Appendix A Health and Wellbeing Strategy Delivery Plan Update

Priority 1 - Improving Health and Wellbeing and reducing inequalities				
Objective	**Task and Metric**	**Lead**	**Metric reporting frequency**	**Evidence of activity against task**
1.1 Protect resident's health	**1.1.1** From conception to year 2, Increase the confidence and participation of parents/women to have healthy babies by delivering the 'Having a Healthy Baby' Project	Public Health & Maternity Services	Annually	• The recommendation report from the healthy baby task and finish group has been passed to the Public Health and Early Years Strategic Group to be reviewed and next steps agreed. • The Q2 data for % women smoking at time of delivery will be presented in the next report as it is not yet available.
	1.1.2 Develop a Children's Health Programme Board to agree with partners the strategic direction for children's health provision	CCG		• The Programme Board have met and work is progressing on agreeing strategic direction and actions across the work streams. • A new children's asthma pathway has been agreed so that children can receive seamless support across schools, primary and secondary care. • A review of clinical guidelines for Ambulatory Care is being undertaken. • Acute Care standards for Children and Young People are currently under review, and once completed will be incorporated into the Hillingdon Hospital Trust Contract for 2016/17

	1.1.3 Deliver a mental wellness and resilience programme	Public Health		• Singing For Wellbeing sessions are now run every other week at Uxbridge Library as part of the Dementia Friends Coffee Morning and there are a regular ten people who attend. • The Time to Change Event in Uxbridge Town Centre on 4th September saw 540 conversations held between volunteers and service users and members of the public. • (GP) Orchard Practice Wellbeing Programme - 10 women attended the women's only programme in Hayes where they received lifestyle information on eating, exercise and wellbeing. • Emotional health and wellbeing transformation - as part of the Children and Young people's emotional health and wellbeing transformation, current provision is being mapped in schools in order to identify needs and opportunities. This will feed into the conference being planned for March 2016. • There are a series of wellbeing events planned with West Drayton Community Centre for the autumn and winter. This will include a general wellbeing day for older people, a tea dance, a line dance and then three events aimed at people who are housebound and/or living with dementia. • The Tea Dances continue to remain popular with 160 people attending in September.
	1.1.4 Deliver a smoking cessation service including	Public Health	Annually	• Smoking prevalence is estimated to be 16.5%, a significant drop on previous year.

	supporting the further roll out of Smoke Free Homes in Hillingdon			• The service has been supporting Stoptober with a number of events. • Our local mental health providers, CNWL have implemented a smokefree policy across all treatment settings.
	1.1.5 Reduce prevalence of obesity through a variety of initiatives including the delivery of the Child Measurement Programme, and raising awareness of the importance of physical activity across the life course	Community Sport and Physical Activity Network (CSPAN) & Obesity Strategy Working Group	Quarterly	• The children's weight management programme is being delivered across 3 localities and for ages 2-4, 5-7, 7-13 and 13+. For those aged 2-4, seven programmes have been delivered across the borough at Children Centres with 51 families attending. Of these, 36 were from a BAME background. The programme has seen a 10.7% increase in children eating at least 5 portions of fruit and vegetables a day and a 13.8% increase in parents doing the same. • A pilot weight management programme is in place for obese adults in Hillingdon to reduce the risk of chronic disease and link into disease care pathways. Those who do not meet the criteria are referred into the 'Let's Get Moving' programme for an assessment so they can receive appropriate support. • Back to Sport - is aimed at encouraging adults to participate in playing sport again or for the first time in an informal and fun way. It aims to generate sustainable changes in lifestyle with a variety of

				things on offer such as Badminton, Cycling, Fencing, Golf, Jog it off, Hockey, Netball, Swimming and Tennis. • Ready Steady Move - this programme encourages schools to engage with parents to increase and maintain a healthy lifestyle offering 3 terms of physical activity to adults at the school facility - class attendance is high with 15 schools engaged. • London Youth Games - Hillingdon is represented in 98% of the events, frequently being the top West London Borough in the overall results. The games have encouraged sustained participation in sport by young people. • 'On Your Marks' is a programme run in partnership with Brentford FC and DASH where a variety of sessions including swimming and multi sports are delivered for people with disabilities. Within the last year over 100 people aged 14 + have engaged in activity. • Walking/older men's football - this new session started in the summer in partnership with Watford FC Community Trust. A local programme is operating with an average weekly attendance of 12 men. • As a follow on to the Council's successful weight management programme for staff, messages relating to healthy eating and physical activity are being prepared for all staff. • A new programme primarily to engage over-weight

				pregnant women in ante-natal exercise started during the summer. • 28 young people took part in one of four 12 week Fit Teen courses aimed at over-weight teenagers.
	1.1.6 Reduce exposure to high levels of air pollution and improve air quality and public health in Hillingdon	LBH	Annually	• The GLA is putting in place a London specific local air quality management regime. Guidance from the GLA in terms of how to approach the review of the action plan will be published in early 2016.
1.2 Support adults with learning disabilities to lead healthy and fulfilling lives	**1.2.1** Increase the number of adults with a Learning Disability in paid employment	LBH	Quarterly	• To end of September 2015, the % of people in receipt of long term services provided by Adult Social Care in paid employment was 2.5%, a slight increase from 2.1% at end of 2014-15. • Service user reviews are planned and taking place and where employment and education opportunities have been identified, service users are being supported to explore how they will access these. • College courses are being facilitated by Adult Education at Queens Walk in cookery and music. 12 service users have enrolled on these courses which commenced in October. • In the last quarter, 6 service users from across Supported Housing services and the Positive Behaviour Support Service have undertaken voluntary work opportunities. 2 service users have enrolled on college courses and 1 service user has enrolled on a Duke of Edinburgh award.

				• The summer period was very busy at the Rural Activities Garden centre with the volunteers selling bedding, shrubs and herbaceous plants which they have grown. Vegetables are grown and sold in the on site shop and at the Civic Centre plant and veg sale. The plants displayed outside the Civic Centre this spring, summer and autumn were all planted by the volunteers. • The volunteers also deliver offsite grounds maintenance at Moorcroft complex and maintain the grounds at Brookfield Adult Learning Centre and HACS grounds. • New gardeners started at the centre during the summer and they have settled in well and learnt new skills. Another gardener attends one day a week which is linked with his college course
1.3 Develop Hillingdon as an autism friendly borough	**1.3.1** Develop and implement an all age autism strategy	LBH	Quarterly	• The Autism Partnership Board met in September and agreed an initial work plan to achieve completion of the Autism Plan. • A forum is being established for people with autism to ensure their feedback is central to the work of the Partnership Board. • The draft Autism Plan will be presented to the Autism Partnership Board meeting in January 2016 with a follow up workshop with wider stakeholders in March, hopefully timed to fit with Autism Awareness week. The aim is to have a final Plan

				ready by April 2016.
Priority 2 - Prevention and early intervention				
Objective	**Task and Metric**	**Lead**	**Metric reporting frequency**	**Evidence of activity against task**
2.1 Deliver the BCF workstream 2 - Intermediate Care under Strategy	**2.1.1** Deliver scheme three: Rapid response and joined up Intermediate Care	LBH/CCG	Quarterly	• During Q2 the Reablement Team received 323 referrals and of these 118 were from the community; the remainder were from hospitals, primarily Hillingdon Hospital. The community referrals represented potential hospital attendances and admissions that were consequently avoided. During this period, 133 people were discharged from reablement with no on-going social care needs. • In Q1 and 2 the Rapid Response Team received 1,866 referrals, 62% (1,142) of which came from Hillingdon Hospital, 15% (282) from GPs, 10% (190) from community services such as District Nursing and the remaining 15% (252) came from a combination of the London Ambulance Service (LAS), care homes and self-referrals. 44% of referrals were linked to falls, 10% resulting from issues with reduced mobility, 6% relating to back pain and the remainder from issues ranging from urinary tract infection (UTI) to chest pain. [extrapolated from September's data] Of the 549 discharged home, 57% (310) were discharged with no further assistance required.
2.2 Deliver Public	**2.2.1** Deliver the National	Public Health	Annually	The aim of the programme is the early identification of individuals at moderate to high risk of cardiovascular

Health Statutory Obligations	NHS Health Checks Programme			disease, diabetes, stroke, kidney disease and related metabolic risk. • In 2015/16, 72,893 Hillingdon residents are eligible for an NHS Health Check • In Q2, the number of first offers made was 2,256 with completed checks of 1,849 which equals a take-up rate of 82%
	2.2.2 Deliver Open Access Sexual Health	Public Health	Quarterly	• An HIV health and care needs assessment has been undertaken – additional work is required in order to complete the assessment. The outputs of the needs assessment will be used to inform future sexual health and disabilities commissioning/ procurement decisions. • CNWL surveyed young people to review their needs around the days/opening times of the Young Peoples Clinics which has led to an improved offer with a available Monday-Saturday with revised opening times to suit the needs of young people.
	2.2.3 Delivery of information to protect the health of the population against infection or environmental hazards and extreme weather events	Public Health		• Seasonal Flu: Winter packs for schools and care homes were sent out in September 2015.
2.3 Prevent premature mortality	**2.3.1** Ensure effective secondary prevention for people with Long Term	CCG	Quarterly	• Having undertaken a review of the current state of Risk Stratified Cancer Pathways at THH and discovered that Hillingdon is already doing relatively well in this area, the CCG has undertaken research

	Conditions including cancer, diabetes and dementia			into how we might support patients with cancer in other areas. The Governing Body held an OD session August 2015 to review priorities for 2015/16 and agreed that increasing the update of screening across all cancers and reducing the number of late presentations were top priorities. • The service specification for an Integrated Diabetes Service has now been approved by the Quality, Safety and Clinical Risk Committee and the business case to support this service redesign is being submitted to Governing Body early September 2015. The service has been designed in collaboration with hospital, community and primary care clinicians and managers and focuses on more patients being seen in primary care settings, with support from secondary and community care specialists. Subject to complete sign off by Governing Body, the CCG will work with providers to start mobilising this service from October 2015, with service transition starting January 2016. • The first phase of the cardiology project has been successfully implemented (includes direct access by GPs to key diagnostic tests at The Hillingdon Hospital and Harefield Hospital. The second phase consists of the development of an integrated service with a particular focus on heart failure and cardiac rehabilitation. Collaboration with The Hillingdon Hospital, the Royal Brompton, CNWL and Public Health has led to the development of an Integrated Cardiology service model that has been signed off by the CCG's Governing Body. The CCG is working with providers so that mobilisation phase of this

				project can start as soon as possible. • The Integrated Service for Respiratory Care has also been approved and work has commenced on mobilisation of the scheme with the service expected to be in place by October2015. • A Long Term Conditions Transformation Group overseeing all the CCG's workstreams on LTC has now been established.
	2.3.2 Reduce the risk factors for premature mortality and increase survival across care pathways	PH/CCG	Quarterly	• Increasing the levels of physical activity in the borough amongst those suffering from chronic conditions is being taken forward through the inclusion of 'Let's get Moving' programme in disease care pathways. To end of Sept 2015, there were 216 referrals made by health professionals. Those that have completed the 12 week programme have indicated that 97% achieved some or all of their goals, 78% have seen a reduction in their BMI and 72% have increased their physical activity levels. • 6 sessions have taken place with CCG during October and November targeted at BME communities to promote the importance of healthy lifestyle in relation to high blood pressure, high cholesterol and diabetes. A pathway has been designed with local physiotherapists for stroke victims so they can take part in structured activity in a safe and appropriate setting.
	2.3.3 Reduce excess winter deaths	Public Health/NHS		There are a number of activities that aim to reduce excess winter deaths in the borough. These include:

		England		• Providing Flu immunisation to people at risk. • Screening for Chronic Obstructive Pulmonary Disease as part of smoking cessation project to identify smokers at high risk. • Monitoring Inferior Wall Myocardial Infarction over Coronary Heart Disease. • Age UK Hillingdon 'Getting ready for Winter' campaign. • The council also continues to provide the Heater Loan Service for homeowners over 65 whose heating breaks down.
	2.3.4 Reduce the number of children with one or more decayed, missing or filled teeth	Public Health & NHS England		• NHS England and Public Health Team are working on a joint project to improve access to preventative dental care in Hillingdon. • As part of this initiative the Schools Project has recruited 10 schools where dentists will deliver fluoride varnish to pupils. This has so far reached approximately 3700 pupils age 4-7 and plans are in place for parents and children's awareness sessions in the Spring term.
	2.3.5 Deliver a project to make Hillingdon a Dementia Friendly borough	Mental Health Delivery Group	Quarterly	• The second meeting of the Dementia Action Alliance took place at the beginning of November which included a showcase of singing, poetry and arts and crafts by people with dementia and some case studies of how people living with dementia

				continue to live active and fulfilling lives. • Ten Walk Hillingdon leaders have now received Dementia Friends training and in September 2015 a further 60 hospital staff became dementia friends including nurses, physiotherapists, occupational therapists and healthcare assistants. • The Dementia Coffee Mornings continue to be popular with between 7-10 people regularly attending. The sessions have included talks from the fire brigade and local police cadets on home safety. Feedback from residents has been very positive; they like the venue, staff and appreciate that it is free. • The Drummunity project continues to enable older people with dementia to take part in an activity which allows them to communicate creatively, work on their short term memory skills, increase relaxation and develop strength and coordination. Sessions began at the Alzheimer Society on the 11th September and ten service users regularly attend.
	2.3.6 Improve pathways and response for individuals with mental health needs across the life course including the provision of Child and Adolescent Mental Health Services (CAMHS)	CCG	Annually	• Single Point of Access - a Business Case has now been approved to develop a single point of access in the mental health urgent care pathway for Adults. The service will be operational from 2nd November 2015 • Improving Access to Psychological Therapies - a Business Case has been approved to expand IAPT Services to target hard to reach groups and those

				with Long Term Health conditions such as Diabetes. CNWL is recruiting additional substantive staff to expand the service to ensure 15% access target is maintained throughout 2015/16.The Access target has been met for the first two Quarters of 2015/16 • From April 2016 there will be Access and Waiting time targets for assessment and NICE compliant treatment for first episode psychosis. • A Children Adolescent Mental Health Service (CAMHS) health and care needs assessment has been developed. The Children's Emotional Health & Wellbeing Board has been established to oversee the Hillingdon Transformation Plan and Implementation Plan. This Board will also oversee the NHSE/DH Local Transformation Plan which has to be developed by mid-October. If the LTP meets NHSE assurance additional funding will be made available, for 5 years, to transform CAMHS Eating Disorders from September and generic CAMHS from December. • A Business Case to develop a CAMHS Deliberate Self-harm Team is to be discussed at the HCCG Governing Body in November. • Additional resources for specialist MH provision for children and young people with LD were agreed. With additional funding from NHSE the team will also work with CYPs with challenging behaviour; with an integrated pathway with LBH disability team • HCCG also invested in specialist perinatal MH

				provision. Service implemented January 2015. DOH are to release new monies, new Model of care and access and waiting time targets in Q3 • The provision of Liaison Psychiatry services has been expanded to improve access to specialist mental health services for those patients presenting at A+E and receiving clinical services for other conditions in an Acute Hospital setting. A Business Case will be presented to Hillingdon CCG Governing Body in November 2015 to further enhance this service with the continuation of the Mental Health Assessment Lounge as a separate facility from Accident and Emergency department
	2.3.7 Develop a Vision Strategy for Hillingdon	Vision Strategy Working Group	Annually	• Approval of The Vision Strategy will first be sought through Adult Social Care and then HCCG with final approval to the H&W Board.
2.4 Ensure young people are in Education, Employment or Training	**2.4.1** Identify those at risk of becoming Not in Education, Employment or Training (NEET) and implementing appropriate action to prevent it	LBH	Quarterly	• The changes in approach previously reported continue to embed. The Participation Team has been recruited to and is now at full strength. • There are regular drop in's at the Civic Centre for young people to receive information and advice, with sessions at Fountains Mill and Harlington Young People's Centre available by appointment. These arrangements have proved to be popular and adequate for young people and will continue. • The Participation Team has prioritised NEET and potential NEET young people since the beginning of academic year 2015-16. A seasonal spike is to be expected locally and nationally at this time of year

				for NEETS and 'not known's'. • All actual post Year 11 and Year 12 destinations have been acquired from schools and colleges (with the exception of 3 schools despite repeated requests) and reported to the data management provider. • Current in year data to end September 2015, shows that the number of 16-18 year old NEETs is 221 young people or 6.3%. There are 800 young people who require tracking to ensure that they remain in EET. All NEET and 500 of the 800 young people requiring tracking have been allocated for case work to report by the end of October 2015. Once these are reported on, the remaining 300 young people requiring tracking will be allocated.
Priority 3 - Developing integrated, high quality social care and health services within the community or at home				
Objective	**Task and Metric**	**Lead**	**Metric reporting frequency**	**Evidence of activity against task**
3.1 Deliver the BCF Workstream 1 - Integrated Case Management	**3.1.1** Deliver scheme one: early identification of people susceptible to falls, social isolation and dementia	LBH/CCG	Annually	• Initiatives to increase the dementia diagnosis rate in Hillingdon are now delivering positive results, as the rate at the end of September 2015 stood at 67.8%. The target for Hillingdon is 65.4% and is based on the number of people on local GP registers with a dementia diagnosis as a percentage of the number projected to be living with the condition. • A fracture liaison nurse based at Hillingdon Hospital has been recruited and will start in November. This post will support people who have attended hospital

				for the first time with low level fractures, e.g. people who may have fallen from standing height or less, and may be living with osteoporosis (bone thinning). • During 2014/15 there were 871 emergency admissions as a result of falls at a total cost of £2.9m. During Q1 and Q2 2015/16 there were 384 falls-related emergency admissions (198 in Q2), compared to 449 during the same period in 2014/15 (223 in Q2).The cost during Q1 and 2 2015/16 was £1.2m compared with £1.4m during the same period in 2014/15. The target falls-related admissions ceiling for 2015/16 is 761 and activity during the first half of the year suggests that this is on track, although the severity of the winter will influence this.
	3.1.2 Deliver scheme two: better care for people at the end of their life (EoL)	LBH/CCG	Quarterly	• The End of Life Forum meeting in November will agree the end of life pathway, i.e. how people identified as being at end of life are supported and where they are referred to. • A market testing exercise for the end of life services funded by the CCG, e.g. palliative beds, night sitting, etc, will be taking place early in Q3. The results of this will inform any procurement activity that may take place in Q4 and, potentially, into Q1 2016/17. The scope for including services funded by the Council is being considered as part of this process, the results of which, subject to Board, Cabinet and Governing Body approval, would be delivered in 2016/17.
3.2 Deliver the BCF	**3.2.1** Deliver scheme four:	LBH/CCG	Quarterly	• The CCG, Hospital and CNWL are working together

Workstreams 3 & 4 - Seven day working and Seamless Community Services	seven day working			to explore ways of ensure that people with complex wound care issues can be treated in the community and appropriate support for people requiring medication to be administered intravenously. • The night sitting service is commissioned by HCCG from Harlington Hospice and provides care and support to both people and their carers at end of life. The main referral route is through Rapid Response but arrangements have been put in place to enable the Hospital to make direct referrals, which will expedite the discharge process for people at end of life whose preferred place of care is at home.
	3.2.2 Deliver scheme six: Care homes initiative	LBH/CCG	Quarterly	• The Deputy Director of Nursing and Patient Experience attended the September Residential and Nursing Care Home Provider Forum in September to give feedback on the Hospital response to issues raised at the June meeting, e.g. improving discharge process by setting targets for wards regarding the discharge process and the exclusion of evening discharge.
	3.2.3 Deliver scheme five: Review and realignment of community services to emerging GP networks	LBH/CCG	Quarterly	• The multi-disciplinary team (MDT) approach was extended to GP networks in the south of the borough in Q2 after being successfully rolled out across practices in the north in Q1. The three networks in the south of the borough are receiving support to ensure that the maximum benefit can be achieved from the use of the MDT process. • The integrated care plan template completed in Q1 has started to be rolled out to GP practices across the borough. The effectiveness of this tool is linked

				to the development of the interoperable IT systems.
	3.2.4 Provide adaptations to homes to promote safe, independent living including the Disabled Facilities Grant	LBH	Quarterly	• In Q2 56 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 44% of the grants provided. • 73% (41) of the people receiving DFGs were owner occupiers, 22% (12) were housing association tenants, 5% (3) were private tenants. The total DFG spend on older people during Q2 was £241k, which represented 37% of the total spend (£655k) in Q2.
	3.2.5 Increase the number of target population who sign up to TeleCareLine service which is free for over 80's	LBH	Quarterly	• As at the end of September 2015, 4,501 service users (3,941 households) were in receipt of a TeleCareLine equipment service, of which 3,416 people (3,219 households) were aged 80 years or older • Between 1st July to 30th September 2015 there have been 336 new service users joining the TeleCareLine Service and we are on target to achieve 750 new users set for this year.
3.3 Implement requirements of the Care Act 2014	**3.3.1** Develop the prevention agenda including Info and Advice Duty	LBH	Quarterly	• As at 30th September 2015, Connect to Support Hillingdon had 182 private and voluntary sector organisations registered on the site offering a wide range of products, services and support. Work continues to promote the site both with residents and providers. • From 1st April (launch) to 30th September 2015, in excess of 3,700 individuals have accessed Connect to Support and completed over 5900 sessions reviewing the information & advice pages and/or

				details of available services and support. • The online social care self assessment went live in July which will help individuals navigate the information and advice pages and give an indication if they are likely to benefit from a more detailed assessment. • As of 30th Sept, 3 financial assessments had been completed on line and submitted to the team for processing. We are the first authority that we know of to have established an online financial assessment. A total of 38 online social care assessments have been completed, 28 by individuals completing on behalf of themselves and 10 by carers/professionals on behalf of someone else. 8 have been submitted to the council to progress, the remainder of whom requested a copy of completed form to be emailed to themselves
	3.3.2 Develop a Carers Strategy that reflects the new responsibilities and implementation of the Care Act 2014	LBH/CCG	Biennially	• Task and finish groups have been set up to deliver actions in the delivery plan which includes a review of information available to carers across key stakeholders, a communications campaign to raise awareness of the caring role and a Carers Recognition Scheme for the borough. The first Carers Assembly for Hillingdon took place on the 12 November 2105 with 22 carers attending. The event was positively received with useful feedback on how future Assemblies could be run. • Update reports were presented to Council Cabinet in November 2015 and to HCCG in December.

	3.3.3 Deliver BCF scheme seven: Care Act Implementation Task: To implement the following aspects of new duties under the Care Act, primarily in respect of Carers: a) increasing preventative services; b) developing integration and partnerships with other bodies; c) providing quality information, advice and advocacy to residents; d) ensuring market oversight and diversity of provision; and e) strengthening the approach to safeguarding adults.	LBH/CCG	Quarterly	• The number of private and voluntary sector providers registered on the resident portal Connect to Support increased to 182 as at end September 2015. • The online social care self- assessment went live on 1st July 2015 and in the period to 30th September 38 online assessments have been completed and 28 were by people completing it for themselves and 10 by carers or professionals completing on behalf of another person. • The Council also launched the online financial self-assessment on the 1st July and in the period up to 30th September, 3 have been completed and submitted to the Council's Finance Team for processing. • The programme of staff training on new policies and procedures continues as required. • The social care pathway has been remodelled to ensure compliance with the Care Act. All new referrals will be provided with an indicative allocation prior to support planning and have a confirmed personal budget at the end of the process. The Council has reduced handoffs and ensured that the timeliness of decisions about budget allocation have been greatly improved.

	3.3.4 Engage with providers through the development of the Market Position Statement to maintain a diverse market of quality providers that offers residents choice	LBH	Quarterly	• The Market Position Statement has been agreed and published on the website.
3.4 Implement requirements of the Children and Families Act 2014	**3.4.1** Implement the SEND reforms including introducing a single assessment process and Education, Health and Care (EHC) Plans and joint commissioning and service planning for children, young people and families	LBH/CCG	Quarterly	• There are approx' 408 Education, Health and Care Plans in place. • Hillingdon's local offer which was published in September on www.hillingdon.gov.uk/send provides information on what services children and young people with special educational needs and disabilities and their families can expect from a range of agencies including education, health and social care. The Local Offer was formally launched on the 4th November in the Middlesex Suite alongside the DisabledGo Project. Marketing and promotional materials have been produced to be distributed across a wide range of public venues and services throughout Hillingdon to promote the ongoing engagement of residents and service providers in the development of the Local Offer. • DisabledGo is the UK's leading provider of accessibility and equality services that will soon be available in Hillingdon. The service provides personally assessed, pan disability relevant access information which enables people to make informed, confident choices about places they would like to access. The service covers all types of venues

				regardless of how accessible they are, recognising that people will need to know what is not accessible to them as much as what is. The service seeks to give people the information to make an informed choice, not make these choices on someone's behalf. • Ongoing development will take place with the engagement and participation of children and young people and their parents/carers in the borough to ensure services can be developed to meet their needs. • Joint working with the CCG is in place to agree a specification for an integrated therapy model. A plan has been drawn up with clear timelines in place. • The 'Measuring our Success' workshop took place in October and an Ofsted preparation group will meet on an ongoing basis. A self evaluation framework is being designed and then populated with a data set being established. Ofsted inspections of the SEND Reforms will commence in May 2016. • Evaluations have shown that the "tell us once" approach and development of shared outcomes needs to improve and be widely embedded. A workshop on outcomes was held in October and a new framework and monitoring tool are being designed. Multi-agency training will be rolled out from the spring. • A strategic transition group has been established with partners to address the ongoing challenges in

				the system between children and adult services. There is now a smooth process for children known to the disability service but other improvements are required.
3.5 Enable children and young people with SEND to live at home and be educated as close to home as possible	**3.5.1** Develop a strategy to identify local educational priorities supported by specialist services across education, health and care	LBH	Quarterly	• The working group has been meeting regularly and significant improvements have been made to the data to ensure this is as reliable as possible and can provide forecast numbers. • The number of pupils out of area has reduced and over the next 5 years, a further 63 will leave by age. • Recommendations for the need for additional special school provision will be drawn up by December 2016. Over the next 5 years, additional capacity of around 113 special school places will be required to meet the growth in child population and avoid placing children in expensive out of borough provision long distances from home.
	3.5.2 Develop a short breaks strategy for carers of children and young people with disabilities	LBH	Quarterly	• A draft Short Breaks Strategy has now been developed and the working group will be seeking feedback from service users to identify what amendments may be required prior to circulation. • Work on the Strategy will continue to integrate with work taking place on the Local Offer and Carer's Strategy to ensure consistency and maximum visibility and engagement of Hillingdon residents. • There has been significant customer engagement over the last few months to try to capture as many views as possible from residents who may require access to short breaks.

3.6 Assist vulnerable people to secure and maintain their independence by developing extra care and supported housing as an alternative to residential and nursing care	**3.5.1** Provide extra care and supported accommodation to reduce reliance on residential care	LBH	Quarterly	• Both Church Road and Honeycroft Supported Housing Units are now open and service users are transitioning into these schemes at the appropriate pace for each individual. Some early comments from service users at Honeycroft are that they love their new flats and are happy with the provider on site. • Sessile Court is now settled and delivering well.

Priority 4 - A positive experience of care

Objective	Task and Metric	Lead	Metric reporting frequency	Evidence of activity against task
4.1 Ensure that residents are engaged in the BCF scheme implementation	**4.1.1** Improve service user experience by 1%	LBH/CCG	Annually	• The Adult Social Care Survey will be undertaken in Q4 to test 4.1.1 - 4.1.3. • Subject to HWBB approval, residents will be engaged in the development of the plan from April 2016.
	4.1.2 Improve social care related quality of life by 2%	LBH/CCG	Annually	

	4.1.3 Increase the overall satisfaction of people who use services with their care and support	LBH/CCG	Annually	
	4.1.4 Improve social care quality of life of carers	LBH/CCG	Annually	• The Council will undertake a survey in Q4 2015/16 to test improvements against the results of the 2014 Carers Survey. This will provide an opportunity to ask additional questions suggested by partners such as Healthwatch.
4.2 Ensure parents of children and young people with SEND are actively involved in their care	**4.2.1** Develop a more robust ongoing approach to participation and engagement of Children and Young People (C&YP) with SEND	LBH	Quarterly	• Work with ' Headliners' resulted in a film being produced with children, young people and their families. Following the initial screening and workshop a small group has met to undertake the development of the new approaches which will enable children and young people to participate in the development of a range of initiatives including: - All-age Disability Register - Disability Register incentive scheme - Short Break Strategy - The Local Offer - peer to peer guidance (example below) - The DisabledGo Project - Project Search • CYP with SEND have been involved in the development of information for their peers in relation to Preparation for Adulthood. This is now approaching final draft form and is intended for completion during the Autumn term. • Short films, with CYP, are being planned explaining

				various key points of the SEND Reforms to support and enrich the Local Offer.