

Minutes

HEALTH AND WELLBEING BOARD

1 April 2014

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



HILLINGDON
LONDON

Statutory Board Members Present:

Councillor Ray Puddifoot (Chairman)
Councillor Philip Corthorne (Vice-Chairman)
Councillor Keith Burrows
Councillor Douglas Mills
Dr Ian Goodman – Hillingdon Clinical Commissioning Group
Stephen Otter – Healthwatch Hillingdon (substitute)

Statutory Board Members:

Merlin Joseph – Statutory Director of Children's Services
Sharon Daye – Statutory Director of Public Health
Tony Zaman – Statutory Director of Adult Social Services

Co-opted Members Present:

Jean Palmer – LBH Deputy Chief Executive and Corporate Director of Residents Services
Nigel Dicker – LBH Deputy Director: Public Safety & Environment
Maria O'Brien – Central and North West London NHS Foundation Trust (substitute)
Dr Kuldhir Johal – Hillingdon Clinical Commissioning Group (Clinician) (substitute)
Ceri Jacob – Hillingdon Clinical Commissioning Group (Officer) (substitute)
Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute)

LBH Officers Present:

Kevin Byrne, Glen Egan and Nikki O'Halloran

LBH Councillors Present:

Councillors Beaulah East and John Major

Press & Public: 1 public

63. **APOLOGIES FOR ABSENCE** (*Agenda Item 1*)

Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows and Scott Seaman-Digby, Mr Jeff Maslen (Mr Stephen Otter was present as his substitute), Mr Shane DeGaris, Ms Robyn Doran (Ms Maria O'Brien was present as her substitute), Mr Robert Bell (Mr Nick Hunt was present as his substitute), Dr Tom Davies (Dr Kuldhir Johal was present as his substitute) and Mr Rob Larkman (Ms Ceri Jacob was present as his substitute).

It was noted that, as Dr Tom Davies and Mr Mike Robinson had stood down, the following vacancies had arisen on the Board:

1. The Hillingdon Hospitals NHS Foundation Trust
 - VACANCY = substitute non-voting co-opted representative
2. Hillingdon Clinical Commissioning Group
 - VACANCY = non-voting co-opted (clinician) representative

	<p>Formal nominations would be sought from the relevant organisations for appointment at the next Board meeting on 17 June 2014.</p>
64.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 6 FEBRUARY 2014 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 6 February 2014 be agreed as a correct record.</p>
65.	<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>This was confirmed.</p>
66.	<p>BETTER CARE FUND: HILLINGDON PLAN (<i>Agenda Item 5</i>)</p> <p>Consideration was given to the report in relation to the Better Care Fund plan. It was noted that feedback had been received from NHS England and the Local Government Association in relation to the Hillingdon Better Care Fund (BCF) draft plan. The revised plan provided high level information in relation to 11 schemes with an emphasis on the frail and elderly. It was noted that the plan would need to be translated into an action plan that would specifically meet the needs of the Borough. To this end, it was recognised that residents should be engaged in the process.</p> <p>Furthermore, it was agreed that an additional aim/objective be included in plan with regard to engagement (Section 2b). Namely, "we will ensure that we undertake regular engagement and communication with residents to show progress against all aspects of the plan." It was also agreed that, in the governance section of the plan (Section 2e), the phrase "The board therefore takes <i>full</i> strategic oversight for health and care systems in the Borough..." be amended by deleting the word "full".</p> <p>With regard to the administration of the BCF budget, it was suggested that this be undertaken by the Council. The Board noted that the BCF budget would sit with the Health and Wellbeing Board and, as the Board had been formed as a Committee of the Council, it was a logical step for the administration of the budget to be undertaken by the Council. Significantly, this would also mean that the Council would be directly accountable for any consequences. However, it was acknowledged that a governance structure would need to be put in place below the Board to provide assurance to the partners.</p> <p>Concern was expressed that, with regard to the administration of the budget, consideration would need to be given to practical issues such as the Section 75 agreement. Section 75 partnership agreements allowed budgets to be pooled between local health and social care organisation and authorities. Alignment of the different organisations' working practices would need to be worked through.</p> <p>It was noted that risks, and the proposed mitigation, had been identified within the plan (Section 4). Of these risks, it was agreed that further consideration would need to be given to the implications of the proposed eligibility criteria and how this would work locally.</p> <p>It was suggested that the composition and terms of reference of the Health and</p>

Wellbeing Board Sub Committee be revisited to include responsibility to review the risks identified in the BCF plan. It was anticipated that this would help to ensure that, during the course of the next municipal year, further improvements were made to the plan prior to its implementation in 2015/2016.

It was thought that the governance arrangements and reconfiguration of the Sub Committee membership and redrafting of its terms of reference would be key to the success of BCF in Hillingdon. As a way forward, it was suggested that a formal or informal Executive Group be set up to comprise the CCG Chairman (plus one other representative) and the Leader of the Council (plus one other representative). This Executive Group could then be used to discuss any issues addressed by the Sub Committee that had proved challenging. It was agreed that finance officers could be included in the membership. Board members were asked to come forward with their thoughts on this as soon as possible so that appropriate action could be taken.

It was recognised that the BCF was providing the Borough with an opportunity to do things differently. It was suggested that it would be helpful to resolve the logistical considerations within the next 3 months.

RESOLVED: That:

- 1. the Board agrees the Hillingdon Better Care Fund (BCF) plan and the financial summary at Appendices 1 & 2 for submission to NHS England and that the BCF budget be administered by the London Borough of Hillingdon;**
- 2. the Board instructs the core officer group to develop business cases and implementation plans for the 11 schemes, in accordance with the governance arrangements in the plan, for discussion at the Board's next meeting on 17 June 2014; and**
- 3. the composition and terms of reference of the Health and Wellbeing Board Sub Committee be revisited.**

67. HILLINGDON CCG 5 YEAR STRATEGIC PLAN AND 2 YEAR OPERATING PLAN
(Agenda Item 6)

Consideration was given to the Hillingdon CCG five year strategic plan and two year operating plan. It was noted that the strategic plan had been drawn up by a collaboration of eight North West London CCGs.

Hillingdon's two year operating plan would need to be submitted by 4 April 2014. Concern was expressed that the new operating plan format was not particularly user friendly, in that it comprised a series of spreadsheets. It was acknowledged that this format was significantly different to the previous year but that the key targets had been highlighted within the report.

The CCG would report the Board's comments about the plans needing a more readable flow back to the NWL CCGs. It would also report the Board's feelings that reference to local issues within the report needed to be strengthened. Furthermore, rather than referring to a percentage reduction target, it was thought to be more useful to identify how many people/instances that percentage would equate to locally in Hillingdon.

With regard to the operating plan, the Board was advised that further work would be undertaken on the spreadsheets to include more explanatory text. This revised document would then be circulated to Board members outside of the meeting.

Although concern was expressed that the CCG had not yet liaised with the Royal Brompton and Harefield NHS Foundation Trust in relation to the Friends and Family Test (FFT), it was noted that the majority of the Trust's contract sat with NHS England. It was recognised that the FFT was key and that hospitals' five year ambitions for improvements to care needed to align with *Shaping a Healthier Future*.

The Board was advised that, as the strategic plan needed to be submitted by 20 June 2014, it would be included for final consideration on the agenda of the next Health and Wellbeing Board meeting on 17 June 2014. It was noted that the strategic plan had taken account of core principles and other considerations and was intended to address the challenges set out in a 'Call to Action'.

Concern was expressed that the strategic plan had not included any information about how it was going to be implemented or monitored over the five year period. Whilst it was acknowledged that NHS England required CCGs to submit 5 year plans across a wider geographical footprint than individual borough level, Hillingdon was generally recognised as having a relatively self contained health economy. As such, taking a wider perspective was not seen as being particularly relevant to Hillingdon. It was suggested that, in order to highlight this as an issue, the Hillingdon CCG make representations to NHS England about this unnecessarily bureaucratic process.

The Board was advised that a stakeholder engagement event would be held in April / May. In addition, a major pan-North West London stakeholder event would be held in June 2014, prior to the Board's next meeting.

It was agreed that, because of the points already made at the meeting, and as there was not enough information available, the Board would note both the five year strategic plan and two year operating plan. As such, the operating plan would be submitted noting that it had not been signed off by the Board and the strategic plan would be reconsidered at the Board's next meeting on 17 June 2014.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted the 5 year strategic plan noting the final submission date of 20 June 2014; and**
- 2. noted the local priority set out in the 2 year planning documents and requested additional information.**

68. HILLINGDON CCG 5 YEAR STRATEGIC PLAN AND 2 YEAR OPERATING PLAN - APPENDIX 2 (Agenda Item 7)

Consideration was given to the Hillingdon CCG Draft 5 Year Strategic Plan.

RESOLVED: That the plan be noted.

The meeting, which commenced at 2.30 pm, closed at 3.15 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.