



External Services Select Committee

Date:

TUESDAY, 22 FEBRUARY

2022

Time:

6.30 PM

Venue:

COMMITTEE ROOM 5 -CIVIC CENTRE, HIGH STREET, UXBRIDGE

Meeting Details:

Members of the Public and Media are welcome to attend.

This meeting will also be

broadcast live.

This agenda is available online at: www.hillingdon.gov.uk or use a smart phone camera and scan the code below:



Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Devi Radia (Vice-Chairman)
Councillor Simon Arnold
Councillor Darran Davies
Councillor Heena Makwana
Councillor Peter Money (Opposition Lead)
Councillor June Nelson

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Putting our residents first

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Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

Useful information for residents and visitors

Watching & recording this meeting

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Those attending should be aware that the Council will film and record proceedings for both official record and resident digital engagement in democracy.



It is recommended to give advance notice of filming to ensure any particular requirements can be met. The Council will provide seating areas for residents/public, high speed WiFi access to all attending and an area for the media to report. The officer shown on the front of this agenda should be contacted for further information and will be available to assist.

When present in the room, silent mode should be enabled for all mobile devices.

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External Services Select Committee

This Committee has an external mandate and reviews the performance and accountability of local service providers other than the Council. It also has statutory responsibilities to scrutinise the local health sector and community safety partnership.

Membership

7 Councillors appointed on a proportional basis.

Terms of Reference

- 1. To undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 2. To work closely with the Health & Wellbeing Board & Local HealthWatch in respect of reviewing and scrutinising local health priorities and inequalities.
- 3. To respond to any relevant NHS consultations.
- 4. To scrutinise and review the work of local public bodies and utility companies whose actions affect residents of the Borough.
- 5. To identify areas of concern to the community within their remit and instigate an appropriate review process.
- 6. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.

The External Services Select Committee may establish, appoint members and agree the Chairman of a Task and Finish Select Panel to carry out matters within its terms of reference, but only one Select Panel may be in operation at any one time. The Committee will also agree the timescale for undertaking the review. The Panel will report any findings to the External Services Select Committee, who will refer to Cabinet as appropriate.

Agenda

5 Hillingdon Health and Care Partners (HHCP) Update

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Agenda Item 5

EXTERNAL SERVICES SELECT COMMITTEE - HILLINGDON HEALTH AND CARE PARTNERS (HHCP) UPDATE

Committee name	External Services Select Committee
Officer reporting	Caroline Morison, Managing Director, HHCP
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to receive an update on the progress and future plans of place-based care in Hillingdon.

RECOMMENDATION: That the update be noted.

SUPPORTING INFORMATION

Integrating care – context

Across the NHS and social care there is a continuing local and national focus on joining up health and care services to put people and their needs at the centre of how we structure and provide care. Often, the way that regulatory frameworks, organisations and funding flows are set up make it harder for us to align care, resource, information and delivery than we would like. This can cause gaps in services or duplication and means that our residents aren't always able to easily access the right care in the right setting at the right time.

National policy

The NHS Long Term Plan (January 2019) set out the direction of travel towards 'Integrated Care Systems' (ICSs) that bring together health and care through strategic partnerships and address the barriers to joining up services and support. The integration white paper (February 2021) provided further detail on the importance of 'Place' including the use of joint strategic needs analyses and joint health and wellbeing strategies to drive population health improvements.

Across North West London (NWL) there has been a shadow ICS in place since 2020, including a partnership board with representation from health and local authorities. The ICS is led by Dr Penny Dash (Chair) and Rob Hurd (Chief Executive) and will become a statutory body after legislation currently planned for July.

The integration white paper (February 2022) provided further shaping of national guidance including: governance arrangements (place governance to be agreed by spring 2023); leadership (a single person to be accountable for delivery of the local plans and outcomes); pooling of budgets; and development of digital and workforce plans at place supported by the ICS.

In Hillingdon, we are incorporating the national and NWL ICS developments into a roadmap for place-based care to ensure that we maintain the pace and momentum from the strong progress that we have made to date.

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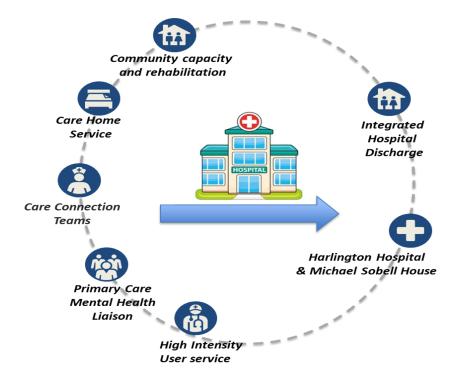
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Place-based care in Hillingdon

In Hillingdon, the development of integrated working at 'place' has been primarily through the existing alliance of The Hillingdon Hospitals' NHS Foundation Trust, Central and North West London NHS Foundation Trust, The Confederation (General Practice) and H4All (collaboration of third sector organisations) - collectively Hillingdon Health and Care Partners (HHCP) - alongside London Borough of Hillingdon and NWL CCG.

Partners have, to date, used an 'alliance agreement' to underpin shared resources, information sharing and the use of partnership investments with agreed benefits and outcomes.

The initial focus of HHCP was to reduce the need for residents to use emergency or unplanned care services through providing proactive care and case management, working with patients and carers to address immediate clinical and wellbeing needs.



We have evaluated these services extensively and demonstrated their positive impacts on patient and carer experience and outcomes. Both the care homes team and high intensity user (HIU) services have been shortlisted for national awards with the HIU service ultimately winning. However, we also continue to review and refresh models to reflect changing needs, ensuring that we make best use of the skills, knowledge and experience of our teams.

In addition to our services, our established partnership and integrated working provided significant benefit through the Covid pandemic where we were able to quickly and effectively coordinate our response. This included adapting and refocusing services to support infection prevention control and delivery of vaccinations, as well as flexing capacity and criteria to support patients to access care in the safest place.

As the partnership has developed further, and in line with national policy, we are now developing our plans to deliver place-based care in Hillingdon.

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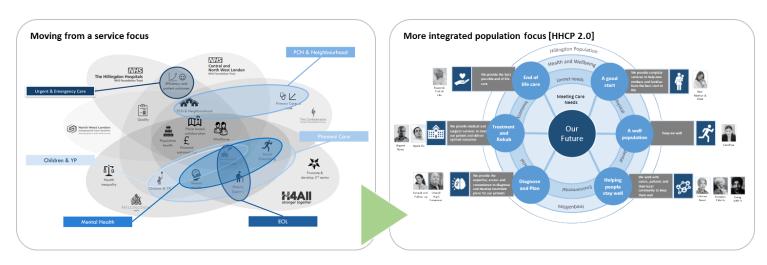
Where we are now

To enable our shift in focus to population health and place-based care HHCP and London Borough of Hillingdon have worked together to refresh the Joint Health and Wellbeing Strategy for Hillingdon and establish shared governance through the co-chairing and revised membership of the Health and Wellbeing Board. The 6 priorities in the Joint Health and Wellbeing Strategy (JHWBS) are aligned to and delivered through the six HHCP transformation programmes:



We have also aligned our s75/Better Care Fund arrangements to support the pooling of resources across these areas.

These programmes will transform the way we deliver our services from pathway driven to personcentred and needs based:



Our neighbourhood development workstream is the foundation for population health delivery in Hillingdon through our 6 neighbourhoods. We will bring together our health provision data at

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neighbourhood level with the refreshed joint strategic needs analysis and insight from ongoing community engagement across health and local authority initiatives to inform our prioritisation and planning.

In addition to our population workstreams, we are bringing together programmes of work across our key enabling areas, digital, workforce and estates and are also developing our approach to resident engagement and involvement.

As part of the new hospital programme, we continue to work together with the redevelopment team to ensure that the models of care and assumptions reflected in the business cases align with our transformation plans. This has been recognised by the national team and local planners supporting assurance of deliverability of the new build.

Next steps

As we move towards place-based working, we are building a roadmap that sets out how we will evolve over the next 3-5 years including:

- Developing HHCP alongside the ICS/ICB/Place transition including clarity on governance, accountability and resource;
- · Designing and delivering our fully integrated models of care;
- Aligning our 'place' plan with our partner and collaborative strategies; and
- Quantifying the resource and capacity required to deliver our transformation programmes.

The roadmap is being developed in partnership along with the NWL ICS to ensure that place-based care in Hillingdon continues to move at pace and deliver the improvements to health and care outcomes to which we have committed.

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