

## Minutes

### HEALTH AND WELLBEING BOARD

28 June 2016

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 David Simmonds CBE Councillor Douglas Mills Dr Ian Goodman - Hillingdon Clinical Commissioning Group Stephen Otter - Healthwatch Hillingdon (substitute)</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) Dr Reva Gudi - Hillingdon Clinical Commissioning Group (clinician) Neil Ferrelly - Hillingdon Clinical Commissioning Group (officer) (substitute) Nigel Dicker - LBH Deputy Director Residents Services Jean Palmer OBE - LBH Deputy Chief Executive and Corporate Director of Residents Services (VOTING)</p> <p><b>LBH Officers Present:</b> Kevin Byrne, Gary Collier, Glen Egan and Nikki O'Halloran</p> <p><b>LBH Councillors Present:</b> Councillor Phoday Jarjussey</p> <p><b>Press &amp; Public: 2</b></p>
1.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Bianco, Burrows and Lewis, Mr Bob Bell (Mr Nick Hunt was present as his substitute), Mr Rob Larkman (Mr Neil Ferrelly was appointed and present as his substitute) and Ms Robyn Doran (Ms Maria O'Brien was present as her substitute). Mr Stephen Otter was present as the substitute member for Healthwatch Hillingdon.</p>
2.	<p><b>BOARD MEMBERSHIP REVIEW</b> (<i>Agenda Item 1a</i>)</p> <p>It was noted that, to enable the Health and Wellbeing Board to maintain a complete and representative membership, the Chairman had agreed to include this additional item on the agenda.</p>

Following Dr Goodman's proposal, the Board agreed to appoint Mr Neil Ferrelly as the Hillingdon Clinical Commissioning Group (Officer) Co-opted Substitute Board Member.

**RESOLVED: That:**

- 1. the current Board membership be noted; and**
- 2. Mr Neil Ferrelly be appointed as the Hillingdon Clinical Commissioning Group (Officer) Co-opted Substitute Board Member.**

**3. TO APPROVE THE MINUTES OF THE MEETING ON 12 APRIL 2016 (Agenda Item 3)**

It was noted that, since the Board's last meeting, Councillors Puddifoot and Corthorne had met privately with Drs Goodman and Gudi to discuss the contraception service provision. At this meeting, it had been agreed that the Council would provide funding for the contraception service, with effect from 1 April 2016.

**RESOLVED: That:**

- 1. it be noted that the Council would provide funding for the contraception service, with effect from 1 April 2016; and**
- 2. the minutes of the meeting held on 12 April 2016 be agreed as a correct record.**

**4. 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 Agenda Items 5 to 13 would be considered in public. Agenda items 14 and 15 would be considered in private. It was noted that current and emerging issues could, where applicable, be included under Agenda Item 15.

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

It was noted that the Health and Wellbeing Strategy had a strong prevention theme and that there was a simplicity about some of the more effective activities, for example, tea dances and the Empowered Patient Programme. Work had also progressed with regard to the three Integrated Services for Long Term Conditions (cardiology, diabetes and respiratory) that had been approved in 2015/16.

It was suggested that the Sustainability and Transformation Plan could offer an opportunity to revisit the Strategy to drive developments forward and improve health and social care in the Borough.

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

- 1. noted the updates in the report and delivery plan (Appendix A); and**
- 2. noted the outcome performance indicators in the quarterly dashboard (Appendix B).**

**6. BETTER CARE FUND: PERFORMANCE REPORT (Agenda Item 6)**

It was noted that overall the performance of the Better Care Fund was good and that the structure highlighted activity as well financial information. Although there had been a slight overspend, there had been good performance in reaching health targets. On behalf of the Board, the Chairman thanked the officers from all of the organisations that had been involved.

Although the last year had been challenging, it had served Hillingdon well in bringing together activities under the auspices of a pooled budget and promoting joint working. The next year, however, ran the risk of becoming stuck in additional levels of bureaucracy in order to comply with NHS reporting requirements. Officers were encouraged to continue to be ambitious in the planning of the BCF for 2017 onwards and aligning this to the work of the Sustainability and Transformation Plan (STP) with a clear focus on what should be delivered locally.

It was noted that the 2016/2017 programme extended provision and that the s75 pooled funds arrangement (agreed by Cabinet on 23 June 2016) gave the Chairman and Vice Chairman delegated authority to amend the s75 agreement to include risk share arrangements for a specialist care at home service for people at end of life.

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

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

The Hillingdon Clinical Commissioning Group (HCCG) had started discussions in relation to its Commissioning Intentions for 2017/2018 which would focus on a smaller number of transformation themes. It was agreed that the Commissioning Intentions now reflected more of the detail that the Board had been looking for and that information about how the services were being shaped and opportunities for market development should also be included. In addition, the document needed to demonstrate the improvements that would be delivered to residents.

It was noted that a public event would be held on 13 July 2016 at Brunel University and would be used to gain service user feedback on the HCCG Commissioning Intentions. It was suggested that awareness of this event needed to be maximised and that, in future, health related information could be placed in Hillingdon People to raise awareness across the Borough.

The QIPP (Quality, Innovation, Productivity, Prevention) programme had achieved £7.033m savings against the £5.5m target that had been agreed with NHS England (NHSE). Consideration was now being given to future years' QIPP savings targets.

HCCG had ended 2015/16 with an in-year surplus of £7.525m (comprising £6.455m surplus on programme budgets and £1.07m surplus on running cost budgets). The additional surplus would be carried forward into 2016/17.

Proposals for new models of care identified by the Shaping a Healthier Future programme included reconfiguring the way in which children's in-patient care was delivered in North West London. It was noted that the children's in-patient services at Ealing Hospital would cease and would be redistributed to the major hospital sites in North West London with the transition taking place on 30 June 2016. Although, the majority of patients would transfer to Northwick Park Hospital, it was anticipated that the change would result in an increase in the number of patients presenting at Hillingdon Accident and Emergency (the majority of which would be urgent care cases).

GPs and Hillingdon Hospital were aware of the changes to the provision of children's in-patient services. To manage the expected increase in demand, Hillingdon Hospital was in the process of recruiting a paediatric consultant, a Paediatric Assessment Unit was being developed and the Accident and Emergency department was being enlarged (due to open in July). The Hospital was confident that the increase would be

manageable in terms of physical and human resources as long as demand remained within the projected profile (although there was also a contingency in place to manage double the number of additional patients expected). However, an assessment was being undertaken to identify any impact that the changes would have on CAMHS patients presenting at Hillingdon's Accident and Emergency department.

Concern was expressed that NHSE communication with regard to the transition of maternity services from Ealing Hospital had been poor. It would be important for the communication around the transition of children's in-patient services to be managed well.

The Board was assured that an extensive exercise had been undertaken two years ago regarding the transport implications of changes proposed by Shaping a Healthier Future. It was noted that there had been more Ealing patients attending Hillingdon Accident and Emergency than anticipated but that there had also been a general increase in the number of non-residents attending Hillingdon Hospital.

It was anticipated that the Accountable Care Partnership (ACP) would result in better integrated care for people over 65 years.

The Board was advised that the CCG Annual Report and Accounts had been formally signed off by external auditors.

It was noted that Ms Caroline Morison had taken over from Ms Ceri Jacob as the HCCG Chief Operating Officer.

**RESOLVED: That the Health and Wellbeing Board to noted the update.**

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

Healthwatch Hillingdon was becoming increasingly frustrated with regard to the speed at which progress was being made in relation to the delivery of the CAMHS transformation plan. It was suggested that there was a continuing need to improve the delivery around Tier 2 services.

It was noted that, although the organisation was focussed primarily on provision / resources within the Borough, Healthwatch Hillingdon did work closely with other Healthwatch boroughs.

The Board was advised that, so far, Healthwatch Hillingdon had not been successful in identifying the right person to appoint as Chair. Mr Steven Otter was acting as Chair in the meantime. The Healthwatch Hillingdon Board was keen to ensure that they found a Chair of the right calibre.

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

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

It was noted that little progress had been made with regard to identifying a suitable site for a new health centre in Yiewsley / West Drayton. Kirk House remained the only site option being explored.

Proposals for a future health facility on the St Andrews site had not yet been discussed with the Council's Planning Service. It was suggested that pre application discussions be undertaken early to prevent any technical delays with regard to any related planning

application.

NHS England (NHSE) had set aside a budget of £250m in 2016/17 to be invested in primary care premises across the country. It was noted that this was less than the Council was spending on schools in the Borough and was a vastly inadequate sum. Consideration would be given to lobbying the Prime Minister to increase the amount of money being made available.

The Board was aware that Hillingdon had a rising population and, as such, it was becoming increasingly important to ensure that there were more GPs with premises in the right areas.

**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.**

10. **HILLINGDON SUSTAINABILITY AND TRANSFORMATION PLAN** (*Agenda Item 10*)

Hillingdon Clinical Commissioning Group (HCCG) had submitted a base case to NHS England (NHSE) in April and, since then, had been working with local partners to provide a Hillingdon focus to the Sustainability and Transformation Plan (STP) process. The Hillingdon Chapter of the NWL STP now focussed on local priorities which would provide the Borough with strategic direction over the next five years. It set out nine priorities for the Board to endorse.

NHSE had now advised that 30 June 2016 deadline would be for submission of a checkpoint submission that did imply formal commitment from all partners. It was noted that Hillingdon's Health and Wellbeing Board would not be able to agree the checkpoint submission until it had been through due governance process.

The Hillingdon Chapter recognised that, over a five year period (2016-2021), HCCG would experience a financial gap. The Board requested that the local plan also add figures to reflect the social care funding gap over the same period to provide a systems wide analysis of the funding challenge facing health and care. Furthermore, it was important to develop a clear Hillingdon perspective which included community services. A workshop had already been held with HCCG where the Council had shared its financial pressures in relation to social care in order to identify common working efficiencies.

The Board was advised that the Non-Demographic Growth made an assessment about how activity had grown historically. Other Cost Pressures included 7 day working, for which HCCG had received additional funding.

With regard to population projections, consideration was given to whether or not these figures had been triangulated with the population data held by HCCG partners. It was suggested that the anticipated population increase would not be spread evenly throughout the Borough but was more likely to be concentrated in specific areas.

HCCG was congratulated for putting the local plan together within challenging timescales. It was suggested that, moving forward, the Plan and reports should be done as a joint papers to reflect the partnership approach.

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

- 1. endorsed the draft Local Hillingdon STP chapter for submission to NHS England on 30 June as part of the North West London STP, noting the**

work undertaken to date to develop local priorities including the input of partners, residents and clinicians;

2. provided any commentary and feedback as to how the Board wishes to see the plan develop to further reflect partner priorities in Hillingdon;
3. note that, as the Hillingdon Health and Wellbeing Board had not seen the North West London STP, members had not yet been able to comment on or endorse it; and
4. receive the latest Hillingdon STP together with any NWL plans in an update at its next meeting.

11. **CHILD AND ADOLESCENT MENTAL HEALTH SERVICE UPDATE** (*Agenda Item 11*)

The report set out the fourth and final update in relation to the 2015/2016 CAMHS Transformation Plan. Although NHS England (NHSE) had indentified £524,623 for the development of a Community Eating Disorders Service (£149,760) and Service Transformation (£374,863) in Hillingdon, this was not recurrent funding. It was anticipated that the launch of the Eating Disorders Service on 1 July 2016 would help to reduce CAMHS waiting times.

Although achieving against many key targets around waiting times, the Board was advised that the waits for routine assessments at Tier 3 CAMHS treatment were rated red, with 75% being seen within 18 weeks (against a target of 85%). It was queried whether young people were being referred to Tier 3 too early. Although good progress had been made, CAMHS was still thought to be a challenge, with the CNWL caseload having risen from around 500 in May 2014 to about 800 in June 2016 (not 700 as stated in the report).

A mapping exercise had been undertaken with schools to identify and disseminate good practice. In addition, information had been shared in relation to preventative sport (it was anticipated that further discussions would be undertaken around this) and opportunities for pastoral support to reduce the number of referrals had also been investigated.

It was recognised that, until the service transformation was complete, there would be challenges and that, after completion, the challenge would then be to sustain the improvements. As all boroughs were facing the same staffing challenges with regard to CAMHS, the recruitment market was competitive. However, it was noted that appointments had been made for all vacant posts in Tier 3.

It was noted that there was no national definition of what CAMHS should look like. As such, it would need to be defined locally. It was anticipated that discussions would be undertaken between HCCG, Healthwatch Hillingdon and the Council to identify what information HCCG currently received from the service and where possible opportunities might lay.

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

1. noted the progress against the implementation of the agreed 2015/16 Local Transformation Plan; and
2. continue to request regular performance updates against the partnership plan including detail of metrics, such as reducing waiting times, training of the workforce and of financial spend against work streams to enable progress and risks to be monitored.

12.	<p><b>TRANSFORMING CARE PARTNERSHIP PLAN FOR PEOPLE WITH LEARNING DISABILITIES, AUTISM AND CHALLENGING BEHAVIOUR</b> (<i>Agenda Item 12</i>)</p> <p>It was recognised that this was a lengthy report which set out the proposed approach to improving the quality of life, life chances and expectancy and range of local services for children, young people and adults with learning disabilities, autism and challenging behaviour. The Plan had a similar footprint to the Sustainability and Transformation Plan (STP). It was agreed that it would be important to include unambiguous financial comments in the Plan.</p> <p><b>RESOLVED: That the Health and Wellbeing Board endorsed the direction of travel and priorities in the North West London Transforming Care Partnership Plan noting that a final implementation plan would not be agreed until confirmation regarding any additional funding and the conditions were confirmed.</b></p>
13.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (<i>Agenda Item 13</i>)</p> <p>It was agreed that an update on the Sustainability and Transformation Plan would be included as an item on the agenda for the meeting on 29 September 2016. The Board was reminded that the 2017/2018 Commissioning Intentions report had also been scheduled for the September meeting.</p> <p><b>RESOLVED: That, subject to the above amendment, the Health and Wellbeing Board agree the Board Planner.</b></p>
14.	<p><b>TO APPROVE THE PART II MINUTES OF THE MEETING ON 12 APRIL 2016</b> (<i>Agenda Item 14</i>)</p> <p>It was agreed to delete the word 'first' from the sixth paragraph of minute number 52.</p> <p><b>RESOLVED: That the Part II minutes of the meeting held on 12 April 2016, as amended above, be agreed as a correct record.</b></p>
15.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 15</i>)</p> <p>The Board discussed a number of issues in relation to infrastructure, the Sustainability and Transformation Plan (STP), Looked After Children Health Checks and hospital provision.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
<p>The meeting, which commenced at 2.30 pm, closed at 3.42 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.

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