

## Minutes

### HEALTH AND WELLBEING BOARD

2 March 2021

VIRTUAL



HILLINGDON  
LONDON

	<p><b>Statutory Voting Board Members Present:</b> Councillors Jane Palmer (Chairman), Susan O'Brien (Vice-Chairman), Ian Edwards, Martin Goddard and Eddie Lavery and Dr Ian Goodman and Ms Lynn Hill</p> <p><b>Statutory Non Voting Board Members Present:</b> Sandra Taylor – Statutory Director of Adult Social Services and Statutory Director of Children’s Services (substitute) Sharon Daye – Statutory Director of Public Health (substitute)</p> <p><b>Co-opted Board Members Present:</b> Sarah Crowther - Hillingdon Clinical Commissioning Group Richard Ellis - Hillingdon Clinical Commissioning Group (substitute) Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute - in part) Dan Kennedy - LBH Director Planning, Environment, Education and Community Services Caroline Morison – Hillingdon Health and Care Partners Patricia Wright – The Hillingdon Hospitals NHS Foundation Trust (in part)</p> <p><b>Officers Present:</b> Fran Beasley (Chief Executive), Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Vanessa Odlin and Nikki O'Halloran (Democratic Services Manager)</p> <p><b>LBH Councillors Present:</b> Councillor Nick Denys</p>
32.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Douglas Mills, Mr Tony Zaman (Ms Sandra Taylor was present as his substitute), Ms Robyn Doran, Mr Graeme Caul, Mr Bob Bell (Mr Nick Hunt was present as his substitute) and Mr Sheikh Auladin (Mr Richard Ellis was present as his substitute).</p>
33.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest.</p>
34.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 1 DECEMBER 2020</b> (<i>Agenda Item 3</i>)</p> <p>It was noted that the agenda for this meeting had been pared down due to the current pandemic. It was agreed to continue the delegated authority with regards to agreeing the BCF plan and that other reports would be brought to the next meeting,</p>

**RESOLVED:** That the minutes of the meeting held on 1 December 2021 be agreed as a correct record.

35. **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** (*Agenda Item 4*)

It was confirmed that Agenda Items 1 to 9 would be considered in public and Agenda Item 10 would be considered in private.

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

Consideration was given to the report and recommendations.

**RESOLVED: That:**

1. the changes made at Council to the Cabinet Member membership of the Board be noted;
2. the appointment of the Cabinet Member for Families, Education and Wellbeing as Vice Chairman of the Board be noted;
3. the appointment of Ms Patricia Wright as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted member on the Board, and the appointment of Mr Jason Seez as her named substitute, be agreed;
4. the appointment of Mr Sheikh Auladin as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted member on the Board, and the appointment of Mr Richard Ellis and Ms Sue Jeffers as his named substitutes, be agreed;
5. Hillingdon Health and Care Partners be included as a Non-Voting Co-opted member on the Board; and
6. the appointment of Ms Caroline Morison as the Hillingdon Health and Care Partners Non-Voting Co-opted member on the Board be agreed.

37. **HEALTH PROTECTION BOARD - COVID-19 RESPONSE AND RECOVERY ISSUES** (*Agenda Item 6*)

Mr Dan Kennedy, the Council's Director Planning, Environment, Education and Community Services, advised that the rates of COVID-19 infection had been steadily reducing since the publication of this report and was now at 68.8 per 100k population. This had been lower than the London average of 74.6 per 100k population. Measures that had been put in place had been working but it would be important to not become complacent.

Work had been undertaken to understand the trends with regard to infection rates in the Borough. It was suggested that the infection rates had slowed since the closure of schools as households were no longer mixing at the school gates. Data had indicated that outbreaks were often geographically clustered and were likely to have resulted from households mixing.

The Health Protection Board continued to meet on a monthly basis. Hillingdon had achieved its vaccination target by 14 February 2021 and performance had been better than the other areas in North West London.

Although the focus had been on the roll out of the COVID-19 vaccination, there had previously been a huge effort to increase the take up of the flu vaccination. Although the target had been to achieve around 70% take up, Hillingdon had achieved more

than 95% for the over 80s.

Intelligence had been received with regard to areas and groups with lower levels of take up of the COVID-19 vaccination. Action could therefore be targeted to encourage these individuals to have the vaccination. Joint working had been undertaken between health partners and the local authority with around 150 faith and community leaders. Some of these leaders had made videos for their communities to allay fears and rebut myths and some had offered their premises for use as vaccination centres. The current focus was on a speedy roll out of the vaccine. As such, the work being undertaken with faith and community leaders would be key.

Community Champions were being recruited and marshals were being deployed to provide advice and guidance. Public Health had been providing advice and support and social care had also been providing support to care providers in the Borough.

Contact testing and tracing had been well established in the Borough. Since it had started, the Council had tracked more than 2,000 residents to ensure that they were abiding by the guidelines.

Partners had been quick to respond to outbreaks of COVID-19 across the Borough and enforcement action had been taken when needed. Meetings continued to be held three times each week with the police and approximately 100 fixed penalty notices had been issued for COVID rule breaches.

Mr Kennedy advised that Healthwatch Hillingdon had undertaken a survey to understand the fears and concerns that would prevent residents from having the vaccine. The results of this survey had been shared with North West London to address these concerns and inform future publicity. For those residents who had been concerned that the vaccine was not safe, further information had been provided and the take up had increased as a result. As Sipson had been identified as an area with lower testing, a targeted letter and information drop had been undertaken in the area which had resulted in a step change increase over the previous weekend with regard to the take up of testing. Engagement and early intervention appeared to be working.

**RESOLVED: That the work to date and underway by the Council and Board Members to prevent and control the spread of the COVID-19 virus be noted.**

38. **VACCINATION PROGRAMME UPDATE** (*Agenda Item 7*)

Mr Richard Ellis, Joint Lead Borough Director for Hillingdon Clinical Commissioning Group (HCCG), advised that the calibre of working relations across Hillingdon in relation to vaccinations had been very high. This joint working had included health partners, the voluntary sector and the local authority.

It was noted that the report had provided a snapshot of the work that had been undertaken which continued to move forward. The target for the first four priority groups in Hillingdon had been achieved. Overall, approximately 88% of each group had been vaccinated by mid-February, including 92% of care home residents.

Work had now started to roll out the vaccine to groups 5 and 6. 80% of group 5 had already been vaccinated (those aged 65-69) and about two thirds of group 6 (those aged 16-65 with underlying conditions). It was anticipated that the vaccination of these two groups would be completed in the next two weeks. A national and London steer was now awaited for the roll out to those aged 50-64 (a third of this group had already

been vaccinated and it was anticipated that this would be completed in the next few weeks).

Although it had previously been anticipated that there would be three mass vaccination centres opened in the Borough, there would only be two: Old Vinyl Factory and Compass Theatre. Although Winston Churchill Hall in Ruislip would not now be used as a mass vaccination centre, consideration was being given to it being used for something else.

Since the programme had started, supplies of the vaccine had fluctuated but there had always been sufficient quantities. However, this week and next week, adequate supplies of the vaccine had posed significant challenges on a national scale so would not be comparable with previous weeks. It was anticipated that, from the week commencing 15 March 2021, vaccination centres were expecting more supplies than usual.

Although there had been an initial reluctance by some parts of the community to have the vaccination, the support provided had demonstrated that this could be overcome and take up amongst these groups increased.

Dr Ian Goodman, Chair of Hillingdon Clinical Commissioning Group, advised that the vaccination programme in Hillingdon had been a success story with regard to collaborative working. 73% of care home staff in Hillingdon had been vaccinated which compared very favourably with the low rates achieved elsewhere in London.

It was hoped that the first dose would have been received by those in groups 1-9 in Hillingdon by 29 March 2021. It was anticipated that the second dose for these groups would then be completed by 13 June 2021. GPs would be giving the second dose to individuals and would have been involved in administering 5% of the first doses. It was noted that a vaccination centre was also being set up in Boots in Uxbridge.

**RESOLVED: That the update be noted.**

39. **KEY PARTNER UPDATES (VERBAL)** (*Agenda Item 8*)

The Hillingdon Hospital NHS Foundation Trust (THH)

Ms Patricia Wright, THH Chief Executive, advised that, in April 2020, the highest number of inpatients testing positive for COVID-19 had been 100. At its peak in January/February 2021, this figure had risen to 160-170. In the three months from December 2020, the number of critical care beds had been increased from 9 to 15. THH staff had responded magnificently despite high levels of sickness and whilst also juggling personal responsibilities such as home schooling. A programme of support had been put in place for the health and wellbeing of staff, particularly in relation to mental health.

THH had built a strong relationship with Hillingdon Health and Care Partners (HHCP) and had worked closely together to improve things such as discharge planning. It was noted that the number of patients testing positive for COVID-19 had started to reduce but increased from 80 on 1 March 2021 to 89 on 2 March 2021.

Ms Wright advised that she had been in post since the beginning of December 2020. Her Executive Team was now complete and had been planning to develop the recovery plan in response to recent regulatory issues and scrutiny.

It was noted that the redevelopment of Hillingdon Hospital was a three-stage process: Strategic Outline Case (SOC), Outline Business Case (OBC), Full Business Case (FBC). This process usually took about five years but was being expedited. The SOC had been signed off by the Treasury in October 2020 and it was anticipated that the OBC would be submitted in August / September 2021. 1 in 500 drawings of what the development might look like had already been produced – 1 in 200 drawings would be needed for the OBC.

Upfront funding had been secured for the provision of two modular buildings which would help with decanting patients from existing wards during the redevelopment project: Modular North would include two wards plus critical care and would be on line by the end of March 2021; and Modular South would include paediatrics and would be in place by September 2021. Once these modular buildings were functional, the existing single level huts could be cleared from the site. A programme of refurbishment was also underway in the hospital tower block.

#### Hillingdon Health and Care Partners (HHCP)

Ms Caroline Morison, Managing Director of HHCP, advised that the exceptional integrated working that had taken place with regard to the vaccination programme in Hillingdon had already been highlighted in the two previous reports. This had included work between the local authority and THH around the discharge hub.

Joint working had been undertaken to reach as many people as possible in the Borough as quickly as possible to administer the vaccine. Consideration was now being given to the longer term impact of COVID-19, for example mental health for children and young people, the impact on resilience and developing neighbourhood working. Work would be needed to develop the Joint Health and Wellbeing Strategy to deliver priorities and address the inequalities that had been brought to light by COVID-19. It would also be important to align the transformation programmes of each of the partners so that these were not progressed in isolation.

#### Hillingdon Clinical Commissioning Group (HCCG)

Mr Richard Ellis, Joint Lead Borough Director at HCCG, advised that a lot of work had been undertaken to support general practice into resuming the referral of patients into secondary and specialised care which might have been suspended during the pandemic. Primary and secondary care had been working together to reduce the number of elective referrals to THH.

Consideration was being given to long COVID and how this condition might be supported. Work would also be undertaken in partnership with organisations such as H4All regarding the social and mental health pressures resulting from the pandemic.

It was noted that, from 31 March 2021, HCCG would form part of North West London CCG (NWLCCG). Work would continue with the local authority and other partners on a place-based / Borough basis. The commissioning of dentistry, optical and pharmaceutical services would move to the CCG, elements of which would need to be considered by the Health and Wellbeing Board.

Dr Goodman stated that general practice was open for business and should not be turning patients away. An increasing number of GP consultations were being undertaken virtually / remotely and would continue. However, for things like cervical smear tests and child immunisations, these were still being done in person. Condition management appointments for things such as diabetes would resume from 1 April 2021. It was anticipated that the digital contact options that had been brought in would

remain once the pandemic was over but that face to face consultations would still be available for those who did not have access to, or were not so au fait with, technology.

#### London Borough of Hillingdon (LBH)

Mr Dan Kennedy, the Council's Director Planning, Environment, Education and Community Services, advised that positive steps had been taken with regard to working with NWLCCG and opening up the conversation locally. Mr Kennedy had met with the head teachers from some of the schools in the Borough to talk about reopening plans. Testing had been organised and parents had been contacted with information about the reopening. Notices continued to be displayed in schools to remind everyone to keep their distance, wash their hands and cover their faces. The schools appeared to be well prepared for reopening on Monday 8 March 2021.

Ms Sandra Taylor, the Council's Director Provider Services and Commissioned Care, noted that the success of the roll out of the vaccination programme in Hillingdon could not have been managed so well without supportive collaboration which had reaped real rewards. It would be important to now use the learning from this experience to prevent slipping back to old ways of working and instead continue to make improvements to things like hospital discharge.

With regard to social care, the Council had not used the easements that had been open to it. Consideration would now be given to doing face-to-face assessments as soon as guidance permitted. Work would continue with regard to managing the health and wellbeing of staff and service users.

Ms Sharon Daye, Consultant in Public Health at LBH, advised that public health had been working with all partners. The whole system had been working together to contain the virus and protect the population. The partnership work undertaken in Hillingdon had been looked upon favourably by Public Health England.

#### Central and North West London NHS Foundation Trust (CNWL)

Ms Vanessa Odlin, Director for Hillingdon and Mental Health Services at CNWL, echoed the comments that had been made regarding the collaborative work that had been undertaken in Hillingdon. She noted that discharge had been a big issue for CNWL from a mental and physical health perspective. A pull out model had been adopted which meant that processes from physical health had been adopted in mental health. Services had been flexed to manage inpatient capacity to support patients discharged from Hillingdon Hospital including the Hawthorne Unit. Although the discharge of some patients could be complex, Ms Odlin was confident that the right people were now communicating to resolve these situations as quickly as possible. Ms Taylor advised that getting out of hospital and back into the community made a difference to patients' recovery. It would be important to ensure that the services available in the community were the right services to meet individual needs.

HHCP's high intensity user programme had been looking at putting measures in place to help these frequent service users. These measures could include interventions from the Rapid Response Team or use of the Coves crisis service for support to people in crisis.

There had been an increase in presentations to CAMHS. A triage telephone line had been set up for professionals to call and a crisis line for young people to call would soon be in place. Further details of how his crisis line would be publicised would be brought back to a future meeting. In Hillingdon, the duty team capacity had been doubled to support the response but this would be a temporary measure.

Consideration had also been given to the support that needed to be put in place for young people aged 16-25 and support had been put in place for staff, particularly for those who were working from home and perhaps shielding.

It was noted that the pandemic had created opportunities for partners to improve pathways and move forward. Mr Morison advised that it would be important that these advancements were not undone. The Integrated Care System would need to articulate what good looked like and target resources and energies into the children and young people programme as one of the top priorities. The right models would need to be in place to look at early intervention and prevention work.

#### Healthwatch Hillingdon (HH)

Ms Lynn Hill, Chairman of HH, advised that the survey coordinated by HH to look at the concerns of individuals regarding the vaccine had received around 5,600 responses. The feedback received had indicated that hesitancy had been in relation to a wide range of issues including: diabetes, pregnancy, DNA tampering, biological tagging, etc. As a result of this survey, work had been undertaken to dispel these myths.

Young Healthwatch had undertaken research and compiled a list of 14 information and service providers that did not require a professional referral to seek support. They had produced a short promotional video to highlight these services.

Further work would be undertaken with regard to delayed appointments and patients' inability to access dental services.

**RESOLVED: That the updates be noted.**

#### 40. **BOARD PLANNER & FUTURE AGENDA ITEMS** (*Agenda Item 9*)

The Chairman noted that the proposed Health and Wellbeing Board development workshop had been deferred. It was agreed that this be held virtually and that an alternative date be scheduled in May 2021. Dates would be canvassed and Mr Tony Zaman, Ms Caroline Morison and Mr Kevin Byrne would finalise the details.

It was agreed that the next Health and Wellbeing Board meeting scheduled for 15 June 2021 would include reports on the following issues:

1. Joint Health and Wellbeing Strategy and Joint Performance report – the emerging Strategy could also form the basis of the workshop;
2. Children and Young People's Emotional Health – a joint update and situation report from HHCP and CNWL on early intervention through to CAMHS;
3. Child Healthy Weight – it was likely that the issue of children being overweight and obese would have been exacerbated during lockdown. A report was requested to reflect the work that was underway and include an updated plan with proposals. Councillor O'Brien had spoken with some infant school teachers about dental health which would be included in the Child Healthy Weight Strategy. She noted that there were issues with children not knowing how to brush their teeth properly and/or not being encouraged to brush their teeth. A previous paper had been produced in relation to this and consideration would need to be given to how this information could be distributed in schools; and
4. Hillingdon Hospital Redevelopment – as this was high on the agenda, an update report on the way forward was requested.

**RESOLVED: That the Board Planner 2021/2022, as amended, be agreed.**

41.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 10</i>)</p> <p>There were no issues deemed to be urgent.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.59 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.

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