

Minutes

HEALTH AND WELLBEING BOARD

13 June 2023



HILLINGDON
LONDON

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

	<p>Board Members Present: Councillor Jane Palmer, Keith Spencer, Sarah Burton (In place of Patricia Wright), Richard Ellis, Claire Eves (In place of Vanessa Odlin), Professor Ian Goodman, Lynn Hill, Ed Jahn, Derval Russell, Sandra Taylor and Tony Zaman</p> <p>Officers Present: Gary Collier (Health and Social Care Integration Manager), Viral Doshi (Public Health Officer), Toby Lambert (Director of Strategy and Population Health, NWL ICB), Shikha Sharma (Consultant in Public Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
1.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Sue O'Brien, Ms Vanessa Odlin (Ms Claire Eves was present as her substitute) and Ms Patricia Wright (Ms Sarah Burton was present as her substitute).</p>
2.	<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>
3.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 7 MARCH 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 7 March 2023 be agreed as a correct record.</p>
4.	<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 agreed that Agenda Item 6 be considered in private. It was confirmed that Agenda Items 1-5 and 7-10 would be considered in public and Agenda Items 6, 11 and 12 would be considered in private.</p>
5.	<p>INTEGRATED CARE AND PERFORMANCE REPORT (<i>Agenda Item 5</i>)</p> <p>Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the report provided an update on the delivery of the priorities within the Joint Health and Wellbeing Strategy and sought approval for the content of the 2022/23 Better Care Fund (BCF) end of year template. Since the agenda had been published, data had been received in relation to <i>Residential admission to care homes</i> which showed the metric as being on track. Mr Collier proposed to resubmit the template in light of this new information.</p>

It was noted that challenges facing Hillingdon's health and care system included the need to address the underlying system deficit. A place-based financial recovery plan needed to be developed to ensure the best use of resources to address the local health-based financial deficit. The availability of a good quality and sustainable provider market that could meet demand had also been a challenge.

Professor Ian Goodman, North West London Integrated Care Board, advised that GPs had been working hard to offer appropriate services to residents. However, he noted that budget for the work around admission rates for people 65+ years with severe frailty had been curtailed and it would be interesting to see what impact this had.

Mr Keith Spencer, Co-Chairman and Managing Director at Hillingdon Health and Care Partners, advised that he had been privy to additional information which showed that Hillingdon benchmarked well against others in relation to the suite of metrics. Mr Tony Zaman, the Council's Interim Chief Executive, advised that the initiatives that he been put in place had been designed to support the system and transformative in improving services.

RESOLVED: That:

- a) the content of the 2022/23 end of year template, subject to the inclusion of the additional data, be approved; and
- b) the content of the report be noted.

6. **HEALTH AND CARE STRATEGY FOR NORTH WEST LONDON** (*Agenda Item 7*)

Mr Toby Lambert, Director of Strategy and Population Health at North West London Integrated Care Board (NWL ICB), advised that the Health and Care Strategy for NWL had been prepared by NWL Integrated Care Partnership to bring local authorities and the NHS together. The document had been based on the Joint Strategic Needs Assessments (JSNAs) of each of the eight local authorities in NWL and needed to be jointly owned by them and the NHS (who also had to 'have regard' to it).

The report stated that there were some areas of concern in NWL, with some improvement in health status that now appeared to have stalled. These concerns included the measure of Disability-Adjusted Life Years per 100,000 population, an almost record number of people on out of work benefits and the continuation of the cost-of-living crisis. The health and care systems had been struggling to respond to challenges in relation to things like workforce / recruitment, access to mental health care and managing the waiting lists for elective care.

Mr Lambert advised that the document set out a number of shared outcomes which had been worked up with the local authorities' Directors of Public Health. These outcomes had not been an attempt to collate all of the work that was being undertaken in the eight local authority areas but set out a number of example priorities including: a focus on employment; addressing priorities and differentiating the offer to residents; improving access to urgent and emergency care; developing and rolling out integrated neighbourhood teams; and developing core models of care for children and young people.

NHS NWL started the consultation on the Health and Care Strategy for NWL at the end of May 2023 and it would close towards the end of July 2023. Over 400 responses had already been received in relation to the consultation.

Mr Lambert suggested that the Health and Care Strategy for NWL provided an opportunity to liberate funds to support other areas. Appendix A of the report set out a number of actions that NHS NWL would like to embark on.

It was agreed that the Executive Director for Adult Services and Health be asked to put together a formal response to the NWL ICB on its Health and Care Strategy for NWL, in consultation with the Board's Co-Chairmen, the Chairman of Healthwatch Hillingdon and the NHS North West London Borough Director. This response would be based on the comments received from members of the Board at this meeting.

Mr Tony Zaman, the Council's Chief Executive, noted that the document appeared to be full of truisms that everyone was already aware of. At a strategic level, this was fine, but the notion of place being a borough needed to be more visible as it was about achieving the best outcomes for the neighbourhoods. The Strategy provided a very high level view of NWL but did not reflect the view that Hillingdon had achieved best value for money or that a range of actions could be undertaken by different means. It was important that those individuals that were heavy users of services needed to be engaged to try to manage the impact of their needs. It was important that how issues would be addressed was identified but this would be known at a neighbourhood level, not at a NWL level.

Mr Richard Ellis, Joint Lead Borough Director at NWL ICB, recognised the roots of the strategy in the work that had been done in the JSNA and Joint Health and Wellbeing Strategy. He suggested that the Health and Care Strategy for NWL needed to identify how local partners would know when they had achieved the objectives that were set out therein. What were the enablers and the expected outcomes / results?

Hillingdon had been a high achiever because the separate elements of place had been working well together on things like discharge. It would be useful if the ICB devised a graded set of milestones and provided partners with an action plan. It would also be useful to have a set of financial milestones.

Mr Keith Spencer, Co-Chairman and Managing Director of Hillingdon Health and Care Partners, advised that there needed to be a mindset shift amongst partners as it was about how the ICS supported place but also vice versa.

Professor Ian Goodman, NWL ICS, advised that the data and digital aspects of the Strategy needed to be redrafted. The document referred to "all our hospital systems" when it should really be referring to "all systems". With regard to the Strategy's desire to reduce the need for patients to repeat themselves, Professor Goodman advised that this could be very dangerous. Although clinicians would have read a patient's files, it was important that the patient repeated their story as the details might have been recorded incorrectly or there may be information of importance that the patient included on a subsequent explanation that provided a fuller picture. Although Mr Lambert advised that seemingly unnecessary repetition of their story was one of the issues most frequently raised by patients, Professor Goodman stated that there was a need to educate them of the reasoning and importance behind it. Councillor Jane Palmer, Co-Chairman, advised that communication was important. Residents needed to be encouraged and enabled to understand why they were being asked to repeat themselves as well as how the system worked.

Ms Sandra Taylor, the Council's Executive Director of Adult Services and Health, advised that she wanted social care / place to feel part of the Strategy and see where it fitted in. The Strategy currently included blanket priorities but they needed to suit the

place. It needed to be recognised that each borough had its own demands and needs which would direct its priorities and that this should not become a capacity competition.

Ms Lynn Hill, Chair of Healthwatch Hillingdon, felt that the Strategy was trying to be everywhere and everything all at once. The ICB needed to prioritise its priorities and provide a timeframe for the implementation of each.

Mr Lambert noted that the Health and Wellbeing Board was keen to ensure that health literacy / resident empowerment was prioritised and wanted clarity and further information included on how the Strategy was going to support this. He understood partners' feelings on the importance of explaining "why".

In terms of next steps, Mr Lambert would await Hillingdon's formal response and collate the feedback from the Health and Wellbeing Boards in NWL. He would then work with officers (including Ms Taylor) to incorporate comments into the Strategy and a five-year plan would be drafted (a statutory requirement) which set out and prioritised the actions on a year-by-year basis.

RESOLVED: That the Health and Wellbeing Board delegates authority to the Executive Director for Adult Services and Health, in consultation with the Board's Co-Chairmen, the Chairman of Healthwatch Hillingdon and the NHS North West London Borough Director, to formulate and submit a formal response to NWL ICB on its Health and Care Strategy for NWL.

7. **HILLINGDON TOBACCO CONTROL: IMPLEMENTING SMOKEFREE 2030** (*Agenda Item 8*)

Mr Vira Doshi, Public Health Officer at the Council, advised that tobacco smoking remained the leading cause of preventable illness and premature death in England. There had been a renewed commitment from the Government on tobacco control and the report set out a call for action in Hillingdon to refocus and prioritise stop smoking to reduce long term morbidity and smoking related mortality inequalities. Almost 7 million people still smoked in England and smoking was one of the largest drivers of health disparities, disproportionately impacting Hillingdon's most disadvantaged families and communities, cutting up to ten years from a smoker's life.

Tobacco control was an intervention and more than just stopping smoking. In Hillingdon, it was estimated that smoking created a £107.4m cost pressure: £94m impact on productivity; £7.6m in healthcare costs; £3.9m in social care costs; and £1.6m in fires. Dr Javed Khan led an independent evidence-based review assessing the Government's current tobacco control policies and identifying the most impactful interventions for tackling health disparities associated with tobacco use.

Concern was expressed about the increase in the use of disposable vapes which had risen from 7% in 2021 to 52% in 2022. In May 2023, data showed that there had been a 50% increase in the number of children using vapes. To make them less attractive to children, it was suggested that vapes use plain packaging.

In April 2023, the Public Health Minister confirmed that the Government would be closing the loophole that allowed retailers to give free samples of vapes to children and review the rules around the sale of nicotine free vapes to those aged under 18. Action would also be taken to increase education and the number of dedicated school police liaison officers to keep illegal vapes out of schools. Mr Doshi noted that the long-term risks of vapes were not yet known.

A tobacco control strategy had been developed to help reduce the damage that smoking caused to the body, society and the environment. A Tobacco Control Alliance meeting had been held in the previous week which had introduced a collaborative approach to address tobacco control, smoking prevention and cessation. The Alliance's terms of reference also included actions to reduce the availability of shisha which had been an emerging issue (45 minutes of shisha equated to the smoke of more than 100 cigarettes). The feedback from the Alliance meeting had been very useful and would be used to inform the Tobacco Control Plan.

Although Hillingdon already had a stop smoking service, the number of referrals needed to be increased.

It was queried whether the Council had any control in terms of things like licensing responsibilities with regard to premises that sold vaping products. Mr Doshi advised that, although not recognised as a medicinal product to help people to stop smoking, some smokers might speak to staff in vape shops about switching to vapes. Vapes could be freely sold through retailers but did have safety standards.

RESOLVED: That:

1. it be noted that:

- a. stopping smoking was the one of the most effective modifiable health interventions to reduce disparities in health across populations and had a societal and economic impact;**
- b. the ASH data tool stated that the adult smokers in Hillingdon generated a cost pressure of £107.1m annually on the economy that equated to a cost pressure of £7.6m on health services, productivity £94m, social care £3.9m and house fires £1.6m; and**
- c. the evidenced based review led by Dr Javed Khan (published June 2022) identified 4 critical interventions to deliver a Smokefree 2030; a target that fewer than 5% of the population would smoke by that date; and**

2. Health and Wellbeing Board Members, Hillingdon's Health and Care leaders work with Public Health to ensure that stop smoking as a health inequalities intervention is prioritised and agree the Tobacco Control Plan and support implementation.

8. HEALTHY HAYES: WHOLE SYSTEM APPROACH TO OBESITY (Agenda Item 9)

Ms Shikha Sharma, the Council's Consultant in Public Health, advised that obesity remained a significant challenge in Hillingdon with around 15k children in Year 6 and 55k adults being obese and having a BMI of 30 or more. As many children in Reception were already on a trajectory to become obese by Year 6, Central and North West London NHS Foundation Trust (CNWL) had been working with these children to prevent this from happening. Obesity had proven to be the second biggest contributor to poor health (smoking was the biggest contributor). However, the only commissioned weight management programme in the Borough had the capacity to service 200 adults.

An evidence-based approach was needed which required a sustained effort and local resident buy in (residents needed to identify what it was that they needed to help them live a healthy lifestyle). A Healthy Hayes workshop had taken place on 28 March 2023 and attended by various stakeholders and community leaders as involvement was needed from different organisations to reduce the cost of obesity on the system. Action

was needed to provide treatment as well as preventative measures and it was anticipated that there would be an estimated £35m reduction in health and social care costs for every four percentage points.

Action was needed to address the inequalities and environmental pressures and impacts and, to this end, a six-phase whole system approach to obesity had been adopted: set up; building the local picture; mapping the local system; actions; managing the system network; and reflect and refresh. A logic model would be developed with stakeholders as part of the work during phases 3 and 4.

Hayes had been chosen as a priority area in the Borough as the environment did not support a healthy lifestyle. It was important that the healthy choice became an easy choice and the facilitation of this change would need support and investment. Action was also being taken to create five School Superzones and effort was being made to work with the local community to create a healthier environment by reducing the choice of unhealthy and cheap food in the vicinity of schools.

Ms Sharma advised that officers were currently working up a vision of acceptable changes in the Hayes area but they needed stakeholders to buy in and take ownership of the issue.

Professor Ian Goodman, North West London Integrated Care System (NWL ICS), recognised that this was a challenging issue and suggested that information needed to be passed to parents by health visitors during their antenatal appointments to get them thinking about weight management at an early stage. Ms Sharma advised that the CNWL 0-19 team had attended the Healthy Hayes workshop and the Family Hub work had also included early years but it would be useful to work with maternity services too.

Councillor Jane Palmer, Co-Chairman of the Health and Wellbeing Board, advised that communication continued to be an important factor. She had attended the Healthy Hayes workshop where a lot of initiatives were talked about which people appeared to be unaware of. There was still a lot of work that needed to be undertaken to encourage people to choose the healthy option.

Mr Keith Spencer, Co-Chairman of the Health and Wellbeing Board and Managing Director of Hillingdon Health and Care Partners (HHCP), advised that clarity was needed on what the key next steps would be, what the drivers were, what would make the biggest impact. It would be important to be clear about what was being asked for and from whom. Along with hypertension and anxiety / depression, obesity was one of the three health and wellbeing priorities in the Borough so it had the support of the Health and Wellbeing Board. However, partners needed to know investment was needed and what the impact of that investment would be.

RESOLVED: That:

1. it be noted that:

- a) obesity remained a significant challenge for Hillingdon with around a quarter of Hillingdon's adults and over a quarter of children in year 6 (25.6%) estimated as having BMI \geq 30 (obese). Food-related ill health, including high BMI, was second only to smoking as a contributor to poor health outcomes in the UK;**
- b) England's Whole Systems Approach (PHE, 2019) recognised that complex issues like obesity required sustained and systemic action and buy in from systems leaders which was essential to support**

	<p>implementation; and</p> <p>c) social care and NHS costs related to obesity were estimated at £58bn (3% of GDP); and were going to increase as the adult population with obesity and severe obesity increased and aged. Effectively preventing and treating obesity would tackle health inequalities and had the potential to significantly improve quality of life and wellbeing, in addition to reducing health and social care costs (estimated at £35m for every 4 percentage points) (Frontier Economics, 2022); and</p> <p>2. subject to clarity being provided on the investment needed and the impact of that investment, Health and Wellbeing Board members, Hillingdon's health and care leaders consider investment into weight management lifestyle services and children's oral health to reduce food and obesity related inequalities and reduce obesity related health and social care costs.</p>
9.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the 2023/2024 Board Planner.</p> <p>RESOLVED: That the 2023/2024 Board Planner be agreed.</p>
10.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 7 MARCH 2023 (<i>Agenda Item 11</i>)</p> <p>It was agreed that system finances needed to be discussed at the Health and Wellbeing Board meeting on 12 September 2023. Mr Keith Spencer, Co-Chairman of the Health and Wellbeing Board and Managing Director of Hillingdon Health and Care Partners (HHCP), would liaise with the North West London Integrated Care Board (NWL ICB) to invite their Chief Finance Officer to attend. Mr Tony Zaman, the Council's Interim Chief Executive, would liaise with the Councils' Section 151 Officer, along with other officers, to ask them to also attend.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Mr Keith Spencer invite the NWL ICB CFO to attend the Board meeting on 12 September 2023; 2. Mr Tony Zaman invite the Council's Section 151 Officer to attend the Board meeting on 12 September 2023; and 3. the Part II minutes of the meeting held on 7 March 2023 be agreed as a correct record.
11.	<p>2023/25 BCF PLAN (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the 2023/25 Better Care Fund Plan.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> a) Mr Tony Zaman contact Mr Rob Hurd; b) Mr Keith Spencer contact Mr Steve Bloomer; c) authority to approve the final plan be delegated to the Executive Director for Adult Services and Health in consultation with the Board Co-chairmen, the NHS North West London Borough Director and Healthwatch Hillingdon Chairman; and d) authority to amend the draft plan in response to feedback as part of the assurance process be delegated to the Executive Director for Adult Services

	and Health in consultation with the Board Co-chairmen, the NHS North West London Borough Director and Healthwatch Hillingdon Chairman.
12.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the impact of strikes on Hillingdon Hospital and Harefield Hospital.</p> <p>RESOLVED: That the discussion be noted.</p>
	The meeting, which commenced at 2.30 pm, closed at 5.05 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on nohalloran@hillingsdon.gov.uk. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.