

## Minutes

### HEALTH AND WELLBEING BOARD

3 December 2015

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



HILLINGDON  
LONDON

	<p><b>Statutory Voting Board Members Present:</b> Councillor Ray Puddifoot MBE (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Douglas Mills Dr Ian Goodman - Hillingdon Clinical Commissioning Group Jeff Maslen - Healthwatch Hillingdon</p> <p><b>Statutory Non Voting Board Members Present:</b> Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health</p> <p><b>Co-opted Board Members Present:</b> Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Rob Larkman - Hillingdon Clinical Commissioning Group (Officer) Nigel Dicker - LBH Deputy Director Residents Services</p> <p><b>LBH Officers Present:</b> Kevin Byrne, Glen Egan, Gary Collier and Nikki O'Halloran</p> <p><b>LBH Councillor Present:</b> Councillors Ian Edwards and Phoday Jarjussey</p> <p><b>Press &amp; Public: 3</b></p>
24.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows, Scott Seaman-Digby and David Simmonds OBE, Ms Jean Palmer, Dr Reva Gudi, Ms Robyn Doran (Ms Maria O'Brien was present as her substitute) and Mr Bob Bell (Mr Nick Hunt was present as his substitute).</p>
25.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 22 SEPTEMBER 2015</b> (<i>Agenda Item 3</i>)</p> <p>Consideration was given to the minutes of the meeting held on 22 September 2015. It was noted that, although a clear note of intention had been received, the Council had still not received evidence that the funding for the Primary Care Contraception Service or the associated contract had transferred to the Council.</p> <p>Dr Goodman believed that a clear audit trail had been provided identifying the funding passing to the Council. Furthermore, it was noted that, prior to the transfer of Public</p>

Health to the local authority, the contract had been held by NHS England rather than by Hillingdon Clinical Commissioning Group (HCCG).

The local authority maintained that, as the information provided did not constitute clear evidence that this funding had been transferred, the Council would cease its temporary funding of the Primary Care Contraception Service. Dr Goodman stated that access to contraception was an important public health service that needed to be supported and that the funding audit trail was not a good enough reason to not provide the service. The Board noted that contraceptive services would continue to be available to residents through other arrangements.

**RESOLVED: That:**

- 1. the Board noted that the Council would no longer fund the Primary Care Contraception Service; and**
- 2. the minutes of the meeting held on 22 September 2015 be agreed as a correct record.**

26. **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*)

It was confirmed that, with the exception of an additional item to be considered in private, all other items would be considered in public.

27. **HEALTH & WELLBEING STRATEGY: PERFORMANCE REPORT** (*Agenda Item 5*)

It was noted that much work had been undertaken in relation the priority areas identified within the Delivery Plan. The Dementia Action Alliance had held its second meeting and it was noted that the first Carers Assembly for Hillingdon had recently taken place, validating the Carers' Strategy and the engagement Strategy and helping the Council to reach out to carers.

The Board was advised that the report was broadly positive and that there had been a steady decline in the number of alcohol related hospital admissions of under 18s. Furthermore, there had been 1,866 referrals to the Rapid Response Team in Q1 and Q2. Additional more detailed information had been included at the end of the report.

**RESOLVED: That the Health and Wellbeing Board:**

- 1. noted the updates in the report and delivery plan; and**
- 2. noted the outcome performance indicators in the quarterly dashboard.**

28. **BETTER CARE FUND: PERFORMANCE REPORT (JULY - SEPT 2015)** (*Agenda Item 6*)

It was agreed that there had been significant improvements to the current report format and the scheme delivery area information included within it. Most of the schemes included in the report were on track and/or delivering.

As the deadline for submission of the 2016/2017 Better Care Fund Plan was 16 March 2016, it was agreed that the Health and Wellbeing Board's next meeting be rescheduled for Thursday 18 February 2016 (from 15 March 2016). This would ensure that the Board was able to agree the draft Plan before it went out to consultation with interested parties. Once the consultation had been completed, it was agreed that approval of the final Plan be delegated to the Board Chairman and the HCCG Chairman outside of the Board meetings.

**RESOLVED: That the Health and Wellbeing Board:**

- 1. noted the contents of the report;**
- 2. agreed to move the next meeting scheduled for 15 March 2016 to 18 February 2016;**
- 3. consider the draft Better Care Fund Plan 2016/2017 at its meeting on 18 February 2016 prior to consultation with stakeholders. Authority was also delegated to the Chairman and the Chairman of the Governing Body of Hillingdon Clinical Commissioning Group to approve a draft Better Care Fund Plan for 2016/17 outside of the Board meetings; and**
- 4. agreed that a report on the draft digital roadmap across health and care partners in Hillingdon be brought to the February 2016 Board meeting for consideration.**

**29. HILLINGDON CCG UPDATE** (*Agenda Item 7*)

It was noted that Hillingdon's overall aim for integrated care was to enable residents to plan their own care so that the services they received delivered what was important to them. This would be a shift from crisis care to anticipated care. The Integrated Care Planning (ICP) project had been rolled out across the GP Networks in Hillingdon in July 2015.

In addition to the ICP, a pilot had commenced in the MetroHealth GP Network in November 2015 comprising a new Care Connection Team (CCT) to support patients who required escalated care. The pilot included a guided care nurse and care-coordinator working with the GPs over two practices as well as the provision of further support from dedicated care of the elderly consultants who would be able to provide advice and support over the phone. Furthermore, Hillingdon Clinical Commissioning Group (HCCG) had commissioned Rapid Access Clinics for the Elderly (RACE) which had started in August 2015.

From January 2016, further support to GP practices would be piloted through a single care gateway, offering low level support and signposting via the third sector. H4All, a consortium of the five largest third sector providers in Hillingdon, would manage this single gateway to services and would be able to take direct referrals.

It was noted that the Accountable Care Partnership (ACP) was a joint venture with most of the providers in Hillingdon and was HCCG's preferred model of delivery for integrated care. The ACP would deliver services in shadow form for a year from April 2016. It was recognised that improvements would need to be made to data sharing and, to this end, an agreement had been signed and work was being undertaken with regard to the implementation of new technology (although Hillingdon Hospital's IT systems were compatible with HCCG's, compatibility with CNWL's system was proving more problematic).

Hillingdon became a three month pilot site for "Patient Knows Best" in October 2015. This was an information sharing platform that would enable patients and all professional to see and update care plans.

HCCG had entered into Primary Care Co-Commissioning arrangements with NHS England (NHSE) in April 2015. It was anticipated that this would help to further the integrated care delivery system.

The Board was advised that NHSE was undertaking a review on Personal Medical Services (PMS). It was noted that there were 10 PMS contracts in Hillingdon and one

Alternative Provider Medical Services (APMS). PMS contracts had been better remunerated than General Medical Services (GMS) contracts and that many of the services previously only delivered by PMS practices were now also delivered by GMS practices. As such, NHSE was looking at withdrawing the funding that PMS practices had previously received and HCCG would be negotiating this on a case by case basis. Any money withdrawn from PMS contracts would be ring fenced for reuse within Hillingdon. HCCG would be able to influence this reinvestment. The outcomes of the review would be included in a future report to the Health and Wellbeing Board.

It was hoped that HCCG would achieve £7.746m Quality, Innovation, Productivity, Prevention (QIPP) savings in 2015/2016. Furthermore, HCCG's financial plan for 2015/16 was on track to deliver 1% surplus, but this would be subject to the risk sharing arrangement. The Board was advised that the savings identified within the plan would be drawn from a range of programmes, for example, the integrated care programme, and that this information had been included within the report. HCCG was not 100% confident that it would achieve its savings target and, as such, had put a contingency plan in place.

**RESOLVED: That the Health and Wellbeing Board note the update.**

30. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 8*)

Consideration was given to the report which set out work that had been undertaken by Healthwatch Hillingdon (HH) over the last quarter. It was noted that an open day would be held on Saturday 12 December 2015 to enable residents to visit during the busy run up to Christmas.

Primary care was the source of the majority of complaints received by HH. There were an increasing number of issues being raised in relation to mental health and the organisation had liaised with NHS England regarding instances where dentists had refused NHS treatment. HH would continue to monitor this service.

HH had started a review of NHS discharges and the maternity service and would report back in due course. Those present were also advised that HH would be appointing two new Board members in the next two weeks.

It was noted that the Council would be happy to publicise the work of HH in the various media that it produced.

**RESOLVED: That the Health and Wellbeing Board noted the report.**

31. **UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS** (*Agenda Item 9*)

With regard to the development of new health centres, it was noted that there was a requirement for NHS Property Services (NHSPS) to be involved. Although the Council would accommodate some of the needs of the expanding population in West Drayton in relation to facilities such as schools, it would not be providing GP practices. Concern was expressed that NHSPS would be unable to afford the rental cost of property in the West Drayton area and it was suggested that the level of rental costs acceptable to NHSPS needed to be reviewed across the whole of London. The Council would investigate this further.

It was noted that Hillingdon Clinical Commissioning Group (HCCG) was actively looking for alternative space in West Drayton but that there was little currently

available. In the medium term, a wider strategy had been included within the Out of Hospital Strategy. An audit had been undertaken approximately two years ago to identify those GP practices that were in greatest need of an upgrade.

NHSPS had previously been "earmarked" a total of £398,438 from five separate s106 health contributions currently held by the Council towards the fitting out costs associated with the proposed new health centre in Yiewsley. As this development was no longer going ahead, it was suggested that HCCG investigate alternative uses for the contribution held at H/23/209K (£37,723) to accommodate the needs of the residents in the locality as this would need to be spent before March 2016.

**RESOLVED: That the Health and Wellbeing Board noted the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.**

32. **HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT** (*Agenda Item 10*)

Consideration was given to the report, which set out the progress and challenges, and the Work Plan, which would be updated on an ongoing basis. It was noted that the analysis of alcohol related needs and diseases would be completed by March 2016 and that the updated analysis of the needs and services available for adults with mental health needs had been completed.

**RESOLVED: That the Health and Wellbeing Board:**

1. noted the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) which were being considered in developing updated commissioning plans.
2. noted the proposed JSNA work priorities which ensured that it remained a key source of local intelligence to underpin effective service planning.

33. **LIKE MINDED - NORTH WEST LONDON MENTAL HEALTH AND WELLBEING STRATEGY - CASE FOR CHANGE** (*Agenda Item 11*)

It was noted that the Case for Change illustrated the challenges in Hillingdon and North West London in relation to the increasing tide of mental health issues. As such, it was clear that action needed to be taken to improve mental health services in the Borough. Previously, there had been a focus on physical health. However, action now needed to be taken to look at mental health and the underreporting of common mental health illnesses. To this end, Hillingdon Clinical Commissioning Group (HCCG) was working with partners to focus on eight priority areas which would be covered in the business case and included: awareness, prevention, support in the community, vulnerable groups, physical conditions and the provision of a cohesive service.

**RESOLVED: That the Health and Wellbeing Board:**

1. noted the work undertaken to date in development of the Like Minded programme, including the input and involvement from residents, service users and clinicians in Hillingdon;
2. endorsed the case for change; and
3. noted the proposals for developing the next phase of the Programme.

34. **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE** (*Agenda Item 12*)

The Board was aware that the Government had announced additional funding for five years to enable the transformation of CAMHS. Although waiting times in the Borough

had halved, this still needed to be reduced further.

Work was being undertaken to share good practice between schools in the north of the Borough. In addition, a report would be considered by the Schools Strategic Partnership Board in relation to mapping work that was underway.

There were currently issues with regard to the recruitment of CAMHS clinicians due to demand for staff across the NHS. However, it was clear that the issues faced by CAMHS were more than just funding and that improvements needed to be made to the way in which the service worked and the delivery of best practice.

It was noted that robust project management was now in place and that the Board was fully supportive of the officers. The regular performance updates would enable the Board to monitor progress.

**RESOLVED: That the Health and Wellbeing Board:**

- 1. noted the final Local Transformation Plan submitted and agreed by NHSE for CAMHS services in Hillingdon and progress so far in improving Child and Adolescent Mental Health Services in Hillingdon, through partnership action.**
- 2. requested regular performance updates against the partnership plan, including detail of metrics, such as reducing waiting times, and of financial spend against workstreams to enable it to monitor progress and risks.**

35. **HCCG COMMISSIONING INTENTIONS 2016-17** (*Agenda Item 13*)

It was recognised that Commissioning Intentions was a document that was produced for NHS purposes and that the associated contract notice letter were sent out at the same time to start the contracting process. Hillingdon Clinical Commissioning Group (HCCG) did not commission huge changes unless there were serious concerns in relation to service provision. The summary paper identified eight areas for improvement and the anticipated associated benefits.

Whilst it was appreciated that the document was for the NHS, it was suggested that, in future, the covering report identify whether the money was being spent efficiently and, if not, what action HCCG was taking to address this. Concern was expressed that the report gave insufficient detail to enable the Health and Wellbeing Board to agree the Commissioning Intentions for 2016/2017. Furthermore, the report did not illustrate how the Commissioning Intentions would impact on residents. The report, which could be considered in Part II, should include how many contracts had elements that needed to be changed, how many were failing to meet the requirements and how many were achieving well. As this high level information had not been included in the report, the Board would not be able to comment.

The Multiagency Information Gateway (MIG) was being reviewed and renewed. It was noted that it had been built into the contracts that the providers' IT systems would need to be compatible with those of HCCG. Managing these contracts and ensuring that providers were delivering the services required was an ongoing process with the quality of services being monitored on a monthly basis.

As there was insufficient information to agree the HCCG Commissioning Intentions 2016/2017, it was agreed that the report be brought back to the Health and Wellbeing Board's next meeting with a more detailed covering report (and no appendices) to ensure that members were satisfied with the action being taken and broad parameters of what this action would mean to residents.

	<p><b>RESOLVED: That the HCCG Commissioning Intentions 2016/2017 report be brought back to the Health and Wellbeing Board for consideration at its next meeting with the additional information requested.</b></p>
36.	<p><b>LOCAL SAFEGUARDING CHILDREN'S BOARD (LSCB) ANNUAL REPORT</b> <i>(Agenda Item 14)</i></p> <p>It was noted that there had been an issue with the timing of this report and that, in future, it was anticipated that it would be produced in May each year. Although the information contained in the report was now historical, it was clear that significant progress had been made. For example, £2.9m had been invested during the period to stabilise the workload of social workers and that staff were now being attracted in reasonable numbers.</p> <p><b>RESOLVED: That the Health and Wellbeing Board noted the content of the report.</b></p>
37.	<p><b>SAFEGUARDING ADULTS PARTNERSHIP BOARD (SAPB) ANNUAL REPORT</b> <i>(Agenda Item 15)</i></p> <p>It was noted that the report illustrated the journey that had been made over the year. In addition to a peer review, there had been significant changes made to the Safeguarding Adults Partnership Board composition, with the inclusion of senior level representatives who were able to make decisions on behalf of the partner organisations.</p> <p><b>RESOLVED: That the Health and Wellbeing Board noted the content of the report.</b></p>
38.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> <i>(Agenda Item 16)</i></p> <p>It was noted that the next meeting (scheduled for 15 March 2016) would be moved to 18 February 2016. Board members were advised that any requests for additional items to be included on the agenda for this meeting should be forwarded as soon as practicably possible.</p> <p><b>RESOLVED: That, subject to the above amendments, the Health and Wellbeing Board noted Board Planner.</b></p>
39.	<p><b>FUTURE MEETINGS</b> <i>(Agenda Item )</i></p> <p>It was agreed that issues in relation to the Better Care Fund Plan would be discussed by the Board on an ongoing basis throughout the year. Consideration could also be given to the provision of GP practices across Hillingdon.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.37 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.

