

Minutes

HEALTH AND WELLBEING BOARD

26 June 2018

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



	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), Richard Lewis, Jane Palmer (In place of Douglas Mills) and Dr Kuldhir Johal (In place of Dr Ian Goodman) and Mr Turkey Mahmoud (substitute)</p> <p>Statutory Non Voting Board Members Present: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Sharon Daye - Statutory Director of Public Health (substitute)</p> <p>Co-opted Board Members Present: Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Robyn Doran - Central and North West London NHS Foundation Trust Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Caroline Morison - Hillingdon Clinical Commissioning Group (officer) (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), Beejal Soni (Licensing and Contracts Lawyer) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Press & Public: 4</p>
1.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows, Douglas Mills (Councillor Jane Palmer was present as his substitute) and Ray Puddifoot, and Mr Stephen Otter (Mr Turkey Mahoud was present as his substitute), Mr Rob Larkman (Ms Caroline Morison was present as his substitute) and Mr Bob Bell (Mr Nick Hunt was present as his substitute).</p>
2.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 6 MARCH 2018 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 6 March 2018 be agreed as a correct record.</p>
3.	<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 11 would be considered in public. Agenda Items 12 and 13 would be considered in private.</p>

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

The Chairman noted that the Board needed to be looking at service delivery in terms of where improvements could be made as well as identifying what had been done well. The most important outcome of the work undertaken should be the impact that it had on improving service delivery for residents. The Chairman suggested that all partners be more challenging with regard to the content of reports that were put before the Board to ensure that the benefits to residents, as well as improvements and outcomes, were considered therein.

It was noted that this report provided an overarching view and that some elements were dealt with in more detail in other reports that had been included on the agenda. The report highlighted challenges regarding the sustainability of the local hospital discharge model, as well as the financial position of the health and care system in Hillingdon. Consideration would need to be given to how the Accountable Care Partnership (ACP) dealt with these issues as it developed.

The Health and Wellbeing Board noted that the Transformation Board had adopted new Terms of Reference (ToR) and had developed a performance reporting framework based on of the Joint Health and Wellbeing Strategy. It was agreed that detailed information to inform discussion about the sustainability of the discharge system be provided for the next Transformation Board.

There had been benefits achieved through aligning financial risks and positions across ACP partners. It was thought that the ACP was looking to have a simple plan which highlighted areas where a difference could be made and align resources accordingly. For example, unplanned care was a high priority for alignment to help reduce financial risk and improve patient outcomes.

The recent additional funding for the NHS announced by Government was cautiously welcomed. However, concern was expressed that no announcement had been made in relation to a proposed funding required for social care. Furthermore, there had been no information provided yet in relation to how the additional funding would be distributed. Consideration would need to be given to how this additional funding would be spent to ensure that it provided the biggest impact for the most patients. The Chairman advised that he would be attending the next Transformation Board meeting where he would like further information on this issue.

It was noted that, with regard to unplanned care, the number of patient admissions had increased but the number presenting was more stable. Attendance over the last five years had, however, increased, as had acuity. It was also noted that there were days where 60% of patients conveyed by ambulance were not admitted to hospital. Audit work was being undertaken by THH to gain a better understanding of the situation and consideration was being given to exploring the alternative pathways that were available.

RESOLVED: That the Health and Wellbeing Board:

- 1. considered the issues raised regarding live and urgent issues in the Hillingdon health and care economy.**
- 2. noted the performance issues contained at Appendix 1 of the report.**

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

It was noted that the reason the Board was only just being asked to approve the 2018 priorities was that guidance from NHS England (NHSE) had only recently been

released.

The new Delayed Transfer of Care (DTOC) targets for 2018/19 onwards would be challenging and appeared to penalise strong performance. However, the Board recognised that reducing delays was in everyone's interest and Hillingdon had achieved a good performance against previous BCF targets and staff should be congratulated for this accomplishment.

Since September 2017, the CCG's brokers had been collocated with those of the Council for three days each week. It would be important to ensure that this integrated brokerage pilot was monitored closely.

At previous meetings, the Health and Wellbeing Board had generally noted the targets set by NHSE rather than agreeing with them. Failure to meet these targets could result in a loss of freedom and flexibility with regard to how the associated funding was spent. As it was felt that Hillingdon was being penalised for its success by NHSE by being given an increased target, it was agreed that the Chairman would write to the Secretary of State on behalf of the Board about the manner in which the BCF targets had been set.

A letter had been sent to NHSE regarding the target that had been set to reduce "super stranded patients". The baseline for the previous year had been 100 and THH had been tasked with reducing this to 73 in Hillingdon in the current year.

A table had been included in the report to illustrate discharges before midday and at weekends at Hillingdon Hospital. It was agreed that, to provide a fuller picture, the actual numbers would be included in future reports rather than just the percentages. It was noted that the advice, support and advocacy functions within discharge pathways had been included in the Discharge to Assess model.

It was noted that the next stages in the Government's integration agenda had not yet been published and that this might be reflected in the Adult Social Care Green Paper expected in the autumn. In the meantime, areas for integrated working were being considered. The collective effort of staff in relation to this work was commended.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted the progress in delivering the plan during the Q4 2017/18 review period;**
- 2. noted the challenging delayed transfers of care target that has been set for Hillingdon for 2018/19 by NHSE;**
- 3. approved the priorities for 2018;**
- 4. provided feedback on the outline post April 2019 integration plan proposals; and**
- 5. Chairman write, on behalf of the Board, to the Secretary of State expressing concern that the new targets were particularly challenging given the significant progress already made in the Borough.**

6. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE (Agenda Item 7)

It was noted that good work had been undertaken in the last quarter to engage with schools to embed early intervention and prevention and to raise awareness about all of the mental health services available to children and young people. Over the last year, 13% more young people had received help, and more of those young people were being seen within 18 weeks.

Online counselling had been introduced in Hillingdon in conjunction with KOOTH and young people were able to refer themselves to the service. In addition, two schools had been identified as "hosts" for mental health first aid training, building on the robust engagement with education partners.

The CNWL Gateway had been operational for three months and provided a centralised administration hub for referrals to specialist mental health services for children and young people. Qualitatively, it had been well received and was working well but it was a little too early to assess its quantitative impact.

There had been progress made with the THRIVE components, 'Getting Risk Support' and 'Getting More Help' and the THRIVE Network meeting in May had been well attended. Hillingdon Clinical Commissioning Group (HCCG) was also responsible for mobilising Child Sexual Abuse (CSA) Support hubs on behalf of the eight boroughs in the North West London STP area. The three year commissioned service would launch in July/August 2018.

Whilst it was recognised that progress was being made, the Board felt that it could also usefully highlight the impact that the work had had on residents, for example, what the 18 week waiting times performance meant to support for young people. It was noted that information in relation to the voice of the child and their family was available. It was agreed that future CAMHS reports considered by the Board would include specifics that demonstrated the practical difference that the preventative interventions were making to residents' lives, and how access to these interventions was improving.

RESOLVED: That the Health and Wellbeing Board noted the progress made:

- 1. in implementing the Local Transformation Plan and the planned operational review of the 2018/19 Plan to inform the strategic approach going forward.**
- 2. in developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention).**
- 3. in establishing the Hillingdon THRIVE Network with the planned developments to support CYP 'Getting Help' and 'Getting More Help', through earlier and easier access to 'specialist CYP MH services (CAMHS).**

7. UPDATE: STRATEGIC ESTATE DEVELOPMENT (*Agenda Item 8*)

This report had previously specifically looked at s106 funding allocations but had now evolved into a much wider view of health estate issues in the Borough and reflected some of the related policy issues. The report included a summary of projects being undertaken in the Borough and their current status and an indicative timeline.

It was noted that the Yiewsley Health Centre development had experienced continued delays and that progress was in the hands of NHS Property Services (NHSPS). The Board was assured that HCCG had escalated its concerns regarding delays but that communication from the Board to NHSPS would do no harm. The partners' approach had been joined up in terms of identifying what was needed but problems had been experienced when NHSPS became involved.

The Board was advised that Sue Hardy was now working at the London level. Simon Harwood had been brought in to replace Sue. Sue was thanked for all her work regarding the Hillingdon Strategic Estates Group.

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

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

The final audited outturn position for Hillingdon Clinical Commissioning Group (HCCG) in 2017/18 at month 12 was an overall in year surplus of £1.072m. The £12.4m QIPP target for 2018/19 would be a challenge.

Extended GP access had been rolled out over the last few months but work was still needed to ensure that the pathways were continuous regardless of the provider. The Hillingdon Primary Care Confederation (HPCC) comprised 44 of the 46 practices in Hillingdon. To ensure that the patients registered with the two non-HPCC practices were not being excluded, HCCG would need to ensure that these patients were aware of the services available. In addition, HCCG had started a process of engagement with the two practices as HPCC was happy to open up the extended hours service to their patients but this would be subject to an information sharing agreement.

Prescribing Wisely had received a lot of media coverage and residents were starting to understand that they could have a sensible conversation with their GP. As such, awareness was increasing and residents were starting to take more ownership of their health. It was suggested that 'before and after' stories might be useful to illustrate the change in attitude.

The report stated that early cancer diagnosis remained an area of challenge in Hillingdon. HCCG had been working with local residents to ensure that screening opportunities were maximised (for example, bowel cancer).

With regard to musculoskeletal (MSK) services, HCCG had been working with partners such as THH, the voluntary sector and HPCC to streamline the pathway. Work had started in June 2018 to put an integrated model in place for MSK services. Although this would be rolled out in specific areas of the Borough, the effectiveness of the model would be assessed in December 2018 before being rolled out further.

Other work undertaken by HCCG included the investigation of primary care provision for Heathrow Villages. It was also noted that there was now a single accountable officer for the North West London sector.

RESOLVED: The Health and Wellbeing Board note the update report.

9. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 10*)

It was noted that four new governors had been appointed to Healthwatch Hillingdon (HH) and a new Chair, Ms Lynn Hill, had also be appointed. Ms Hill's appointment nomination would be forwarded to Council for consideration at its meeting on 5 July 2018.

With regard to extended access to GPs, HH had undertaken extensive research with residents in the Borough. The results of this research had been included in a report which identified eight recommendations. Concern had been expressed that the scheme had not been tailored to local needs and that it would continue to run in its current form for a while. Hillingdon Clinical Commissioning Group (HCCG) had already provided HH with a reply and noted that 8am-8pm had been nationally mandated with attached funding. Changes such as this required a change in perception and use of the extended hours was being tracked.

Young Healthwatch Hillingdon (YHwH) had moved forward with a total of 25 young volunteers. Some of these young people had taken part in the PLACE Inspections and PLACE Assessments at Hillingdon Hospital. A formal launch of YHwH would take place in August 2018.

Concern had been raised that some residents had been told by some practices that they would have to stay on a waiting list for up to six months before they would be able to register with the practice. Patients were also having to wait 3-5 weeks for appointments in some practices. This was not acceptable and any instances needed to be escalated to HCCG and NHS England.

Attendees at the Visual Impairment Reading Group had identified a number of barriers and difficulties that they had in accessing services. Inadequate signage at Hillingdon Hospital appeared to be a significant challenge for them.

On 22 February 2018, a number of students at Barnhill Community High School had taken part in a pilot Mental Health, Wellbeing and Life Skills programme. Some of the responses received had been disturbing. The programme would run again between September 2018 and March 2019 at two other schools. Whilst funding had been secured for this next tranche, securing funding to deliver the programme was becoming an increasing challenge.

RESOLVED: That:

- 1. the appointment nomination of Ms Lynn Hill as the Healthwatch Hillingdon Statutory Voting Member on the Hillingdon Health and Wellbeing Board be forwarded to Council for consideration; and**
- 2. the Health and Wellbeing Board noted the report received.**

10. BOARD PLANNER & FUTURE AGENDA ITEMS (*Agenda Item 11*)

RESOLVED: That the Health and Wellbeing Board Planner 2018/2019 be noted.

11. TO APPROVE PART II MINUTES OF THE MEETING ON 6 MARCH 2018 (*Agenda Item 12*)

RESOLVED: That the confidential minutes of the meeting held on 6 March 2018 be agreed as a correct record.

12. UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (*Agenda Item 13*)

The Board discussed issues in relation to strategic estates.

RESOLVED: That the discussion be noted.

The meeting, which commenced at 2.30 pm, closed at 3.37 pm.

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.