

## Minutes

### HEALTH AND WELLBEING BOARD

6 March 2018

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



HILLINGDON  
LONDON

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|     | <p><b>Statutory Voting Board Members Present:</b><br/>Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and Catherine Dann (In place of Douglas Mills) and Dr Ian Goodman and Turkey Mahmoud (substitute)</p> <p><b>Statutory Non Voting Board Members Present:</b><br/>Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services<br/>Dr Steve Hajioff - Statutory Director of Public Health</p> <p><b>Co-opted Board Members Present:</b><br/>Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute)<br/>Caroline Morison - Hillingdon Clinical Commissioning Group (officer) (substitute)<br/>Maria O'Brien - Central and North West London NHS Foundation Trust (substitute)<br/>Dan Kennedy - LBH Deputy Director Housing, Environment, Education, Health and Wellbeing</p> <p><b>LBH Officers Present:</b><br/>Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Beejal Soni (Licensing and Contracts Lawyer) and Nikki O'Halloran (Democratic Services Manager)</p> <p><b>Press &amp; Public: 2</b></p> |
| 46. | <p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis, Douglas Mills (Councillor Catherine Dann was present as his substitute) and Ray Puddifoot, and Mr Stephen Otter (Mr Turkey Mahmoud was present as his substitute), Mr Shane DeGaris, Mr Rob Larkman (Ms Caroline Morison was present as his substitute), 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>  |
| 47. | <p><b>TO APPROVE THE MINUTES OF THE MEETING ON 12 DECEMBER 2017</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 12 December 2017 be agreed as a correct record.</p>  |
| 48. | <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 1 to 11 would be considered in public. Agenda</p>   |

Items 12 to 14 would be considered in private.

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

The Chairman noted that, at the Health and Wellbeing Board's last meeting, the strategy had been agreed following a period of public consultation and consideration was given to how to understand performance to ensure that priorities were being addressed. The Transformation Group had agreed an approach which would draw on existing processes. Although this needed more work, progress was being made.

The Accountable Care Partnership (ACP) and the Transformation Board had been working together to gauge performance and had been reporting on their findings. It was noted that the ACP Delivery Board was being combined with the Transformation Board as there were significant synergies between the two groups. It was anticipated that consideration could then be given to aligning the resultant new Transformation Board with the work of the Health and Wellbeing Board.

It was suggested that the HWB Strategy performance report should provide the Board with the latest issues it needed to know, rather than become a long list of issues for noting. For example, there had been national interest in a recent rise in the number of cases of scarlet fever and in how this was being monitored. Consideration would need to be given to the role that the Health and Wellbeing Board played in this type of event and how it could ensure that such incidents were resolved swiftly to allay public concerns. It was suggested that future performance reports should be able to synthesise current issues and report to the Board on matters arising

**RESOLVED: That the Health and Wellbeing Board noted the proposals to take forward performance management of the Hillingdon Joint Health and Wellbeing Strategy through the Hillingdon Transformation Group, and to report back to the Board at each of its meetings.**

50. **CHILDREN & YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE** (*Agenda Item 6*)

Since the last meeting, a lot of work had been undertaken to develop the Thrive model in Hillingdon, with increasing engagement from educational establishments. In the last year, there had been a 14% increase in the number of children and young people accessing mental health services. It was suggested that social media could have contributed to an increase in the number of children and young people experiencing mental health issues.

Hillingdon Link provided a face to face counselling service for young people. To complement the work of Link, Hillingdon Clinical Commissioning Group (HCCG) would be piloting an online counselling, support and advice service for 11-19 year olds. The pilot would include 16 to 19 year old residents that attended Uxbridge College.

Multi disciplinary seminars had been scheduled to provide support to schools and opportunities to deal with the growing number of issues they face. Progress had also been made in relation to the support and treatment of the most vulnerable children and young people, as well as those in crisis, through the introduction of services such as Community Eating Disorder, Crisis and Liaison Service and the remodelling of specialist CAMHS community capacity. Although the target to provide two interventions for 85% of referrals in 18 weeks had been met in November and December 2017, the 14% increase in referrals had made this achievement challenging.

The savings generated from the Eating Disorder and Out of Hours services would be reinvested in the North West London footprint.

It was recognised that the preventative emphasis of the work being undertaken was starting to generate tangible improvements but there were still concerns in relation to sustainability. It was questioned how easy it was for residents to gain support at an early stage before deterioration into crisis. Healthwatch Hillingdon had been a useful critical friend in raising this issue and it was suggested that work around the mental health of children and young people should continue to be a focus for the Board.

Schools were thought to be central to the issue of mental health in children and young people. As most of the information about this issue was provided by the NHS, it was queried how the engagement of schools was being monitored, how poor performance was being challenged and how exemplar schools were being identified. Schools were thought to be the most appropriate environment to identify issues soonest. However, the education system was fragmented, especially with regard to funding. It was anticipated that statistics could be collected from the health service as the information held by GPs could include the school that the child attended. Central and North West London NHS Foundation Trust (CNWL) had identified those schools that were robust in identifying mental health issues amongst their students and those that were not so strong. CNWL would need to consider how this information could be best shared with partners. It was agreed that this issue be considered at a future Health and Wellbeing Board meeting.

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

- 1. in implementing the Local Transformation Plan;**
- 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); and**
- 4. for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from NHS commissioned services as at M9 (December).**

51. **BETTER CARE FUND: PERFORMANCE REPORT (OCT-DEC 2017)** (*Agenda Item 7*)

The new integrated hospital discharge model had resulted in significant progress regarding the evidence based approach. The report provided a mixed picture whereby the DTOC performance had been good but other measures contributing towards this had not been quite so successful. A straight line projection would result in there being an outturn of 7,412 delayed days in 2017/2018 which was 1,925 days below the 9,337 delayed days ceiling imposed by NHS England. Overall, the Board felt that the targets being achieved were more important than those that were not.

Consideration was given to the number of hospital admissions from care homes and whether there was an underlying default risk-averse position of sending residents to hospital. It was noted that HCCG was looking into this issue and it appeared that there was a clear correlation between the management of a home and the number of hospital admissions. To address this, HCCG had been working with nursing homes in the Borough and had approved the creation of a GP visiting team for these homes. It was noted that the Partnership Care Homes Group met on a monthly basis and that the figures reported were based on raw bed base numbers. Consideration would need to

be given to how this information was reported to ensure that the data could be compared usefully.

It was suggested that further work was required to investigate the impact of ambulance conveyances on Hillingdon Hospital and it was agreed that an update be provided at the Board's next meeting. Although the emergency admission rate had increased, A&E attendance levels had remained largely the same. It was suggested that the opening of the Frail and Elderly Unit at the hospital may have contributed towards this. Consideration would need to be given to the purpose of this Unit and whether the service provided the best possible outcomes for residents.

The Board was pleased with the progress that had been made in Hillingdon with regard to system improvements. It was noted that sheltered housing provision at Grassy Meadow and Parkfield would be available in the summer and would contribute towards this continued progress.

The Health and Wellbeing Board agreed to note the Carers' Memorandum of Understanding which would be considered by the Council's Cabinet and the HCCG's Governing Body in Q1 of 2018/2019. If required, the Health and Wellbeing Board would reconsider the item and take any action as needed.

The position to the end of December 2017 showed that an average of 89% of people were still at home 91 days after discharge (against a target of 88%). This performance was a strong indicator of the level of independence exhibited by residents.

It was noted that staff had had to work hard through the recent extreme weather conditions experienced in the Borough. The Board felt that this effort should be recognised.

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

1. noted the progress in delivering the plan during the Q3 review period;
2. noted the development of a Carers' Memorandum of Understanding containing the seven principles set out in the report as the basis for an updated Carers' Strategy for 2018/21; and
3. delegated authority to the Council's Corporate Director of Adult, Children and Young People's Services, in consultation with the Chairman of the Health and Wellbeing Board, the Chairman of Hillingdon Clinical Commissioning Group's Governing Body and the Interim Chairman of Healthwatch Hillingdon's Board, to agree revised Better Care Fund targets for 2018/19, subject to advice about deliverability from the Council's Corporate Director and Hillingdon Clinical Commissioning Group's Chief Operating Officer.

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

The report focussed on seven key areas of work undertaken by the Hillingdon Clinical Commissioning Group (HCCG). It was noted that the NHS had released planning advice, guidance and a small amount of funding which had reduced HCCG's QIPP target to around £15m in 2018/2019. Approximately £13½m had been identified already and HCCG would be working with the other North West London (NWL) CCGs to meet the remaining £1½m requirement.

HCCG had been looking at how it contracted as, currently, the more work undertaken by the hospital, the more this cost HCCG. As this arrangement was not sustainable,

consideration was being given to an alternative contact structure.

It was noted that HCCG was largely on target financially for 2017/2018 with a small surplus expected at year end. However, it was anticipated that HCCG was likely to have a shortfall of around 25% against its 2017/2018 QIPP target by the end of the year.

The report had highlighted areas of strain for HCCG. Musculoskeletal (MSK) services were the most used healthcare service. Consideration was being given to how this care could be made more interactive and proactive in a way that was more convenient to residents. NICE had provided clearer guidelines on who should be targeted and, as such, HCCG would be focussing on those with chronic pain as well as the provision of community based services and the use of psychologists. For example, Hillingdon Hospital undertook more hip and knee replacement surgeries than most Trusts but had worse outcomes in terms of the impact on community services. It would be important to communicate with patients more effectively about the expected outcomes.

It was noted that the eight NWL CCGs had been working together in relation to acute services but also in relation to some mental health services. The Board was advised that a single Chief Finance Officer (CFO) had been appointed for NWL (Neil Ferelly) and that a process was underway to appoint a single accountable officer across the eight CCGs.

The Board noted that there had not yet been any feedback in relation to effectiveness of the element of Prescribing Wisely which had encouraged patients to buy medicines over the counter (where appropriate) rather than on prescription. The other element of the campaign that looked to reduce prescription waste by pharmacies (by not filling repeat prescriptions automatically) had caused some uncertainty and was still in the transition period. The NHS had set targets for practices to get their patients to register online so that they could reorder their own medicines online. Performance was collected on a practice-by-practice level by HCCG so that areas for improvement could be identified.

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

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

It was noted that Healthwatch Hillingdon (HH) was in the process of recruiting a new Chair and that the advertisement would be published in the next couple of weeks. The Chairman reminded HH that the Council could assist with support if required.

HH had completed its survey to gain the views of residents on the GP extended hours appointments. A report was currently being drafted which set out HH's findings which had also been shared with HCCG.

HH had been pleased with the progress that had been made with regard to children and young people's emotional and mental wellbeing services. This work had linked to the Mental Health, Wellbeing and Life Skills programme that HH had piloted at Barnhill Community High School where the young people had designed and delivered a mental health survey to the whole of the school. The results of this survey would be available soon and would be linked back to the Thrive programme.

Other work being undertaken included a revamp of the HH website and a review of its social media presence. HH had also recruited 17 volunteers aged between 11 and 20 to sit of the Young Healthwatch Hillingdon. A welcome and training event had been delivered to them during the February 2018 half term break to build their knowledge,

skills and confidence. The volunteers would be involved in a number of projects over the summer holidays.

At the Health and Wellbeing Board's last meeting, it had been requested that HH provide the overall trends and themes for the feedback that it received. Although this information was useful, it was agreed that its inclusion would not be necessary in every report and that reporting by exception would be acceptable.

Concern was expressed regarding the transition between one contract ending and a new contract with a new contractor beginning. NHS England needed to rethink its procurement processes as challenges had arisen locally around continuity of service and premises for service delivery. It was suggested that mechanisms needed to be established to give Hillingdon's Health and Wellbeing Board and External Services Scrutiny Committee knowledge and oversight of such procurements.

Although there had been a dip in the number of hours volunteered at HH, this had been addressed and it was anticipated that there would be an improvement when next reported.

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

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

It was noted that the Health and Wellbeing Board would not be duplicating the work of the Strategic Estates Board and that it was important to retain as much information in the public report as possible.

The Board was pleased with the progress on the North of Hillingdon Hub development which was subject to planning permission. It was noted that residents had waited a long time for this facility.

It was noted that the spend of all s106 contributions appeared to be on track.

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

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

It was suggested that, to maximise the impact of the Health and Wellbeing Board, issues such as monitoring school data on mental health and procurement exercises needed to be included on the agendas. Earlier sight of these issues would help the Board to really make a difference. It was agreed that a different type of report be drafted for consideration by the Board at its next meeting on 26 June 2018 to take this forward.

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

56. **TO APPROVE PART II MINUTES OF THE MEETING ON 12 DECEMBER 2017** (*Agenda Item 12*)

**RESOLVED: That the confidential minutes of the meeting held on 12 December 2017 be agreed as a correct record.**

57. **STRATEGIC ESTATES REPORT** (*Agenda Item 13*)

The Board discussed a number of issues in relation to estate management.

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|     | <b>RESOLVED: That the Health and Wellbeing Board noted the update regarding current estates issues.</b>   |
| 58. | <p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 14</i>)</p> <p>The Board discussed the issue of hospital service provision within the Borough.</p> <p><b>RESOLVED: That the discussion be noted.</b></p> |
|     | 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.