

Minutes

HEALTH AND WELLBEING BOARD

25 September 2018

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



HILLINGDON
LONDON

	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), Shehryar Ahmad-Wallana (In place of Douglas Mills), Nicola Brightman (In place of David Simmonds CBE) and David Yarrow (In place of Jonathan Bianco), and Dr Ian Goodman.</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: Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) 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: Nikki O'Halloran (Democratic Services Manager) and Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships)</p> <p>Press & Public: 3</p>
13.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Bianco (Councillor Yarrow was present as his substitute), D Mills (Councillor Ahmad-Wallana was present as his substitute) and Simmonds (Councillor Brightman was present as his substitute), Ms Lynn Hill, Mr Bob Bell (Mr Nick Hunt was present as his substitute), Ms Robyn Doran (Ms Maria O'Brien was present as her substitute) and Mr Richard Sumray.</p>
14.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 26 JUNE 2018 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 26 June 2018 be agreed as a correct record.</p>
15.	<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>

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

Consideration was given to replacing a number of members of the Board. In addition to those listed in the report, it was noted that Ms Sarah Taylor would replace Mr Shane DeGaris and that Council would be asked to approve the replacement of Mr Nick Ellender with Ms Sandra Taylor.

RESOLVED: That:

1. **Mr Mark Easton replace Mr Rob Larkman as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted member on the Board;**
2. **Ms Sarah Crowther replace Ms Allison Seidler as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted member on the Board;**
3. **Ms Sarah Tedford replace Mr Shane DeGaris as The Hillingdon Hospital NHS Foundation Trust Non-Voting Co-opted member on the Board; and**
4. **Council be asked to agree that Ms Sandra Taylor replace Mr Nick Ellender as the named substitute for the Statutory Director of Adult Social Services.**

17. **HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021** (*Agenda Item 6*)

The Chairman noted that, at its next meeting, the Board would be considering the latest iteration of the Joint Strategic Needs Assessment (JSNA). This would afford an opportunity to revisit existing health priorities.

The cumulative underlying deficit within the health and care system remained broadly the same. Hillingdon Health and Care Partners were looking to address elements of this deficit through an effective Integrated Care System and it was important that the Board should be sighted on developments.

It was noted that representatives from The Hillingdon Hospitals NHS Foundation Trust (THH) had been unable to attend this Board meeting as it coincided with the Hillingdon Hospital Quality Summit meeting at Brunel University. The summit meeting had been convened with stakeholders to look at how the issues raised by the CQC in its inspection report could be addressed. The new THH Chief Executive, Ms Sarah Tedford, had been appointed and would need to move the Trust forward. It was agreed that THH be asked to provide an update on the progress of its action plan at the Health and Wellbeing Board's meeting. The Board noted that the Council's External Services Select Committee would also be speaking to representatives from the Trust about the CQC inspection report at its next meeting.

The Board was advised that there had been some stakeholder engagement work undertaken with regard to pathways. Although the outcomes had not been a surprise regarding discharges, the challenge for the steering group was in relation to discharge failures where one partner was not ready for the discharge to take place. In spite of much discussion on this over an extended period to address discharge related issues, the Board had yet to see the necessary tangible and sustained improvements

Dr Goodman noted that the THH estate was a major challenge. Hillingdon Hospital had been placed in the top five NHS estates that were in most need of improvement. In the absence of new estate, he suggested that the Trust needed to concentrate on leadership issues.

The Healthy London Partnership had proposed to reduce the number of Health Based Place of Safety (HBPoS) in North West London from eight to five by April 2019 and then to three by 2020. Concerns were expressed and assurances would need to be

sought. It was noted that, once the options were developed and consulted on over the next year, final sign off of proposals would be agreed by the Joint Committee of eight North West London (NWL) CCGs. Mr Zaman asked Dr Goodman to assure the Health and Wellbeing Board that decisions would reflect needs in Hillingdon and that once further detail on options were available that the issue comes back to the Board.

RESOLVED: That the Health and Wellbeing Board:

- 1. considered the issues raised in section 3.2 of the report; and**
- 2. noted the performance issues contained in Appendix 1 of the report.**

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

The Board was advised that the Chairman had written to the Secretary of State to express concern that the imposed Delayed Transfer of Care (DTC) targets for 2018/19 under the Better Care Fund (BCF) arrangements appeared to penalise Hillingdon's success in reducing delays and that the new targets would be a significant stretch. A response had been received from the Minister of State which would be circulated to members of the Board. Although the Minister's response was thought predictable, it was nevertheless important to put down a marker. The Chairman also noted that Hillingdon had made further good progress with regard to the DTC target, especially through a drop in non-acute delays and earlier planning, and stronger relationships between CNWL and housing.

The target to reduce emergency admissions of people aged 65 and over was on track. This improvement had been helped by work to prevent readmissions. It was agreed that, to provide a fuller picture, year on year figures should be provided in the report.

Whilst the completion of Carers' assessments was important, it was suggested that addressing the needs identified was of equal significance but had not been included in the report and this information was requested moving forward. It was agreed that the carers' assessments were not an end in themselves and that it was important to address the issues that were identified therein.

With regard to the Integrated Hospital Discharge Model, it was noted that there had not yet been agreement about the management arrangements for the Integrated Discharge Team or the use of resources. These issues would need further consideration and the outcome of discussions would be reported to the Health and Wellbeing Board's next meeting.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted the progress in delivering the plan during the Q1 2018/19 review period; and**
- 2. noted the proposal to amend the BCF section 75 agreement to reflect changes to hospital discharge arrangements described in the report.**

19. **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE** (*Agenda Item 8*)

Although children and young people's (CYP's) mental health had not previously been focussed on as much as it should have been, real progress had been made in the last two years. The report included case studies illustrating young people's experiences of the services and asked that authority to approve the refresh of the Local Transformation Plan be delegated outside of the Board's meetings.

Training programmes were currently being run in schools and the Kooth online

counselling and support service for 11-19 year olds had gone live on 9 July 2018. It was noted that the THRIVE programme was also being used more in schools.

The percentage of CYP seen within Community Mental Health services needed to increase from 25% in 2015/16 to 35% in 2020/21. Although Hillingdon had over performed against its 28% target in 2016/17, it had failed to meet its 30% target in 2017/18, achieving just 23%.

Whilst encouraged by Kooth, concern was expressed that there was a need for more evidence that, on the ground, access to preventative services was getting easier. The input of Healthwatch in gauging this would be helpful. It was queried whether any of those CYP on the waiting list could be helped by Kooth.

The report mentioned that the 'core CAMHS' and Learning Disability service specifications were being reviewed and a model to improve early intervention, reduce waiting times and improve integration with local services and partner agencies was being developed. As it was thought that this scoping work had been undertaken previously, Dr Goodman would investigate.

It was queried whether (and how) the effectiveness of interventions was validated. Ms O'Brien advised that the service in Hillingdon compared well with other boroughs but that there was a challenge with regard to capturing live information. CNWL had numerous case studies which could be used to add more detail in relation to clinical services rather than preventative services. There had been a national drive to address waiting times in relation to children's mental health services and reduce them to four weeks.

Dyslexia was a stigma for some young people that could prevent them from achieving their full potential. It was noted that teachers were being taught to recognise dyslexia but it was unclear what support was then available to these young people in schools after diagnosis. Hillingdon CCG had been working with the Council to identify and triage these young people but, at this stage, it was more about the individual being different than a mental health issue. It was noted that inclusivity formed part of the OFSTED inspection framework so all schools would be required to address this in their School Development Plans.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted the progress made:**
 - a. on the implementation of the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (CYP MHLTP) to date in 2018/19;**
 - b. in developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention), particularly the establishment of the new Wellbeing and Mental Health project in schools which was developing a model of best practice and a compendium of resources to support all schools in the Borough; and**
 - c. regarding the sustained improvement in access for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from CCG and NHS commissioned services; and**
- 2. agreed to delegate authority to officers in consultation with the Chairman of the Health and Wellbeing Board, the Chairman of Hillingdon CCG and the Chair of Hillingdon Healthwatch, to agree, on its behalf, the October 2018 refresh of the Local Transformation Plan. The plan would set out work proposed up to 2020 and would be consistent with the direction and**

priorities of the existing plan as agreed by the Board and outlined at section 7.0 of the report.

20. **UPDATE: STRATEGIC ESTATE DEVELOPMENT** (*Agenda Item 9*)

The report also set out a number of key points that had emerged from the Strategic Estates Plan. These included the need to progress the aims of the Out of Hospital strategy, particularly in Uxbridge/West Drayton, North Hillingdon and Hayes & Harlington. It was appreciated that the implementation of the strategy would take time.

The Board was advised that estate challenges continued regarding the provision of a GP practice in Heathrow Villages. Although Hillingdon CCG (HCCG) had been working to resolve this through a private landlord, this had not proved viable. HCCG had been working with Heathrow Community Engagement Board to investigate possible shared premises or shared funding. HCCG had also recommissioned the Estates Team to identify possible locations for a practice and would be meeting soon with Heathrow Airport to establish whether it had any unused land or buildings that could be used. Following a meeting of the External Services Scrutiny Committee, the Chairman asked if any progress had been made with identifying land in Heathrow Villages for a GP practice. This would be investigated.

It was noted that sites in Yiewsley continued to be investigated and that there were potentially one or two possible locations.

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

21. **HILLINGDON CCG UPDATE** (*Agenda Item 10*)

The Board was advised that approximately 90% of GP practices now had wi-fi. Hillingdon CCG (HCCG) had also been rated as Good by NHS England in 2017/2018.

Although finances were very tight for HCCG, it was likely that the organisation would come in on balance at the end of year. It was noted that critical care costs at Harefield Hospital and continuing care funding had put pressure on the budgets. Although most of the QIPP savings were likely to be delivered in the last four months of the year, £2m of the £12.4m requirement had already been delivered. Savings were usually made through activities rather than cash savings and were largely in relation to acute activity which could be tracked to identify impact.

It was noted that the Hillingdon End of Life single point of access had opened on 11 September 2018 and that the bed based service at Michael Sobell House (MSH) had closed in June 2018. This had come as a surprise to HCCG and The Hillingdon Hospitals NHS Foundation Trust. Communication in relation to the closure had not been good and this had caused concern and frustration as it had been a challenge to separate fact from fiction. A feasibility study on options for the building had been commissioned by East and North Herts NHS Foundation Trust (E&NH).

As significant progress had been made over the last 20 years in relation to palliative care, the current situation provided an opportunity to review the service provision. HCCG was waiting for the Michael Sobell Hospice Charity to advise what its objectives were.

Whatever action was taken, a bed-based service was needed in the North of the Borough. Although not wedded to a particular building, it was suggested that locating

the service at Mount Vernon Hospital would be the ideal solution. Although E&NH had undertaken a satisfaction survey indicating that those patients affected by the closure were not unduly unhappy, the Board was not convinced by the results.

The Board was advised that the Joint Committee of eight North West London (NWL) CCGs was now operating in shadow form and had held two meetings. Arrangements were being finalised for the substantive committee. It was noted that HCCG was still sovereign but that acute and some mental health commissioning was undertaken collectively across NWL to gain economies of scale. It was not anticipated that the Joint Committee arrangement would impact Hillingdon significantly as, unlike other areas, approximately 85% of patients at Hillingdon Hospital were resident in the Borough. Transformation work would continue in the Borough as it was unlikely to be affected by the Joint Committee.

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

22. **HILLINGDON CCG COMMISSIONING INTENTIONS 2019/2020** (*Agenda Item 11*)

Although previously an annual report, the Commissioning Intentions (CI) report now covered a two year period which provided greater continuity and better opportunities to collaborate. The 2019-2021 CI had been formulated around the Borough's agreed Health and Wellbeing Strategy which had taken the North West London Sustainability and Transformation Programme themes of: keeping people well; response at times of crisis; and right care, right time / appropriate time in hospital. These also aligned with the ten Transformation themes.

The CI report had set out the key achievements in 2017/2018 and would form the basis of a letter that would be sent out to providers on 28 September 2018. Stakeholder/patient engagement had taken place.

It was noted that the report now set Hillingdon's local context better and was more succinct than previous years. It was agreed that Public Health would agree with the CCG areas for focus with potential for demonstrable benefit, to help sharpen commissioning activity.

RESOLVED: That the Health and Wellbeing Board considered and noted Hillingdon CCG's Commissioning Intentions for 2019-2021.

23. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 12*)

It was noted that Healthwatch Hillingdon (HH) had two new trustees. The findings of the musculoskeletal review were noted with interest.

The Chairman placed on record the Board's thanks to HH and its volunteers for the excellent work that they undertook as the consumer voice for health and social care.

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

24. **LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT** (*Agenda Item 13*)

The LSCB Annual Report 2017-2018 included individual reports from a range of separate agencies. It set out changes and the results of the OFSTED inspection in May 2018. The Chairman stated that it had been pleasing to read the Hillingdon LSCB Independent Chairman's comments about Elected Members in the report.

The nature of safeguarding was challenging so there was no room for complacency.

	RESOLVED: That the Health and Wellbeing Board noted the report.
25.	<p>SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT (<i>Agenda Item 14</i>)</p> <p>It was noted that the Safeguarding Adults Board (SAB) had been holding partners to account over the last year. The report covered a range of issues including modern slavery and adult grooming.</p> <p>Concern was expressed that SAB was not always good at getting traction with partners. Concerns were in relation to due diligence.</p> <p>RESOLVED: That the Health and Wellbeing Board noted the report.</p>
26.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 15</i>)</p> <p>It was noted that the Joint Strategic Needs Assessment (JSNA) report would be considered by the Board at its next meeting. Although the Council would continue to lead on the JSNA, it was agreed that there be a collaboration with Hillingdon CCG (HCCG) to tie in with the work being undertaken across the Borough.</p> <p>A report, to be considered at the Board's next meeting, would also be requested from The Hillingdon Hospitals NHS Foundation Trust (THH) on its progress in developing an action plan following the recent CQC inspection.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. agreed that HCCG collaborate with the Council on the JSNA report; 2. ask THH to provide a report on the development of its action plan following the recent CQC inspection; and 3. noted the 2018/2019 Board Planner.
27.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 26 JUNE 2018 (<i>Agenda Item 16</i>)</p> <p>RESOLVED: That the confidential minutes of the meeting held on 26 June 2018 be agreed as a correct record.</p>
28.	<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 issues in relation to strategic estates.</p> <p>RESOLVED: That the discussion be noted.</p>
	The meeting, which commenced at 2.30 pm, closed at 3.29 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.