

Minutes

HEALTH AND WELLBEING BOARD

29 November 2022

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Board Members Present: Councillor Jane Palmer, Keith Spencer, Richard Ellis, Professor Ian Goodman, Lynn Hill, Ed Jahn, Julie Kelly, Kelly O'Neill, Vanessa Odlin, Sandra Taylor and Tony Zaman</p> <p>Officers Present: Kevin Byrne (Head of Health and Strategic Partnerships), Gary Collier (Health and Social Care Integration Manager), Pamela De La Fosse, Jane Hainstock (Head of Joint Commissioning), Tina Swain (Service Director for CAMHS & Eating Disorders - Goodall Division) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Other Councillors Councillor Nick Denys</p>
25.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Mr Nick Hunt, Councillor Sue O'Brien and Ms Patricia Wright.</p>
26.	<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>
27.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 20 SEPTEMBER 2022 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 20 September 2022 be agreed as a correct record.</p>
28.	<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 9 would be considered in public and Agenda Items 10 to 11 would be considered in private.</p>
29.	<p>POPULATION HEALTH MANAGEMENT UPDATE (<i>Agenda Item 5</i>)</p> <p>Councillor Jane Palmer, Co-Chairman, welcomed Mr Keith Spencer, the Managing Director at Hillingdon Health and Care Partners (HHCP) and new Co-Chairman of the Health and Wellbeing Board, to the meeting.</p> <p>Ms Kelly O'Neill, the Council's Interim Director of Public Health, advised that, at the Health and Wellbeing Board's last meeting, members had received an update on two</p>

projects in relation to implementing a population health approach to tackling obesity and improving the uptake of health checks. This report provided the Board with:

1. an update on the progress towards the Optum falls and frailty project and the whole system approach to obesity;
2. the progress towards building population health management (PHM) capacity and capability; and
3. investment of the NHS England (NHSE) health inequalities funding that had been allocated to Hillingdon for 2022/23 and 2023/23.

£7.022m of additional NHSE funding had been provided to the North West London Integrated Care System (NWL ICS) to tackle inequalities that would be invested initially in the development of business cases to support the progression of the falls prevention project. Interventions (mostly non-clinical) were being implemented to help reduce falls and increase physical activity and core strength and reduce the number of people who relied on additional care after a fall. Consideration had been given to increased access to physical activity targeting this older age group population, the recruitment of social prescribers and the introduction of clear qualitative and quantitative measures. Key lessons learnt in relation to working together had been identified and could be used in the future.

A whole system approach was being used to tackle obesity in the Borough in a PHM place-based way. A steering group had been set up to lead on this work and, as Hayes had been identified as an outlier neighbourhood area, a community engagement event was being planned.

With reference to the NHS England inequalities funding, Ms O'Neill advised that the focus for non-recurrent funding would be on winter readiness. For the recurrent funding, the focus would be on progressing the falls and frailty work. It was suggested that there would be a need to focus on a smaller number of distinct projects and ensure that they were done well. To help with this, it would be important to identify how Brunel University could assist in formulating new ways of working to gain the best health and wellbeing outcomes for Hillingdon's residents.

Mr Tony Zaman, the Council's Interim Chief Executive, advised that NWL colleagues had spoken about asylum hotels in Hillingdon and Hounslow and how this had put pressure on these local authorities as well as on the other infrastructure in the area. Although this had been in relation to health, this was also in relation to wellbeing. He noted that there had been a lot of fantastic working going on but that the support mechanisms that were in place to help people engage with health services were less easily measured / less tangible. Nonetheless, something still needed to be done to focus on the associated inequalities.

Ms O'Neill advised that the PHM framework set out how outcomes would be measured. Different measures had been set out for different projects at the start and resources were being weighted to specific cohorts, with lots of different sources being used to illustrate the impact. Work was being undertaken to identify the risk and understand the difference to then be able to identify measures that could be put in place. For example, there were 1,560 people who currently met the falls criteria and different measures would be available.

RESOLVED: That the Health and Wellbeing Board:

1. notes the progress of the Falls and Frailty project and the Whole System Approach to obesity (presented to the Board in September 2022);
2. is aware of the current training focused on building of capacity and

capability across HHCP organisations; and
3. recognises the opportunities of ongoing investment for current projects and future planned projects that meet the criteria for NHSE health inequalities funding.

30. **2022-2023 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT** (*Agenda Item 6*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the draft 2022/23 Better Care Fund (BCF) plan had been submitted on 26 September 2022 and that the outcome of the assurance process was expected by 9 December 2022. It was understood that the Government would require a two-year plan in future and that the policy framework and planning requirements would be published in Q4. It was anticipated that a delayed transfer of care measure would return and the Board would be updated on this once more information had been received.

It had been announced that Hillingdon had been awarded £867.5k from the Hospital Discharge Grant and that North West London Integrated Care System (NWL ICS) had been allocated £8.91m but it was currently unclear how much of this would be spent in Hillingdon. To enable the grant to be spent by the end of the financial year, a spending plan would need to be submitted by 16 December 2022, included in the Section 75 agreement and agreed by the Health and Wellbeing Board. Because of the tight timescales, it was agreed that formal approval be delegated to the Council's Executive Director of Adult Services and Health in consultation with the Co-Chairmen of the Board and the Joint Borough Director at NHS NWL. The Board was advised that the report concerning the 2022/23 BCF section 75 agreement being considered by Cabinet on 15 December 2022, would contain arrangements to ensure compliance with the national hospital discharge fund requirements.

With regard to Workstream 3: End of Life Care, Mr Collier noted that Hillingdon had done very well with the lowest percentage of deaths occurring in hospital over the twelve month period to August 2022 out of the four Outer North West London boroughs.

The Board was advised that care market management and development was one of the five enabling workstreams supporting the sustainable delivery of the six workstreams. This work had identified that A&E attendance in Hillingdon had been slightly lower than that of 2021 during the April to September period, but above the average for NWL and needed further analysis. One of the main causes of London Ambulance Service (LAS) attendance at care homes and subsequent conveyances and admissions to hospital continued to be falls related injuries. However, the report showed that Hillingdon care home use of the NHS 111*6 service was the second highest in NWL and might have contributed towards preventing avoidable attendances at A&E and unnecessary demand on the LAS.

Professor Ian Goodman, NWL ICS, noted that "the average waiting for surgery for older people had increased from 145 weeks in April 2022 to 166 weeks in October" and that a wait for over three years was shocking and needed to be addressed. The Co-Chairman (Councillor Palmer) asked that further investigations be undertaken into this waiting time. Mr Keith Spencer, Managing Director at HHCP, advised that he and Mr Richard Ellis would work with Hillingdon Hospital to establish what was going on. The Co-Chairman advised that it was disappointing that Ms Patricia Wright, Chief Executive of The Hillingdon Hospitals NHS Foundation Trust, had been unable to attend and that, if members of the Board had to give their apologies, it was important that they sent a

substitute in their stead who could make decisions on their behalf. [**NOTE:** After the meeting, it was noted the information included in the report had been incorrect and should have read: “the average waiting for surgery for outpatients had increased from 145 days in April 2022 to 166 days in October”.]

RESOLVED: That the Health and Wellbeing Board agrees that the formal approval of the Hospital Discharge Fund spending plan be delegated to the Executive Director, Adult Services and Health in consultation with the Health and Wellbeing Board Co-Chairmen and the Joint Borough Director, NHS North West London on behalf of the Board.

31. **MENTAL HEALTH CRISIS RECOVERY HOUSE UPDATE** (Agenda Item 7)

Ms Jane Hainstock, Head of Joint Commissioning at North West London Integrated Care Board (NWL ICB) – Hillingdon, advised that The Retreat (the mental health crisis recovery house) had opened in August 2022. Following a benchmarking exercise in 2020/2021 against best practice across the country, it was recognised that related mental health services need to be interlinked through initiatives such as the Cove Café, crisis house, street triage and hospital at home. A pilot for the crisis recovery house had been initiated in early 2022 by Comfort Care Services in conjunction with the North West London Integrated Care Board (NWL ICB), Central and North West London NHS Foundation Trust (CNWL) and the Council.

The Board was advised that the aim of the crisis house was to avoid A&E attendance before someone’s mental health escalated into crisis. The system would continue to be tested and action would be needed to educate possible guests and their families about the availability and purpose of the crisis house. Over time, the number of suitable referrals being made had increased and the length of stay had changed accordingly.

Feedback from guests that had used the service had been generally positive but it was clear that further work was needed to promote the service amongst possible service users, expand the access route into the service and to raise awareness of the service amongst professionals. The referral process had already been streamlined but further improvements could still be made. Consideration was also being given to having tours of the crisis house for possible service users before they needed to use the service and a video had been produced to view the house virtually.

The Co-Chairman advised that she and Ms Hainstock had opened the crisis house and that the initiative had been borne out of great partnership working. The house was a warm and calm place to be where service users were referred to as ‘guests’, not patients. Since opening, the service had been developing and learning and had subsequently made adjustments to the male/female staff split.

Mr Richard Ellis, Joint Lead Borough Director at North West London Integrated Care System (NWL ICS), commended this innovative project and queried why there had only been male guests staying at the house even though there had been a roughly equal number of male and female referrals. It was recognised that only a proportion of referrals would be accepted. He questioned what support was available for those who were rejected and whether, in future, the threshold for acceptance could be lowered.

Ms Pamela De La Fosse, Central and North West London NHS Foundation Trust, advised that, since the report had been written, further data had become available which showed a more even gender split. To accommodate, genders could be

separated on different floors of the house and staff would need to assess the current gender divide when deciding whether or not to accept a referral.

Ms Hainstock noted that crisis houses had been opened in Northampton and Kingston and that they had been at 63% occupancy at the end of year 1. It was clear that there would be a need for ongoing communication with professionals around the existence of the crisis house, its purpose and how it operated. The model operating in Hillingdon had been marketed and bought by Surrey.

The Board was advised that, although there had been a large number of enquiries, these were not all resulting in the submission of a referral form. A number of "inappropriate" referrals had been made where the individual may have already been beyond the threshold for acceptance into the house. As such, consideration was being given to what point in the crisis pathway it would be ok to intervene with a referral. It would be important to talk to people who might use the service in future about the crisis house whilst they were feeling well as it was unlikely that they would want to go once they were unwell if they'd not been there before.

Mr Spencer queried what success looked like. Ms Hainstock advised that a business case had been submitted in relation to the expected delivery over the course of the year-long pilot. It was anticipated that success would reduce the number of attendances at A&E and the number of inpatient stays. Feedback from guests had been that it had made a difference to them and professionals had been surprised that it had worked for their patients.

Ms De La Fosse advised that Comfort Care Services would often be able to decide whether or not to accept a referral within one hour of receipt. Agreement would then be needed as to when the guest would be able to move in, which could be the same day.

The Co-Chairman queried whether there was a shared understanding of risk with the Cove Café. She asked that she have a conversation with Ms Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division at CNWL, and Ms Sandra Taylor, the Council's Executive Director of Adult Services and Health, about what the service had learnt since opening.

Ms Odlin thanked all partners for helping to get the crisis house project off the ground.

RESOLVED: That the report be noted.

32. **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH - VERBAL UPDATE**
(Agenda Item 8)

Ms Tina Swain, Service Director for CAMHS and Eating Disorders - Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that CNWL Child and Adolescent Mental Health Services (CAMHS) worked with young people aged 0-25 and provided a mental health service in schools with teams working on early help and wellbeing. The organisation had been embedding the Thrive methodology and looking to redesign services so that each child was assessed in the context of their needs. A further report on progress of this work would be brought back to the Board.

Ms Swain advised that CNWL was looking to further reduce the wait for CAMHS services. The Hillingdon specialist community team had been stable for about a year so had been able to reduce the number of children and young people waiting more

than 18 weeks for an assessment into single figures (currently only one person). As they each moved through the services, there had been a focus on their needs.

The Board was advised that five additional posts had been created to support Hillingdon with its therapeutic offer. The urgent care offer had also grown to move children and young people quicker through the service. As CAMHS moved towards Thrive and a more integrated service, consideration would be given to removing the tiered approach to services. Ms Hainstock advised that Thrive had recently been restarted and, with the support of P3Navigator and Healthwatch Hillingdon, the model was now being populated with the wealth of services that were available in the Borough.

Ms Kelly O'Neill, the Council's Interim Director of Public Health, noted that there tended to be a focus on CAMHS rather than on prevention and early intervention. As not everyone would be aware of the organisations that were able to provide help in relation to prevention, these would need to be promoted. It was anticipated that early intervention work would prevent more children and young people from needing to use Tier 3 and 4 services as currently little was done to support this work.

Ms Swain advised that the mental health and wellbeing of children and young people was everyone's responsibility. As such, it was important that all partners worked together to provide a robust package of support. Mr Edmund Jahn, Chief Executive Officer at the GP Confederation, noted that there was a complementary crossover with the idea of how neighbourhoods worked, with multidisciplinary colleagues creating relationships to understand how each other worked and how they could work together more effectively.

Councillor Nick Denys, Chairman of the Council's Health and Social Care Select Committee, advised that the Committee would be undertaking a scrutiny review that would cover the referral process into CAMHS as well as signposting. Ms Vanessa Odlin, Managing Director for Hillingdon and Mental Health Services, Goodall Division at CNWL, advised that a grant scheme had been set up with the Council to enhance the third sector offer. It would be important to hear from parents and young people and, to this end, a Parents Advisory Board was being set up in the Borough to help them navigate services (as well as a similar forum for young people).

RESOLVED: That the discussion be noted.

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

It was noted that the Board would receive updates on the progress of the Health Checks and Obesity projects at its meeting on 7 March 2023.

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

34. **TO APPROVE PART II MINUTES OF THE MEETING ON 20 SEPTEMBER 2022** (*Agenda Item 10*)

RESOLVED: That the Part II minutes of the meeting held on 20 September 2022 be agreed as a correct record.

35. **UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** (*Agenda Item 11*)

Consideration was given to a range of issues including the support provided to asylum

	seekers and the governance arrangements at North West London Integrate Care System (NWL ICS). RESOLVED: That the discussion be noted.
	The meeting, which commenced at 2.30 pm, closed at 4.18 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.