commitment to improve stroke services in NWL and whether the JFP would be backed up by a financial strategy (without which, the JFP would be useless). Also, with the recent change in Government, concern was expressed about whether or not the JFP would be required in the future.

RESOLVED: That:

- 1. Mr Toby Lambert provide a report on the NWL ICB Mental Health Strategy to a future meeting of the Board;**
- 2. the comments and suggestions for improving the process for the next Joint Forward Plan be noted;**
- 3. the challenge in securing formal feedback from all Health and Wellbeing Boards within the set deadline due to successive pre-election sensitivity periods be noted; and**
- 4. the submission of the Joint Forward Plan to NHS England on 5 July 2024 be noted.**

6. HILLINGDON JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2022-2025 YEAR 2 INTERIM UPDATE (Agenda Item 6)

Ms Kelly O'Neill, the Council's Director of Public Health, advised that the report provided a mid-three year update on progress against the priorities in the Health and Wellbeing Strategy. It was noted that the last evaluation had needed some improvements and, as such, consideration had since been given to which metrics would be used to evaluate progress and what these should be measured against, e.g., previous performance, North West London (NWL), London, England, etc.

The report detailed clear improvements to the current service provision and provided quite a lot of detail in some areas. Ms O'Neill stated that partners had all submitted data as requested and on time which had aided in the formation of the report. The metrics had been RAG rated based on local and national data and consideration would need to be given to how this should be reported in future. There were 17 priorities: 5 Red, 8 Amber, 4 Green.

It was anticipated that the year two review of the strategy would be considered by the Board at its next meeting on 10 September 2024 and would be more concise. Consideration would need to be given to planning the development of the new strategy. The next report would be able to demonstrate what had been achieved to date.

Ms O'Neill advised that children's oral health was one of the best in NWL but that it was still lower than the London and England average despite a significant amount of work being undertaken between the ICB and Directors of Public Health in NWL. Additional funding had been secured from the NWL ICB to support work in Hillingdon around the dental health strategy. There was also NHS England funding for the children's oral health contract which would be doubled next year. School based health mechanisms would continue to be used to drive the children's oral health work and this would need to be drawn together with work around things like child obesity and the school water only policy. It would be important to ensure that partners were also role models by, for example, only having sugar free options in paediatrics at the hospital.

Hypertension was still the most significant contributor towards deaths. Although work undertaken around hypertension had improved the statistics in Hillingdon, it was important to recognise that the results of this work would not be instant. Over time, the Borough would see a reduction in the number of strokes and heart attacks.

With regard to the implementation of the Autism Strategy, it was noted that a number of key actions had been identified to be taken forward. The Board noted that homelessness had become a real issue across the whole of London. A public health review of the associated disparities was being undertaken with support from the Population Health Management (PHM) team. The PHM infrastructure was also being linked to support the development of the Integrated Neighbourhood Teams (INT). Three out of four posts had been appointed and would be in place for two years to help tackle inequalities through a place based approach.

Things had been coming together around the neighbourhoods which was thought to be an exciting development - services were being aligned to contribute towards people's health going forward. This work was thought to be a long term investment in getting upstream of the demand.

RESOLVED: That:

- 1) the progress of strategy implementation within year 2 be noted, with the year 2 full progress report planned for the next Health and Wellbeing Board meeting;**
- 2) new funded workstreams contributing to the strategy's achievements be noted; and**
- 3) the recommended process for periodic oversight and assurance, monitoring outcomes achieved, and escalation where improvement milestones are not being achieved be noted.**

7. 2024/25 BETTER CARE FUND PLAN (*Agenda Item 7*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the report requested that the Board ratified the decision of the Co-Chairs to approve the 2024/25 BCF plan. It had been intended that the report be considered by the Board at its meeting on 11 June 2024 but this meeting had been cancelled. To ensure that the Board met the national requirement to meet the submission deadline, the Co-Chairs had been asked to approve the plan ready for submission. It was noted that the plan was largely a roll-forward from the 2023/24 plan.

In 2024/25, the North West London Integrated Care Board (NWL ICB) had allocated almost £1.3m of its discharge funding towards supporting pathway 3 (block nursing step down). The ICB would be contributing £934k in Hillingdon for use to address capacity around discharge path 3 (complex care patients with conditions such as dementia and challenging behaviour). Discussions were underway with partners on how this could be best used.

Having submitted the 2024/25 BCF plan, Mr Collier believed that Hillingdon had been compliant with all of the national conditions and that the Borough would be recommended for assured status in the next couple of weeks. It was thought that the targets around the national metrics were achievable, although there might be some data reliability issues in relation to the NHS targets. Part of the problem about the accuracy of the data had been in relation to the introduction of new IT systems in some of the acute trusts. As such, work was being undertaken in NWL to develop these

targets.

Concern was expressed that the rehabilitation beds for Hillingdon residents were on the Furness Ward in Willesden. As this facility could take Hillingdon residents over an hour to get to, it was queried whether there was anything closer, perhaps in the shires. Mr Collier advised that NWL ICB had identified this as the most suitable place and that any consideration of securing facilities outside of London / in the shires would need to be undertaken by the ICB. Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, advised that he had sat on the ICB Discharge Fund group. Furness Ward had been chosen as the best compromise based on its availability locally and its ability to ratchet services up quickly.

Board members thanked Mr Collier for his diligence and professionalism in bringing this document together. Mr Collier advised that it had been a team effort.

RESOLVED: That:

- 1. the decision of the Co-Chairs to approve the 2024/25 Better Care Fund Plan as described in the report, including the proposed financial arrangements and proposed targets for the national metrics, be ratified; and**
- 2. the position regarding Equality and Health Impact Assessments, as set out in the report, be noted.**

8. INTEGRATED HEALTH AND CARE PERFORMANCE REPORT - 2023/24 Q4
(Agenda Item 8)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the Co-Chairs had approved the draft NHS England Better Care Fund 2023/24 end of year template on behalf of the Health and Wellbeing Board. It had been planned that this template be considered by the Board on 11 June 2024 but this meeting had subsequently been cancelled.

The Board was advised that there had been a financial underspend in relation to the Disabled Facilities Grant. To ensure that this did not happen again, the policy was being changed to increase flexibility.

Mr Collier noted that there had been a mixed performance against the different metrics with there being challenges in getting information or action against some. Obtaining updates from some partners across London had been difficult because of other things happening at the same time. It was thought that starting collation of the performance data earlier might help smooth the process.

Mr Keith Spencer, Co-Chair and Managing Director at Hillingdon Health and Care Partners, advised that partners did have the data needed but that there had been a timing issue. The risk was that Hillingdon would not be demonstrating the great work that had been undertaken, for example, the Borough's reablement performance was the best in NWL. The benchmark had now been identified and it would be important to ensure that partners provided the information in a timely fashion. Mr Spencer would take this forward as an action for the Board's next meeting. It was important to remember that, although a significant amount of good work had been undertaken in Hillingdon, there was still room for improvement.

RESOLVED: That:

- a) the Co-Chairs' decision to approve the draft NHS England Better Care**

	<p>Fund end of year template on behalf of the Board be ratified;</p> <p>b) Mr Spencer report back on partners' provision of data for inclusion in the report at the Board's next meeting on 10 September 2024; and</p> <p>c) the content of the report and discussion be noted.</p>
9.	<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 had been agreed that an update on the North West London Integrated Care Board (NWL ICB) Mental Health Strategy be provided at a future meeting. A full year 2 progress report in relation to Hillingdon's Joint Health and Wellbeing Strategy would be brought to the next Board meeting on 10 September 2024.</p> <p>The Board had agreed that Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, report on the governance implications of the NWL ICB organisational changes to the next Board meeting on 10 September 2024.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Mr Toby Lambert update the Board on the NWL ICB Mental Health Strategy at a future meeting; 2. a two year update on the Health and Wellbeing Strategy be considered at the Board's next meeting on 10 September 2024; 3. Mr Spencer report on the governance implications of the ICB organisational changes to the next Board meeting on 10 September 2024; and 4. the Board Planner, as amended, be agreed.
10.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 5 MARCH 2024 (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the confidential minutes of the meeting held on 5 March 2024.</p> <p>RESOLVED: That the PART II minutes of the meeting held on 5 March 2024 be agreed as a correct record.</p>
11.	<p>BCF REVIEW UPDATE (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the report.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Mr Spencer provide the Board with an update at its next meeting on 10 September 2024; and 2. the discussion be noted.
12.	<p>ICB ORGANISATIONAL DESIGN: PLACE BASED IMPLICATIONS (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the North West London Integrated Care Board design.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Mr Keith Spencer report on the governance implications of the NWL ICB organisational changes to the next Board meeting on 10 September 2024; and

	2. the discussion be noted.
13.	<p>CERNER UPDATE (<i>Agenda Item 13</i>)</p> <p>Consideration was given to the implementation of the Cerner system at The Hillingdon Hospitals NHS Foundation Trust.</p> <p>RESOLVED: That progress with the Cerner Stabilisation Programme at LNWH and THH, and with the Innovation Release upgrade across the APC, be noted.</p>
14.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 14</i>)</p> <p>Consideration was given to communication with patients in relation to appointments.</p> <p>RESOLVED: That the discussion be noted.</p>
	The meeting, which commenced at 2.30 pm, closed at 4.15 pm.

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.

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Agenda Item 6

2024/25 Q1 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT

Relevant Board Member(s)	Councillor Jane Palmer Keith Spencer
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
Report author	Sean Bidewell – Integration and Delivery, NHS NWL Gary Collier – Adult Social Care and Health Directorate, LBH
Papers with report	None

HEADLINE INFORMATION

Summary.	This report provides an update on the delivery of the transformation workstreams established to deliver the priorities within the Joint Health and Wellbeing Strategy. This includes progress with the delivery of the 2024/25 Better Care Fund Plan.
Contribution to plans and strategies.	The Joint Health and Wellbeing Strategy and Better Care Fund reflect statutory obligations under the Health and Social Care Act, 2012.
Financial Cost.	The value for the BCF for 2024/25 is £100,025,164 made up of Council contribution of £70,173,307 and an ICB contribution of £29,658,745.
Ward(s) affected.	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

1. approves the 2024/25 Quarter 1 BCF reporting template;
2. delegates authority to approve Better Care Fund reporting templates 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. reaffirms arrangements for the monitoring of, and reporting on, activity and spend against the agreed BCF plan as outlined in the report (paragraph 9); and
4. notes and comments on the content of the report.

INFORMATION

Strategic Context

1. This report provides the Board with an update on delivery of the priorities within the Joint Health and Wellbeing Strategy for the April to June 2024 period (referred to as the '*review period*'), unless otherwise stated. Reference to 2024/25 means April 2024 to March 2025.

2. This report is structured as follows:

- A. Key Issues for the Board's consideration.
- B. Work stream highlights and key performance indicator updates.

3. Reference in this report to HHCP means Hillingdon Health and Care Partners; which is an alliance of local (mainly NHS) organisations that includes The Confederation of Hillingdon-based GP practices, the Central and North West London NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust and H4All. HHCP's main objective is to improve the health and wellbeing of Hillingdon's residents and their experience of care through improved coordination and integration of services and earlier intervention to prevent crises. The Council will become a signatory to the alliance agreement in 2024/25.

4. Reference to the ICB (or NHS NWL) means the North West London Integrated Care Board. NWL means a reference to the local authorities' areas within the North West London sector and this includes the London Boroughs of Brent, Hammersmith & Fulham, Harrow, Hillingdon and Hounslow, the Royal Borough of Kensington & Chelsea, and Westminster City Council.

A. Key Issues for the Board's Consideration

2024/25 Quarter 1 BCF Reporting Template

5. All health and wellbeing board areas in England were required to submit their BCF Q1 reporting template on 29 August 2024 and Hillingdon's response was submitted as a draft pending formal sign-off by the Board. Sign-off by the Board, or on its behalf, is one of the national conditions for the BCF. Information required from the Q1 template is limited to spend and activity against the Discharge Fund. For ease of reference the 2024/25 spending plan for the Discharge Fund is attached to this report as **Appendix 1**. The completed reporting template can be found on the Council's website via the following link [Better Care Fund - Hillingdon Council](#).

6. The key point to bring to the Board's attention is that schemes are currently in development to relieve additional demand during the winter period and these are due to go live in October. These will be funded from the £934k allocation to relieve pressure on discharge pathway 3 (P3) and will address the underspend currently being reported against this aspect of the spending plan. Please see below for an explanation of the discharge pathways.

Hospital Discharge Pathways Explained

- ❖ **Pathway 0 (P0):** Discharges home or to a usual place of residence with no new or additional health and/or social care needs.
- ❖ **Pathway 1 (P1):** Discharges home or to a usual place of residence with new or additional health and/or social care needs.
- ❖ **Pathway 2 (P2):** Discharges to a community bed-based setting, which has dedicated recovery support. New or additional health and/or social care and support is required in the short-term to help the person recover in a community bed-based setting before they are ready to either live independently at home or receive longer-term or ongoing care and support.
- ❖ **Pathway 3 (P3):** Discharges to a new residential or nursing home setting, for people who are considered likely to need long-term residential or nursing home care. Should be used only in exceptional circumstances.

2024/25 BCF Reporting Templates and Expenditure and Activity Reporting

7. The Board is asked to note that the national deadlines for reporting on BCF spend and activity are as follows:

- Quarter 2: 31/10/24
- Quarter 3: 31/01/25
- Quarter 4 and End of Year: 31/05/25

8. As the scheduled Board meetings for 2024/25 are 26th November 2024 and 4th March 2025, it is recommended that sign-off of templates be delegated 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.

9. Under the governance arrangements contained within the agreement between the Council and the ICB under section 75 of the National Health Service Act, 2006, the BCF Core Officer Group has day to day responsibility for monitoring activity and spend against the funding streams in the BCF and the agreed plan. The Board is asked to reaffirm that the information it wishes to receive is the high level messages arising from activity as well as reporting by exception where its intervention is required to address blockages. It is suggested to the Board that this not exclude successes and achievements of partners in meeting the needs of residents and addressing the priorities within the Joint Health and Wellbeing Strategy. The intention is that the reporting route for Board consideration will be integrated performance report, which is a standing agenda item.

10. For the Board's information, the membership of the BCF Core Officer Group currently includes the Corporate Director of Adult Social Care and Health, the Managing Director of HHCP (and Board Co-chair), the ICB Borough Director and the BCF Programme Manager. Membership of the Core Officer Group is currently under review.

Hospital Activity

11. Table 1 below illustrates the Q1 position.

Table 1: Hospital Activity Dashboard			
Metric	Target	Apr - July 2024 Average	Rating
Emergency admissions (weekday) - Average daily adms	54	35	Green
Emergency admissions (weekend) - Average daily adms	23	30	Amber
Discharges (weekday) - Average daily discharges	59	49	Amber
Discharges (weekend) - Average daily discharges	25	24	Amber
No criteria to reside	34	43	Amber

B. Workstream Highlights and Key Performance Indicator Updates

This section provides the Board with progress updates for the five workstreams, where there have been developments.

Transformation Workstreams

Workstream 1: Integrated Neighbourhood Working.

Workstream Highlights

Key Performance Indicator Updates

Workstream 1 performance indicators include:

- **People with severe mental illness (SMI) receiving a full physical health check:** **Exceeded (Green)** – The 2023/24 ICB target is 60% and the Hillingdon position during the review period was 77.2%
- **People over age of 14 on a doctor's learning disability register who have had an annual health check:** **Exceeded (Green)** - The 2023/24 ICB target is 50% and Hillingdon achieved 73% during the review period.
- **People with diabetes who have received nine care processes in the last 15 months:** **Exceeded (Green)** – The 2023/24 ICB target was 50% and Hillingdon achieved 67.8% during the review period.
- **Eligible female patients who have received a Cervical Cancer Screening within the last 3.5 years for ages 25-49 (Core20Plus5 measure):** **Slippage (Amber)** - The 2023/24 ICB target was 80% but 64.5% was achieved during the review period. Hillingdon's performance in May 2024 was 65% which is 6.5% higher than the NWL average. Key actions to improve performance include RM Partners (one of the 21 Cancer Alliances established by NHS England to lead on the delivery of the cancer care recommendations in the NHS Long-term Plan) meeting with all six PCNs to share performance data and provide instruction on accessing data on screening dashboards. There has been targeted 1:1 support for the two practices with the lowest to discuss actions for improvement.
- **Eligible female patients who have received a Cervical Cancer Screening within the last 5.5 years for aged 50 and over (Core20Plus5 measure):** **Slippage (Amber)** - The 2023/24 ICB target was 80% but 76.9% was achieved during the review period. The Board is reminded that action to improve performance against this measure and the equivalent above for the 25 to 49 age group includes 1:1 meetings between the cervical cancer clinical lead and lower performing practices to identify issues and offer support; through proactive signposting and text message reminders to patients across our neighbourhoods; and through the clinical lead attending upcoming PCN meetings to present on performance to date and discuss further ideas for overcoming barriers to attending for cancer screening.
- **Patients aged 79 years or under with hypertension who have a blood pressure reading of 140/90 mmHg or less:** **Exceeded (Green)** – The 2023/24 outturn was 60.2% against a NWL target of 44.7%. However, the Board may wish to note that this is rated as amber in the

Joint Health and Wellbeing Strategy update as Hillingdon has the second highest hypertension rates of NWL borough, and cardiovascular mortality is higher than London and England.

- **Patients aged 80 years and over with hypertension who have a blood pressure reading of 150/90 mmHg or less:** **Exceeded (Green)** – The 2023/24 outturn was 76.8% against a NWL target of 59.7%
- **Admission rate for people aged 65 and older by severe frailty index per 1,000:** **Exceeded (Green)** – The ceiling rate for 2023/24 was 719 and the outturn was 643.

Workstream 2: Reactive Care

The Board is reminded that the priorities for this workstream are:

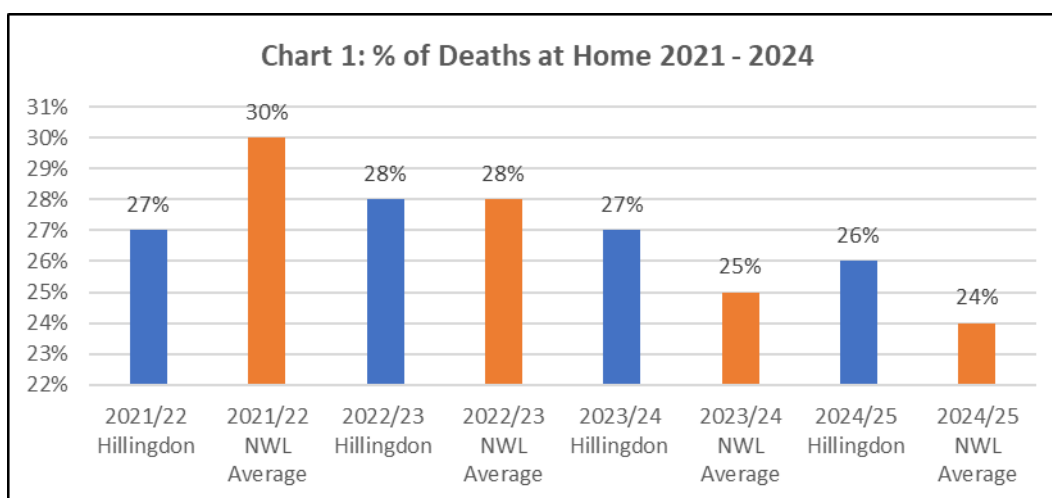
- Implementation of a new end of life operating model.
- Implementation of an integrated active recovery service.
- Implementation of a ‘Maximising Homefirst’ programme to reduce length of stay of residents in hospital.

Workstream Highlights

Key Performance Indicator Updates

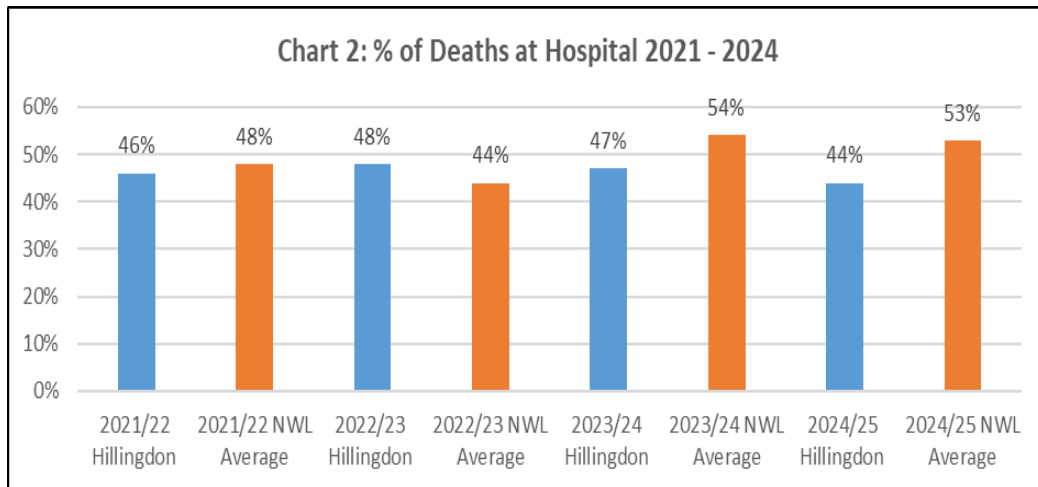
The following is an update on workstream 2 indicators where data is available:

- **% of deaths of people that occurred at home in the last twelve months:** A higher proportion of deaths of people occurring at home is desirable and the data in chart 1 below shows that in 2023/24 Hillingdon’s performance was just above the NWL average and performance over the last three years has been close to the NWL average, although there has been a slight drop in the average for 2024/25 to date.

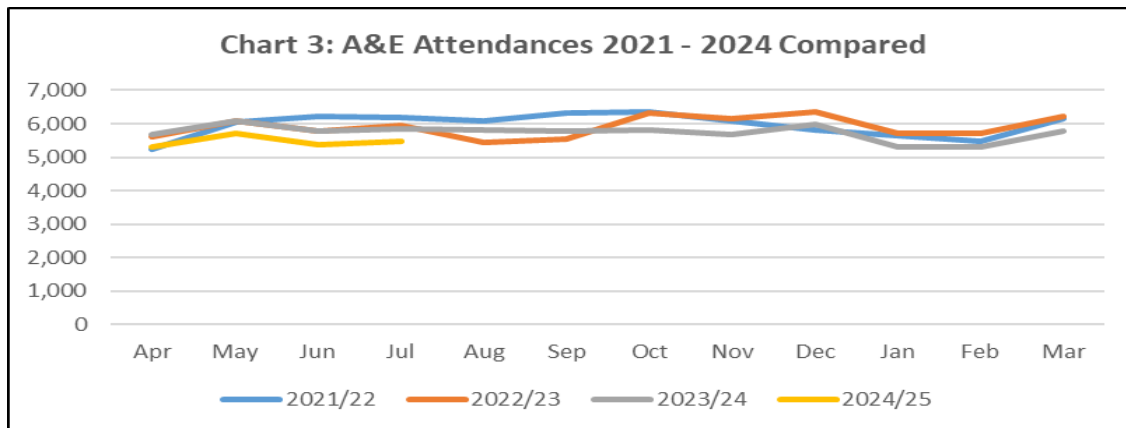


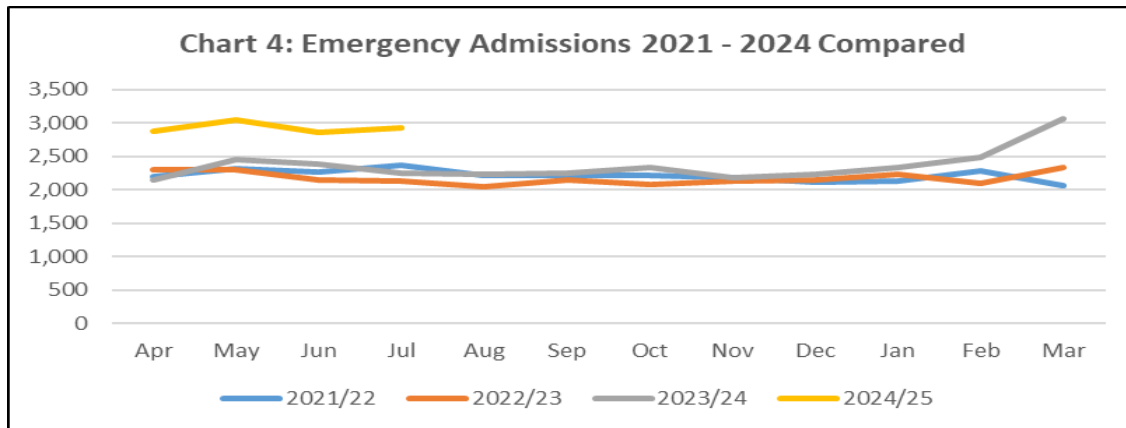
- **% of deaths of people that occurred in hospital in last twelve month period:** The objective is that the percentage of deaths that occurred in hospital should be at a minimum

and reflect the last place of care choice of residents. Chart 2 below shows that for the 2023/24 period Hillingdon’s performance was better than our direct comparators within the NWL sector. So far to date in 2024/25 Hillingdon’s performance is also lower than the NWL average.

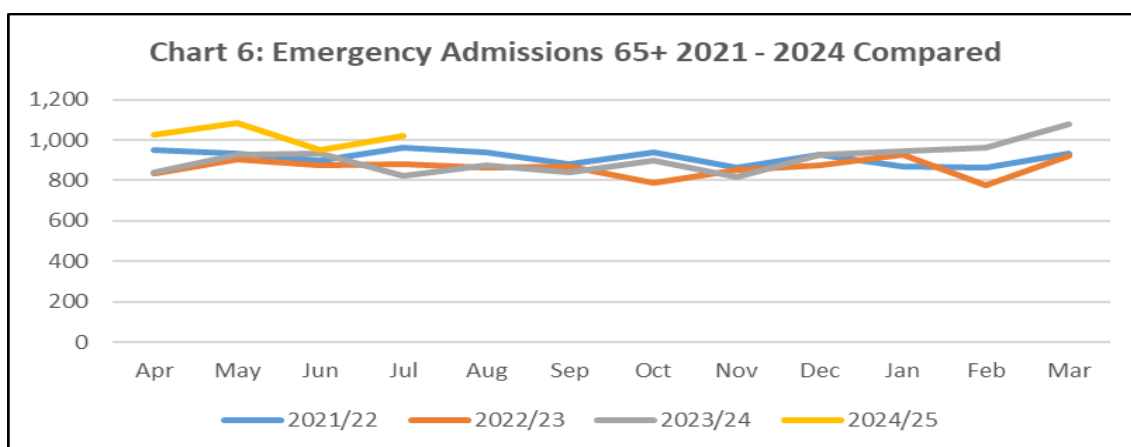
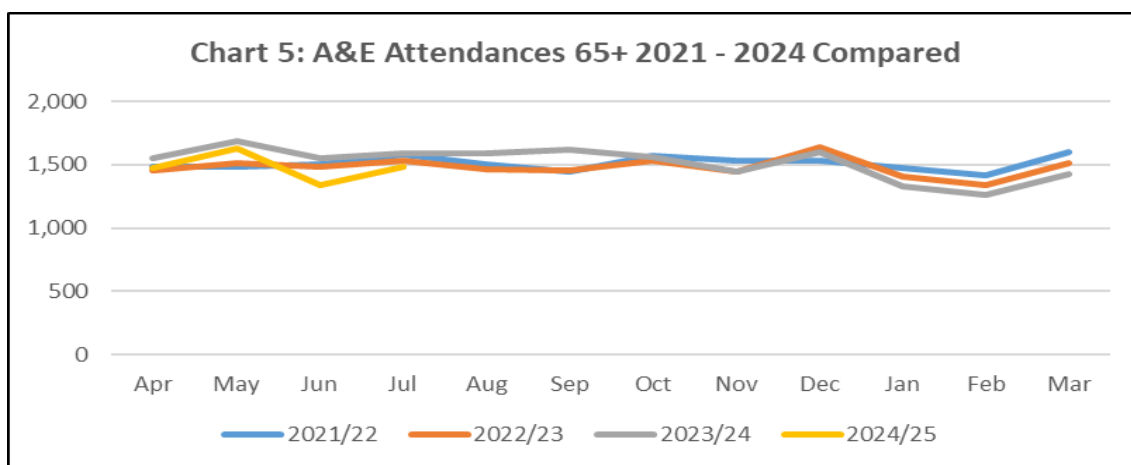


- A & E Attendances and Emergency Admissions:** Between April 2023 and March 2024 there were 68,836 attendances, which is lower than in the two previous years. There were 28,367 emergency admissions during 2023/24, which exceeds the figures for each of the two preceding years and the conversion rate of attendances to admissions of 41% was slightly higher than the previous two years (37%). So far in 2024/25 the A&E attendances have continued to come down with 5,463 (Apr 24 – Jun 24) although the emergency admissions have remained higher with 2,930 so far to date in 2024/25. Charts 3 and 4 below show the attendances and admissions trends over the last three financial years.





A & E Attendances and Emergency Admissions 65 +: There were 18,216 attendances of people aged 65 and over during 2023/24 review period, which is higher than 2022/23 but lower than 2021/22. The conversion rate of attendances to admissions of 60% was higher than in 2022/23 but lower than 2021/22. So far, in 2024/25 the attendances have remained lower than the previous year with Jun 24 being lower than the last 3 years attendances. Charts 5 and 6 below show the attendances and admissions trends over the last three financial years.



- Hillingdon Hospital bed occupancy:** *Slippage (Amber)* – The target occupancy level over the winter period was 92% but the average for the period 1 September 2023 to 31 March 2024 was 99%. Moving into 2024/25 the bed occupancy average has remained at 99% from April 2024 through to July 2024.

Workstream 3: Planned Care

Key Performance Indicator Updates

The following is an update on workstream 3 indicators where data is available:

- **Patients waiting 52 weeks or more for surgery:** In March 2024 there were 479 people waiting 52 weeks or longer for surgery, which is a reduction of 749 (61%) on the same period in 2023. This is attributed to contracts that the ICB has established with the private sector.
- **% Patients receiving tests within 6 weeks of referral:** For the period April 2023 to March 2024 the average was 79.5%, which compares to 70% in 2022/23. So far in 2024/25 the average has increased to 90%.
- **% Urgent cancer referrals receiving diagnosis within 28 days:** For the period April 2023 to March 2024 the average was 71%, which is equal to the performance in 2022/23 and an improvement on 2021/22 (66%). So far in 2024/25 the average has increased to 81%.
- **Average waiting times in days for outpatients:** The average waiting time in days for 2023/24 was 140 days compared with 159 days in 2022/23 and 117 days in 2021/22, which indicates improvement but some distance to travel to get to

Workstream 4: Children and Young People

Workstream Highlights

Stronger Families Hub: The Council's Stronger Families Hub is the single point of contact for children, young people, and families in Hillingdon to access a wide range of support services 24/7. The model combines a social work led service, adult mental health service and the Hillingdon Multi-agency Safeguarding Hub (MASH). During the review period there were 5,868 enquiries with a wide range of reasons for the contact but the majority were socially unacceptable behaviour (10%), domestic Incident (8%), child's mental health (7%) and neglect (7%).

The main outcomes arising from the contact were information and advice (36%), statutory social care (27%) and referrals to other agencies (10%).

Key Performance Indicator Updates

34. The following is an update on workstream 4 indicators where data is available:

- **Education, Health, and Care Plan (EHCP):** **Slippage (Amber)** - The national target for the completion of EHCPs is 20 weeks from referral. The local target is to achieve this in 80% of cases. The percentage of plans completed within 20 weeks between April – June 2024 was 52%. This is a 19% decrease over the same time period in 2023/24, which was 71%.
Keith/Sean – I haven't been able to get explanation for the performance, which I suspect is down to staffing issues but don't know for certain. **Suggest removing.**

Workstream 5: Care and support for adults with mental health challenges and/or people with learning disabilities and/or autism.

- **Estimated diagnosis rate for people aged 65 and over with dementia:** *Slippage (Amber)*
– An outturn of 66.2% was achieved in 2023/24 against a target of 66.7%. The England average was 62.2%. The main reason for not meeting the target during this period, was due to temporary gaps in permanent staffing in the Memory Service. Locum support was in place but still impacted on diagnosis delivery at times. The learning from this is that some pathway changes are being developed to ensure there is sufficient workforce to cover during any staff absences.

Finance

There are no direct financial implications arising from this report.

BACKGROUND PAPERS

Joint Health and Wellbeing Strategy, 2022 – 2025

Discharge Fund Spending Plan 2024/25

Table 1: 2024/25 Discharge Fund Allocation	
LBH Direct s31 Allocation	1,744,957
Total Provisional ICB DF Allocation to Hillingdon 2024/25:	2,590,881
TOTAL PROVISIONAL HILLINGDON HWB DF ALLOCATION 2024/25	4,335,838

Table 2: Updated Spending Plan	
LBH Direct Funding: s31 Grant	Allocation
Discharge-related residential	220,780
Discharge-related nursing	613,775
Discharge-related homecare	726,000
Block nursing dementia step-down	44,314
Deep clean & house clearance contract	8,000
Social Work 7-day Discharge	57,658
Additional Brokerage Capacity	63,960
Admin	10,470
LBH DIRECT FUNDING TOTAL:	1,744,957

ICB Contribution	Allocation
Additional Bridging Care Capacity	135,200
5 x Nursing Dementia step-down beds	278,128
P3 Block Nursing Step-down	56,235
Homefirst/D2A Rehabilitation (Therapy Bridging)	785,213
Rehab beds in Furness Ward, Willesden.	120,575
Supporting patients where there is unclear commissioning (non-CHC)	220,584
Central ICB Support for Borough based teams	50,500
Health funding for complex care patients in P3 beds/other settings. For conditions including dementia and challenging behaviour	934,446
Admin	10,000
ICB ALLOCATION TOTAL	2,590,881
TOTAL HILLINGDON 2024/25 DISCHARGE FUND ALLOCATION	4,335,838

BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Jane Palmer Keith Spencer
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
Report author	Nikki O'Halloran, Democratic Services
Papers with report	Appendix 1 - Board Planner 2024/2025

1. HEADLINE INFORMATION

Summary	To consider the Board's business for the forthcoming cycle of meetings.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Select Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2024/2025 Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2024/2025, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Co-Chairs' approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Co-Chairs.

Advance reminders for reports will be issued by Democratic Services but report authors should note the report deadlines detailed within the attached Board Planner. Reports should be presented in the name of the relevant Board member.

With the Co-Chairs, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house “cabinet style” with clear recommendations as well as the inclusion of corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

Board meeting dates

The Board meeting dates for 2024/2025 were considered and ratified by Council at its meeting on 18 January 2024 as part of the authority's Programme of Meetings for the new municipal year. The proposed dates and report deadlines for the 2024/2025 meetings have been attached to this report as Appendix 1.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Consultation Carried Out or Required

Consultation with the Chairs of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

Consideration of business by the Board supports its responsibilities under the Health and Social Care Act 2012.

6. BACKGROUND PAPERS

NIL.

BOARD PLANNER 2024/2025

26 Nov 2024	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Thursday 14 November 2024
	Hillingdon Joint Health and Wellbeing Strategy 2022-2025	LBH	
	Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	Agenda Published: 18 November 2024
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All	
4 Mar 2025	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Thursday 20 February 2025
	Hillingdon Joint Health and Wellbeing Strategy 2022-2025	LBH	
	Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	Agenda Published: 24 February 2025
	PART II - Update on current and emerging issues and any other business the Co-Chair considers to be urgent	All	

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Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972 (as amended).

Agenda Item 8

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Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972 (as amended).

Agenda Item 9

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