

## Minutes

### HEALTH AND WELLBEING BOARD

30 July 2024

Meeting held at Committee Room 5 - Civic Centre



HILLINGDON  
LONDON

	<p><b>Board Members Present:</b> Councillors Jane Palmer, Keith Spencer, Susan O'Brien (Vice-Chair), Amanda Carey-McDermott (In place of Ed Jahn), Richard Ellis, Professor Ian Goodman, Claire Eves (In place of Vanessa Odlin), Julie Kelly, Jason Seez (In place of Patricia Wright) and Lisa Taylor (In place of Lynn Hill)</p> <p><b>Officers Present:</b> Gary Collier (Health and Social Care Integration Manager), Toby Lambert (Executive Director of Strategy and Population Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
1.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Ms Lynn Hill (Ms Lisa Taylor was present as her substitute), Mr Edmund Jahn (Ms Amanda Carey-McDermott was present as his substitute), Ms Vanessa Odlin (Ms Claire Eves was present as her substitute), Ms Sandra Taylor, Ms Patricia Wright (Mr Jason Seez was present as her substitute) and Mr Tony Zaman.</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 5 MARCH 2024</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 5 March 2024 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 9 would be considered in public and Agenda Items 10 to 14 would be considered in private.</p>
5.	<p><b>NWL JOINT FORWARD PLAN FOR 2024-25 TO 2028-29</b> (<i>Agenda Item 5</i>)</p> <p>Mr Toby Lambert, Executive Director of Strategy and Population Health at North West London Integrated Care Board (NWL ICB), advised that he had not included the Mental Health Strategy in this item but that he would be happy to bring a report on this issue to a future meeting to provide the Board with an update. The Joint Forward Plan (JFP) for 2024/25 to 2028/29 should originally have been considered by the Board on 11 June 2024. This meeting had been cancelled following the announcement of the election as an NHS directive had been issued that the JFP should not be discussed in public. As</p>

the timetable for submission of the JFP was subsequently changed to the day after the election (therefore not allowing enough time to arrange a new meeting), Hillingdon's Director of Public Health had had to submit comments to NWL ICB on behalf of the Hillingdon Health and Wellbeing Board. Consideration would need to be given to how this process could be improved for the next iteration of the JFP.

The Board was advised that the JFP had been a 'joint' initiative between the ICB and other NHS organisations (rather than between the local authority and the NHS). It built on the NHS Health and Care Strategy which had been published in November 2023 and included nine priorities with cross cutting principles:

1. Reduce inequalities and improve health outcomes through population health management;
2. Improve children and young people's mental health and community care;
3. Establish Integrated Neighbourhood Teams with general practice at their heart;
4. Improve mental health services in the community and for people in crisis;
5. Embed access to a consistent high quality set of community services by maximising productivity;
6. Optimise ease of movement for patients across the system throughout their care – right care, right place;
7. Transform maternity care;
8. Increase cancer detection rates and deliver faster access to treatment; and
9. Transform the way planned care works.

To achieve these priorities, the following steps now needed to be followed:

1. Ensuring a core / common offer across NWL - currently the offer across NWL was inequitable and needed to be levelled up (rather than being levelled to the middle). However, productivity would need to be pushed to enable funding to be freed up for this to be actioned;
2. Whilst the provision of a common offer would address some of the inequity in NWL, it was recognised that the ICB would need to work with local authorities to reach out to seldom heard groups in the community which would then result in a shift in resource allocation. The speed of implementation of these first two steps would need to keep pace with each other; and
3. Consideration needed to be given to what percentage of the population's needs could be met by the core offer and where tailored services would be needed. It was recognised that the core offer would never meet the needs for some communities in NWL, for example, rough sleepers and asylum seekers. These groups would need bespoke solutions.

The JFP would be for the whole of NWL and identified a great degree of commonality (80-90%) between the different boroughs' Health and Wellbeing Strategies. It would enable interventions to be undertaken at scale through the core offer, and the remaining 10-20% would need to be given space as they would have divergent priorities.

It was noted that the JFP had been discussed by stakeholders at a Town Hall meeting. Mr Lambert advised that the NWL ICB was keen to solicit suggestions for improving the process of developing future JFPs.

The Board recognised that NWL ICB had been given a tight timeframe by NHS England regarding data publication. Although the Board supported the idea of boroughs levelling up to the same core offer and therefore providing opportunities to improve weaker areas, concern was expressed that those boroughs that were already performing well in specific areas would be required to mark time whilst the others

caught up, preventing them from moving even further ahead. Furthermore, it had been difficult to compare boroughs based on the number of patients registered with GPs as this was inaccurate and could be inflated by up to 15%. This needed to be acknowledged and addressed by using population figures instead.

The Board queried how the ICB would be supporting the commitment to improve stroke services in NWL and whether the JFP would be backed up by a financial strategy (without which, the JFP would be useless). Also, with the recent change in Government, concern was expressed about whether or not the JFP would be required in the future.

**RESOLVED: That:**

- 1. Mr Toby Lambert provide a report on the NWL ICB Mental Health Strategy to a future meeting of the Board;**
- 2. the comments and suggestions for improving the process for the next Joint Forward Plan be noted;**
- 3. the challenge in securing formal feedback from all Health and Wellbeing Boards within the set deadline due to successive pre-election sensitivity periods be noted; and**
- 4. the submission of the Joint Forward Plan to NHS England on 5 July 2024 be noted.**

**6. HILLINGDON JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2022-2025 YEAR 2 INTERIM UPDATE (Agenda Item 6)**

Ms Kelly O'Neill, the Council's Director of Public Health, advised that the report provided a mid-three year update on progress against the priorities in the Health and Wellbeing Strategy. It was noted that the last evaluation had needed some improvements and, as such, consideration had since been given to which metrics would be used to evaluate progress and what these should be measured against, e.g., previous performance, North West London (NWL), London, England, etc.

The report detailed clear improvements to the current service provision and provided quite a lot of detail in some areas. Ms O'Neill stated that partners had all submitted data as requested and on time which had aided in the formation of the report. The metrics had been RAG rated based on local and national data and consideration would need to be given to how this should be reported in future. There were 17 priorities: 5 Red, 8 Amber, 4 Green.

It was anticipated that the year two review of the strategy would be considered by the Board at its next meeting on 10 September 2024 and would be more concise. Consideration would need to be given to planning the development of the new strategy. The next report would be able to demonstrate what had been achieved to date.

Ms O'Neill advised that children's oral health was one of the best in NWL but that it was still lower than the London and England average despite a significant amount of work being undertaken between the ICB and Directors of Public Health in NWL. Additional funding had been secured from the NWL ICB to support work in Hillingdon around the dental health strategy. There was also NHS England funding for the children's oral health contract which would be doubled next year. School based health mechanisms would continue to be used to drive the children's oral health work and this would need to be drawn together with work around things like child obesity and the school water only policy. It would be important to ensure that partners were also role models by, for example, only having sugar free options in paediatrics at the hospital.

Hypertension was still the most significant contributor towards deaths. Although work undertaken around hypertension had improved the statistics in Hillingdon, it was important to recognise that the results of this work would not be instant. Over time, the Borough would see a reduction in the number of strokes and heart attacks.

With regard to the implementation of the Autism Strategy, it was noted that a number of key actions had been identified to be taken forward. The Board noted that homelessness had become a real issue across the whole of London. A public health review of the associated disparities was being undertaken with support from the Population Health Management (PHM) team. The PHM infrastructure was also being linked to support the development of the Integrated Neighbourhood Teams (INT). Three out of four posts had been appointed and would be in place for two years to help tackle inequalities through a place based approach.

Things had been coming together around the neighbourhoods which was thought to be an exciting development - services were being aligned to contribute towards people's health going forward. This work was thought to be a long term investment in getting upstream of the demand.

**RESOLVED: That:**

- 1) the progress of strategy implementation within year 2 be noted, with the year 2 full progress report planned for the next Health and Wellbeing Board meeting;**
- 2) new funded workstreams contributing to the strategy's achievements be noted; and**
- 3) the recommended process for periodic oversight and assurance, monitoring outcomes achieved, and escalation where improvement milestones are not being achieved be noted.**

**7. 2024/25 BETTER CARE FUND PLAN** (*Agenda Item 7*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the report requested that the Board ratified the decision of the Co-Chairs to approve the 2024/25 BCF plan. It had been intended that the report be considered by the Board at its meeting on 11 June 2024 but this meeting had been cancelled. To ensure that the Board met the national requirement to meet the submission deadline, the Co-Chairs had been asked to approve the plan ready for submission. It was noted that the plan was largely a roll-forward from the 2023/24 plan.

In 2024/25, the North West London Integrated Care Board (NWL ICB) had allocated almost £1.3m of its discharge funding towards supporting pathway 3 (block nursing step down). The ICB would be contributing £934k in Hillingdon for use to address capacity around discharge path 3 (complex care patients with conditions such as dementia and challenging behaviour). Discussions were underway with partners on how this could be best used.

Having submitted the 2024/25 BCF plan, Mr Collier believed that Hillingdon had been compliant with all of the national conditions and that the Borough would be recommended for assured status in the next couple of weeks. It was thought that the targets around the national metrics were achievable, although there might be some data reliability issues in relation to the NHS targets. Part of the problem about the accuracy of the data had been in relation to the introduction of new IT systems in some of the acute trusts. As such, work was being undertaken in NWL to develop these

targets.

Concern was expressed that the rehabilitation beds for Hillingdon residents were on the Furness Ward in Willesden. As this facility could take Hillingdon residents over an hour to get to, it was queried whether there was anything closer, perhaps in the shires. Mr Collier advised that NWL ICB had identified this as the most suitable place and that any consideration of securing facilities outside of London / in the shires would need to be undertaken by the ICB. Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, advised that he had sat on the ICB Discharge Fund group. Furness Ward had been chosen as the best compromise based on its availability locally and its ability to ratchet services up quickly.

Board members thanked Mr Collier for his diligence and professionalism in bringing this document together. Mr Collier advised that it had been a team effort.

**RESOLVED: That:**

- 1. the decision of the Co-Chairs to approve the 2024/25 Better Care Fund Plan as described in the report, including the proposed financial arrangements and proposed targets for the national metrics, be ratified; and**
- 2. the position regarding Equality and Health Impact Assessments, as set out in the report, be noted.**

8.

**INTEGRATED HEALTH AND CARE PERFORMANCE REPORT - 2023/24 Q4**  
*(Agenda Item 8)*

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the Co-Chairs had approved the draft NHS England Better Care Fund 2023/24 end of year template on behalf of the Health and Wellbeing Board. It had been planned that this template be considered by the Board on 11 June 2024 but this meeting had subsequently been cancelled.

The Board was advised that there had been a financial underspend in relation to the Disabled Facilities Grant. To ensure that this did not happen again, the policy was being changed to increase flexibility.

Mr Collier noted that there had been a mixed performance against the different metrics with there being challenges in getting information or action against some. Obtaining updates from some partners across London had been difficult because of other things happening at the same time. It was thought that starting collation of the performance data earlier might help smooth the process.

Mr Keith Spencer, Co-Chair and Managing Director at Hillingdon Health and Care Partners, advised that partners did have the data needed but that there had been a timing issue. The risk was that Hillingdon would not be demonstrating the great work that had been undertaken, for example, the Borough's reablement performance was the best in NWL. The benchmark had now been identified and it would be important to ensure that partners provided the information in a timely fashion. Mr Spencer would take this forward as an action for the Board's next meeting. It was important to remember that, although a significant amount of good work had been undertaken in Hillingdon, there was still room for improvement.

**RESOLVED: That:**

- a) the Co-Chairs' decision to approve the draft NHS England Better Care**

	<p><b>Fund end of year template on behalf of the Board be ratified;</b></p> <p><b>b) Mr Spencer report back on partners' provision of data for inclusion in the report at the Board's next meeting on 10 September 2024; and</b></p> <p><b>c) the content of the report and discussion be noted.</b></p>
9.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (<i>Agenda Item 9</i>)</p> <p>Consideration was given to the Board Planner and future agenda items. It had been agreed that an update on the North West London Integrated Care Board (NWL ICB) Mental Health Strategy be provided at a future meeting. A full year 2 progress report in relation to Hillingdon's Joint Health and Wellbeing Strategy would be brought to the next Board meeting on 10 September 2024.</p> <p>The Board had agreed that Mr Keith Spencer, Co-Chair and Managing Director of Hillingdon Health and Care Partners, report on the governance implications of the NWL ICB organisational changes to the next Board meeting on 10 September 2024.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. Mr Toby Lambert update the Board on the NWL ICB Mental Health Strategy at a future meeting;</b></li> <li><b>2. a two year update on the Health and Wellbeing Strategy be considered at the Board's next meeting on 10 September 2024;</b></li> <li><b>3. Mr Spencer report on the governance implications of the ICB organisational changes to the next Board meeting on 10 September 2024; and</b></li> <li><b>4. the Board Planner, as amended, be agreed.</b></li> </ol>
10.	<p><b>TO APPROVE PART II MINUTES OF THE MEETING ON 5 MARCH 2024</b> (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the confidential minutes of the meeting held on 5 March 2024.</p> <p><b>RESOLVED: That the PART II minutes of the meeting held on 5 March 2024 be agreed as a correct record.</b></p>
11.	<p><b>BCF REVIEW UPDATE</b> (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the report.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. Mr Spencer provide the Board with an update at its next meeting on 10 September 2024; and</b></li> <li><b>2. the discussion be noted.</b></li> </ol>
12.	<p><b>ICB ORGANISATIONAL DESIGN: PLACE BASED IMPLICATIONS</b> (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the North West London Integrated Care Board design.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. Mr Keith Spencer report on the governance implications of the NWL ICB organisational changes to the next Board meeting on 10 September 2024; and</b></li> </ol>

	<b>2. the discussion be noted.</b>
13.	<p><b>CERNER UPDATE</b> (<i>Agenda Item 13</i>)</p> <p>Consideration was given to the implementation of the Cerner system at The Hillingdon Hospitals NHS Foundation Trust.</p> <p><b>RESOLVED: That progress with the Cerner Stabilisation Programme at LNWH and THH, and with the Innovation Release upgrade across the APC, be noted.</b></p>
14.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 14</i>)</p> <p>Consideration was given to communication with patients in relation to appointments.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
	The meeting, which commenced at 2.30 pm, closed at 4.15 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](mailto:nohalloran@hillingsdon.gov.uk). Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.