



256th Meeting, Thursday 6th October, 2016, Mount Vernon Hospital

1. WELCOME AND ANNOUNCEMENTS:

- a. **Welcome:** The Chairman welcomed all present including our guest speaker. She was pleased to announce that Susan Smee and Raymond Smith had applied for individual membership, which Council endorsed with loud applause.
- b. **Apologies:** Tony Ellis (*Northwood Live at Home Scheme*), James Kincaid (*The Pinner Assoc.*), Liz Segal (*Vine Lane RA*), Janet Baddeley, Heinz and Susan Grunewald, Neville Hughes, Margaret Ross, Jon and Nannette Spain, Jenny Stephany (Individuals)

2. GUEST SPEAKER: Caroline Morison, Chief Operating Officer, Hillingdon Clinical Commissioning Group spoke on 'Looking to the future – a five year plan for Hillingdon.'

- a. **Background:** Hillingdon is London's second largest, and one of its most affluent, boroughs. 25% of its 304,000 population is Asian. It has London's highest number of over 65s, predicted as 42,000 by 2020. Life expectancy is higher than national average, but with significant difference north and south of the Borough. There is high incidence of long-term conditions and dementia.
- b. **Hillingdon Clinical Commissioning Group's Vision:** This includes high quality, evidence-based care, in settings appropriate to residents' needs, achieved by new ways of delivering care.
- c. **Local Challenges:** These include a growing population, leading to increased demand for healthcare; patients need easier access to care; current provision varies in quality; services must work better together with more collaboration between health and social care services.
- d. **The Sustainability and Transformation Plan (STP):** In December 2015, NHS England asked CCGs to work together to produce 5-year plans to reduce social isolation, smoking, obesity and alcohol-related hospital attendance, and to improve mental health.
- e. **The London boroughs involved in the STP collaboration are:** Hillingdon, Harrow, Brent, Westminster, Kensington & Chelsea, Hammersmith & Fulham, Ealing and Hounslow. Although each Borough is developing a local plan, it is hoped to iron out uneven funding in NW London.
- f. **The STP will focus on:** The needs of the local population, rather than individual institutions, with discussion on significant changes with residents and service users. However, there is a gap of £100m between the services required and the level of funding available.
- g. **The STP has ten themes:** Prevention of ill-health / Older people's care / Children and young people's care / Mental illness and learning disabilities / End of life care / Long-term conditions / Cancer care / Primary care services / More local services / Urgent and emergency care.
- h. **To enable these changes:** There must be improved information and education / the appropriate workforce / appropriate buildings / reliable delivery of statutory targets / medicines management / new, joined-up providers. The latest STP draft, submitted to NHS England on 30 June 2016, can be read on the CCG's website <http://www.hillingdonccg.nhs.uk>
- i. **My Health in Hillingdon:** Following a GP referral, free community workshops are offered to residents suffering from Type 2 diabetes, chronic obstructive pulmonary disease (COPD), heart conditions, childhood asthma and dementia. There are also basic first aid workshops. 'Healthy Living' will be introduced soon. It is planned to help 3,000 residents in 2016 through these courses. A dedicated website for myhealthhillington.nhs.uk will be available soon

The following arose in answer to questions:

- j. In Hayes, some GP practices could be extended into other premises to meet the needs of the increasing population.
- k. Hillingdon Public Health audits air pollution, particularly near Heathrow, but health disparities in north and south Hillingdon are largely due to socio-economic factors rather than air pollution.
- l. Hillingdon CCG is committed to developing exercise programmes.

- m. Provision of generic drugs rather than patented alternatives may explain why sometimes patients do not receive the drugs prescribed by consultants.
- n. The risk of stroke for patients with atrial fibrillation is reduced by new drugs. Hillingdon CCG is initiating identification of these patients via inspection of GP records by a pharmacist.
- o. It was noted that health information could be disseminated by Hillingdon People, a magazine which is delivered to all Hillingdon households.
- p. Hillingdon holds a Disability Assembly four times a year at the Civic Centre, next on Monday 10th October and 13th February. A Disabled Tenants and Residents Group meets monthly, next Tuesday 18th October and 15th November 2016. For information Tel: 01895 277038

The Chairman's thanks to the Speaker were endorsed by sustained applause from the audience.

PART II

3. MINUTES OF THE LAST MEETING: The Minutes of 1st September were agreed and signed.

4. MATTERS ARISING:

a. Royal Brompton & Harefield problems: As agreed a letter supporting the Trust was sent to the Chief Executive asking to whom it should be sent and the relevant address. A reply was awaited.

b. Item 5 bullet point 1 – cyberknife problems: A letter was hand-delivered to Simon Stevens, CEO NHS England. An unsatisfactory reply had been received from the responsible Director, (*available in the outer hall and on request*) to which our Executive was considering a robust response.

c. Item 5 bullet point 3 – concerns about the Harrow Healthwatch Enquiry: Nick Hurd MP, Gareth Thomas MP and Boris Johnson MP were informed of our concerns. Mr Johnson had written to Harrow Council backing our call for the report to be made public and for a public meeting to be held to consider its findings

d. Item 5 bullet point 6 – Junior doctors dispute: All strikes had been called off.

5. URGENT BUSINESS:

Items on display in the outer hall: These included next meeting posters, copies of reports from NHS Board meetings held in public, details of NHS Board Meetings up to December 2016, copies of our letter to Chairman Harrow CCG about funding for mental health in Harrow, which is almost the lowest in the country - his response was awaited. (*All of these are also available on request*)

6. OPEN FORUM:

a. News-sheet: No points were raised

b. A proposed campaign to support the deaf: This was discussed as a possible option, with unanimous support from those present.

c. Community Voice Vacancies: These include:: General Secretary, Minute Secretary, Membership Host / hostess, Database Administrator, Recruitment Secretary, Hospitality Organiser, Press Officer, News Sheet Editor, Mailing Supervisor, and assistance with setting up and closing down meetings. In the face of vacancies the current coverage is ad hoc and not ideal.

7. ANY OTHER BUSINESS: There was no other business

8. NEXT CV MEETING: Thursday 3rd November at 7.45pm in the Post Graduate Centre, Mount Vernon Hospital, when our guest speaker will be Dr Peter Ostler, Consultant Clinical Oncologist and Divisional Lead Mount Vernon Cancer Centre, speaking on 'Cancer Centre News Update'

The meeting was closed at 9.35 pm

Chairman

Mrs. Joan Davis

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Hon. Treasurer

Mr. Jon Spain

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