Minutes

HEALTH AND WELLBEING BOARD

31 October 2013



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

	(Agenda Item 3) RESOLVED: That the minutes of the meeting held on 10 September 2013 be agreed as a correct record.
25.	Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows and Scott Seaman-Digby, Dr Ian Goodman (Dr Kuldhir Johal was present as his substitute), Mr Robert Bell (Mr Nick Hunt was present as his substitute), Ms Ceri Jacob (Mr Rob Larkman was present as her substitute) and Mr Tony Zaman (Mr Nick Ellender was present as his substitute). TO APPROVE THE MINUTES OF THE MEETING ON 10 SEPTEMBER 2013
24.	APOLOGIES FOR ABSENCE (Agenda Item 1)
	Press & Public: 5 public & 1 press
	LBH Councillors Present: Councillors Phoday Jarjussey and John Major
	LBH Officers Present: Glen Egan, Dan Kennedy, Jales Tippell, Nikki Wyatt and Nikki O'Halloran
	Co-opted Members Present: Jean Palmer – LBH Deputy Chief Executive and Corporate Director of Residents Services Nigel Dicker – LBH Deputy Director: Public Safety & Environment Robyn Doran – Central and North West London NHS Foundation Trust Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust Rob Larkman – Hillingdon Clinical Commissioning Group (Officer) (substitute) Dr Tom Davies – Hillingdon Clinical Commissioning Group (Clinician) Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute)
	Statutory Board Members: Merlin Joseph – Statutory Director of Children's Services Sharon Daye – Statutory Director of Public Health Nick Ellender – Statutory Director of Adult Social Services (substitute)
	Statutory Board Members Present: Councillor Ray Puddifoot (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Douglas Mills Councillor David Simmonds Dr Kuldhir Johal – Hillingdon Clinical Commissioning Group (substitute) Jeff Maslen – Healthwatch Hillingdon

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)
This was confirmed.
JOINT HEALTH & WELLBEING STRATEGY ACTION PLAN UPDATE 2013-2014 (Agenda Item 5)
Consideration was given to the report which updated the Board on the Joint Health and Wellbeing Strategy Action Plan 2013-2014. The report highlighted work that had been undertaken in support of the priorities contained within the Plan. Although good progress was being made, it was important that the focus was shifted towards the outcomes rather than processes so that areas for improvement could be identified to benefit residents / service users.
Concern was expressed that there had been some difficulty obtaining information about the Integrated Care Programme (ICP). With regard to the rollout of the ICP to all GP practices by the end of 2013, as at 30 September 2013, 87% of practices were participating in the Programme. Furthermore, the Board was advised that 100% of GP surgeries had signed up to participate in the CCG locality sub groups which would also contribute to shaping the integration of care.
It was noted that, although it was not compulsory for individual GP practices to participate in ICP, they were able to opt into the Programme at any time. It was suggested that perhaps the provision of more information in relation to the benefits/outcomes of ICP might encourage the remaining GP practices to participate fully in the Programme.
RESOLVED: That the Health and Wellbeing Board note the report.
PUBLIC HEALTH ACTION PLAN 2013/2014 (Agenda Item 6)
Consideration was given to the update on the Public Health Action Plan 2013/2014. It was noted that the Memorandum of Understanding (MOU) and the action plan to support its implementation had been jointly agreed by the Council and Hillingdon CCG.
The Board was advised that, in order to deliver improved health outcomes, the Council had successfully bid for £353,793 from Sport England over the next three years to promote physical activity and prevent / address obesity. Processes would be in place to monitor and evaluate the delivery of this work.
RESOLVED: That the Health and Wellbeing Board note the report and action plan.
UPDATE REPORT FROM HILLINGDON CCG (Agenda Item 7)
The Hillingdon CCG Financial Recovery Plan (FRP) covered a three year period to March 2016. Members expressed concern that the report did not give enough detail with regard to where the financial gains and losses were. In order to build confidence, it was suggested that a more detailed financial report be submitted to future Health and Wellbeing Board meetings which identified where shortfalls were expected, why certain targets would not be met and what action was being taken to address this.

	The CCG had planned to make savings of £11,165,000 in 2013/2014 and £14m in each of the subsequent two years. As it was anticipated that there would be a shortfall of approximately £1.5m in the current year, officers would be looking to bring forward a number of actions planned for future years to contribute towards this shortfall. Concern was expressed that moving these savings into the current year would have a knock on effect and create a shortfall in subsequent years.
	The CCG was currently re-evaluating the FRP - it was anticipated that the recovery period would need to be extended to achieve the total savings required. If this was necessary, the matter would be reported back to the Board in due course.
	At the Board meeting on 10 September 2013, it had been noted that four of the five conditions imposed upon the CCG by Monitor had been met and that only the FRP was outstanding. The CCG had refreshed its FRP and was expecting it to be finalised in the near future.
	It was noted that the biggest deficit in terms of meeting the planned savings targets was in relation to medicines management. The Board was advised that the CCG was currently working with those GP surgeries that were significantly overspending in an attempt to address the issue. Concern was expressed that this overspend might impact on other areas of the QIPP programme, such as the providers.
	RESOLVED: That the Board note the update on the CCG's Financial Recovery Plan 2013/2014.
30.	HEALTHWATCH HILLINGDON UPDATE (Agenda Item 8)
	The Board was advised that the official launch of Healthwatch Hillingdon had taken place on 18 September 2013 and had been attended by more than 150 people. The event had enabled current support to be gauged and established what was expected from the organisation. It was anticipated that the information collected at the event would feed into Healthwatch Hillingdon's work plan and engagement strategy.
	 The two main issues that arose at the launch event were in relation to: the provision of an integrated service – it was noted that a lot of work had been planned in relation to this issue; and access to GPs and the quality of the patient experience in surgeries – this issue was generally in relation to surgery opening times, receptionists and customer orientation. It was suggested that those surgeries that were not performing very well should be encouraged to adopt best practice from elsewhere.
	It was noted that NHS England was currently monitoring GP contract performance and that effort was being made to ensure that patients had access to the GP service when needed. As it was not practical for small surgeries to significantly extend their opening hours, work was underway to share the responsibility by developing a network of practices to improve access. It was anticipated that this work would go some way to building public confidence in relation to access to GPs.
	RESOLVED: That the Board note the update report from Healthwatch Hillingdon.

31.	UPDATE - ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS (Agenda Item 9)
	It was generally thought that progress was being made with regard to the allocation and spend of s106 healthcare facilities contributions in the Borough. The Board was aware that, if it was not spent by January 2014, the allocation of £53,496 towards the Hesa Health Centre in Hayes would be lost.
	It was again suggested that, with regard to s106 contributions that were coming to the end of their life and were proving difficult to spend, consideration be given to contacting developers to try to renegotiate terms. It was important that every effort was made to ensure that the money was spent on worthwhile projects.
	RESOLVED: That the Board note the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.
32.	FORMER YIEWSLEY SWIMMING POOL SITE, OTTERFIELD ROAD, YIEWSLEY (Agenda Item 10)
	Although it had previously been assured that the issues in relation to the CCG's revenue and capital costs were being resolved, the Board was advised that NHS England now expected the CCG to go through an application process. This process, which was expected to take 1-2 months, would enable the CCG to bid for the £1.5m funding to cover the cost of 'fitting out' the new Yiewsley Health Centre (the Council had committed to providing the funding for the actual build).
	The submission of a planning application for the new Yiewsley Health Centre was anticipated to cost the Council in the region of £180k. It was agreed that, while the CCG pursued NHS England for funding for the 'fitting out' costs, the Council would start the planning application process. However, it was noted that no further action would be taken by the Council until the CCG had secured the £1.5m that it needed for the project. The Board requested that the CCG provide an update on progress at its next meeting on 5 December 2013.
	 RESOVLED: That the Board: 1. agree that the Council submit a planning application for the new Yiewsley Health Centre while waiting for the CCG to acquire funding for the 'fitting out' costs; and 2. receive an update on progress at its next meeting on 5 December 2013 from the CCG.
33.	HEALTH AND WELLBEING BOARD SUB-COMMITTEE UPDATE (Agenda Item 11)
	With regard to the integration of health and social care, it was noted that a mapping exercise had been put in place to identify gaps and opportunities which would help to form a plan to move matters forward. This would be reported back to the Sub-Committee in December 2013. It was noted that there was a shared interest in integration and the work that had been undertaken thus far was commended.
	RESOLVED: That the Board notes the progress of the Health and Wellbeing Board Sub-Committee.

34.	HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT (Agenda Item 12)
	Consideration was given to Hillingdon's Joint Strategic Needs Assessment report.
	 RESOLVED: That the Board: 1. notes the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) which are being considered in developing updated commissioning plans; and 2. notes the proposed JSNA work priorities which ensure that it remains a key source of local intelligence to underpin effective service planning.
35.	BOARD PLANNER & FUTURE AGENDA ITEMS (Agenda Item 13)
	Consideration was given to the Board Planner and membership. The dates of future meetings were noted and those present were reminded that, if a report that they had prepared for a meeting contained confidential information, this must be brought to the attention of Democratic Services to ensure that the item was placed in Part II. It was agreed that Mr Rob Larkman be appointed as the officer Co-opted Member
	(Non-Voting) for the Hillingdon Clinical Commissioning Group and Ms Ceri Jacob be appointed as his substitute. Furthermore, Dr Tom Davies would be the clinician Co- opted Member (Non-Voting) for the CCG and Dr Kuldhir Johal would be his substitute. It was also noted that Dr Kuldhir Johal would need to be appointed by Council as Dr Ian Goodman's substitute as a Statutory Member (Voting).
	 RESOLVED: That the Board: 1. agrees the Board Planner, as amended; and 2. notes the amendments to its membership and recommends the changes to the statutory membership to Council for approval.
36.	HILLINGDON CCG COMMISSIONING INTENTIONS 2014/2015 (Agenda Item 14)
	The Board was advised that the CCG's commissioning intentions had been in the process of development for a number of months and that the final version was expected to be complete by early 2014. Given the importance of integrated care, the CCG had worked closely with the Trusts to develop the Out of Hospital Strategy.
	Whilst the Board welcomed the CCG's planned, ongoing and completed work, concern was expressed that the information contained within the report was not very clear. For example, mention had been made of four different Borough population statistics but no context or explanation was given in relation to this. Furthermore, the link between the CCG's objectives and aspirations was thought to be unclear and would benefit from a strategic golden thread tying everything together. It was suggested that there needed to be clearer links between the commissioning intentions and the financial recovery plan to highlight how commissioning efficiencies would feed into the recovery plan. The Board requested that the commissioning intentions report be revised by the CCG to highlight the links to the refreshed recovery plan so that it could be considered at the next Board meeting on 5 December 2013.
	It was suggested that, if a considerable amount of work was being undertaken within the Borough to reduce NHS England's spend, there ought to be a mechanism in place for the CCG to get some of this money back.
	RESOLVED: That the Board:

1. notes the Hillingdon CCG Commissioning Intentions; and

2. asks the CCG to provide a more detailed commissioning intentions report for consideration at its meeting on 5 December 2013.

The meeting, which commenced at 2.30 pm, closed at 3.45 pm.

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.