

Minutes

HEALTH AND WELLBEING BOARD

11 December 2014

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



HILLINGDON
LONDON

	<p>Statutory Board Members Present: Councillor Ray Puddifoot (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor David Simmonds (in part) Dr Ian Goodman – Hillingdon Clinical Commissioning Group Jeff Maslen – Healthwatch Hillingdon</p> <p>Statutory Board Members: Sharon Daye – Statutory Director of Public Health Tony Zaman – Statutory Director of Adult Social Services</p> <p>Co-opted Members Present: Nigel Dicker – LBH Deputy Director: Public Safety & Environment Maria O'Brien – Central and North West London NHS Foundation Trust (substitute) Dr Reva Gudi – Hillingdon Clinical Commissioning Group (Clinician) Ceri Jacob – Hillingdon Clinical Commissioning Group (Officer) (substitute) Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute)</p> <p>LBH Officers Present: Glen Egan, Steve Powell, Vicky Trott and Nikki O'Halloran</p> <p>LBH Councillors Present: Councillors Beulah East and Phoday Jarjussey</p> <p>Press & Public: 1 public</p>
29.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>It was noted that Councillor Simmonds had advised that he would be a little late for the meeting.</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Douglas Mills, Keith Burrows and Scott Seaman-Digby, Ms Jean Palmer, Ms Robyn Doran (Ms Maria O'Brien was present as her substitute), Mr Robert Bell (Mr Nick Hunt was present as his substitute) and Mr Rob Larkman (Ms Ceri Jacob was present as his substitute).</p>
30.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 23 SEPTEMBER 2014 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 23 September 2014 be agreed as a correct record.</p>

31.	<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 all items would be considered in public.</p>
32.	<p>BOARD MEMBERSHIP CHANGES (<i>Agenda Item 5</i>)</p> <p>Consideration was given to the appointment of Mr Richard Sumray as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted Substitute member on the Board. It was noted that Mr Sumray had now been appointed as the substantive Chair of the THH Board.</p> <p>RESOLVED: That the Health and Wellbeing Board agree that Mr Richard Sumray be appointed as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted Substitute member on the Board.</p>
33.	<p>BETTER CARE FUND: UPDATE (<i>Agenda Item 6</i>)</p> <p>It was noted that, at the date of the Board's last meeting, Hillingdon had been unable to submit a signed Better Care Fund (BCF) plan. The Chairman of the Board had written to the Secretary of State highlighting the ambiguity in the guidance regarding the Care Act new burdens funding. Confirmation had since been received that the funding should come across to the local authority as part of the BCF. However, it was noted that this would create a pressure on the CCG budget.</p> <p>NHS England had provided feedback on Hillingdon's draft plan. This feedback included consideration as to whether the 3.5% target for reducing emergency admissions to hospital across the population would be realistic. It was acknowledged that moving to include only those over the age of 65 in the target would be helpful.</p> <p>To ensure that Hillingdon was in a position to submit its plan by the 9 January 2015, the Chairman suggested that the recommendation be revised to include provision for him and the CCG Chairman to receive the plan and sign it off. Officers were also asked to produce a monitoring format to illustrate progress and performance of the BCF plan for agreement by the Board at its next meeting.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Health and Wellbeing Board notes that there are now no reasons why a final version of the BCF Plan cannot be provided to the Chairman and the Chairman of Hillingdon CCG by 19 December 2014 to allow them to sign off the Plan under existing decision provisions to facilitate submission to NHS England by 9 January 2015; and 2. by the date of the Board's next meeting, a monitoring format to illustrate progress and performance of the BCF Plan is produced for agreement by the Health and Wellbeing Board.
34.	<p>JOINT HEALTH & WELLBEING STRATEGY REFRESH 2014-17 (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the report which, it was acknowledged, brought together reporting information for the Joint Health and Wellbeing Strategy, the Public Health Action and the Better Care Fund in the form of a refresh of the Joint Health and Wellbeing Strategy. It was noted that all partners had had the opportunity to contribute to the Strategy and that it had been produced through partnership working that would</p>

	<p>see a collective effort to make a change to residents' lives.</p> <p>Four priority areas had been identified though the Joint Strategic Needs Assessment (JSNA). A more detailed delivery plan and a scorecard of performance indicators would form the future monitoring arrangements for the Health and Wellbeing Board on progress against the Strategy. This work would include the monitoring of the development of a key worker model with a focus on children and young people as part of the prevention and early intervention work.</p> <p>It was noted that, in the first paragraph on page 4 of the Appendix, The Hillingdon Hospitals NHS Foundation Trust had been omitted from the list of organisations that were working together.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. notes and, subject to the inclusion of THH in the first paragraph on page 4, agrees the refreshed Hillingdon Health and Wellbeing Strategy 2014-17, including an updated delivery plan and scorecard; and 2. instructs officers to provide monitoring reports based on this Strategy to subsequent Health and Wellbeing board meetings.
35.	<p>UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS (<i>Agenda Item 8</i>)</p> <p>It was noted that the expansion of the HESA Health Centre was progressing.</p> <p>However, there had been some delay with regard to progress of the Yiewsley Health Centre - there had been a change in personnel at NHS Property Services which had resulted in assessments being undertaken for a second time. It was acknowledged that the HCCG had received an update from NHS Property Services that morning and had advised that it was awaiting statistical information from the Council (which had been submitted previously and had not subsequently changed). The Chairman advised that he would request an update from Council officers prior to writing to the Secretary of State to ask that the matter be expedited.</p> <p>With regard to the St Andrews Park site, it was noted that there had been some progress. The Chairman advised that, as he would be writing to the Secretary of State in relation to the Yiewsley site, he would also ask that this issue be addressed.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Health and Wellbeing Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough; and 2. if appropriate, the Chairman write to the Secretary of State with regard to the proposed new Yiewsley Health Centre and the St Andrews Park development.
36.	<p>PHARMACEUTICAL NEEDS ASSESSMENT 2015 (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the report which highlighted the capacity for pharmacies to play a greater role. It was noted that a document extolling the virtues of pharmacies had been produced by HCCG and would be delivered to households in the Borough in the near future. Healthwatch Hillingdon was complemented for its part in the consultation process.</p>

It was agreed that the third recommendation be revised to ensure that, prior to publication, if further amendments to Hillingdon's PNA were required, this be delegated to the Chairman of the Health and Wellbeing Board and the HCCG Chairman.

RESOLVED: That the Health and Wellbeing Board:

- 1. agrees the final version of the Hillingdon's Pharmaceutical Needs Assessment (PNA) including the recommendations and inclusion of summarised comments from the statutory 60 day consultation;**
- 2. agrees that the PNA be published in January 2015; and**
- 3. agrees to delegate further amendments to Hillingdon's PNA 2015 prior to publication to the Chairman of the Health and Wellbeing Board and the HCCG Chairman, should further changes be required.**

37. **CCG UPDATE REPORT** (*Agenda Item 10*)

It was noted that the NHS was entering its most challenging time of year with increasing urgent / non-elective pressures on general practice and acute care. The Urgent Care Centre (UCC) had opened at Hillingdon Hospital in October 2013 and had anticipated approximately 160 patients each day - the UCC was now seeing approximately 300 patients each day. Although this increase was putting pressure on the A&E department, it was not thought to be connected to the recent closures of neighbouring A&E departments. Hillingdon CCG (HCCG) was currently undertaking analysis to try to identify the cause and was looking at undertaking more work in the community to reduce the demands on the hospital, e.g., patient flow through the hospital and discharge.

The Board was advised that the increasing demand was not unique to Hillingdon and that Harrow and Ealing had experienced similar increases. Although there had been a nationwide increase in non-elective admissions, Hillingdon appeared to be hit harder than other areas.

The Chief Executive of The Hillingdon Hospitals NHS Foundation Trust (THH) advised that, although the hospital had managed to achieve the four hour performance target in A&E for the last three consecutive years, there had been a 15% increase in demand in October 2014 in comparison to the same period in the previous year. He noted that THH was looking to identify improvements in service provision and patient discharge.

The Board was advised that the HCCG pilot project to integrate services had been progressing well. Social Services staff were attending and participating in the process as, although the Council was not directly involved in the project, it was affected. HCCG was looking to roll the project out in shadow form in 2015 following completion of an impact assessment being undertaken by the Public Health team on the HCCG plans.

It was acknowledged that HCCG had been significantly underfunded by approximately £25m and that this historic underfunding had been the cause of the PCT's financial deficit. Conversely, those PCTs that had been overfunded were now showing a surplus in their funding. The Board was advised that HCCG had received a small correction in its current year's funding and for the subsequent year but would still be underfunded. Despite this underfunding, HCCG had managed to reduce its deficit in 2013/2014 by £7½m but it was anticipated that there would be additional pressure on the budget during the next financial year. It was noted that HCCG's financial position was impacting on THH and, although the savings plan was on target, this was likely to drive the Trust into deficit during this financial year.

With regard to the development of the GP networks, Dr Goodman advised that he would provide members of the Board with a written update. He noted that six network had been established and were of varying size - the larger networks tended to be more mature. It was anticipated that the networks would undertake more collaborative work over the next few months to develop extended opening hours for emergency services and provide extra resources for services, such as spirometry, which would usually be undertaken in hospital. Further services would be considered once the hubs had come on line.

RESOLVED: That:

- 1. the Health and Wellbeing Board notes the update; and**
- 2. the HCCG Chairman provide the Board with a written update in relation to the development of the GP Networks.**

38. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 11*)

Consideration was given to Healthwatch Hillingdon's Quarter 2 report. It was noted that residents were unable to access services that were available elsewhere in the country. Mr Maslen advised that Hillingdon was not always adhering to NICE guidance (which was not mandatory) and had been in discussions with HCCG about the matter. HCCG was currently reviewing policies to identify cost effective solutions to these issues.

It was noted that Hillingdon Healthwatch had collaborated with Mind to produce an interim report ("Listen to me!") which gave a snapshot of young people's views on mental health and emotional wellbeing services in Hillingdon. The report suggested that a task and finish working group be set up by the Council and HCCG to formulate a long term plan, similar to the one established in Westminster. It was anticipated that this working group would help to improve services through a multi-agency approach which would enable wide engagement from the start of the process.

With regard to the CAMHS provision within the Borough, it was acknowledged that underfunding was part of the issue but that this was not the sole reason. It was noted that there had been a lack of early intervention which often resulted in individuals needing more intense treatment, which then proved to be more costly. It was important that the limited funding available was used in the most effective way.

The Board was advised that HCCG was currently looking at its 2015/2016 commissioning priorities. It was important that, with regard to CAMHS provision, care was taken to ensure that expectations were not raised too high. Consideration would need to be given to the resources available to ensure that the services were joined up.

The Chairman advised that Councillor Corthorne would be looking at taking the working group suggestion forward. He would be holding an exploratory meeting in the next couple of weeks and would report back to the Chairman in due course.

Ms Jacob advised that the HCCG children's group had recently held its first meeting. She noted that the Hillingdon Healthwatch Chairman was welcome to attend these meetings.

RESOLVED: That:

- 1. the Health and Wellbeing Board note the report; and**
- 2. the Vice Chairman update the Chairman following his exploratory meeting.**

39.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the Board Planner report. It was noted that the list of reports included in the Appendix was indicative and was subject to change. The report deadlines for each meeting had also been included on the Appendix.</p> <p>RESOLVED: That the Health and Wellbeing Board notes the Board Planner.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.05 pm.</p>

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.