

## Minutes

### HEALTH AND WELLBEING BOARD

14 September 2021

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



HILLINGDON  
LONDON

	<p><b>Board Members Present:</b> Councillor Jane Palmer (Co-Chairman in the chair), Caroline Morison (Co-Chairman), Councillor Susan O'Brien (Vice-Chairman), Fran Beasley, Graeme Caul, Nick Hunt, Tony Zaman and Sharon Daye</p> <p><b>Officers Present:</b> Kevin Byrne (Head of Health and Strategic Partnerships), Gary Collier (Health and Social Care Integration Manager), Dan Kennedy (Corporate Director - Planning, Environment, Education and Community Services), Vanessa Odlin (Director of Hillingdon and Mental Health) and Nikki O'Halloran (Democratic Services Manager)</p>
1.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Richard Ellis (NWL CCG), Lynn Hill (Healthwatch Hillingdon), Eddie Jahn (Hillingdon GP Confederation), Turkey Mahmoud (Healthwatch Hillingdon), Jason Seez (The Hillingdon Hospitals NHS Foundation Trust) and Patricia Wright (The Hillingdon Hospitals NHS Foundation Trust).</p>
2.	<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 in matters coming before this meeting.</p>
3.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 2 MARCH 2021</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 2 March 2021 be agreed as a correct record.</p>
4.	<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 10 would be considered in public and that Agenda Item 11 would be considered in private.</p>
	<p><b>WELCOME</b></p> <p>Councillor Jane Palmer, the Co-Chairman thanked those present for attending and welcomed them to the meeting. She also welcomed Ms Caroline Morison as the new Co-Chairman of the Hillingdon Health and Wellbeing Board. Councillor Palmer advised that she would chair this meeting and the meeting in November and that Ms Morison would chair the meeting in March 2022. It was hoped that the new Board structure would enhance collaboration.</p>

5. **COVID 19 - LOCAL OUTBREAK MANAGEMENT PLAN AND VACCINATION UPTAKE** (*Agenda Item 5*)

Mr Dan Kennedy, the Council's Corporate Director - Planning, Environment, Education and Community Services, advised that infection rates in Hillingdon had ebbed and flowed but were in line with the England average and were below the London average. It was noted that infection rates tended to be higher in those age cohorts where vaccination rates were lower which was in part because the vaccination had not been readily available to them for as long.

Vaccination rates in Hillingdon had been higher than for the rest of London: 81% had had their first dose and 73% had had their second dose. This compared to 67% for first dose and 64% for second in London and 89% for first dose and 81% for second in England.

With regard to the roll out of the vaccination to young people aged 12 to 15, it was noted that this had been well received by head teachers in Hillingdon. A pilot had been undertaken in one school in London and would be introduced in one school in Hillingdon. Once the learning from this one school had been analysed and implemented, the programme would be rolled out to the rest of the Borough. The roll out to this age cohort was welcomed as it would also benefit teachers.

The Council had continued to engage with faith leaders and businesses to encourage the take up of the vaccination and to ensure that measures were in place to control infection rates.

**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.**

6. **SETTING DIRECTION AND LATEST DEVELOPMENTS** (*Agenda Item 6*)

Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, noted that a new approach to the operation of the Board had been agreed at the workshop held on 18 May 2021. The Board had set out its aspirations to be the leader of 'place' and the report set out the key live issues across the health and care economy.

The Health and Care Bill was currently at committee stage in the Commons and would give effect to a number of changes that had been set out in the NHS Long Term Plan and the White Paper, a lot of which would be helpful to the Borough. Although not hugely prescriptive, the Bill did give a clear direction for centralisation which could take away local discretion to act in the best interests of Hillingdon residents and patients.

The North West London (NWL) System Development Plan (SDP) had been submitted by the interim NWL Integrated Care System (ICS) and set out the ICS's vision and ambitions. Issues that arose from the plan included the significant £460m underlying deficit across the system. In addition, it had been proposed that one CEO representative would be on the NWL ICS Board to represent all eight local authorities in NWL and that borough delivery leads would only be represented on a much wider NWL ICS Health and Care Partnership Council.

Dr Fran Beasley, the Council's Chief Executive, advised that she and Councillor Palmer attended a range of fora where they had been continuously reiterating the need for Hillingdon to have representation on the NWL ICS Board. It would be impossible for the Borough's voice to be heard if it didn't have representation around the table. To this end, it would be important for Hillingdon to be clear about its mandate. Other NWL

boroughs didn't seem to be quite as passionate about this issue which might be because they did not have the same coterminosity or have made as much progress as had been made in Hillingdon.

The Chief Executive of NWL ICS had written to all local authority Leaders confirming the intention to appoint a single Chair across the four acute trusts in NWL including The Hillingdon Hospitals NHS Foundation Trust (THH). Hillingdon's Council Leader had responded to advise that this move raised issues of concern at a Borough level and he had highlighted the key part that THH had played in developing a place based approach to health and care in Hillingdon.

Ms Caroline Morison, Co-Chairman and Managing Director at Hillingdon Health and Care Partners (HHCP), advised that Hillingdon had been going through a period of transition during the pandemic which had helped partners to collectively sharpen their aspirations for Hillingdon. Further work was needed to align strategic priorities so that these could be fed into the ICS priorities to present a clear and aligned local voice to the ICS.

Work was ongoing in relation to the balance between local and system accountability. Overall, things had been positive with HHCP acting as a well developed delivery vehicle and providing enablers for delivery.

Mr Tony Zaman, the Council's Corporate Director of Social Care and Health, advised that the current situation was evolving. Hillingdon partners wanted to set themselves up as a local system but there seemed to be a NWL push towards a superstructure rather than a series of local systems coming together. Currently, the Hillingdon Health and Wellbeing Board was the only place with senior representation to develop the strategic direction of travel. As such, it was important that the Board could demonstrate that it had the right people round the table. The membership changes that had been implemented would ensure that all partners benefited equally from attendance at Board meetings. The Co-Chairmen would need to discuss the issue of non attendance to determine how this should be addressed.

The ICS was new and had not yet had the opportunity to acclimatise to the culture of NWL. Hillingdon had had the confidence to think outside the box and had made significant progress but all NWL boroughs were being treated as though they were currently starting from the same place. Hillingdon would need to ensure that it positioned itself so that it was seen as being different to the other boroughs.

Mr Nick Hunt, Director of Service Development at Royal Brompton and Harefield NHS Foundation Trust, noted that the report had not mentioned the devolution of specialist commissioning which had been overspent by hundreds of millions of pounds. The issues around devolution of these services would need to be resolved as it was possible that the ICS would be required to find a local solution and fund it in the future.

In addition to the issues around specialist commissioning, there would already be a significant financial challenge in NWL. It would be important to ensure that Hillingdon had an understanding of the challenges that it faced as well as a clear plan on how these would be addressed. Hillingdon would need to articulate its ambition regularly and consistently across all fora.

**RESOLVED: That:**

- 1. the issues set out in the report be noted and the Board's position on behalf of the health and care system in Hillingdon be confirmed; and**
- 2. the new approach to governance and membership be noted.**

7. **HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2022-2025** (*Agenda Item 7*)

Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, noted that the report had brought together the Hillingdon Joint Health and Wellbeing Strategy 2022-2025 (HJHWS) with a single performance report setting out progress in delivering the Hillingdon Health and Care Partners' (HHCP) priorities, the Better Care Fund (BCF) plan and activities set out in the draft strategy. The Board noted that the Strategy was 12 pages plus appendix.

The report included the vision and priorities that had been agreed by Board members at the workshop held in May 2021. It included actions attributed to HHCP theme groups and provided a picture of the Borough going forward. It would provide a statement of place which would be shared at a North West London (NWL) level.

The report provided the Health and Wellbeing Board with a delivery framework which could be used by the Board to hold itself to account. It was anticipated that it would now be the subject of a public consultation and that it would then be reported back to the Board at its meeting on 30 November 2021. It was agreed that Service (Lead) Metrics would be included for all Delivery Plan Actions in Annex 1 in relation to *Priority 6: Improving the ways we work within and across organisations to offer better health and social care*. This would ensure that partners knew when they had achieved the objective.

Ms Sharon Daye, the Council's Interim Director of Public Health, noted that partners were supporting people to live well, independently and for longer yet the role of the community (and the part that they played) had not been mentioned in the plan, just services. It was agreed that further information would be included on strengthening community capacity and resilience.

Ms Caroline Morison, Co-Chairman and Managing Director of HHCP, noted that more thought might need to be undertaken in relation to specialised commissioning as population health management tended to focus on the largest number affected. Ms Morison would liaise with Mr Nick Hunt, Director of Service Development at Royal Brompton and Harefield NHS Foundation Trust, to determine what action needed to be taken in relation to specialised commissioning and who should be involved.

Mr Graeme Caul, Managing Director Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that CNWL provided some specialised commissioning services in Hillingdon. He suggested that consideration be given to including information about action currently taken by partners to deliver good services and about access to these specialised services.

Although it was currently unclear, there could be the expectation that specialised commissioning should be dealt with at a regional level and that London could be deemed to be one such region. Calculations would be needed to establish the current spend on specialised commissioning in NWL (and in Hillingdon) and consideration would need to be given to the improvements in the health of the local population resulting from action associated with the HJHWS.

It was noted that the NHS was keen to maintain equality of waiting lists between the different Trusts. This was likely to create tension as local authorities strove to constantly improve service provision, yet this could effectively mean levelling down to

the lowest common denominator across a region/the country with regard to waiting lists.

General practice sat at a NWL level but it was delivered locally and it was expected that, over the next year or so, there would be further changes: it was anticipated that pharmacies and opticians would be devolved to an Integrated Care System (ICS) level.

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that Appendix 2 of the report set out key issues in relation to the performance of integrated health and care. The BCF plan 2021/2022 had been directly aligned to the workstreams in the JHWS so that it was not seen as a separate piece of work. Consideration was now being given to the inclusion of adult mental health and also expanding the scope of the existing scheme that was seeking to improve care and support for children and young people.

Since the publication of the report, the timetable for the BCF had been published. Under this timetable, the planning requirements would be published on 16 September 2021 at the same time as the October to March 2022 NHS planning guidance. Subject publication taking place in September, the 2021/22 plan would need to be submitted on 11 November 2021 and therefore delegated authority from the Health and Wellbeing Board (as set out in the recommendation) was required. A decision on whether or not the plan was assured would be received on 2 January 2022 and the final date for sign off of the Section 75 agreement would be 21 January 2022.

It was noted that Hillingdon had benefitted from pooled funding in relation to hospital discharge to meet the new and arising needs of local residents in a tangible and flexible way. Consideration would need to be given to the governance of the BCF sign off process now that Hillingdon CCG no longer existed.

Partners were asked to ensure that everything that they were doing as a system was being captured in the workstreams. For example, transformation programmes being aligned to the new Hillingdon Hospital build.

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

- 1. agreed the draft strategy at Appendix 1 of the report and agreed that it be made available for public consultation and that a final version be brought back to the Board at its next meeting.**
- 2. noted and commented on the single performance report provided at Appendix 2 of the report.**
- 3. delegated authority to approve the 2021/22 Better Care Fund Plan to the Corporate Director of Social Care and Health in consultation with the Co-Chairmen, the Hillingdon Board representative of the North West London Clinical Commissioning Group and Healthwatch Hillingdon Chair.**

**8. CHILD HEALTHY WEIGHT PLAN UPDATE - SEPTEMBER 2021 (Agenda Item 8)**

Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, noted that the issue of obesity had been of concern to the Board for some time and that a partnership action plan had been produced. Work had been undertaken with partners in relation to breastfeeding but this had been delayed by the pandemic.

The 0-19 contract had been agreed with Central and North West London NHS Foundation Trust (CNWL) and would run until July 2022 and work was underway to rethink the programme. The service offer for 0-5 year olds had been agreed and a condensed six week My Choice programme for school aged children would take place

each term to increase throughput. The National Child Measurement Programme would start again in all schools in September 2021.

A survey was undertaken in February 2021 in relation to school packed lunches which parents often considered to be a healthier option to school catering. There had been a high level of response to this survey with many parents indicating that they never included biscuits or crisps in their child's packed lunch. It was thought that there could be an opportunity to engage further after half term when the schools would be in more of a position to engage.

The Healthy Start Scheme had been established in the 1940s and offered vouchers for vitamin supplements, milk, fresh fruit and vegetables to pregnant women and families with children aged under four who were in receipt of qualifying benefits. The scheme had been relaunched for Hillingdon in June 2021 to raise awareness and officers were monitoring take up to gauge any resultant increase.

The Council's External Services Select Committee had just completed a review of children's dental health in the Borough and its final report and recommendations would be considered by Cabinet. The report provided a blueprint of actions that would help to reduce dental decay in children. Councillors Palmer and O'Brien commended the Select Committee's report.

In February 2020, funding had been agreed for the SMILE programme to be rolled out in primary schools to teach parents and children basic cooking skills and to educate them on the impact of unhealthy choices on physical health. SMILE would be piloted in Colham Manor Primary School and rolled out once schools were open again to introducing these types of activities. Councillor Susan O'Brien suggested that consideration be given to also rolling the programme out to the Colham Manor Children's Centre which was directly next door and that the distribution of toothbrushing packs be linked into it.

Councillor O'Brien advised that she had found it difficult to find any local information about programmes being run in Hillingdon such as SMILE, My Choice and Healthy Start (a national scheme led by the NHS). This had made it difficult to promote these programmes through social media. Whilst all of these were thought to be great initiatives, it was queried whether their reach was being maximised. For example, were the neighbourhoods teams being involved and work being undertaken to include social prescribing link workers, etc?

Mr Tony Zaman, the Council's Corporate Director of Social Care and Health, advised that pockets of activity tended to happen but that Hillingdon was approaching a shift in this approach. Lots of good things had been happening but these needed to be put together and tracked against an outcomes framework.

It was suggested that Hillingdon Health and Care Partners (HHCP) had become the environment in which local health and care needs would be addressed. Public Health had been positioned well within this but, from a local authority perspective, it needed to be more centre stage and the associated budget needed to be more vigilantly tracked.

The Children and Young People theme group at HHCP would be tasked with taking the Child Healthy Weight Programme forward.

**RESOLVED: That the Health and Wellbeing Board noted the progress against the earlier plan and commented on proposals for taking forward actions to support children's healthy weight across partners and in the light of the current**

pandemic.

9. **TACKLING MENTAL HEALTH ISSUES IN HILLINGDON** (*Agenda Item 9*)

Ms Vanessa Odlin, Director of Hillingdon and Mental Health at Central and North West London NHS Foundation Trust (CNWL), noted that it was good that mental health had been mentioned and supported in previous items on the agenda. Two Transformation Boards had been set up by CNWL and Hillingdon Health and Care Partners (HHCP) to provide strategic direction in relation to:

1. Mental Health, Learning Disability and/or Autism Transformation Board – a mapping exercise had been undertaken in relation to out of hospital work and rehabilitation resources / bedded capacity and changes would be needed to move this forward such as community transformation to wrap around the hub model (a community stakeholder piece had been launched). Work was underway to develop a coherent rehabilitation pathway with a crisis house approach (pre intervention) to deescalate crises. Work was also need in relation to domestic abuse and mental health crisis pathways. Although a lot of work was being undertaken in relation to autism, it was thought that even more could be done to look at the support provided; and
2. Children and Young People Transformation Board – access rate performance was thought to be on track to meet targets but waiting times for eating disorders needed to improve as there had been some recruitment issues. It would be important to align with the metrics in the Joint Health and Wellbeing Strategy.

The Cove was a non-clinical crisis haven for Hillingdon residents available in the evening 365 days a year. Use of The Cove had been dropping off and it was unclear why. Staff had spoken to service users who had not been attending and feedback had indicated that the physical space had felt like an office / planned intervention rather than a crisis service. As such, investigations were underway with HESTIA to identify an open space and open door / drop in / less formal model.

Mr Tony Zaman, the Council's Corporate Director of Social Care and Health advised that consideration was being given to optimising value for money across health and social care. Currently, this had been weighted to clinical interventions but consideration could be given to bringing together things like the voluntary sector grant services to make services more visible to service users.

Lots of work had started and partners were now working on the detail and content. Conversations were also being facilitated between partners at the Transformation Board and metrics were available to measure performance.

It was noted that CNWL was in the process of developing a new 16-25 Young Adults Service to better bridge the gap between CAMHS and adult mental health services. Ms Odlin advised that she would provide more information on this at the Health and Wellbeing Board meeting on 30 November 2021.

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

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

It was agreed that information on a new 16-25 Young Adult Service be considered at the meeting on 30 November 2021.

**RESOLVED: That the Board Planner be noted.**

11.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 11</i>)</p> <p>Members of the Health and Wellbeing Board discussed working arrangements locally and in North West London.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
	<p>The meeting, which commenced at 2.30 pm, closed at 4.43 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.