

Minutes

HEALTH AND WELLBEING BOARD

12 December 2017

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



HILLINGDON
LONDON

	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and Douglas Mills, Dr Ian Goodman and Stephen Otter</p> <p>Statutory Non Voting Board Members Present: 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>Co-opted Board Members Present: Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Caroline Morison - Hillingdon Clinical Commissioning Group (officer) (substitute) Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) Dan Kennedy - LBH Deputy Director Housing, Environment, Education, Health and Wellbeing</p> <p>LBH Officers Present: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Glen Egan (Office Managing Partner - Legal Services) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Press & Public: 2</p>
30.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis and Ray Puddifoot, and Mr Shane DeGaris, Mr Richard Sumray, Mr Rob Larkman (Ms Caroline Morison was present as his substitute), Ms Allison Seidler, Dr Kuldhir Johal, 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>
31.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 26 SEPTEMBER 2017 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 26 September 2017 be agreed as a correct record.</p>
32.	<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 Agenda Items 1 to 15 would be considered in public. Agenda Items 16 and 17 would be considered in private.</p>

33. **HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021** (*Agenda Item 5*)

It was confirmed that consultation on Hillingdon's Joint Health and Wellbeing Strategy 2018-2021 had been undertaken and the feedback had been included within the report as well as reference to a review of the Air Quality action plan which was linked to Heathrow expansion. The Strategy would help to develop performance as well as enabling partners to hold each other to account. The Transformation Group had been invited to undertake some work and this would be reported to the next Health and Wellbeing Board meeting.

Board members were aware that a lot of work had gone into this report. It demonstrated strong alignment with the local chapter of the STP and the HCCG commissioning intentions as well as building on joint plans such as the Better Care Fund. It also illustrated examples of the Council and NHS bodies working together to bring about benefits for Hillingdon residents, such as the Council issuing 'no waiting' tickets to tackle pollution. Further consideration would need to be given to issues faced by the Council that could be alleviated by NHS partners, and vice versa.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted the positive outcomes from the public consultation and approved the Hillingdon Joint Health and Wellbeing Strategy 2018-2021.**
- 2. noted the proposals to take forward performance management of the strategy through the Transformation Group and to report back to the Board at each of its meetings.**

34. **HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT** (*Agenda Item 6*)

The Joint Strategic Needs Assessment (JSNA) provided the evidence base for all other plans and strategies which meant that it would evolve incrementally over time. The document formed the backbone on which partners' understanding of issues within the Borough could be built. It was noted that in the paper, the current action plan had omitted reference to work on the musculoskeletal and respiratory needs assessments.

Air pollution issues had a significant impact on the health of some residents in some areas of the Borough. It was suggested that issues like this made Hillingdon unique and that this uniqueness needed to be reflected in the Assessment. Furthermore, with Heathrow being such a large variable in the health of residents, consideration needed to be given to breaking away from the standard JSNA template.

It was noted that there had been an issue of accuracy which would need to be taken into account. It was also acknowledged that care needed to be taken with regard to reading the figures in the report. For example, although Hillingdon was above the national average in relation to violent crime, it was below the London average. The data included in the Hillingdon Health Profile 2017 had been taken from the most recent Public Health Outcomes Framework so extended to 2016 only. It was agreed that more recent data, where available, would be included in future reports.

The Work Plan at Appendix 2 of the report identified the key activities scheduled to develop the JSNA. In addition to these activities, a range of other work was being undertaken which included action around STDs, obesity, drugs and alcohol and dual diagnosis. It was noted that the key work centred around the core offer to HCCG, issues identified through the transformation work and last year's work plan. Where data collected had identified issues of real concern, associated work streams had been developed in the Borough.

As the framework was developed, it would come back to the Health and Wellbeing Board so that progress could be tracked. Although national comparators were used, Hillingdon would continue to compare to its statistical neighbours, the London average, etc. This would provide a more accurate picture of the Borough.

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 (as set out in Appendix 2 of the report and subject to the inclusions agreed in the meeting) which ensured that it remained a key source of local intelligence to underpin effective service planning.

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

The report covered the first two quarters of 2017/2018 and noted that Hillingdon's Better Care Fund (BCF) Plan for 2017/19 had been approved by NHS England without conditions. Although Board members were encouraged by the work that had been undertaken to manage during this difficult winter period, it was important not to underestimate the pressures on Hillingdon Hospital and the effort that was involved in keeping the service running.

The basis for Discharge to Assess had been agreed and the Care Connection Teams were progressing well. Early indications of improved Delayed Transfer of Care figures were encouraging. Although it was still too early to predict final outcomes, a lot of positive partnership work had been completed on discharge.

RESOLVED: That the Health and Wellbeing Board noted the progress in delivering the plan during the Q1 and Q2 review period.

36. **PHARMACEUTICAL NEEDS ASSESSMENT 2018** (*Agenda Item 8*)

It was noted that the viability of funding arrangements of some pharmacies in the Borough had concerned Board members for some time. A number of pharmacies in the Borough had signed up for the Quality Payment Scheme.

Choosing Wisely (which had been renamed 'Prescribing Wisely') was a North West London initiative which had replicated things done elsewhere in the NHS and should not be confused with the national NHS review. Prescribing Wisely was looking to address the issue of some pharmacies filling complete prescriptions for some patients without identifying which items were actually needed. Pharmacies were now being more selective about who this service was being offered to and patients were being encouraged to manage their own medicines and book appointments online. There were 28 medication groups identified which had limited effectiveness or could be bought over the counter. It was hoped that the initiative would help to prevent patients from being as dependent on the NHS and get them to take more control of managing their own medicines.

Prescribing Wisely had coincided with the timings for the Pharmaceutical Needs Assessment (PNA) and the national campaign. However, the national information had not been available at the start of the PNA and it was unclear what would happen with regard to the NHS national brief. It was anticipated that there would be a small

financial impact on pharmacies but that there would be no impact on their viability. For example, revenue may be lost on the dispensing fees for medicine such as paracetamol which could be bought over the counter.

Concern was expressed about the lack of interoperability of systems used by GPs and Hillingdon Hospital. The introduction of a Clinical Information Exchange would enable patients to use an app on their phones within the next year or so.

RESOLVED: That the Health and Wellbeing Board:

- 1. agreed the final version of Hillingdon's Pharmaceutical Needs Assessment (PNA) including the recommendations and inclusion of summarised comments from the statutory 60 day consultation.**
- 2. agreed that the PNA be published in January 2018.**
- 3. agreed to delegate further amendments to Hillingdon's PNA 2018 prior to publication to officers in consultation with the Chairman of the Health and Wellbeing Board, should further changes be required.**

37.

CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND WELLBEING UPDATE
(Agenda Item 9)

It was noted that the update received by the Health and Wellbeing Board at its meeting in September had focussed primarily on the Anna Freud report. It had been recognised that the journey to the current situation had taken too long and that update reports needed to be included on the Board agenda as a regular item. Concern had been expressed by the Board and the Council's Children, Young People and Learning Policy Overview Committee regarding the lack of continuity to help gauge progress between September and December. Although partners knew what they wanted to achieve, consideration needed to be given to what action was taken next.

The report included an implementation plan for children and people's emotional health and mental health transformation and covered the period from 2018/2019 towards 2020. It was anticipated that the transformation plan would support reducing in-patient care and improve access to evidence based care closer to home through specialist support services such as: the Community Eating Disorders Service; crisis - urgent care, emergency and out of hours service (including self harm); learning disability; and access to waiting times. Since the out of hours service had been in place, Hillingdon had become one of the best performing areas and it was anticipated that CNWL would save £1m this year which would be reinvested in services in North West London. It was agreed that the Board would receive a report at its next meeting about how this additional funding could help with the preventative work and that all future CAMHS reports should fully reflect progress made on the commissioning of the new preventative service.

A lot of work had been undertaken to reduce the waiting time and the 18 week target had now been met. Training programmes were also being developed and a green paper had been published in the previous week on the role of schools which might prove helpful. It was noted that schools were an ongoing challenge where greater engagement was needed. Improvements also needed to be undertaken to present issues back to schools so that they could then take action to address them.

It was noted that the implementation plan had been phased to deal with the crisis and high risk issues first and then the ongoing and preventative work. Ms Morison advised that she would circulate information about this work to the Board members before the next meeting and would include an update in the report considered by the Board on 6 March 2018. Preventative work had been undertaken but was still in progress as the

figures continued to rise.

Concern was expressed that the Working Group had not met since September 2017 and that this delay would not help to progress the implementation plan. It was confirmed that Mr Tom Murphy was the Council's representative on this Group.

The report noted that a mapping exercise would be undertaken to highlight the current provision and identify any gaps or duplication. It was suggested that, as three had already been undertaken, an additional mapping exercise would add no value.

Mr Otter queried: how partners were improving the service; the uptake of mental health first aid training in secondary schools in the Borough; and who would be responsible for the implementation of the Healthy London Programme and where the associated budget would come from. It was noted that some action that had previously been undertaken had not been effective. Mr Zaman advised that he would investigate and organise a response to the queries raised by Mr Otter.

Communication seemed to be at the heart of many of the issues discussed and improvements were needed. Concern was expressed that, externally, there appeared to be a lack of urgency in the actions taken. As such, more work needed to be undertaken offline to coordinate the work undertaken and relationships needed to be developed further with schools in the Borough. It was noted that there were currently three schools that were actively involved with the other schools to provide them with signposts.

RESOLVED: That the Health and Wellbeing Board:

- a) noted progress to date in achieving the Transformation Plan;
- b) noted and agreed the Implementation Plan for 2018/9 towards 2020; and
- c) noted the refreshed 2017/18 Hillingdon Local Transformation Plan.

38. **UPDATE: STRATEGIC ESTATE DEVELOPMENT** (*Agenda Item 10*)

It was noted that a large number of development projects in the Borough would be signed off by 17 December 2017. Although the direction of travel appeared to be positive, consideration now needed to be given to the examination of other parts of the estate where facilities were not necessarily fit for purpose.

It was agreed that, whilst it would be important to retain a Part I report, subsequent Board meetings would also need to include a confidential report which detailed specific local challenges and opportunities to inform a fuller discussion.

A memorandum of understanding had been developed for London Health and Care Devolution Programme between all 32 London CCGs and other national partners which included NHS Property Services. Any developments would need to be monitored.

RESOLVED: That the Health and Wellbeing Board noted the progress being made towards the delivery of the CCGs strategic estates plans.

39. **LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT** (*Agenda Item 11*)

The report set out the progress made by the Hillingdon Local Safeguarding Children Board (LSCB) during 2016/2017 and provided partners with assurance of the safeguarding work that was being undertaken in the Borough.

It was noted that there was a requirement for the LSCB, in its current form, to come to

an end. Although the Council, police and CCG were currently deemed to be statutory bodies, consultation was currently underway regarding the inclusion of other organisations such as schools.

The Board was advised that feedback was sought regarding any action that had been undertaken but which had not added any value. It was anticipated that the more feedback received, the better the service could become.

RESOLVED: That the Health and Wellbeing Board noted the content of the Annual Report and work of the Local Safeguarding Children Board during 2016/17.

40. **SAFEGUARDING ADULTS PARTNERSHIP BOARD (SAPB) ANNUAL REPORT**
(Agenda Item 12)

The Board noted that publication of the Hillingdon Safeguarding Adults Partnership Board report had been delayed by the lateness of contributions from some members. Although the report was deemed to be acceptable, the leadership of some partners was thought to be under par. Officers had been tasked to work with the independent Chair to make improvements.

RESOLVED: That the Health and Wellbeing Board noted the Annual Report and work of the Safeguarding Adults Partnership Board during 2016/17.

41. **HILLINGDON CCG UPDATE** *(Agenda Item 13)*

Hillingdon CCG had been rated as Green for the new Patient and Community Engagement Indicator (two of the five domains had been rated as outstanding and two as good). Work would be undertaken to improve the outcomes for the CCG's engagement work which had been assessed as requiring improvement.

Work had been undertaken to support winter readiness in the Borough. This work included initiatives such as Discharge to Assess (D2A).

The Board was advised that the redesign of Urgent and Emergency Care services in Hillingdon was a key priority for 2017/2018 and beyond. A competitive tender process had been undertaken for the provision of the service and Greenbrook had been appointed to work with the Accountable Care Partnership (ACP) to deliver the service.

With regard to the ACP, statistics on the Care Connection Team were included in reports to the Health and Wellbeing Board. Of the 718 Patient Activation Measure (PAM) assessments that had been conducted since the H4All Wellbeing Service had started, 186 of these had improved scores indicating improved motivation and self management. Further information in relation to PAM would be included in the Better Care Fund report to future Board meetings.

It was anticipated that the CCG budget would be tight in 2017/2018. As savings against the QIPP target were slightly behind (it was thought that 85% of the target would be achieved by year end), the shortfall would need to be made up of savings in other areas.

The NHS was currently negotiating a new mandate to focus on the prevention of emergency admissions. Concern was expressed as to where this might lead the CCG and what other issues might arise. It was thought that this would add scope for flexibility and an opportunity to make a huge impact with little investment required. If

patients were self-managing and signposting was in place, the focus could be on emergency admissions. However, the focus would initially need to be at the primary care level and this took longer.

North West London (NWL) CCGs were currently reviewing collaborative working arrangements. It was anticipated that there would be a reorganisation of corporate functions but that Hillingdon CCG would remain untouched or would be enhanced to ensure that local partnership working was maintained. It was noted that, at a primary care level, standards would be set for all providers and they would be monitored on their achievement. Consideration would need to be given to what action would be taken when different standards were achieved in different boroughs.

Whilst collaborative working was welcomed as it would increase purchasing power, concern was expressed regarding the impact that these changes would have on local residents and the ability to meet their needs. It was thought that it would be some time before this impact would be measurable. As GPs were seen to be trusted, retaining a strong element of local decision making would be very important.

Concern was expressed that awareness of the Primary Care Hubs was very limited. As a result of NHS England (NHSE) funding, GP service provision was now available from 8am to 8pm on Saturday and Sunday in three locations across the Borough and was available to any resident registered with a GP in Hillingdon. Communication regarding this service had initially been low key to ensure that the infrastructure that had been put in place was safe. It was noted that, as all GP records were now linked and all three sites were up and running, communications would now be more widely distributed. A London-wide communications campaign had been launched by NHSE and Healthwatch Hillingdon was undertaking a survey of patients. It was noted that the pilot had relied on patients booking appointments at the last minute (rather than well in advance) as this reduced the number of DNAs (Did Not Attend). Those residents that had used the service had had good experiences

The official launch of the Brunel Partners Academic Centre for Health Sciences had taken place on 17 November 2017. The Board praised this partnership working which comprised Brunel University, THH and CNWL and it was suggested that consideration be given to how to get the most out of the partnership and how to identify possible opportunities. Although the Partnership's Memorandum of Understanding had been focussing on the staff, action would be taken to reach out to the community regarding, for example, apprenticeships. It was suggested that information about this initiative be included in Hillingdon People.

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

42. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 14*)

Healthwatch Hillingdon was currently running an online survey to gather residents' views in the 'extended hours appointments' being provided in primary care. 650 responses had been received to date but more were still required.

Funding had been received from Hillingdon Community Trust to undertake a pilot of the Mental Health, Wellbeing and Life Skills programme at Barnhill Community High School. Work had also been undertaken to set up a Young Healthwatch Hillingdon with young people aged 11 to 25.

With regard to the concerns and complaints categories included within the report, it was suggested that further information would be helpful in future on context and to

	<p>illustrate the trajectory.</p> <p>It was noted that this would be Mr Stephen Otter's last meeting as Chair of Healthwatch Hillingdon. The Chairman of the Board thanked him for his insightful contribution and for his role as a critical friend. Mr Otter noted that there would be a Healthwatch Hillingdon Board meeting held on 13 December 2017 to plan the recruitment of a new Chair.</p> <p>RESOLVED: That the Health and Wellbeing Board noted the report.</p>
43.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 15</i>)</p> <p>It was noted that there would be no need to receive another report on the Pharmaceutical Needs Assessment at the Board's next meeting.</p> <p>RESOLVED: That the Board Planner, as amended, be agreed.</p>
44.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 26 SEPTEMBER 2017 (<i>Agenda Item 16</i>)</p> <p>RESOLVED: That the confidential minutes of the meeting held on 26 September 2017 be agreed as a correct record.</p>
45.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 17</i>)</p> <p>The Board discussed a number of issues in relation to estate management and maintenance.</p> <p>RESOLVED: That the discussion be noted.</p>
	<p>The meeting, which commenced at 2.35 pm, closed at 4.15 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.