

Minutes

HEALTH AND WELLBEING BOARD

8 March 2022



HILLINGDON
LONDON

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

	<p>Board Members Present: Councillors Jane Palmer, Caroline Morison, Susan O'Brien (Vice-Chairman), Lynn Hill, Nick Hunt, Ed Jahn, Dr Kuldhir Johal (In place of Professor Ian Goodman), Vanessa Odlin (In part - in place of Graeme Caul), Kelly O'Neill, Patricia Wright and Tony Zaman</p> <p>Officers Present: Kevin Byrne (Head of Health and Strategic Partnerships), Gary Collier (Health and Social Care Integration Manager), Naveed Mohammed (Head of Business Performance & Insight) and Nikki O'Halloran (Democratic Services Manager)</p>
	<p>At the beginning of the meeting, the Chairman recognised that colleagues in the broader health and care family had been affected by the current conflict and stated that the Board's thoughts were with them.</p>
24.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Professor Ian Goodman (Dr Kuldhir Johal was present as his substitute) and Mr Graeme Caul (Ms Vanessa Odlin would be present as his substitute and would be arriving at about 3pm).</p>
25.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
26.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 30 NOVEMBER 2021 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 30 November 2021 be agreed as a correct record.</p>
27.	<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 10 would be considered in public and that Agenda Items 11 and 12 would be considered in private.</p>
28.	<p>POPULATION HEALTH MANAGEMENT AND JOINT STRATEGIC NEEDS ASSESSMENT 2022 (<i>Agenda Item 5</i>)</p> <p>Mr Kevin Byrne, the Council's Head of Health and Strategic Partnerships, noted that a population health management approach gave partners the opportunity to gain a wider view of the needs of the local population, consistent with Hillingdon's joint health and</p>

wellbeing priorities. These priorities included the need to undertake further intelligence led enquiry to gain a greater insight into health and care disparities in the Borough.

Consideration needed to be given to ensuring that the governance framework was in place to give population health management the importance that it needed. It was noted that North West London Integrated Care System (NWL ICS) had commissioned Optum to work with Hillingdon Health and Care Partners (HHCP) to provide a framework and methodology to take forward population health priorities in the Borough with the Primary Care Networks (PCNs).

Mr Byrne advised that partnership work with Brunel University had progressed and the JSNA data would be updated by the end of the month. Discussions could then be undertaken through the HHCP Delivery Board to firm up the Borough's priorities using intelligence led enquiry. Ms Kelly O'Neill, the Council's Interim Director of Public Health, advised that this approach would mean that different populations within the community could be segmented and interventions that truly worked could be identified. This systematic and thorough methodology would allow the system to work together in the most effective way.

Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that a lack of information about the local population had led to the relationship with residents being transactional. To improve the outcomes for residents, preventative health measures needed to be managed better in the community. This would result in better health outcomes as well as being more cost effective.

A task and finish group would be deciding which of the four areas explored by the Action Learning Sets would be focussed on. The work with Optum had started about three weeks previously and had involved the Managing Director of Healthwatch Hillingdon but the cohort had not yet been defined at a place level. It would be important to retain representation from Healthwatch Hillingdon in this work going forward.

Dr Kuldhir Johal, Interim Borough GP Clinical Advisor of the North West London Clinical Commissioning Group (NWL CCG), advised that a range of work had been undertaken over the last few years and that there had been crossovers with other agencies such as the London Ambulance Service (LAS). This work had been undertaken through PCNs and neighbourhood working and had been place based, e.g., blood pressure monitoring through community pharmacies. This work in the community needed to be optimised, using the tools that had already been put in place during the joint working on the Covid vaccination programme.

Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners (HHCP), advised that it would be important to pull together all of the individual pockets of work being undertaken to ensure that everything was working well. In NWL, there had been an emphasis on the development process based on Joint Strategic Needs Assessments (JSNAs). However, to date, there had been less clarity on how this would relate to funding or resource allocation.

Councillor Jane Palmer, Cabinet Member for Health and Social Care, recognised the success of the Community Champions in the vaccination programme in Hillingdon and value of engaging with communities. However, she queried how this would be sustained going forward. Mr Byrne advised that additional funding to support this work had been received from the Department for Levelling Up, Housing and Communities and had to be allocated by the end of March 2022. He noted that 30 voluntary community health champions had been recruited during the pandemic and it was

hoped that a further 40 would be recruited before the summer. Champions had been asked to agree to support health initiatives in their communities and to complete a training programme. H4All had been commissioned to lead this work and would continue the recruitment programme through the summer. Thereafter, it was envisaged that the cohort of identified volunteer community champions would provide a legacy to continue to support health initiatives and the population health management approach described before. This, of course, depended on the goodwill of volunteers and it would be important to ensure that the dialogue was two-way and that community voices were heard.

Although there was a lot of different data being collected, concern was expressed in relation to how quickly partners were able to act on the data before it went out of date. Mr Byrne advised that, as the data changed all the time, partners captured key data sets and the most recent census data would also be released later this year. All of this information was reviewed by a team who used the intelligence to identify where issues lay. Ms O'Neill added that it was important to not rely too heavily on national data sets as these tended to lag too often and it would be key to use more local data to demonstrate better outcomes.

There was positive support from the Board for the direction of travel. Work would need to be undertaken to identify what data was required, capacity, etc, and then look at joining the data up. It was agreed that the Board receive an update on the Population Health Management work, including that undertaken by Optum, at its next meeting on 14 June 2022.

RESOLVED: That:

- 1. the action in place across Hillingdon Health and Care Partners to take Population Health Management approach to improving the health and wellbeing of the population be noted;**
- 2. the progress in partnership working with Brunel University and public health that will develop an updated Joint Strategic Needs Assessment and further intelligence leg enquiry which would provide greater insight to disparities in health and care in Hillingdon be noted;**
- 3. the Board receive an update on the work undertaken by Optum at its meeting on 14 June 2022.**

29. **2021/22 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** (*Agenda Item 6*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, highlighted three particular aspects of the report: NHS recovery and planned care backlogs and their implications; the Covid 19 vaccination programme; and workforce issues.

Insofar as the vaccination programme was concerned, the Board was advised that it was proving increasingly difficult to convince residents to complete all three of the available vaccinations. Mr Collier also highlighted the Government's decision to revoke the requirement for care staff in regulated care settings to be vaccinated and the Board was advised that any impact on the care sector of this action would be monitored, and any implications reflected in future performance updates.

Mr Edmund Jahn, Chief Executive Officer at Hillingdon GP Confederation, noted that an announcement had been made ten days previously that there would be a further six months of planned vaccinations using PCN community vaccination centres. Although a low volume of vaccinations were currently being delivered at the fixed and flexible/pop up hubs across the Borough, e.g., 100-150 vaccinations were being given each day at

Mead House, Winston Churchill Theatre and pharmacies, there would be a move to provide those aged over 75 and care home residents with a fourth dose. If Mead House was retained in the south of the Borough and only pop up hubs operated in the north, there would be capacity to cover the additional demand.

The Board was advised that there was a national shortage of staff, particularly in care homes. A number of initiatives had been detailed in the report to try to address this workforce shortage. In addition, the North West London (NWL) Business Intelligence Unit was developing a system to collect data on care home related hospital attendances and admissions. This would allow partners to undertake targeted work with the care homes.

Ms Kelly O'Neil, the Council's Interim Director of Public Health, advised that her team commissioned the NHS health checks in the Borough and that consideration needed to be given to what happened after someone had had a health check (the "so what?"). Further information on this issue would be included in a future performance report to the Board.

The report set out key performance indicators in relation to the length of stay of Hillingdon residents aged over 18 for 7+ or 14+ days in Hillingdon Hospital. It was noted that those who had longer hospital stays tended to be older which meant that it was important to continue with the Discharge to Assess (D2A) initiative. Although this information was not currently broken down by age, this could be done. More needed to be done to work with colleagues in other Boroughs to quickly identify people's needs and ensure that they were given the right support to meet those needs.

Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that, at a national level, there had been a push in relation to discharge management. A package of indicators had been adopted by approximately 16 Trusts to look at issues such patient flow through the hospital and admission avoidance improvements. D2A had resulted in improvements but it was clear that more could be done, and that further focus was needed on prevention rather than reaction to deal with an increasingly complex cohort of patients. Consideration would need to be given to segmenting the data to target relevant patients (which was one benefit of working at place level).

The Board was pleased to see that the end-of-life dashboard had been developed and that Hillingdon was enabling residents to achieve their wishes about preferred place of death. Compassionate Hillingdon had also been adapted from a 'Compassionate Neighbours' model and introduced. Dr Johal advised that Hillingdon had pioneered 'Coordinate My Care' which was an advanced care planning tool which also included information about preferred place of death. It was anticipated that this dashboard would provide partners with dynamic data which would shape care in the Borough. Some data from the dashboard had been included in the performance report and a further update would be included in the report to the Board's next meeting. With the 'Coordinate My Care' due to end, it would be important that any future system provided continuity. Dr Johal advised that the facility would remain as was but unbadged for the next six months and then the new system would be introduced once ready.

RESOLVED: That:

- 1. further information in relation to action taken after health checks had been undertaken be included in a future performance report to the Board; and**
- 2. the report be noted.**

Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners (HHCP), advised that HHCP had been operational for some time, illustrating the importance of 'place' and the need to retain decisions in relation to priorities and resources as close to the residents as possible. A lot of work had been undertaken in Hillingdon to identify local priorities which would continue to be evaluated and refreshed.

Six HHCP transformation programmes had been identified and partners were reviewing their approach to integration to deliver three strategic aims: deliver health and wellbeing outcomes set out in the Joint Health and Wellbeing Strategy (JHWS); establish joined up / person-centred models of care; and align with national and North West London (NWL) direction of travel for place based care. The NWL Integrated Care System (ICS) was currently looking a developing a strategy. Although this was still in the early stages, it was hoped that further information would be available for the Board's next meeting on 14 June 2022.

The review of HHCP would provide a roadmap that set out plans for 2022-2023, and longer term, in line with the JHWS. It would look at how to evolve into a place-based partnership and would be looking at integrating the neighbourhood operating model. The review would also include ongoing mapping and delivery of transformation schemes against the JHWS and new hospital activity shifts to ensure clarity about the trajectory. The workforce would also need to be considered.

The Health and Care Bill currently proceeding through Parliament set out the future component parts of integrated care systems (ICSs). Mr Tony Zaman, the Council's Interim Chief Executive, advised that included in the guidance was reference to seeking delegation to place. Concern was expressed that this would be another NHS juggernaut with the associated guidance providing no specifics in relation to practical implementation or any consideration about how this might actually work with local government. Assurance would be needed on what this might look like. Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH) advised that South West London had delegated everything to place level so consideration might need to be given to how Hillingdon could shape the agenda.

Concern was expressed that the population health management work was linked to place and the funding allocation from NWL could be at odds to the local initiatives that had already been put in place. There was coherence in the system in Hillingdon which was less obvious elsewhere so it would be important to establish what the delegated criteria would be and how Hillingdon would meet this (unless there was no delegation at all in NWL).

Although a lot of work had been undertaken in relation to place based care, more was needed in relation to the public health element. It would be important to keep an open dialogue regarding the ICS development.

Mr Edmund Jahn, Chief Executive Officer at Hillingdon GP Confederation, noted that centralisation and standardisation appeared to be common themes before budgets were delegated. As such, although the partnerships were in place, these could not be used properly until NWL gave the go ahead.

The Health and Wellbeing Board would be a key stakeholder in the development of the NWL ICS so would need to reflect back its position.

RESOLVED: That the report be noted.

31. MENTAL HEALTH SERVICES: COVE CRISIS CAFÉ, 16-25 YOUNG ADULT MENTAL HEALTH AND CRISIS HOUSE (Agenda Item 8)

Ms Vanessa Odlin, the Director of Hillingdon and Mental Health at Central and North West London NHS Foundation Trust (CNWL), provided an update on mental health crisis action that had been taken in the Borough. The Cove Crisis Café had been commissioned from Hestia and access had been changed so that individuals could self-refer. Although there had been a subsequent increase in the number of attendances, this had not continued to grow. To address this, consideration was being given to further publicising the open access – the service had previously been publicised on social media and via partners and the communications strategy would need to be relaunched.

Concern was expressed at the low referral rate to the Cove Crisis Café and that feedback had identified the service as not being open during operational hours and staff being cold in their approach. It was recognised that action had been taken to address these issues and that there was a need to ensure good training for staff in terms of their role and expectations of them. Chasing The Stigma would be providing first aid training for staff as well as to other organisations in Hillingdon.

Consideration would need to be given to whether or not Hestia was the right organisation to provide the Cove Crisis Café. To this end, further work would be needed to monitor performance against the contract brief.

The Board was advised that a Hillingdon Young Adult Pathway Lead had been appointed and interviews had taken place for a Young Adult Psychiatrist to support the 16-25 Young Adult Mental Health and Wellbeing Partnership Model. Further work was planned to develop this initiative. Although this recruitment was welcomed, concern was expressed that there had been much discussion about the support available for 16-25 year olds in crisis over many years. Despite this, Hillingdon was still not currently providing a robust crisis pathway and could not deliver appropriate, timely service alternatives to A&E. This had had a detrimental impact on service users' health and wellbeing.

Insofar as the Crisis House was concerned, Ms Odlin advised that consideration had been given to identifying gaps in the service, with a twelve month pilot starting in April 2022. In addition, a mental health emergency centre had been piloted but this had reduced the number of Section 136 beds available in Riverside. Discussions were being undertaken with the police regarding street triage to try to address some of these issues but work needed to be done at the right place and time within the resources that were available.

The Board welcomed the transparency of the report. Dr Kuldhir Johal, Interim Borough GP Clinical Advisor of the North West London Clinical Commissioning Group (NWL CCG), advised that GPs had regular contact with young people aged 16-25 with mental health issues. It was suggested that providing information on the CNWL website would enable GPs to use the hyperlinks to promote the crisis pathway services that were available. It would be important to have smarter ways to access information and services and to maintain a two-way interactive conversation.

Ms Odlin recognised that improvements were needed in the availability of information on the website and the advertising of services as currently it was not particularly interactive or intuitive. Work was already underway to develop the website to ensure

that all information was available but this would take a couple of months to complete. The café had remained open during the pandemic so work would need to be undertaken with Hestia to get feedback from patients to establish what services and facilities they wanted. Conversations were already being held with the Council to identify a better location for the café that had access to public transport links and a wider offer was needed in Hillingdon to bring services together.

The Board recognised that the crisis pathway was on a journey and needed to plan how it was going to develop. The local authority would be doing more on digital presence over the next few months and it was suggested that this be done collectively and include the HHCP digitisation programme. This could result in developing a place-based resource, with maintenance being undertaken between the partners. An update on progress of the crisis pathway and digital presence would be brought to the Board's next meeting on 14 June 2022.

RESOLVED: That:

- 1. the updates in respect of mental health crisis services be noted; and**
- 2. an update on progress of the crisis pathway and digital presence be brought to the meeting on 14 June 2022.**

32. PHARMACEUTICAL NEEDS ASSESSMENT UPDATE (*Agenda Item 9*)

Mr Naveed Mohammed, the Council's Head of Business Performance, noted that there was a statutory responsibility for Health and Wellbeing Boards to publish and maintain a statement of the need for pharmaceutical services for the population in their area, known as the Pharmaceutical Needs Assessment (PNA). The PNA helped in commissioning pharmaceutical services to meet local priorities and was used by NHS England when making decisions about applications to open new pharmacies. The new PNA needed to have been signed off and published by 1 October 2022.

Analysis of demographics and epidemiology had almost been completed. A survey of pharmacy contractors had been undertaken but the response rate by the deadline (28 February 2022) had been 45% so was likely to be extended to enable 100% compliance. A patient survey was also available on the Council website with approximately 50 responses received to date. Social media would be used to promote this survey to try to increase the response rate to around 200. Ms Kelly O'Neil, the Council's Interim Director of Public Health, suggested that Mr Mohammed use the skills, knowledge and expertise of the Public Health Pharmacist Specialist that worked at the local authority.

Mr Mohammed advised that the PNA process was prescribed. Engagement would need to be undertaken with stakeholders and would include the Local Pharmaceutical Committee (LPC). Although this was a statutory process, Ms Patricia Wright, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), noted that it seemed very outdated, and these needs assessments were not undertaken for opticians or dentists. Ms O'Neil agreed that the process was outdated but noted that it had highlighted the digitisation of processes that had been successfully implemented. As the processes could not be changed, it would be important to make them relevant to what was needed and to share the PNA at an early stage to coordinate how it was pulled together.

Concern was expressed that dental services in the Borough needed some consideration. Ms Caroline Morison, Co-Chairman and Managing Director of Hillingdon Health and Care Partners, advised that dental services featured in the Joint Health and Wellbeing Strategy.

Given the timings of the Health and Wellbeing Board meetings and the need to sign off the consultation documents in June and consultation responses in September, it was agreed that these sign offs be delegated to the Interim Director of Public Health, the Head of Health and Strategic Partnerships and the Head of Business Performance in consultation with the Co-Chairmen. A final draft version of the PNA would be brought back to the Board before being published on 1 October 2022.

RESOLVED: That:

- 1. the additional work completed on the PNA since the last update, which would ensure the 2022 PNA was completed and published by the 1 October 2022 deadline, be noted; and**
- 2. delegated authority be given to the Director of Public Health, Head of Health and Strategic Partnerships and Head of Business Performance to sign off consultation documents (June) and consultation responses (September) in consultation with the Co-Chairmen.**

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

Consideration was given to the Board Planner. The dates for meetings in the 2022/2023 municipal year had been agreed at Council on 24 February 2022 and included in the appendix to the report, along with the report deadlines for each meeting.

During the course of the meeting, it had been agreed that the following be provided at the Health and Wellbeing Board meeting on 14 June 2022:

1. an update on the work being undertaken on population health management, including that with Optum and Hillingdon Health and Care Partners (HHCP), to provide a framework and methodology to take forward population health priorities in the Borough with the Primary Care Networks (PCNs);
2. an update on the end of life dashboard;
3. an update on subsequent action after someone in the Borough had had a health check (the “so what?”);
4. an update on the strategy being developed by the NWL Integrated Care System (ICS); and
5. an update on the progress of the crisis pathway and digital presence.

A request was made that the meeting on 14 June 2022 also receive updates on additional schools being included (or not) in obesity initiatives, dental services and CAMHS (it was agreed that information on crisis management would be kept separate to children’s services).

Requests for the inclusion of additional items on the agenda should be sent to the Co-Chairmen and Democratic Services Manager.

RESOLVED: That the Board Planner, as amended, be agreed.

34. **BETTER CARE FUND AND HEALTH AND CARE INTEGRATION** (*Agenda Item 11*)

Consideration was given to the Better Care Fund and health and care integration.

RESOLVED: That:

- 1. Ms Morison and Mr Collier draft a position statement with input from partners;**
- 2. work to develop a place-based health and care budget be undertaken in discussion with partners, as outlined in the report; and**

	3. the discussion be noted.
35.	UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 12</i>) There were no additional updates on current or emerging issues, nor any other urgent business.
	The meeting, which commenced at 2.30 pm, closed at 4.29 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.