

Minutes

HEALTH AND WELLBEING BOARD SUB-COMMITTEE

27 August 2013



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

	<p>Committee Members Present: Councillors Philip Corthorne (Chairman), Douglas Mills, David Simmonds and Ray Puddifoot (ex-officio) and Mike Robinson (in place of Shane DeGaris)</p> <p>Others Present: Karl Munslow Ong, Chief Operating Officer, THH Ceri Jacob, Chief Operating Officer, CCG Nigel Dicker, Deputy Director of Public Safety & Environment, LBH Tony Zaman, Director of Adult Social Services, LBH Sharon Daye, Interim Director of Public Health, LBH Kevin Byrne, Head of Policy and Performance, LBH Nikki O'Halloran, Democratic Services Manager, LBH</p>	
1.	<p>ELECTION OF CHAIRMAN (<i>Agenda Item 1</i>)</p> <p>RESOLVED: That Councillor Philip Corthorne be elected Chairman of the Health and Wellbeing Board Sub-Committee.</p>	Action by
2.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 2</i>)</p> <p>Apologies for absence were received from Mr Shane DeGaris (The Hillingdon Hospitals NHS Foundation Trust) and Dr Ian Goodman (Hillingdon Clinical Commissioning Group). Mr Mike Robinson attended as a substitute for Mr DeGaris.</p>	Action by
3.	<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 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>	Action by
4.	<p>HEALTH AND SOCIAL CARE INTEGRATION (<i>Agenda Item 4</i>)</p> <p>Consideration was given to the Sub-Committee's Terms of Reference (ToR) and to the further integration of health and social care.</p> <p>NHS North West London and other boroughs had supported a "pioneer" bid to the NHS for the integration of health and social care. Hillingdon Council had not supported this approach as it was believed that undertaking its own integration project would enable the Borough to think more broadly and more long term and to act on behalf of residents.</p>	Action by

Whilst The Hillingdon Hospitals NHS Foundation Trust (THH) was a service provider, Hillingdon Hospital was recognised as a fixed reference point for health by residents. As such, it was thought important to include THH in the integration work.

Councillor Ray Puddifoot noted that it was imperative that significant headway was made in relation to the integration of health and social care by the new year. A national budget of £3.8 billion would become available in 2015/16 for local health and care integration. This funding, known as the Integration Transformation Fund (ITF), was not new funding as it had been drawn from local authorities and CCGs. The amount of ITF funding that Hillingdon would receive would directly relate to the health and social care developments that were planned for the Borough.

It was proposed that work be undertaken to examine the possible formation of a new form of service delivery organisation, providing closer co-ordination between clinical services and local authority services. This could be in the form of a company limited by guarantee. To guide this work, it was suggested that the Council's established transformation programme process (known as Business Improvement Delivery – BID) be used. The process would look at the business model and determine whether it was supporting the process and/or adding additional frictional cost, burden and bureaucracy. Realignments could then be considered to offer improvements.

It was suggested that BID work get underway in relation to the integration of health and social care. With regard to the remit of the BID review, it was suggested that everything be included unless, during the course of the process, it became apparent that it did not need to be covered. The scope was broad and the first task would involve scoping and discovery.

It was suggested that improving services for residents should be kept at the heart of any changes that were made. These changes could, at some point, potentially be broadened out to identify synergies with a view to joining services together. Councillor Puddifoot suggested that it would be prudent to appoint an external individual who could then put a team together to look at the current structures and processes (with input from clinicians and officers). The team would report back the Health and Wellbeing Sub-Committee and the Board with suggestions and proposals for consideration. The Board would then be able to decide which actions should be taken forward.

The starting point of the BID review would be to develop a shared understanding of what each organisation currently did. Relevant staff (which would predominantly be those that delivered the services) would then be asked to highlight which areas currently worked well and identify those areas where improvements could be made. A decision could then be made as to which areas would (and would not) be included in the review.

Insofar as timings were concerned, it was suggested that the Sub-Committee hold its next meeting in approximately 6 weeks as this

would give officers enough time to work through the scope. The Head of Policy and Performance advised that the next steps would include:

- further work to look at what other local authorities had done;
- issues around governance;
- developing a fuller Project Initiation document (PID); and
- consideration of ADASS (Association of Directors of Adult Social Services) reference points regarding integration and possible tools to help with mapping.

Consideration would need to be given to the business and processes that needed to be undertaken. Action could then be taken to look at where improvements could be made and identify what further work would need to be undertaken to ensure that any resultant processes and procedures were easy to understand and use.

To enable progress to be made in relation to the integration of health and social care, representatives from the CCG and THH would need to ensure that their organisations were happy to commit to this process. To this end the Council would attend governance board meetings with the CCG and THH to promote the proposal and provide information about the BID process. It was important that the process took account of work that was already underway in the partner organisations.

It was anticipated that, in ten weeks time, the Sub-Committee would be in a position to define the scope of the review more clearly.

Concern was expressed with regard to how the Recovery Programme Board (RPB) would fit into the work of the Sub-Committee and the danger of duplicating work. It was suggested that consideration would need to be given to resolving this potential conflict in the next 6-10 weeks.

It was also noted that much of the CCGs funding was already allocated to clinical services. Those present were assured that the review would focus on who does what and that it would not be finance driven. For example, consideration could be given to what other services could be provided from a new clinical centre and where operating costs could be rationalised.

It was agreed that point seven of the ToR would be revised to reflect the fact that the Council would provide the initial funding to get the project off the ground. Point eight would also be amended to include a reference to health improvements.

RESOLVED: That:

- 1. the Council make arrangements to attend meetings with the CCG and THH to give further information about the BID process; and**
- 2. the revised Terms of Reference, attached to these minutes, be agreed.**

APPENDIX - AMENDED SUB-COMMITTEE TERMS OF REFERENCE

Action by

	The meeting, which commenced at 2.30 pm, closed at 3.50 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 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

HILLINGDON HEALTH AND WELLBEING BOARD SUB-COMMITTEE Health and Social Care Integration

Terms of Reference

1. To consider the best method of delivering a better health outcome for residents of all ages in Hillingdon.
2. To maximise the opportunity for new ways of working to deliver a more holistic service for the resident/patient.
3. To consider opportunities and options for closer integration of health and social care services in Hillingdon to further improve the overall health and wellbeing of residents.
4. Examine the possible formation of a new form of service delivery organisation providing closer co-ordination between clinical services and local authority services, not to create a new form of bureaucracy but a delivery vehicle to a new design.
5. To assess the strengths, opportunities, risks and challenges that present through options for a more holistic and potentially integrated health and social care service.
6. To assess the role of partners in support of integrated health and social care in Hillingdon.
7. In view of the current financial constraints of the CCG and the Hospital Trust, *consider LBH will provide the initial financing to get the project off the ground*. This project is approached on a business delivery basis with clinical input - reporting through the Health and Wellbeing Board. A time commitment will be required from all parties.
8. To make recommendations to the Health and Wellbeing Board in the first place concerning integration of health and social care *and health improvements* in Hillingdon.

Membership:

- Councillor Philip Corthorne
- Councillor Douglas Mills
- Councillor David Simmonds
- Councillor Raymond Puddifoot (ex-officio)
- Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust
- Dr Ian Goodman – Hillingdon Clinical Commissioning Group

Officers:

- Tony Zaman – Statutory Director of Adult Social Services, LBH
- Merlin Joseph – Statutory Director of Children's Services, LBH
- Sharon Daye – Statutory Director of Public Health, LBH
- Nigel Dicker – Residents Services, LBH
- Kevin Byrne – Policy, Performance and Partnerships, LBH
- Ceri Jacob – Chief Operating Officer, CCG

Additional organisations and individuals will be invited to attend meetings as necessary.

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