

## Minutes

### HEALTH AND WELLBEING BOARD

29 September 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 Philip Corthorne (Chairman) 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) Rob Larkman - Hillingdon Clinical Commissioning Group (officer) Nigel Dicker - LBH Deputy Director Residents Services</p> <p><b>LBH Officers Present:</b> Kevin Byrne (Head of Policy and Performance), Gary Collier (Better Care Fund Programme Manager), Beejal Soni and Nikki O'Halloran (Interim Senior Democratic Services Manager)</p> <p><b>LBH Councillors Present:</b> Councillor Beulah East</p> <p><b>Press &amp; Public: 1</b></p>
16.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Bianco, Burrows, Lewis, Puddifoot and Simmonds, and Mr Bob Bell (Mr Nick Hunt was present as his substitute) and Ms Robyn Doran (Ms Maria O'Brien was present as her substitute).</p>
17.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 28 JUNE 2016</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 28 June 2016 be agreed as a correct record.</p>
18.	<p><b>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</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 5 to 14 would be considered in public. Agenda items 15 and 16 would be considered in private. It was noted that current and</p>

emerging issues could, where applicable, be included under Agenda Item 16.

19. **BOARD MEMBERSHIP UPDATE** (*Agenda Item 5*)

It was noted that the Leader of the Council had been replaced by Councillor Corthorne as the Chairman of the Health and Wellbeing Board. Councillor Corthorne, on behalf of the Board, thanked Councillor Puddifoot for the work he had undertaken both in the Health and Wellbeing Board meetings and behind the scenes.

Concern was expressed that there was no south of the Borough representation on the Board, in terms of the elected Members. The Councillor membership served the interests of the whole Borough rather than a specific locality and the Health and Wellbeing Board Chairman regularly liaised with opposition Members. Furthermore, it was noted that the Council's External Services Scrutiny Committee, which included Ward Councillors from the north and south of the Borough, provided an opportunity to hold the local health trusts to account.

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

- 1. the Cabinet Member for Social Services, Housing, Health and Wellbeing, Councillor Philip Corthorne, has been appointed by the Council as the Chairman of the Hillingdon Health and Wellbeing Board;**
- 2. the Deputy Leader of the Council, Councillor David Simmonds, has been appointed by the Council as the Vice Chairman of the Hillingdon Health and Wellbeing Board; and**
- 3. the Council's Deputy Chief Executive and Director of Residents Services had been removed from the list of co-opted voting members of the Board.**

20. **HEALTH & WELLBEING STRATEGY: PERFORMANCE REPORT** (*Agenda Item 6*)

The Chairman commended the work of the partner organisations. Although there had previously been little discussion around these update reports at Health and Wellbeing Board meetings, it was thought that this may have been (in part) due to the way the information was reported. It was noted that a fresher, more edgy approach to reporting was needed to satisfy the Board that resources were being targeted in the most effective way and with the right activities to drive improvement in performance and outcomes.

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

- 1. notes the updates in the report and delivery plan.**
- 2. notes the outcome performance indicators in the quarterly dashboard.**
- 3. instructs officers to consider how best to develop Hillingdon's Joint Health and Wellbeing Strategy to take into account the Hillingdon Sustainability and Transformation plan and to report back to the Board at its next meeting with proposals as to how to programme and project manage delivery.**

21. **BETTER CARE FUND: PERFORMANCE REPORT** (*Agenda Item 7*)

A range of options were being developed to deliver capacity around delayed transfer of care (DTC). It was noted that, with regard to DTC. The Hillingdon Hospital NHS Foundation Trust had recently been faced with very high patient levels but that, over the last three weeks, these levels had now reduced. There had been an 8% increase in attendances at Hillingdon A&E and UCC but this had not had a material impact on DETOC.

It was noted that the issues faced by partners highlighted the need for them to work more closely together. The Hillingdon CCG had noticed an increase in continuing healthcare spend which was also causing some pressure.

It was agreed that, as the target for the proportion of older people still being at home 91 days after discharge into reablement was going well, recommendation b (as set out in the report) would be removed.

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

22. **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE** (*Agenda Item 8*)

The Sustainability and Transformation Plan (STP) process had started at the beginning of 2016 with the aim of developing a five year plan. The eight boroughs in North West London (NWL), which made up the NWL STP footprint, had submitted a draft STP plan at the end of June 2016. A further version of the plan was due for submission to NHS England (NHSE) on 21 October 2016. Concern was expressed at the speed with which NHSE was pushing the STP agenda through. It was noted that the Hillingdon chapter would form an important part of this final plan and that the priority themes ran through the Hillingdon CCG commissioning intentions.

Concern was expressed that the Hillingdon chapter lacked detail. Whilst this was not a criticism of Hillingdon CCG or partners, it was unclear what additional detail could be added by the October submission date. It was agreed that there needed to be a shift towards community services and that additional work would be undertaken to develop this further.

Of the Sustainability and Transformation funding available, it was anticipated that just under £150m would be made available to NWL. It was noted that the NWL 'do nothing' position would cost £1.3bn with the Hillingdon element of this being in the region of £104m. In order to be in a position to test new ideas, NWL would need to ensure that it was ahead of the other 43 STP areas. It was suggested that the STP would offer the Borough the best opportunity to gain investment for patients and residents.

It was recognised that there had been meaningful collaboration in Hillingdon across all partner organisations which far exceeded that in other parts of London. However, it was noted that significant resident engagement was needed to ensure that the public was aware of the implications of the STP. To enable this to take place effectively, further detail would be required.

It was noted that Hillingdon was different to other boroughs by virtue of its congruence. Whilst some developments made sense to other areas, issues such as the single discharge approach would not make sense in Hillingdon. It was hoped that assurance would be provided that the distribution of the Sustainability and Transformation funding would recognise this to ensure that it was not drawn completely into acute care, but rather distributed across the wider health economy.

Although low probability, opposition to reconfiguration by some partners preventing effective delivery of the plan had been identified as a risk. It was agreed that the possibility that Hillingdon would not benefit from the available Sustainability and Transformation funding should also be included in the plan as a risk. However, it was suggested that there was a greater risk that the funding would not materialise as originally expected rather than not at all.

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

1. notes the Hillingdon chapter of the STP and instructs officers to develop a delivery plan to implement the priorities identified.
2. notes broad support for the draft North West London STP submission dated June 2016.
3. agrees to delegate authority on behalf of the HWB to the Director of Adults, Children's and Young People's Services in consultation with the Chairman of the Board, the Chairman of the CGG and Chairman of Healthwatch Hillingdon, to agree, in principle but subject to detailed scrutiny of financial information, the latest North West London STP submission anticipated to be available between now and 15 October, for submission to NHSE by 21 October.

23. **HILLINGDON CCG UPDATE** (*Agenda Item 9*)

Hillingdon CCG (HCCG) had been disappointed to receive an overall performance rating of 'requires improvement' from NHS England (NHSE). Although it had achieved a 'good' rating for three of the five domains (well-led, delegated functions and planning), HCCG had been rated as 'requires improvement' for finance and performance. However, the financial domain rating had been as a result of a wholly technical accounting issues which NHSE was clear did not make a material difference to the good running of the CCG.

The paediatric inpatients service at Ealing Hospital had been withdrawn at the end of June 2016. HCCG had been working with The Hillingdon Hospitals NHS Foundation Trust to ensure that provision was made for the resultant increase in paediatric patients in Hillingdon. There had been a smaller number of paediatric patients transferring from Ealing to Hillingdon than expected and it was noted that paediatric patients from Ealing could still be seen by Ealing outpatients. As such, the withdrawal of the service from Ealing had not created significant additional pressure on Hillingdon Hospital.

It was noted that HCCG's finances were challenging and that it hoped to achieve a £3.6m surplus. In addition, plans were being developed to mitigate the impact of unplanned activity and emerging risks.

The Hillingdon vision for Accountable Care was that, by 1 April 2017, Hillingdon would have a formally constituted Accountable Care Partnership (ACP) Joint Alliance ready to receive an outcome based capitated contract from the CCG for delivering integrated care for people over 65. Progress on this had been made and it was anticipated that the ACP Joint Alliance would be in place in shadow form from 2017.

QIPP involved quality and productivity initiatives to manage planned and unplanned care. However, some of these initiatives had not had the expected impact and, if the QIPP efficiency savings were not met, it would result in higher than planned costs. It was noted that there had been slippage in the MSK service over the last three years but that this situation could be improved by monitoring at a practice level and regularly meeting with GPs to look at QIPP and the variation of activity levels across practices.

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

24. **HILLINGDON CCG'S 2017/18 COMMISSIONING INTENTIONS** (*Agenda Item 10*)

All CCGs were required to prepare Commissioning Intentions (CIs) for each financial year with a plan setting out how the CCG proposed to exercise its functions. Each CCG was required to provide a copy of the commissioning plan to their local Health and Wellbeing Boards to ensure that the CIs were kept up to date and were routinely

discussed with the Board. Hillingdon CCG's CIs were based on the health needs of the local population and had been the subject of two open afternoons where members of the public were able to input into the process. It was noted that the CIs dovetailed with the Sustainability and Transformation Plan (STP) and that requirements of the STP had been woven throughout the CI document.

The Chairman thanked Dr Gudi and colleagues for their work to develop the CI document to provide more detail regarding issues such as the provider market.

Although information about the Accountable Care Partnership (ACP) had been included in the report, there was not a great deal more information available in the public domain as it was still in shadow form. Healthwatch had been involved in discussions and Hillingdon CCG (HCCG) was encouraging the Board to have representation on the ACP.

It was noted that HCCG had attempted to address the financial cap on the 2017/2018 budget. As such, the CIs had looked at outcomes for the next year rather than taking a quantitative approach. This would be looked at by the HCCG Board as well as the ACP Board and things were now moving at pace with a commitment from partners to work together to do things differently. It was agreed that a further update would be provided for consideration at the Health and Wellbeing Board's next meeting.

**RESOLVED: That:**

- 1. the Health and Wellbeing Board considered and noted Hillingdon CCG's commissioning intentions for 2017-18; and**
- 2. HCCG provide an update on the development of the ACP at the next Health and Wellbeing Board meeting.**

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

It was noted that, although the recruitment process had resulted in the appointment of two Board Members and a Chair, the Healthwatch Hillingdon Board meeting scheduled for 28 September 2016 had not taken place so the appointments had not yet been ratified. It was likely that the meeting would be rescheduled for mid-October 2016.

Healthwatch Hillingdon continued to work with NHS England (NHSE) and Hillingdon CCG (HCCG) to facilitate the registration of residents who had been refused registration at a GP practice, predominantly in UB3, UB4 and UB7. Although discussions continued, a solution had not yet been found. It was noted that Heathrow Villages was situated on the edge of the Borough and that practices in that area were scarce. HCCG had had discussions with the Local Medical Committee, who would be talking to practices about boundaries, and would then speak to NHSE to determine if, when and why the boundaries had changed as the entire area had been covered when the boundaries were last agreed by NHSE. However, it was noted that NHSE was not always quick to respond to enquiries.

Healthwatch Hillingdon had been involved in the External Services Scrutiny Committee Working Group review of GP pressures. The issue of s106 agreements and the associated planning had been raised during the course of this review.

It was noted that Healthwatch Hillingdon was midway through reviews of hospital discharges and of maternity care. Once complete, these would be reported to the Health and Wellbeing Board.

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

26. **UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS** (*Agenda Item 12*)

Although there had been reports of progress in relation to the St Andrews development, there had been no further dialogue between the Council and the developer. It was noted that the initial outline planning permission at St Andrews Park would expire in January 2017 which could provide an opportunity to get the provider to recommit. As the Hillingdon CCG (HCCG) Chairman had not received a recent update, he would liaise with Sue Hardy to establish what progress had been made. The Health and Wellbeing Board Chairman would liaise with the HCCG Chairman to pursue this matter as progress needed to be made.

It was noted that the planning of GP services was outside of the HCCG remit, and was actually the responsibility of NHS England (NHSE). HCCG had commissioned a review of clinical needs and service delivery across the Borough. It was recognised that the clinical service provision in the south of the Borough was not as good as that in the north. There was currently a strong move for CCGs to take responsibility back from NHSE for GP provider contracts so that the CCGs could be more active in the planning process.

There was currently a shortage of GPs across the country. Although the Government had pledged to recruit 5,000 new GPs by 2020, only 100 had been recruited in the previous year. It was clear that the service was constrained by limited finances.

It was suggested that greater collaboration with HCCG was needed with regard to the production of this regular report to the Health and Wellbeing Board.

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

27. **CAMHS UPDATE** (*Agenda Item 13*)

Contrary to what was stated in the report, it was noted that the 18 week national target for Tier 3 CAMHS treatment was not being met. Although mental health promotion work continued in schools and the eating disorder and self harm services were up and running, it was clear that more needed to be done by way of transformation. It was noted that additional work should be undertaken to shift the focus into prevention which would then provide an opportunity to recommission services and truly transform the service.

CNWL and NWL had been identified as one of three pilot sites to work with NHS England, etc, on a new model to prevent escalation to Tier 4 and reduce the number of Tier 4 patients. It was noted that it was very challenging to get spend from NHSE for Tier 4 services and it was anticipated that this pilot project could provide an opportunity to reinvest funding to undertake transformation work.

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

- 1. notes the progress in implementing the agreed 2016/7 Local Transformation Plan.**
- 2. notes proposals to develop a new approach to commissioning CAMHS services which are to be developed and are subject to approval by HCCG and LBH.**

	<p><b>3. continues to request regular performance updates against the partnership plan.</b></p>
28.	<p><b>BOARD PLANNER AND FUTURE AGENDA ITEMS</b> (<i>Agenda Item 14</i>)</p> <p>It was noted that future s106 reports would provide an update on projects that had been agreed and whether or not these had been applied. A separate PART II report would be needed in relation to significant site development opportunities and could include the top sites and provide commentary about the progress of discussions and the associated timescales. This would then provide a clear understanding of the situation for each site and any action that needed to be taken.</p> <p>It was noted that, as she was standing down as Vice Chairman of Hillingdon CCG, this would be the last Health and Wellbeing Board meeting that Dr Reva Gudi attended. On behalf of the Board, the Chairman thanked Dr Gudi for the work that she had undertaken over the last 2 years and the significant role that she had played in overcoming obstacles.</p> <p>Dr Gudi stated that the Health and Wellbeing Board was a positive, progressive, productive and collaborative body that was key to progressing into the future. She had enjoyed working with Councillors, Council officers and partners and wished them well in the future.</p> <p><b>RESOLVED: That a separate report on site development opportunities be included on the agenda for each Health and Wellbeing Board meeting.</b></p>
29.	<p><b>TO APPROVE THE PART II MINUTES OF THE MEETING ON 28 JUNE 2016</b> (<i>Agenda Item 15</i>)</p> <p><b>RESOLVED: That the Part II minutes of the meeting held on 28 June 2016 be agreed as a correct record.</b></p>
30.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 16</i>)</p> <p>The Board discussed a number of issues in relation to major planning developments in the Borough and the associated processes. The NHS England proposal to decommission paediatric congenital heart services from the Royal Brompton and Harefield NHS Foundation Trust was also discussed.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.57 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.