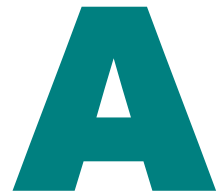




HILLINGDON
LONDON



Health and Wellbeing Board

Date: THURSDAY, 31 OCTOBER 2013

Time: 2.30 PM

Venue: COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW

Meeting Details: Members of the Public and Press are welcome to attend this meeting

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Statutory Members (Voting)

Councillor Raymond Puddifoot MBE (Chairman)
Councillor Philip Corthorne MCIPD (Vice-Chairman)
Councillor Jonathan Bianco
Councillor Keith Burrows
Councillor Douglas Mills
Councillor Scott Seaman-Digby
Councillor David Simmonds
Dr Ian Goodman (CCG)
Jeff Maslen (Healthwatch Hillingdon)

Statutory Members (Non-Voting)

Statutory Director of Adult Social Services
Statutory Director of Children's Services
Statutory Director of Public Health

Co-Opted Members

The Hillingdon Hospitals NHS Foundation Trust
Central & North West London NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Hillingdon Clinical Commissioning Group (officer)
Hillingdon Clinical Commissioning Group (clinician)
LBH - Deputy Director: Public Safety & Environment
LBH - Corporate Director of Residents Services & Deputy Chief Executive (VOTING)

Published: Wednesday, 23 October 2013

Contact: Nikki O'Halloran
Tel: 01895 250472
Fax: 01895 277373
Email: nohalloran@hillingsdon.gov.uk

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Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW
www.hillingdon.gov.uk



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Agenda

Chairman's Announcements

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 10 September 2013 1 - 6
- 4 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

Health and Wellbeing Board Reports - Part I (Public)

- 5 Joint Health & Wellbeing Strategy Action Plan Update 2013-2014 7 - 30
- 6 Public Health Action Plan 2013/2014 31 - 38
- 7 Update Report from Hillingdon CCG 39 - 44
- 8 Healthwatch Hillingdon Update 45 - 48
- 9 Update - Allocation of S106 Health Facilities Contributions 49 - 52
- 10 Former Yiewsley Swimming Pool Site, Otterfield Road, Yiewsley 53 - 54
- 11 Health and Wellbeing Board Sub-Committee Update 55 - 58
- 12 Hillingdon's Joint Strategic Needs Assessment 59 - 66
- 13 Board Planner & Future Agenda Items 67 - 72

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

14 Hillingdon CCG Commissioning Intentions 2014/2015

73 - 108

The report listed above in Part II is not made public because it contains exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

15 Any other items the Chairman agrees are relevant and urgent

Minutes

HEALTH AND WELLBEING BOARD

10 September 2013

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



HILLINGDON
LONDON

	<p>Statutory Board Members Present: Councillor Ray Puddifoot (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Douglas Mills Dr Ian Goodman – Hillingdon Clinical Commissioning Group Jeff Maslen – Healthwatch Hillingdon</p> <p>Statutory Board Members Tony Zaman – Statutory Director of Adult Social Services Merlin Joseph – Statutory Director of Children’s Services Sharon Daye – Statutory Director of Public Health</p> <p>Co-opted Members Present: Jean Palmer – LBH Deputy Chief Executive and Corporate Director of Residents Services Nigel Dicker – LBH Deputy Director: Public Safety & Environment Maria O’Brien – Central and North West London NHS Foundation Trust Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust Ceri Jacob – Hillingdon Clinical Commissioning Group (Officer) Dr Tom Davies – Hillingdon Clinical Commissioning Group (Clinician) Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust</p> <p>LBH Officers Present: Kevin Byrne, Aileen Carlisle, Glen Egan and Nikki O’Halloran</p>	
13.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows, Scott Seaman-Digby and David Simmonds, Mr Robert Bell (Mr Nick Hunt was present as his substitute) and Ms Robyn Doran (Ms Maria O’Brien was present as her substitute).</p>	Action by
14.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 11 JULY 2013 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 11 July 2013 be agreed as a correct record.</p>	Action by
15.	<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>RESOLVED: That all items of business be considered in public.</p>	Action by

16.	<p>IMPLEMENTATION OF JOINT HEALTH & WELLBEING STRATEGY - ACTION PLAN 2013/2014 (<i>Agenda Item 5</i>)</p> <p>Consideration was given to the report in relation to the implementation of the Health and Wellbeing Strategy. It was noted that areas of activity had been detailed in the action plan and that future updates would specify where improvements had been made to the lives of residents. Effort would be made to see if this information could be further split by groups such as age, ethnicity, area, etc. Furthermore, the achievements in each priority would in future be related to the baseline so that progress could be mapped, e.g., Priority 1 - 1.1 relating the achievements to the 7,000 target.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the performance achievements since 1 April 2013 be noted; 2. future updates identify where improvements had been made to the lives of residents; 3. if possible, the data be split by categories such as age and ethnicity; and 4. achievements be reported in relation to the baseline. 	Action by
17.	<p>PUBLIC HEALTH ACTION PLAN 2013/2014 (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the report which reflected issues such as the Council's strategic approach to Public Health contracts and future service provision. Any progress made on the objectives contained within the action plan would be reported to the Board. It was noted that Hillingdon had an above average rate of hospital admissions in relation to alcohol abuse. As such, the Board welcomed the opportunity to focus on this area and officers were asked to periodically report back to the Board on progress made.</p> <p>An exercise had been undertaken to identify projects or schemes across the Council's key service areas that would support the implementation of priorities identified in the JSNA across four public health domains. A large number of suggestions had been received during the exercise and these would be forwarded to the CCG for information.</p> <p>It was noted that a Business Improvement Delivery (BID) review was underway in relation to Public Health and that this process would look at new ways of working rather than just carrying forward an existing plan. As the implementation of the Health and Social Care Act 2012 had created fragmentation and provided a range of challenges, the CCG welcomed the opportunity to look at where its work could be drawn together with public health. The BID review would first look at the structure and then look at where services could be aligned.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the suggestions received to support the public health priorities identified in the JSNA be forwarded to the CCG; and 2. the report and action plan be noted. 	Action by

18.	<p>CCG RECOVERY PLAN 2013-2016 MONITORING (<i>Agenda Item 7</i>)</p> <p>The CCG was thanked for providing its financial update report in a format that was more in-keeping with those produced by the Council. With regard to the period that the report covered (April to May 2013), it was noted that the speed of data flow through the NHS was causing a time lag of 2-3 months. As such, the figures were as up to date as was possible at the time the agenda was published. Validated figures for June 2013 had been returned to the CCG on 9 September 2013 and were broadly in line with the previous two months' performance. It was noted that the figures for 2013 were more positive than those for 2012.</p> <p>The data validation time lag could potentially result in the CCG having an inaccurate picture of its current financial situation (until at least two months after the fact) and issues would eventually arise in relation to payments being made too slowly to service providers that had been commissioned. The CCG anticipated that it would eventually be able to produce monthly validated figures. Future update reports to the Board would include information in relation to unexpected set backs.</p> <p>The Board was advised that the Financial Recovery Plan (mentioned in paragraph 3.2 of the report) was described as a refreshed version as it incorporated new financial instructions and new schemes that had been worked up since the Plan was first published.</p> <p>There had been a culture in the NHS of a lack of investment in IT infrastructure and a history of poor project management for IT systems. The CCG would be looking to implement an improved system by 2014.</p> <p>RESOLVED: That the update on the CCG's Financial Recovery Plan 2013/14 be noted.</p>	Action by
19.	<p>UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS (<i>Agenda Item 8</i>)</p> <p>It was noted that all of the S106 agreements detailed in the report were time limited and that some of them would soon reach their expiry date. The Board was keen to ensure that the expiry dates were not reached without having spent the money. As the process of approval through the NHS was quite long winded, effort would be made to draw up the agreements in such a way that the money could be dealt with locally.</p> <p>Consideration was given to the RAF Eastcote S106 which would be available for another year. Investigations would need to be undertaken to determine whether the £186k could be linked to a project such as improvements at Mount Vernon Hospital. Officers were working hard to resolve the issue of using S106 money and the CCG welcomed suggestions that would offer increased flexibility.</p> <p>From the CCG perspective, NHS Property Services was responsible for the S106 process and the allocation of funding. Some delays in the NHS processes had arisen as a result of location/proximity of the proposals in relation to the expanding population.</p>	Action by

	<p>It was suggested that developers were often happy to look at revising / amending the original S106 agreement if asked. Ms Jacob would ask NHS Property Services to speak to those developers where this would be advantageous. The Council's Deputy Chief Executive and Corporate Director of Residents Services would also ensure that, where S106s were coming close to their expiry date, developers were contacted to see if there could be some renegotiation of the agreement or an extension.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Board notes the progress being made towards the allocation and spend of S106 healthcare facilities contributions within the Borough; and 2. Council's Deputy Chief Executive and Corporate Director of Residents Services would ensure that developers were contacted in relation to S106s that were coming close to their expiry date to renegotiate the agreement or agree an extension. 	
20.	<p>YIEWSLEY HEALTH CENTRE UPDATE (<i>Agenda Item 9</i>)</p> <p>The Board was updated on progress with regard to the Yiewsley Health Centre. The CCG advised that the revenue costs for GPs were currently being reviewed and should be resolved in the next few days. Capital costs were also being queried but it was anticipated that these would also be resolved shortly.</p> <p>It was noted that the Council was keen to ensure that progress was made in relation to the Yiewsley Health Centre as a matter of urgency. The Chairman advised that the Council would be happy to write to the Secretary of State if that would help speed things through the NHS England approval processes. The CCG Chief Operating Officer would report back on progress by the end of the week.</p> <p>RESOLVED: That;</p> <ol style="list-style-type: none"> 1. the CCG Chief Operating Officer report back on progress with regard to NHS England approval in relation to the Yiewsley Health Centre; and 2. the update be noted. 	Action by
21.	<p>S256 AGREEMENT - FUNDING TRANSFER FROM NHS TO LBH (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the S256 agreement report. It was noted that the Council had invoiced for the first funding instalment but, as the money had not yet been received, officers would be pursuing the matter. Concern was expressed that the delay was being caused by NHS England processes.</p> <p>RESOLVED: That the Board:</p> <ol style="list-style-type: none"> 1. noted that the S256 funding agreement was reviewed by the Shadow Health and Wellbeing Board on 19 February 2013 and then signed off on 30 May 2013 by the Corporate Director of Social Care & Health and the Chief Operating 	Action by

	<p>Officer of the Hillingdon Clinical Commissioning Group (HCCG); and</p> <p>2. agreed the direction of travel set out within the S256 agreement at Appendix 1 of the report.</p>	
22.	<p>DEVELOPMENT OF A MEMORANDUM OF UNDERSTANDING BETWEEN CCG & LBH (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the memorandum of understanding (MoU) between Hillingdon CCG and the Council. It was noted that the MoU would be effective until March 2014 whereupon it would be reviewed annually.</p> <p>RESOLVED: The Board agree the draft Memorandum of Understanding.</p>	Action by
23.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the Board Planner and future agenda items.</p> <p>At the last Board meeting, it was agreed that a Sub-Committee be set up to look at the integration of health and social care. This Sub-Committee had held its first meeting on 27 August 2013. It was anticipated that the work of the Sub-Committee would go beyond what it was statutorily required to do and would redesign business processes based on user needs and demands.</p> <p>The Board was advised that the Council would be providing the funding for developing integrated health and social care. It was agreed that an update report from the Sub-Committee would be added as a standard item to each agenda and that the Board receive an update on the Joint Strategic Needs Assessment (JSNA) at its meeting on 31 October 2013.</p> <p>Members of the Board were encouraged to add new items to the Board Planner as and when the need arose.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. the Board receive an update report from the Sub-Committee as a standard item at each of its meetings; 2. a JSNA update report be considered at the meeting on 31 October 2013; and 3. the amended Board Planner be agreed. 	Action by
<p>The meeting, which commenced at 2.30 pm, closed at 3.15 pm.</p>		

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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JOINT HEALTH & WELLBEING STRATEGY ACTION PLAN UPDATE 2013/2014

Relevant Board Member(s)	Councillor Ray Puddifoot Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Administration Directorate
Papers with report	Appendix 1 – Action Plan Update

1. HEADLINE INFORMATION

Summary	This report presents progress on key actions to deliver Hillingdon's Health and Wellbeing Strategy priorities. The Board is asked to consider and comment on the update.
Contribution to plans and strategies	This paper helps the Board to see the progress being made to deliver the key actions to underpin Hillingdon's Health and Wellbeing Strategy.
Financial Cost	There are no direct financial implications arising from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1) review and comment on the performance achievements since 1 April 2013.
- 2) recommend areas where the action plan and progress updates could be developed further to support the Board in its role to drive health improvement in Hillingdon.

3. INFORMATION

Supporting Information

- 3.1 Attached to this report (Appendix 1) is an update of the 2013/14 Health and Wellbeing Action Plan to the end of September 2013. The Action Plan has been structured to see easily how actions being taken align to the priorities in Hillingdon's Health and Wellbeing Strategy. The actions focus on those areas identified to promote health improvement and reduce differences in health.

- 3.2 The updates to the Action Plan indicate where progress is being made and will contribute to the range of indicators which measure improvement within the outcomes frameworks for health, public health and adult social care.
- 3.3 Where information is available, the updates to the Action Plan also include local information about the difference services are making to improve peoples' lives.
- 3.4 A summary of the achievements to date against each of the priorities set out in the Health and Wellbeing Strategy are as follows:

Priority 1 – Improving health and wellbeing and reducing inequalities

The priority set out in Hillingdon's Health and Wellbeing Strategy is to increase the number of people taking part in regular exercise and tackling obesity.

Key Targets	Progress	Status
<ul style="list-style-type: none"> An additional 7,000 people take part in regular exercise by March 2015 	<ul style="list-style-type: none"> Nearly 3,500 additional residents are now taking part in regular exercise since April 2012 (half way through the 3-year target). A range of new activities are available for Hillingdon residents of all ages and abilities, including free swimming, planned cycle rides, healthy walks and targeted exercise programmes for children and young people, and people with disabilities. 	✓ On track.

Priority 2 – Invest in prevention and early intervention

The priorities set out in Hillingdon's Health and Wellbeing Strategy are to reduce reliance on acute and statutory services; children's mental health and risky behaviours; dementia and adult mental health; and sight loss.

Key Targets	Progress	Status
<ul style="list-style-type: none"> More than 50% of people receiving intensive reablement do not require care following the service 	<ul style="list-style-type: none"> 48% of residents do not require ongoing care or support following reablement. 	✓ On track.
<ul style="list-style-type: none"> Complete a review of the CAMHS service and recommend changes for the care pathway 	<ul style="list-style-type: none"> Ongoing. A review of the CAMHS service and needs is underway. This includes an evaluation of the service and recommendations for developing the service to meet needs. 	✓ On track.
<ul style="list-style-type: none"> Reduce the number of low birth weight babies by increasing the percentage of expectant mothers who have seen a midwife or maternity healthcare professional 	<ul style="list-style-type: none"> Ongoing. The latest available data (2012/13) from the NHS shows that mothers attending a 12 week assessment rose during the year to just over 90%. Action is underway to target areas of the Borough to increase take-up further. 	✓ On track.
<ul style="list-style-type: none"> Continue to achieve a high percentage of 	<ul style="list-style-type: none"> Historically Hillingdon has a high take-up level of immunisations. 	✓ On track.

Key Targets	Progress	Status
children and older people being immunised to protect them from infection.	<ul style="list-style-type: none"> The latest data for MMR shows take-up is higher than London, but lower than England take-up rates <u>MMR data for Apr-Jun 2013</u> MMR 24 Months 92.4% (this is lower than England, 92.6%, but higher than London, 87.5%) MMR (1 dose) 5 years 93.8% (this is lower than England, 94.4%, but higher than London, 91.6%) 	
<ul style="list-style-type: none"> Establish a plan to maintain healthy sight and manage the impact of sight loss 	<ul style="list-style-type: none"> A review is underway led by the Pocklington Trust. This includes an analysis of current and future needs. Recommendations will be presented to the Board for consideration in the Spring 2014. 	✓ On track.

Priority 3 - Developing integrated, high quality social care and health services within the community or at home

The priorities set out in Hillingdon's Health and Wellbeing Strategy are to develop integrated approaches for health and wellbeing, including telehealth; and the Integrated Care Programme (ICP).

Key Targets	Progress	Status
<ul style="list-style-type: none"> Full rollout of the Integrated Care Programme (ICP) to all GP practices by the end of 2013. 	<ul style="list-style-type: none"> As at 30th September 2013, 87% GP practices are participating. The evaluation of the first 12 months is showing very positive results. 65% of professionals attending an integrated care planning arrangement have reported they have changed their practice. 	✓ On track.
<ul style="list-style-type: none"> Extend the TeleCareLine service to 3,000 additional people by March 2015 (750 additional people per year over 4 years) 	<ul style="list-style-type: none"> As at 30th September 2013, 2,455 new service users were in receipt of a TeleCareLine equipment service. The technology is helping people to live safely and independently at home. The take-up of TeleCareline is exceeding the target of 750 new service users set for each year of the scheme. 	✓ On track.
<ul style="list-style-type: none"> Provide extra care and supported accommodation to reduce reliance on residential care 	<ul style="list-style-type: none"> The supported living building programme is currently being reviewed to ensure it meets the current and future needs. 4 bespoke small schemes are being developed for clients with mental health needs or learning disabilities who will benefit from shared accommodation. These will be complete within the next 4 months. 	✓ On track.

Priority 4 - A positive experience of care

The priorities set out in Hillingdon's Health and Wellbeing Strategy are to develop tailored, personalised services; and establish an ongoing commitment to stakeholder engagement.

Key Targets	Progress	Status
<ul style="list-style-type: none">• Increase the percentage of adults and older people in receipt of a personal budget to at least 70%	<ul style="list-style-type: none">• As at 30th September 2013, 77% of social care clients (2,163 clients in total – adults and older people) were in receipt of a personal budget (based on services which are subject to a personal budget). The take-up of personal budgets is exceeding the national target of 70%.	✓ On track.
<ul style="list-style-type: none">• Complete a review of stakeholder engagement and present recommendations to the Health and Wellbeing Board	<ul style="list-style-type: none">• A group has been established to review and co-ordinate stakeholder engagement across health and social care. The leads for engagement across health and social care are meeting regularly and will develop recommendations for consideration by the Board in the Spring 2014.	✓ On track.

Financial Implications

There are no direct financial implications arising from the recommendations set out in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The update of the Action Plan for Hillingdon's Health and Wellbeing Strategy supports the Board to see progress being made towards the key priorities for health improvement in the Borough.

Consultation Carried Out or Required

Updates of actions to the Plan have involved close working with partner agencies to provide information.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no direct financial implications arising from the recommendations set out in this report.

Hillingdon Council Legal comments

The Health and Social Care Act 2012 ('The 2012 Act') amends the Local Government and Public Involvement in Health Act 2007.

Under 'The 2012 Act', local authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) for meeting the needs identified in JSNAs. This duty is to be delivered through the Health and Wellbeing Board (HWB).

HWBs are committees of the local authority, with non-executive functions, constituted under the Local Authority 1972 Act, and are subject to local authority scrutiny arrangements. They are required to have regard to guidance issued by the Secretary of State when undertaking JSNAs and JHWSs.

6. BACKGROUND PAPERS

Nil.

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Appendix 1 - Hillingdon Health and Wellbeing Strategy - Partnership Action Plan 2013/2014

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
Priority 1 - Improved health and wellbeing and reducing inequalities As a priority we will focus on physical activity and obesity.						
1.1 To increase physical activity levels by 5% each year for the next three years to improve health, wellbeing and help tackle levels of obesity	Develop and begin to implement a three year strategy to increase participation in physical activity	Physical Activity Strategy Group	Increase the number of residents participating in regular exercise by 7,000 people through a range of targeted initiatives including; a) Develop a programme to increase activity for adults and older people	(a)-(h) 31/03/15	On track. An estimated 3,435 additional adults, older people, children and young people are now taking part in regular exercise since the programme commenced from April 2012. a) A range of programmes have been developed and delivered which is proving successful in engaging residents of all ages and abilities in regular exercise. These include: <ul style="list-style-type: none"> • A new programme of dances (tea dance, disco, bollywood and line dancing) is in place. There have been a total of 2,126 attendances for these events equating to approximately 600 individuals. Take-up of free swimming sessions for older people is increasing. From the latest information available, between 1st April 2013 and 31st August 2013, a total of 12,697 free swimming sessions have been taken up by older people: 45% higher than the same time last year. Typically 1,900 older people take up the free swimming every year. • The Specialist Health Promotion Team are working with Age UK Hillingdon to train a further 3 volunteers in a chair based exercise programme to encourage regular exercise for people who have mobility difficulties. Training will take place during Nov/December 2013. • The 'drumcommunity' project for people with dementia is proving successful. An additional 45 participants are now engaged in the project. 14 staff are being trained to deliver the programme in a range of different settings. • 16 people have taken part in a new stroke exercise rehabilitation class and around 80 people are engaged in cardiac referral classes at Highgrove Pool. 62 people have engaged in the free jogging programme. • Adults engaged in the Back to Sport programme during year 2 reached 732 individuals with participation reaching 8,184 attendances. 	

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
			<p>b) Develop a programme to increase activity for children and young people</p> <p>c) Set up travel plans</p> <p>d) Show an increase in cycling and walking</p> <p>e) Recruit volunteers to support local networks</p>		<p>(b) 23 new families have been engaged in the 2-4 programme at three Children's Centres. Training for Children's Centre staff organised. 40 young people have taken part in the 'Fit Teen' weight management programme and now expanded to Hayes and Uxbridge. 120 primary age children are engaged in the 'Ready, Steady, Boost programme'. A programme to increase delivery in Early Years settings established. Multi-sport programme for primary age children organised. Set-up dialogue with school games organisers to link with community delivery. 460 children completed bike ability levels 1 and 2. 2,651 children completed pedestrian safety training.</p> <p>(c) Travel plans required for new residential and commercial development. Highest increase in London for modal change in school travel. System established to better monitor progress. 27 schools registered for Key stage 1 'Walk once a week'. 53 schools involved with 'Walk on Wednesday'.</p> <p>(d) New information has been produced to encourage residents to 'Explore Hillingdon'. A new cycle ride programme is in place for 2013. Organised cycle rides 'Age Well on Wheels' have been organised. There are 30 residents who are registered and regularly take part in the rides. 97 people have completed adult cycle training. The Healthy Walks programme - there are 150 registered walkers who walk a minimum of once a month. In the six months since 1st April 2013 there were 1467 attendances of people taking part in which involved 102 new walkers.</p> <p>(e) 'Sportunity' volunteering programme for 14-25 yr olds set up that provides incentives for young residents interested in sports leadership. Green spaces volunteering opportunities – approx 70 people with 10 new volunteers in last 12 months. Estimated 70+ volunteers at Eastcote House Gardens. New Cycle Ranger programme developed to help deliver LBH biking borough programme. 20 volunteers trained to deliver walks from their setting or through the 'Walk Hillingdon' programme. 11 schools have registered mini road safety officers scheme launched in September to run alongside 18 registered with Junior scheme so children promote road safety and encourage sustainable school travel.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
			<p>f) Review and support opportunities for people with disabilities</p> <p>g) Set up care pathways with Primary Care and Public Health</p> <p>h) Develop the Change 4 Life campaign to encourage residents of all ages to participate in physical activity.</p>		<p>(f) 'On Your Marks' scheme established in partnership with DASH, providing new swimming and multi-sport activities for disabled adults. A 'Shine the Light' sports event for disabled adults was held at Brunel University in July 2013 to celebrate one year since the torch relay passed through Hillingdon. Around 80 people with disabilities attended.</p> <p>(g) Reviewed delivery of existing cardiac referral scheme. New trial scheme for stroke patients established with 'Fusion'. New 'Let's Get Moving' physical activity referral programme being explored. This will provide a general scheme available to all residents through GP's, Health Checks and other health practitioners.</p> <p>27 diabetic patients referred by Specialist Diabetic nurses into Walk programme. Pilot developed with Macmillan Cancer Research into walk programme to include linking in with new Cancer Information System at Hillingdon Hospital opening in November. Physical activity pathway for cancer patients resulting in 12 regular volunteers.</p> <p>Opportunities for physical activity being included in training for health professionals administering NHS Health Checks.</p> <p>(h) Pledge system established with incentives to encourage more people to be more active, more often. Regular articles in Hillingdon People, through social media etc.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
1.2 Help to tackle fuel poverty to improve health and wellbeing	Reduce fuel poverty	LBH	<p>(a) Improve 70 private sector homes for older vulnerable people.</p> <ul style="list-style-type: none"> • 30 heating measures • 30 insulation measures • Complete essential repairs to 10 homes for vulnerable & older households <p>(b) Deliver Age UK Hillingdon's Housing Options Service and Winter Warmth Campaign</p>	<p>(a) 31/03/14</p> <p>(b) 31/03/14</p>	<p>(a) Since April 2013, improvements have been made to 41 homes of older people in Hillingdon as follows:</p> <ul style="list-style-type: none"> • Heating improvements have been made to the homes of 17 older people. • 18 homes with improved insulation measures. • 6 homes of older residents received essential repairs as needed. Essential repairs can include roof and glazing repairs to reduce health and safety risks <p>The total number of homes to be improved are on track to be completed by the end of March 2014.</p> <p>(b) Ongoing – The campaign was promoted at the Older Persons day on 1st October 2013 including an event held in Uxbridge Town Centre. The event held was very successful with a good variety of stands offering a comprehensive range of information to older people and a good flow of visitors throughout the day. The Age UK Hillingdon Information and Advice stand saw 144 people and specifically gave out 21 Winter Warmth leaflets, following discussion with visitors about the campaign.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
<p>Priority 2. Prevention and early intervention</p> <p>As a priority we will focus on:</p> <ul style="list-style-type: none"> Reducing reliance on acute and statutory services; Children's mental health and risky behaviours; Dementia and adult mental health; Sight loss. 						
2.1 Reduce reliance on acute services and prevent avoidable hospital attendances, admissions and readmissions. Deliver the out of hospital strategy.	Develop and implement plans to prevent avoidable admission or readmission into hospital and avoidable demands on social care services by 31/03/15.	Integrated Care Steering Group	<p>(a) Integrated Care Program to increase the number of people with long term conditions who have a multidisciplinary care plan, specifically targeting at risk groups with diabetes, respiratory disease and the frail elderly</p> <p>b) Enhance the number of people who are transferred home with support from emergency assessment beds at Hillingdon Hospital</p> <p>c) Increase the complexity of people managed in the community by intermediate care services to include dementia and older people with mental health needs</p>	<p>(a) 31/03/14</p> <p>(b) 31/03/14</p> <p>(c) 31/03/14</p>	<p>(a) Ongoing - The Integrated Care Programme (ICP) went live in 2012 providing a joined up approach to patient care across health and local authority services based around case discussion at GP practices. 87% of GP practices have now signed up to the new ICP services. The programme is targeting residents with complex care needs (older frail people, those with diabetes, people with mental health needs, chronic obstructive pulmonary disease and patients with cardiac difficulties).</p> <p>An evaluation of the programme from the first year is showing positive results including:</p> <ul style="list-style-type: none"> 260 patients have been considered at multi-disciplinary group meetings 3831 care plans have been completed 65% of professional attendees have changed their clinical practice as a result of attending a case conference Very positive feedback from patients post care planning The changes in practice are helping to support the efficiency programme <p>(b) Ongoing. Key services are in place and delivering benefits. This includes TeleCareLine, reablement and essential support from the voluntary sector through the 'prevention of admissions and re-admissions' service from Age UK.</p> <p>(c) On track – A flexible service is being specified and commissioned to meet bed-based care needs on a short-term basis. Service expected to be in place by Spring 2014.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
2.2 Improve access to local Child and Adolescent Mental Health Services (CAMHS)	A review of mental health provision for children and young people across the following sectors in the borough: the NHS, social care, education, schools, public health, criminal justice, third sector, adult social care.	CAMHS	<p>(a) Clarify statutory responsibilities for all delivery partners regarding services in scope</p> <p>(b) A map of local CAMHS/mental health and Learning Disabilities/Challenging Behaviour provision at all tiers for services in scope: service provision, service capacity, referral access</p> <p>(c) Identify local population needs and initial recommendations regarding meeting service gaps</p> <p>(d) An evidence review of “what works”; and feedback from users</p> <p>(e) Whole systems service design for child mental health support</p>	<p>a) 31/12/13</p> <p>b) 31/12/13</p> <p>c) 31/12/13</p> <p>d) 31/01/14</p> <p>e) 31/03/14</p>	<p>(a-e) Senior Team to Team meeting established with health commissioners as overarching steering group.</p> <p>CAMHS Working Group formed with health commissioner, local authority and provider representatives.</p> <p>Project charter developed.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
2.3 To continue to reduce teenage pregnancy rates and reduce STIs in young people.	To promote awareness of the risks and to increase take-up of screening.	Public Health	<p>(a) Pilot the extension of the Outreach Contraception and Sexual Health Advice to vulnerable Young People: Children Looked After, Homeless Young People, Young Carers, Drug and Alcohol Users.</p> <p>(b) Increase the Chlamydia Screening uptake by the Brunel University population: a) Increase Awareness of the Chlamydia Screening service on Campus, b) Refocusing the service to repeat Chlamydia testing annually or on change of partner/s.</p>	<p>a) 31/03/14</p> <p>(b) 31/03/14</p>	<p>(a) Outreach Contraception and Sexual Health Nurse newly recruited. A programme of work is being implemented.</p> <p>(b) Terrence Higgins Trust providers of Chlamydia Screening are investigating various ways to increase Chlamydia Screening awareness at Brunel i.e. via the university Intranet/emails. Training planned for University Medical Centre and Pharmacy in Term 1 (Oct-Dec) A considerable amount of work is now being achieved on the Brunel University campus by the commissioned service providers, including:</p> <ul style="list-style-type: none"> ▪ This term the C-Card is being rolled out across campus. ▪ Seven training workshops have been delivered to 30 staff across five outlets. Workshops are booked for October. ▪ Targeted awareness raising of the risks on campus during November focusing on Chlamydia/C-Card/LGBT and Trans/HIV. ▪ The following resources were partly designed and developed for use on campus: <ul style="list-style-type: none"> ▪ Two new leaflets and a handy test voucher have been produced and distributed this quarter. ▪ The leaflets cover Re-testing, Partner Notification and the voucher is a handy credit card sized test request. 	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
			(c) Develop a proposal to extend the current Emergency Hormonal Contraception service, from under 18yrs to under 25yrs and based on local evidence, include a further 9 Pharmacies in the revised TP hotspot wards (ONS 2011)	c) 31/03/14	(c) Potential interested eligible Pharmacists have been identified. Emergency hormonal contraception training being developed. Patient Group Direction (note: PGD is a specific written instruction for the supply or administration of a named medicine in an identified clinical situation) currently in process of being updated.	
2.4 Develop the model of care for dementia	Reduce dependency on institutional care, including hospital bed days and care home settings.	Mental Health Delivery Group	<p>(a) Finalise and begin to implement a joint plan for dementia services to include a service model that delivers effective assessment, treatment and community based support and intervenes earlier in the course of the disease.</p> <p>(b) Agree a joint implementation plan for years 2 and 3 of the Adult Mental Health Strategy.</p>	<p>a) 31/03 /14</p> <p>b) 31/03 /14</p>	<p>(a) On track. Adult Mental Health strategy in place including dementia. A mental health task and finish group has been established to co-ordinate and implement the agreed plan for adult services of all ages. The plan will complement work already underway and being delivered which includes befriending services, dementia cafes, programmes which promote healthy living and health improvement and increasing early intervention for memory assessment.</p> <p>(b) Ongoing. Plan will be recommended for consideration by the Health and Wellbeing Board by 31 March 2014.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
2.5 Improve pathways and response for individuals with mental health needs	To ensure information and access to support is available for people with mental health needs, and that pathways are in place to enable appropriate responses to need	CCG	<p>(a) to develop crisis response and ongoing support of 14 weeks for older people with mental health needs including dementia</p> <p>(b) to implement urgent assessment pathways and with all mental health providers to enable a consistent response and standards of care across the whole system</p> <p>(c) to evaluate the liaison psychiatry pilot programme and identify benefits to improved liaison between physical and health care needs for 14/15 .</p>	<p>(a) 31/03/14</p> <p>(b) 31/03/14</p> <p>(c) 31/04/13</p>	<p>(a) Service developed to an integrated model, which is embedded across the new service elements; the rapid response, ICP, memory service and intermediate care for people with mental health and dementia. The new provision will equip carers with the appropriate skills and resources to navigate patients away from unnecessary admissions and access home based care and support patients to be discharged back to home.</p> <p>b) To implement common standards for urgent assessment and care so that service users experience a consistent response when referred for an urgent need. This will include:</p> <ol style="list-style-type: none"> 1. develop and implement standardised processes for urgent referral agreed with stakeholders. Standards have been agreed. 2. Identify and address training needs and appropriate health and social care record-keeping to support effective shared care and provide high quality care pathway - local implementation plan under development with providers 3. Ensure onward pathways are developed to support improved patient experience when accessing services via urgent referral - on track <p>c) The psychiatric liaison pilot - interim evaluation showed benefits to service using qualitative and quantitative methods. Further work to review the extension of service model will require the development of a business case. Evaluation due to be completed in October – move to business case development stage for 14/15.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
2.6 Reduce alcohol-related harm for hazardous, harmful and dependent drinkers in Hillingdon	Commission a range of interventions to reduce alcohol-related harm and to increase the numbers of alcohol clients referred from acute and primary care settings into community-based treatment services.	Public Health	<p>(a) Increase numbers of alcohol clients presenting to the treatment system and in structured treatment</p> <p>(b) Increase the numbers and rate of alcohol clients successfully completing and exiting treatment.</p>	<p>(a) 31/03/14</p> <p>(b) 31/03/14</p>	<p>(a) 583 clients (where alcohol is the primary drug), presented to alcohol services in the 12 months ending Q4 2012-13.</p> <p>541 clients (where alcohol is the primary drug), presented to alcohol services in Q1 2013/14 – a small reduction compared to the previous quarter.</p> <p>(b) 335 clients (where alcohol is the primary drug) exited alcohol treatment in the 12 months ending Q4 2012-13 with a successful completion rate of 63%.</p> <p>Q1 – 186 (34.4%) (where alcohol is the primary drug) exited alcohol treatment in the 12 months ending Q1 2013/14 with a successful completion rate of 34.4% of all in treatment, two per cent down on the baseline year.</p> <p>The commissioning of substance misuse services (drugs and alcohol) transferred to the London Borough of Hillingdon (LBH) on 1st April 2013. The service is currently under review as part of the BID Transformation review process. The aim of the review is to understand the current position and to identify priorities for a future model of delivery.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG								
2.8 to reduce the extent of low birth rate	To develop a targeted programme in geographical areas with high rates of low birth weight babies, to increase the confidence and participation of parents/women to have healthy babies.	Public Health	<p>(a) <u>12 week assessments</u> -Increase the percentage of women who have seen a midwife or a maternity healthcare professional, or had an assessment of health and social care needs, risks and choices by 12 completed weeks of pregnancy. (National indicator target 90%)</p> <p>(b) <u>Low Birth Weight</u> - Decrease the percentage of Live and Still Births less than 2500 grams.</p>	(a) 31/03/14	<p>(a) There has been a proactive effort to ensure that our target rate has been achieved.</p> <p>12 Week Assessment - 2012/13 Performance:</p> <table border="1" data-bbox="1227 363 1738 448"> <thead> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>79.9%</td> <td>79.9%</td> <td>94.3%</td> <td>90.2%</td> </tr> </tbody> </table> <p><u>Q1 – 2013/14:</u> The Commissioning Support Unit have confirmed that the Department of Health will not be collecting maternity assessment data until the new year and that it will be obtained directly from the providers rather than CCGs.</p> <p>(b) Task and finish group ('Having a Healthy Baby') to plan interventions for the south of the borough which has higher rates of late bookers and low birth weight babies. Interventions include:</p> <ul style="list-style-type: none"> ○ Referrals to Stop Smoking Prevention and support in community settings ○ Referrals to Healthy weight management courses ○ Linking up with Hillingdon Maternity volunteers to promote and sign-post to Stop Smoking services, Healthy Weight Management courses, 'First Aid in the home' courses. <p><u>Smoking in Pregnancy Update:</u> Since April 2013 to the end September 2013, the Smoking Cessation Midwife Service has received 131 referrals.</p> <p><u>Referrals to Healthy weight management courses:</u> Q1 2013/14 – None. Health Visitor specialist in Community Engagement to develop referral links with maternity services to current Healthy Weight management workshops in south of the borough. Latest available data (for the period 2011) - 8.4 per cent of all live and stillbirths weighed less than 2,500 grams. Higher than the England average (7.4)</p>	Q1	Q2	Q3	Q4	79.9%	79.9%	94.3%	90.2%	GREEN
Q1	Q2	Q3	Q4											
79.9%	79.9%	94.3%	90.2%											

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
			<p>(c) <u>Low Birth Weight of Term Babies:</u> (ie. less than 2,500 grams):</p>		<p>(c) <u>'Conception to age 2 – The age of opportunity' Framework for local areas services:</u> A stock take of local maternity and health visiting services is underway against recommended standards in the recently published 'Conception to age 2 – The age of opportunity' Framework for local areas services.</p> <p>Latest available data (for the period 2011) - 8.4 per cent of all live and stillbirths weighed less than 2,500 grams. Higher than the England average (7.4)</p> <p>Latest available data (for the period 2011) - 3.45 per cent of <i>all live births</i> were born with low birth weight. Higher than the England average (2.85)</p>	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
2.9 To prevent vaccine preventable childhood diseases	To increase uptake of childhood immunisations	NHS England	To provide independent scrutiny and challenge the plans of NHS England, Public Health England and providers. (NB The national target for childhood immunisations is 95% for each of the vaccines for the under-fives childhood immunisation schedule and 90% coverage for HPV in school-aged girls).	31/03/14	NHS England Q2 data for 2013/14 is expected December 20th 2013. <u>MMR data for Apr-Jun 2013</u> MMR 24 Months 92.4% (this is just lower than England, 92.6%, but higher than London, 87.5%) MMR (1 dose) 5 years 93.8% (this is lower than England, 94.4%, but higher than London, 91.6%) <u>MMR Catch-up Programme:</u> So far this year (ie. 2013) Hillingdon has not had any confirmed cases of Measles. There was a single confirmed case in 2012. Information regarding uptake of the MMR vaccine amongst the target age group will not be available until later in the year – As of 12-10-2013.	GREEN
2.10 Tackling the issues which can cause sight loss	To develop support and services locally which reduce the effects of sight loss	Vision Strategy Working Group	(a) Working with the Thomas Pocklington Trust and other local partners develop a vision plan and local support services.	(a) 31/03/14	(a) Pocklington Trust is in the process of collating needs information provided by stakeholders. A project group meeting will be taking place in December 2013 to review needs data and identify gaps. An action plan will be developed for consideration in Q4. Intention is to have priorities agreed by 31/03/14 that will inform commissioning plans.	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
<p>Priority 3. Developing integrated, high quality social care and health services within the community or at home</p> <p>As a priority we will focus on:</p> <ul style="list-style-type: none"> • Integrated approaches for health and well-being, including telehealth; • Integrated Care Pilot for frail older people as well as diabetes and mental health. 						
3.1 Assist vulnerable people to secure and maintain their independence by developing extra care and supported housing as an alternative to residential and nursing care	Increase independent accommodation in line with housing support plan	LBH Officer Group/HIP	<p>(a) Provide adaptations to homes to promote safe, independent living.</p> <p>(b) Extend the TeleCareLine service to a further 750 people</p> <p>(c) Provide extra care and supported accommodation to reduce reliance on residential care</p>	<p>(a) 31/03/14</p> <p>(b) 31/03/14</p> <p>(c) 31/03/14</p>	<p>(a) To the end of September 2013: A total of 86 homes have had adaptations completed to enable disabled occupants to continue to live at home. This is made up of 55 Disabled Facilities Grants for owner/occupiers and private tenants, and 31 Council tenants. There are 163 Disabled Facilities Grants which are in progress or about to start with 14 pending approval.</p> <p>(b) As at 30th September 2013, 2,455 new service users were in receipt of a TeleCareLine equipment service. The technology is helping people to live safely and independently at home. The take-up of TeleCareline is exceeding the target of 750 new service users set for each year of the scheme.</p> <p>(c) On average 1 placement is made per month into extra care for older people who would otherwise have to move into residential care. Glenister Gardens, a 12 bed supported living scheme for clients with learning disabilities, is fully occupied.</p> <p>The supported living building programme is currently being reviewed to ensure it meets the current and future needs.</p> <p>4 bespoke small schemes are being developed for clients with mental health needs or learning disabilities who will benefit from shared accommodation. These will be complete within the next 4 months.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
3.2 Deliver end of life care and support services	Improve the quality of end of life care for residents	End of Life Forum	<p>(a) Develop work with the ICP programme to assist in identification of 1% people expected to die within a 12 month period.</p> <p>(b) Develop information sharing protocols between statutory, voluntary, private and independent sector partners regarding early identification of people approaching end of life.</p> <p>(c) Develop a process for measuring quality for end of life care in Hillingdon.</p>	<p>(a) 31/03 /14</p> <p>(b) 31/03 /14</p> <p>(c) 31/03 /14</p>	<p>(a) The ICP for Frail Elderly patients is well developed and in use by GP's to develop advanced care plans utilising Coordinate My Care (CMC). CMC is an electronic patient care record system that allows all organisations with access to an N3 connection to view the patients care plan and their wishes in terms of the end of life phase of their illness. Support mechanisms for General Practice are also in development.</p> <p>(b) A three year strategy (2013-2016) has been documented by the Pan Hillingdon End of Life Forum and is in the process of being signed off by all Health, Social Care and Voluntary Sector organisations – for public launch late Autumn.</p> <p>(c) Agreements are in place to measure quality in relation to documented preferences as recorded in the CMC Care plan.</p>	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
<p>4. A positive experience of care As a priority we will focus on:</p> <ul style="list-style-type: none"> • Tailored, personalised services; • An ongoing commitment to stakeholder engagement. 						
4.1 Deliver personalised adult social care services through the Support, Choice and Independence programme.	Increase the number of people in receipt of a personal budget to give residents greater choice and control over the outcomes they consider to be important.	LBH	(a) Promote take up of personal social care budgets to provide greater choice and control	(a) 31/03 /14	(a) A personal care budget gives people who need care and support a greater say on deciding their support arrangements to suit their own needs. As at 30 th September 2013, 77% of social care clients (2,163 clients) were in receipt of a personal budget (based on services which are subject to a personal budget). The take-up of personal budgets is exceeding the national target of 70%.	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
4.2 Ensure that local residents have opportunities to get involved in and have a say about services which improve health and wellbeing.	Develop opportunities for residents to get involved.	Task and Finish Group to review	<p>(a) Establish the current requirements and arrangements for stakeholder engagement across health and the Council to support improvements in health and wellbeing</p> <p>(b) Make recommendations to the Health and Wellbeing Board to establish a co-ordinated plan of stakeholder engagement in Hillingdon for Health and Wellbeing</p>	<p>(a) 31/03/14</p> <p>(b) 31/03/14</p>	<p>(a) On track. A group has been established to review and co-ordinate stakeholder engagement across health and social care. The leads for engagement across health and social care are meeting regularly and will develop recommendations for consideration. The recommendations will be practical and focus on supporting meaningful involvement of local residents.</p> <p>(b) On track – recommendations will be presented to a meeting of the Board in the Spring 2014.</p>	GREEN

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PUBLIC HEALTH ACTION PLAN 2013/14

Cabinet Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report Author	Sharon Daye, Public Health
Papers with report	Appendix 1 - Action Plan

1. HEADLINE INFORMATION

Summary	This is an Action Plan update regarding the integration of Public Health into the Council post transfer on 1 April 2013.
Contribution to our plans and strategies	The Council now has certain statutory duties in respect of Public Health under the Health & Social Care Act 2012. The delivery of the Council's Public Health functions are driven by the Health and Wellbeing Strategy.
Financial Cost	There are no financial costs associated with the recommendations in this report.
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes the report and action plan at Appendix 1.

Reasons for recommendation

To ensure that the Health and Wellbeing Board is aware of progress made against the Public Health Action Plan.

Policy Overview Committee comments

None at this stage.

3. INFORMATION

An integrated delivery model for Public Health in Hillingdon has been adopted. This is consistent with the Council's operating model and aligns functions, exploits synergies and maximises benefit to residents. Under this approach, common activities such as finance,

contracts, performance management and business support will be incorporated into existing Council services.

Corporate Finance

Corporate Finance has reviewed this report, noting that all costs associated with the implementation of the action plan set out in appendix 1 are being met from the ring-fenced Public Health budget. There is no direct financial cost associated with the recommendation contained within this report.

Legal

There are no specific legal implications arising from this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

The approach taken to integration of Public Health into the Council should enable effective delivery of mandatory functions and Public Health priorities.

5. BACKGROUND PAPERS

NIL.

PUBLIC HEALTH ACTION PLAN 2013/2014

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update
1. Integration of Public Health (Post Transfer)					
1.1 Ensure the delivery of mandatory and non-mandatory services is centred the Councils vision of putting residents first.	To deliver improved outcomes, including improved health	Jean Palmer Aileen Carlisle Matthew Kelly Sharon Daye/Nigel Dicker	<p>1.1a Apply Council's contract management framework, incorporating category management for commissioning activities.</p> <p>1.1b Undertake review of mandatory and non-mandatory services:</p> <p>Mandatory:</p> <ul style="list-style-type: none"> ▪ National Child Measurement Programme; ▪ NHS Health Checks; ▪ Core Offer to Clinical Commissioning Groups (CCGs); ▪ Public Health responsibilities for Health Protection; ▪ Sexual Health. <p>Non-mandatory</p> <ul style="list-style-type: none"> ▪ School nursing (i.e. Healthy Child Programme for school age children) ▪ Local health improvement programmes to improve diet / nutrition, to promote ▪ physical activity and prevent / address obesity; 	October 2013	<p>1.1a Category management approach in place and work ongoing.</p> <p>1.1b Full BID and category Reviews of services and service specifications, liabilities and commitments currently underway.</p>

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update
			<ul style="list-style-type: none"> ▪ Drug misuse and alcohol misuse services; ▪ Tobacco control including stop smoking services and prevention activity. <p>1.1c Recommendations to Cabinet for approval</p>	TBC	
<p>1.2 Integration of ring-fenced public health budget.</p> <p>(Note: Additional public health grant funding has been awarded over a 2 year period – 2013/14 & 2014/15)</p>	To apply Council's robust approach to medium term financial forecasting, including value for money	<p>Jean Palmer</p> <p>Aileen Carlisle</p> <p>Sharon Daye</p> <p>Nigel Dicker</p>	<p>1.2a To undertake an exercise to identify projects or schemes across Council's key service area that would support implementation of priorities identified in the JSNA across the 4 public health domains of:</p> <p>Domain 1: Improving the wider determinants of health;</p> <p>Domain 2: Health Improvement;</p> <p>Domain 3: Health Protection;</p> <p>Domain 4: Healthcare public health and preventing premature mortality.</p>	Early July 2013	Exercise Undertaken

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update
			1.2b To raise awareness of Council staff about new Public Health responsibilities in order to identify projects.	Early July 2013	Four workshop briefings undertaken in June /July. Schemes are now being reviewed.
2. BID Review of Public Health Team					
2.1 To review the work of the transferred Public Health Team, using BID principles.	To reshape the service to support the Council's operating model and focus on building capacity and resilience.	Aileen Carlisle Jean Palmer	2.1 a To place Public Health Team including the Specialist Health Promotion and Smoking Cessation Teams into Resident Services.		Completed

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update
3. Effective Partnerships Working					
3.1 Agreement of Memorandum of Understanding (MOU) between the Council and Hillingdon Clinical Commissioning Group (CCG) (Note: The Health and Social Care Act 2012: Mandatory responsibility for local authorities)	Ensure local NHS commissioners receive the necessary public health advice so that they can discharge their statutory duties. Agreement of Action Plan to support implementation of the MOU between the Council and Hillingdon CCG	Sharon Daye/ Nigel Dicker	3.1a To develop MOU for 2013/14 that can be jointly agreed by both the Council and Hillingdon CCG. 3.1b To develop action plan for 2013/14 that can be jointly agreed by both the Council and Hillingdon CCG		MOU Agreed at September 2013 meeting of the Health and Wellbeing Board. Action Plan agreed.

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UPDATE REPORT FROM HILLINGDON CCG

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	John Halsted, Interim QIPP Director
Papers with report	Summary of progress against plan

1. HEADLINE INFORMATION

Summary	<p>This report provides an update on Hillingdon CCG's progress with its Financial Recovery Plan for 2013-2016.</p> <p>The CCG's Financial Recovery Plan forms an integral part of its 2013/14 Operating Plan, as agreed by the Health and Wellbeing Board (HWB) at its February 2013 meeting and as approved by the Hillingdon CCG Governing Body at its May 2013 meeting. It also aligns closely with the Hillingdon CCG Out of Hospital Strategy.</p> <p>Current expectations are for the CCG to deliver the majority of its Recovery Plan targets by March 2014. However, there is a risk of underperformance of c £1.5 million (14% of the overall plan) based on current activity figures. A number of remedial actions are being put in place to seek to reduce this forecast underperformance and it is noted that data at this point in the year is subject to a number of caveats on accuracy.</p>
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	The Financial Recovery Plan reflects the position of Hillingdon CCG at the time of writing. Changes to funding streams and national policy impact on assumptions within the Financial Recovery Plan and the plan is being refreshed for 2014/15 to reflect these changes. These include for example the proposed integration funding transfer.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	All

2. RECOMMENDATION

That the Board notes the update on the CCG's Financial Recovery Plan 2013/14.

3. INFORMATION

Supporting Information

3.1 CCG Recovery Plan 2013/14

The CCG set its budget for 2013/14 on the basis of achieving a series of financial savings targets between April 2013 and March 2016. The target for this year is £11 million, rising to £14.5 million in each of the two following years, or £40 million over the combined three years. A deficit budget of £12.15m was set for 2013/14.

The Recovery Plan – or QIPP Programme (Quality, Innovation, Productivity and Prevention) – contains 5 main programmes, with the savings target in 2013/14 shown against each:

1. Unscheduled Care (£3 million)
2. Planned Care (£3.7 million)
3. Long Term Conditions (£0.4 million)
4. Prescribing (£2.4 million)
5. Mental Health & Community Services (£1.7 million)

Each programme contains a number of separate schemes, with the overall objective of achieving faster access to care in an emergency, and improved pathways of care for all users of services, and bringing access to high-quality care in line with best practice in London and nationally. In addition to the schemes above, the CSU (Commissioning Support Unit) is responsible for ensuring that contractual requirements are rigorously applied and challenges made appropriately.

The four underlying principles behind the CCG's financial planning, and the Governing Body's approach to integrated commissioning, are for the Financial Recovery Plan to deliver local financial and service stability over the next 3 years, and to be:

- clinically led and supported by GP commissioners;
- informed by engagement with the public, patients and local authority;
- robust and transparent in its process, and underpinned by a sound clinical evidence base; and
- consistent with current and prospective patient choice.

Achievement of our commissioning priorities is linked to achievement of the Quality Premium (a payment CCGs receive in the following year if certain targets are achieved). Delivery is tracked weekly through our Programme Management Office (PMO) and monitored through monthly assurance meetings by NHS England.

3.2 Progress to date

Several of schemes are already in place and delivering the expected level of savings. For example:

- the successful implementation of the Urgent Care Centre at Hillingdon Hospitals (THH);
- negotiation and successful contract variation for a new musculo-skeletal care pathway and a new gynaecology pathway with THH; and
- continuation of the successful Rapid Response and Admissions Avoidance care-pathways, in partnership with LBH, CNWL and THH. In months 1 through 5, the Intermediate Care Rapid Response pathway has seen an extra 30 patients resulting in additional savings of £42k.

A number of our planned care schemes have taken longer than expected to get underway, although good progress is being made with THH in developing these as a variation to our existing contract. The mitigations put in place have resulted with two schemes expected to implement 1 and 2 months earlier than anticipated.

Besides weekly monitoring within the CCG PMO and regular reviews at the Governing Body and CCG Committees, progress with the overall Recovery Plan has been discussed with the whole economy Recovery Programme Board.

3.3 Hillingdon CCG Budgets and Financial Plan

The Health and Wellbeing Board meeting in July 2013 received details of the CCG's financial plan and QIPP Programme, alongside a statement of the foreseeable risks and risk mitigation plans.

The CCG continues to work in partnership with the other CCGs in the Outer North West London Federation to monitor delivery of its financial, commissioning and strategic plans, in particular with relation to 'Shaping a Healthier Future', designed to improve access for the local population of Hillingdon to high quality community, primary care and hospital services.

4. FINANCIAL IMPLICATIONS

The Operating Plan for Hillingdon CCG is based on a deficit budget of £12.25m with a QIPP (Quality, Innovation, Productivity and Prevention) of £11m identified. Achievement of this control total is monitored through monthly assurance meetings with NHS England-Local Area Team.

5. LEGAL IMPLICATIONS

Hillingdon CCG is required to produce an Operating Plan annually. All CCGs are required to comply with the NHS Mandate.

6. BACKGROUND PAPERS

None.

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Local Scheme Name		1	2	3	4	5	6	7	8	9	10	11	12	Total
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	
Intermediate Care - 1A - Scale up Rapid Response	PLAN	8,275	17,303	25,578	39,872	39,872	39,872	39,872	39,872	39,872	39,872	39,872	39,872	410,000
	ACTUAL	50,033	37,433	19,233	23,433	43,033	39,872	39,872	39,872	39,872	39,872	39,872	39,872	452,268
	VARIANCE	41,758	20,131	-6,345	-16,438	3,162	0	0	-	-	-	-	-	42,268
Intermediate Care - 1B - Increase scope of Rapid Response	PLAN	-	-	-	-	-	-	61,667	61,667	61,667	61,667	61,667	61,667	370,000
	ACTUAL	-	-	-	-	-	-	61,667	61,667	61,667	61,667	61,667	61,667	370,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
Excess Bed Days	PLAN	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	800,000
	ACTUAL	29,836	29,836	49,484	46,305	10,929	46,305	46,305	46,305	46,305	46,305	46,305	46,305	490,525
	VARIANCE	-36,831	-36,831	-17,183	-20,362	-55,738	-20,362	-20,362	-20,362	-20,362	-20,362	-20,362	-20,362	-309,475
ICP Pilot - diabetes/older people/diabetes/COPD/HF	PLAN	21,935	32,903	43,871	45,242	45,242	45,242	45,242	45,242	45,242	46,613	46,613	46,613	510,000
	ACTUAL	18,436	18,436	23,000	58,514	30,000	34,000	38,000	44,000	46,500	47,000	51,000	51,000	459,886
	VARIANCE	-3,500	-14,467	-20,871	13,272	-15,242	-11,242	-7,242	-1,242	1,258	387	4,387	4,387	-50,114
Diabetes Pathway	PLAN	-	-	-	-	-	-	8,667	8,667	8,667	8,667	8,667	8,667	52,000
	ACTUAL	-	-	-	-	-	-	-	-	-	-	-	-	-
	VARIANCE	-	-	-	-	-	-	-8,667	-8,667	-8,667	-8,667	-8,667	-8,667	-52,000
End of Life	PLAN	-	-	-	43,333	43,333	43,333	43,333	43,333	43,333	43,333	43,333	43,333	390,000
	ACTUAL	-	-	-	109,152	2,515	39,762	39,762	39,762	39,762	39,762	39,762	39,762	390,000
	VARIANCE	-	-	-	65,819	-40,818	-3,571	-3,571	-3,571	-3,571	-3,571	-3,571	-3,571	-0
A & E to UCC procurement	PLAN	-	-	-	-	-	-	59,251	75,093	91,414	91,414	91,414	91,414	500,000
	ACTUAL	-	-	-	-	-	-	59,251	75,093	91,414	91,414	91,414	91,414	500,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastro Pathway development	PLAN	-	-	-	-	-	-	5,397	6,682	8,480	8,480	8,480	8,480	46,000
	ACTUAL	-	-	-	-	-	23,754	-	-	-	-	-	-	23,754
	VARIANCE	-	-	-	-	-	23,754	-5,397	-6,682	-8,480	-8,480	-8,480	-8,480	-22,246
Ophthalmology Pathway Re-design	PLAN	-	-	-	14,148	28,482	42,723	80,697	80,790	80,790	80,790	80,790	80,790	570,000
	ACTUAL	-	-	-	-	-	42,723	80,697	80,790	80,790	80,790	80,790	80,790	527,370
	VARIANCE	-	-	-	-14,148	-28,482	-	-	-	-	-	-	-	-42,630
Gynaecology Pathway development	PLAN	-	-	-	-	-	-	16,831	33,366	49,961	66,614	66,614	66,614	300,000
	ACTUAL	-	-	-	-	-	-	-	16,831	33,366	49,961	66,614	66,614	233,386
	VARIANCE	-	-	-	-	-	-	-16,831	-16,535	-16,594	-16,654	-	-	-66,614
Dermatology Pathway development	PLAN	-	-	-	-	-	-	17,100	22,545	27,922	34,144	34,144	34,144	170,000
	ACTUAL	-	-	-	-	-	-	-	17,100	22,545	27,922	34,144	34,144	135,856
	VARIANCE	-	-	-	-	-	-	-17,100	-5,445	-5,377	-6,222	-	-	34,144
Urology Pathway development	PLAN	-	-	-	-	-	-	-	-	4,698	9,368	12,967	12,967	40,000
	ACTUAL	-	-	-	-	-	-	-	-	4,698	9,368	12,967	12,967	40,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
General Surgery Pathway development	PLAN	-	-	-	-	-	-	-	-	-	10,917	10,917	11,165	33,000
	ACTUAL	-	-	-	-	-	-	-	-	-	-	-	-	-
	VARIANCE	-	-	-	-	-	-	-	-	-	-10,917	-10,917	-11,165	-33,000
ENT Pathway Development	PLAN	-	-	-	-	-	-	-	-	-	6,316	9,878	13,807	30,000
	ACTUAL	-	-	-	-	-	-	-	-	-	6,316	9,878	13,807	30,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
MSK Pathway development	PLAN	33,984	42,598	50,171	105,549	176,712	176,712	176,712	176,712	176,712	176,712	176,712	176,712	1,646,000
	ACTUAL	33,984	42,598	50,171	167,549	172,142	172,425	167,855	167,855	167,855	167,855	167,855	167,855	1,646,000
	VARIANCE	-	-	-	62,000	-4,570	-4,287	-8,857	-8,857	-8,857	-8,857	-8,857	-8,857	-0
MSK Pathway development - Fixed	PLAN	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	828,000
	ACTUAL	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	828,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
Pulmonary Rehab	PLAN	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	100,000
	ACTUAL	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	100,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-

Local Scheme Name		1 Apr-13	2 May-13	3 Jun-13	4 Jul-13	5 Aug-13	6 Sep-13	7 Oct-13	8 Nov-13	9 Dec-13	10 Jan-14	11 Feb-14	12 Mar-14	Total
Cardiology Pathway development	PLAN	-	-	-	-	-	-	11,700	23,325	35,025	46,650	46,650	46,650	210,000
	ACTUAL	-	-	-	-	-	-	-	11,700	23,325	35,025	46,650	46,650	163,350
	VARIANCE	-	-	-	-	-	-	-11,700	-11,624	-11,700	-11,624	-	-	-46,650
Community Services Programme	PLAN	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	510,000
	ACTUAL	42,500	42,500	42,500	42,500	42,500	95,357	95,357	95,357	95,357	95,357	95,357	95,357	880,000
	VARIANCE	-	-	-	-	-	52,857	52,857	52,857	52,857	52,857	52,857	52,857	370,000
Existing contract savings planned (MH)	PLAN	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	870,000
	ACTUAL	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	870,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
Lucentis Pricing Efficiency	PLAN	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	470,000
	ACTUAL	-	-	-	-	-	-	24,286	24,286	24,286	24,286	24,286	24,286	145,714
	VARIANCE	-39,167	-39,167	-39,167	-39,167	-39,167	-39,167	-14,881	-14,881	-14,881	-14,881	-14,881	-14,881	-324,286
Medicines Management	PLAN	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	1,980,000
	ACTUAL	62,273	87,104	89,000	61,493	87,516	87,516	87,516	87,516	87,516	87,516	87,516	87,516	1,000,000
	VARIANCE	-102,727	-77,896	-76,000	-103,507	-77,484	-77,484	-77,484	-77,484	-77,484	-77,484	-77,484	-77,484	-980,000
Reprovision of CC Beds	PLAN	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	330,000
	ACTUAL	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	330,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
HILLINGDON Total	PLAN	554,861	583,471	610,287	738,810	824,308	838,549	1,057,135	1,107,959	1,164,449	1,222,224	1,229,385	1,233,562	11,165,000
	ACTUAL	414,396	435,241	450,722	686,280	565,969	759,048	917,901	985,467	1,042,590	1,087,749	1,133,410	1,137,339	9,616,109
	VARIANCE	-140,466	-148,230	-159,565	-52,530	-258,339	-79,501	-139,234	-122,493	-121,859	-134,476	-95,975	-96,223	-1,548,891

	12/13	13/14	Diff	FA Tariff	Saving
Gastro GP	1947	1848	99		
Gastro Consultant	324	276	48		
Other Referrer	168	204	-36		
13/14 QIPP			111	214	23754
National Screening Programme		161	-161		

HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Jeff Maslen
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Appendix 1

1. HEADLINE INFORMATION

Summary	To receive an update report from Healthwatch Hillingdon, following their establishment on 1 April 2013, replacing the Hillingdon Local Involvement Network.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Board note the report received.

3. INFORMATION

Supporting Information

Hillingdon Healthwatch is the new independent consumer champion created to gather and represent the views of Hillingdon residents. Healthwatch will play a role at both national and local levels and will make sure that the views of the public and people who use services are taken into account.

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A.

Consultation Carried Out or Required

N/A.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

There are no legal implications from this update.

6. BACKGROUND PAPERS

NIL.

Report to: The Health and Wellbeing Board

Report from: Graham Hawkes, Chief Executive Officer

Date: 14th October 2013

Subject: Report on the Healthwatch Hillingdon Launch Event

Introduction

In our last written report to the Health and Wellbeing Board of 30th June 2013, we advised that we were planning to hold an official launch in September 2013. This report is to update the Health and Wellbeing Board on this event, which was held on 18th September 2013.

Overview

From the early stages of the preparation and planning for the event the Board recognised that for Healthwatch Hillingdon to be successful it required a commitment from all stakeholders to support and work with us. The event was the perfect opportunity to gauge current support and promote further commitment. It was essential to ensure that we did not just use the event to inform the delegates of the functions and aims of Healthwatch Hillingdon, but to explore with participants what they wanted from their Healthwatch, the key areas of health and social care in Hillingdon that they would like to see improve, and regardless of which stakeholder group they represented, how they could work with Healthwatch to achieve this.

These factors were taken into account when setting the agenda. The presentations to inform about Healthwatch, from ourselves, VoiceAbility the commissioned advocacy service, and Healthwatch England, were kept succinct, with the emphasis being placed upon delegate participation, and the two facilitated group sessions. The first of these sessions giving attendees the opportunity to inform and influence Healthwatch Hillingdon's work plan priorities; and the second focussing upon the attendees and how they individually, or the organisation they represent, can work with Healthwatch to improve the health and wellbeing of the adults, young people and children of Hillingdon. The finale of the afternoon was a period of questions and answers to the Healthwatch Hillingdon Board.

Event

The event was well attended by over 150 people representing the public, community groups, voluntary sector, Local Authority and NHS organisations. Their participation was very enthusiastic and extremely encouraging throughout the afternoon.

Feedback from the participants has been very positive with 84% of attendees giving the event an excellent or good rating. There were scores in excess of 80% for both group sessions and particularly pleasing is that 83% of people advised that their understanding of Healthwatch was now excellent, or good, following their attendance at the launch.

The information gleaned from the event is currently being formulated into a report which will be published in November; as will the film taken of the launch by the students of Uxbridge College.

Outcomes

The information captured at the launch event will be used to inform the on-going piece of work being carried out by Healthwatch Hillingdon to compile our work plan and engagement strategy.

First group session

The full outcomes of the event will be defined in the November report, but initial findings show that the following are key areas, outlined in the first facilitated group session, for consideration on the work plan:

- Poor access to GP practices and triaging by GP receptionists
- The fear of complaining about poor service because it may result in future detrimental service provision
- Communication, between different organisations and with patients and carers by organisations
- Domiciliary care services require improving
- More joined up services for patients

Second group session

The second group session saw many delegates express a commitment to help Healthwatch. This has seen us being invited to speak at organisations meetings and events, our leaflets being distributed and a link to our website being placed on other websites. We also received an encouraging opportunity to work in partnership with an organisation to collect experience of services from their clients.

We were also provided with a number of ideas of how we can engage and although many of these are areas already known to us, there were some new ideas which we will be investigating in more depth as we formulate our engagement plan.

Conclusion

Although all information has still to be fully interpreted, our initial thoughts are that the launch event has been a success. A large number of people attended, representing a wide range of stakeholders and their feedback has been very positive. We have improved our profile, increased the understanding of Healthwatch, started new relationships and feel that there is a new accord and connection made with stakeholders that can now be built upon to help Healthwatch in Hillingdon be successful.

UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS

Relevant Board Member(s)	Councillor Ray Puddifoot
Organisation	London Borough of Hillingdon
Report author	Jales Tippell, Residents Services
Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper updates the Board of the progress being made in allocating and spending contributions towards the provision of healthcare facilities in the Borough.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	Social Services, Housing and Public Health Residents and Environmental Services External Services
Ward(s) affected	N/A

2. RECOMMENDATION

That the Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.

3. UPDATE ON PROGRESS

1. Since the last report to the Health and Wellbeing Board in September, a further meeting has been held between officers from the Council's Public Health Service, NHS Property Services and the Council's s106 Monitoring officer to discuss progress and move identified schemes forward.

Proposals for allocation

2. At the meeting, NHS Property Services confirmed that, where s106 contributions are not eligible to be allocated towards either the Hesa scheme or the Yiewsley Pool development, a fair and transparent process has been developed to allow GP practices in the area to express an interest in spending these contributions towards eligible schemes.

3. This process was agreed with the London wide Medical Committee (LMC) in August and a letter was subsequently sent out to all GPs in the Borough setting out criteria for requesting s106 allocation and inviting them to submit applications for premises improvements which would meet s106 legal requirements.
4. The first round of bids has now been assessed by an NHS Panel and four bids totalling approximately £390k are to be submitted to the Council for funding from s106 health contributions. The only information on these 4 schemes that has been submitted to the Council to date is as follows:
 - The expansion of the GP practice at 1 Wallasey Crescent, Ickenham – H/19/231G (£184,745).
 - The expansion of the GP practice at Southcote Clinic, Southcote Rise, Ruislip – H/15/205F (£184,653).
 - Additional clinical room at Pine Medical Centre, Fredora Avenue, Hayes – H/18/219C (£1,800).
 - Improvements at King Edward Medical Centre, King Edwards Road, Ruislip – H/12/197B (£11,440) and H/19/231G (£8,560).
5. The bids have been approved by the NHS Panel subject to the Council's s106 allocation process. Therefore, in line with the Service Level Agreement, the Council now needs to receive a formal request to allocate and release the funds towards these schemes. This will require NHS Property Services to provide further details and a business case for each of the proposed schemes. The schemes will then be assessed against the relevant legal agreement and reported to the Leader and the Cabinet Member for Finance, Property and Business Services in order for the monies to be released towards the schemes.

Proposed 'Health Zone' at Elers Road Clinic, Hayes

6. There are ongoing discussions between the Interim Director of Public Health and Deputy Director of Estates, NHS Property Services to enable joint working and agree public health priorities for spending some health facilities contributions in the Borough.
7. One option currently being explored is a proposal to equip a room at the Elers Road Clinic in Hayes as a "health zone" to provide health check assessments and health advice on issues such as diabetes, obesity, heart disease or smoking. This proposal is currently being discussed with the CCG with regard to the possible revenue implications associated with such a scheme.
8. It should be noted that, if this scheme is progressed, it is likely to compete with the Hesa scheme to receive s106 funding in the Hayes area. The Council, CCG and NHS Property Services will therefore need to agree which scheme will take priority and where to invest further s106 contributions in order to best meet the priorities for healthcare in the Borough before requesting allocations towards either scheme.

Hesa Health Centre expansion

9. Three s106 health contributions totalling £264,818 are currently allocated towards this scheme, the first of which is to be spent before January 2014. NHS Property Services has advised that, following further amendments to the designs to address compliance

issues, the scheme is expected to start on site at the end of October. A new work programme is to be provided to the Council as soon as it becomes available.

Proposed new Yiewsley Health Centre (former Yiewsley Pool site)

10. Three of the s106 health contributions that have spend deadlines in 2014 are currently earmarked towards this scheme, subject to a request for formal allocation. These contributions total £70,672 and the first contribution must be spent by February 2014.
11. NHS England has now confirmed the additional revenue implications associated with this scheme. There is, however, a further delay on the scheme due to a shortfall in available funding towards the capital costs associated with fitting out and decanting GP services to the new centre. Discussions are ongoing between NHS Property Services and the Council as to how this shortfall might be met.

St Andrews Park

12. NHS Property Services has confirmed to VSM that a health care facility is required on this site. Given that the size of the facility required is significantly larger than that provided for in the s106 agreement, this will be a commercial arrangement between the NHS and the developer. A position meeting took place between the CCG, NHS Property Services and VSM on 26 September 2013 and options for an alternative location for a larger health facility are being explored.

FINANCIAL IMPLICATIONS

As reported in the first quarterly report, there is £1,262k of Social Services, Health and Housing s106 contributions available, of which £41k has been identified as a contribution for affordable housing and £49k towards a social services scheme. The remainder £1,172k is available to be utilised towards the provision of facilities for health. It is worth noting that £89k of the health contributions have no time limits attached to them. The proposals for the allocation of those contributions with time limits in 2014 can be summarised as follows:

Hesa Health Centre Hayes:

S106 Funding Reference	Scheme	Amount	Time Limit to Spend
H/4/140H	MOD Records Office, Hayes	£53,496	Jan 2014
H/6/170C	11-21 Clayton Rd, Hayes	£30,527	Aug 2014
H/7/149D	Hayes Goods Yard	£180,795	Nov 2014
Total		£264,818	

Earmarked to proposed new Yiewsley Health Centre:

S106 Funding Reference	Scheme	Amount	Time Limit to Spend
H/5/161C	Fmr Honeywell Site, West Drayton	£51,118	Mar 2014
H/14/206C	111 – 117 High St, Yiewsley	£10,651	Feb 2014
H/1/152C	Fmr Middlesex Lodge, Hillingdon	£8,903	Jul 2014
Total		£70,672	

Earmarked to expansion at Southcote Clinic:

S106 Funding Reference	Scheme	Amount	Time Limit to Spend
H/15/205F	RAF Eastcote, Ruislip	£185,968	Sept 2014
Total		£185,968	

Earmarked to King Edwards Medical Centre

S106 Funding Reference	Scheme	Amount	Time Limit to Spend
H/12/197B	Windmill P.H, Ruislip	£11,440	Feb 2014
Total		£11,440	

All of the above s106 contributions are at risk of being returned to the developers if they are not utilised by the dates stipulated above, whilst the contribution held at H/4/140H for £53k needs to be utilised within the next four months.

LEGAL IMPLICATIONS

The monies referred to in this report are held by the Council for the purposes specified in each of the relevant legal agreements. Such monies should only be spent in accordance with the terms of those agreements. Where monies are not spent within the time limits prescribed in those agreements, such monies should be returned to the payee. Where officers are unsure whether monies held pursuant to particular agreements can be used for particular purposes, Legal Services should be consulted for advice on a case by case basis.

This paper indicates that NHS Property Services and the LMC have formulated proposals to spend £391k of s106 monies on schemes put forward by GP practices. When the Council receives formal bids to release funds, each proposed scheme will need to be assessed and reported to the Leader and the Cabinet Member for Finance, Property and Business Services in order for the monies to be released. As part of that process, the Council's Legal Services section will review the proposed scheme and the Section 106 agreement that secures the funding to ensure that the Council has legal authority to spend the Section 106 monies on each proposed scheme.

BACKGROUND PAPERS

None.

FORMER YIEWSLEY SWIMMING POOL SITE, OTTERFIELD ROAD, YIEWSLEY

Relevant Board Member(s)	Councillor Ray Puddifoot
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Administration Directorate
Papers with report	None

1. HEADLINE INFORMATION

Summary	The potential use of this site for a new Yiewsley Health Centre continues to be caught up in NHS processes without a clear decision. Further delay is jeopardizing the draw down of S106 monies earmarked and the timetable for the overall scheme.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	N/A
Ward(s) affected	Yiewsley

2. RECOMMENDATION

That the Board considers what next actions may be taken to unblock resolution of this issue.

3. INFORMATION

Reasons for recommendations

To seek a resolution to the future use of this site.

Financial Implications

S106 contributions of £70,672 are currently earmarked for this scheme. The first contribution of £10,651 must be spent by February 2014, a further contribution of £51,118 by March 2014 and the final contribution of £8,903 by July 2014.

Legal Implications

None.

4. BACKGROUND

At its meeting on 10 September 2013, the Board received a verbal update on progress regarding the former Yiewsley Swimming Pool site at Otterfield Road, and the plans for it to be a dedicated GP led health centre. Concern was expressed at that stage at the slow progress of agreement regarding the Yiewsley Health Centre. Since then further discussions have taken place. Key developments are:

At its September meeting, Hillingdon's Cabinet agreed to the proposed scheme including submission of planning application and tenders for construction. In addition, Cabinet agreed to:

- Delegate the authority for taking all necessary steps at appropriate stages to deliver the project to the Leader of the Council and the Cabinet Member for Finance, Property and Business Services in conjunction with the Deputy Chief Executive and Corporate Director of Residents Services.
- Delegate any subsequent decisions about the site's future to the Leader of the Council and the Cabinet Member for Finance, Property and Business Services in conjunction with the Deputy Chief Executive and Corporate Director of Residents Services.

Cabinet, thereby, enabled a swift decision to take place to progress the proposal for the new build health and sports centre on the site and for necessary decisions to proceed with the pre-construction phases.

NHS Estates has approved the revenue implication for the move of Yiewsley GP to the new scheme.

Hillingdon CCG has approved the revenue implications for the community health contract resulting from a move to the new scheme.

However, it now transpires that the capital receipts from the previous property cannot be used to directly support this scheme to cover refurbishment and decanting costs but must return to NHS Estates centrally. The shortfall is estimated at about £1m. The process requires a business case to be submitted for this cost to NHS Estates.

This further delay potentially jeopardizes the timetable of the overall scheme. There is a need, therefore, for urgent consideration as to how this shortfall might be met quickly to unblock the scheme.

Corporate Finance Implications

The planned redevelopment of the former Yiewsley Pool site by the Council is dependent upon securing sufficient lease income from Hillingdon CCG to cover revenue financing costs of the new Health Centre in the longer-term. In order to utilize available Section 106 contributions towards this project, it will be necessary to incur sufficient qualifying expenditure prior to the deadlines set out in this report.

HEALTH AND WELLBEING BOARD SUB-COMMITTEE UPDATE

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	Chairman of Sub-Committee
Report author	Kevin Byrne, Administration Directorate
Papers with report	Appendix 1 – Sub-Committee Terms of Reference and Membership

1. HEADLINE INFORMATION

Summary	The Sub-Committee has now met twice. The proposal for a Business Improvement Delivery review of Health in Hillingdon will not now be pursued. The Sub-Committee has instructed officers and partners to prepare for the requirements of the Integrated Transformation Fund.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That the Board notes progress.

3. INFORMATION

Reasons for recommendations

To ensure that the Board has oversight of developments on integration and transformation of health and social care.

Financial Implications

There are no direct financial implications specifically from this paper but, in considering a direction of travel for the integration of health and social care, there may be costs or risks associated with any opportunities pursued as well as potentially opening up access to new streams of money.

Legal Implications

None at this stage.

4. BACKGROUND

1. At its meeting on 11 July 2013, Hillingdon's Health and Wellbeing Board agreed to establish a "task and finish" Sub-Committee to look at opportunities for wider health and social care integration and transformation.
2. The Sub-Committee has met twice (on 27 August 2013 and 15 October 2013) and has now confirmed membership and terms of reference, which are set out at Appendix 1.
3. The Sub-Committee recognised that there was a good deal of momentum building up from Government regarding integration and transformation, not least the prospect of a new national £3.8bn Integration Transformation Fund (ITF) which Hillingdon would need to respond to. The £3.8bn was not, however, new money and setting it up could impact on local provision as, for example, it was envisaged it would include a top slice from the Hillingdon Clinical Commissioning Group (HCCG) budget.
4. At its first meeting the Sub-Committee considered an offer from the Council to support a Business Improvement Delivery (BID) review of health in Hillingdon to consider local opportunities for integration and transformation across health and social care. It was anticipated that the BID work could go beyond what was required under the ITF, taking advantage of opportunities to develop a bespoke Hillingdon solution, driven by the Health and Wellbeing Board itself and focused on meeting the needs of Hillingdon residents.
5. The proposal to undertake a BID review to examine the opportunities for transformation had been discussed further with the CCG governing body. The proposal had not been agreed and would not now proceed as a BID review.
6. At the second meeting on 15 October 2013, therefore, the Sub-Committee concentrated on ensuring that local proposals were reviewed and evidence collected to prepare for the requirements of the Integrated Transformation Fund.
7. The Sub-Committee agreed :
That the Sub-Committee instructs officers and partners to consider the ITF guidance as it is issued from Government and to prepare evidence to form a potential plan. This should include mapping existing integration activity and developing outline proposals for future integration, to report back at a further meeting of the Sub-Committee in December 2013.
8. Discussions are underway to take this forward. A further update will be provided to the Board in December.

HILLINGDON HEALTH AND WELLBEING BOARD SUB-COMMITTEE

Terms of Reference

1. To consider the best method of delivering a better health outcome for residents of all ages in Hillingdon.
2. To maximise the opportunity for new ways of working to deliver a more holistic service for the resident/patient.
3. To consider opportunities and options for closer integration of health and social care services in Hillingdon to further improve the overall health and wellbeing of residents.
4. Examine the possible formation of a new form of service delivery organisation providing closer co-ordination between clinical services and local authority services, not to create a new form of bureaucracy but a delivery vehicle to a new design.
5. To assess the strengths, opportunities, risks and challenges that present through options for a more holistic and potentially integrated health and social care service.
6. To assess the role of partners in support of integrated health and social care in Hillingdon.
7. In view of the current financial constraints of the CCG and the Hospital Trust - consider LBH financing. This project is approached on a business delivery basis with clinical input - reporting through the Health and Wellbeing Board. A time commitment will be required from all parties.
8. To make recommendations to the Health and Wellbeing Board in the first place concerning integration of health and social care in Hillingdon.

Membership:

- Councillor Philip Corthorne
- Councillor Douglas Mills
- Councillor David Simmonds
- Councillor Raymond Puddifoot (ex-officio)
- Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust
- Dr Ian Goodman – Hillingdon Clinical Commissioning Group

Officers:

- Tony Zaman – Statutory Director of Adult Social Services, LBH
- Merlin Joseph – Statutory Director of Children's Services, LBH
- Sharon Daye – Statutory Director of Public Health, LBH
- Nigel Dicker – Residents Services, LBH
- Kevin Byrne – Policy, Performance and Partnerships, LBH
- Ceri Jacob – Chief Operating Officer, CCG

Additional organisations and individuals will be invited to attend meetings as necessary.

HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT

Relevant Board Member(s)	All Members of the Board
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Administration Directorate
Papers with report	Appendix 1 – Hillingdon's Health Profile 2013 Appendix 2 – JSNA Work Plan 2013-2015

1. HEADLINE INFORMATION

Summary	<p>The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health needs of Hillingdon's residents used to inform commissioning plans to improve health and wellbeing. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local Health and Wellbeing Board.</p> <p>This paper provides an overview of the key health and wellbeing needs in Hillingdon from the JSNA and presents priorities for developing the JSNA in Hillingdon.</p>
Contribution to plans and strategies	The Joint Strategic Needs Assessment is used to inform improvement priorities set out within the Health and Wellbeing Strategy and within commissioning plans.
Financial Cost	There are no direct financial implications arising from the recommendations set out within this report. The findings from the JSNA are considered in developing commissioning plans which will be presented to the Health and Wellbeing Board for consideration.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Board:

1. notes the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) which are being considered in developing updated commissioning plans.
2. notes and comments on the proposed JSNA work priorities (as set out in Appendix 2) which ensures that it remains a key source of local intelligence to underpin effective service planning.

3. INFORMATION

Background to the Joint Strategic Needs Assessment (JSNA)

1. The Joint Strategic Needs Assessment is an assessment of the current and future health needs of the local community. The JSNA represents a key source of local intelligence which exists to underpin the work of local health and wellbeing boards to develop local evidence-based priorities for commissioning to improve health and reduce inequalities. The JSNA is a requirement set out in legislation. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local health and wellbeing board.
2. The statutory guidance for JSNAs and Joint Health and Wellbeing Strategies issued by the Department for Health in March 2013 sets out that:
 - JSNAs should be produced by health and wellbeing boards, and are unique to each local area. These are the needs that could be met by the local authority, CCGs, or the NHS Commissioning Board.
 - Health and wellbeing boards should also consider wider factors that impact on their communities' health and wellbeing, and local resources that can help to improve outcomes and reduce inequalities.
 - Local areas are free to undertake JSNAs in a way best suited to their local circumstances. There is no template or format that must be used and no mandatory data set to be included.
 - A range of quantitative and qualitative evidence should be used in JSNAs.
 - Health and wellbeing boards are also required to produce a Pharmaceutical Needs Assessment to inform the commissioning of local pharmacy services.
 - Health and wellbeing boards can request relevant information to support JSNAs from organisations represented on the board (core members and others).
3. The JSNA should be used to help to determine local priorities for health improvement and in turn these priorities should inform what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. CCGs, the NHS Commissioning Board, and local authorities' plans for commissioning services will be expected to be informed by the JSNA. These organisations are expected to consult the health and wellbeing board about their commissioning plans. The JSNA can be used to support discussions about integration and the transformation of local services in line with the Integration and Transformation Fund.
4. The JSNA in Hillingdon is informed by a range of data. This includes the demographics of the area, and needs of people of all ages including how needs vary for people at different ages; the needs of people with complex and multiple needs; and wider social, environmental and economic factors that impact on health and wellbeing.
5. Data is drawn from a wide range of sources including:
 - population and deprivation data;
 - mortality, the prevalence of illness and birth rates;
 - take-up of health, social care and relevant universal services;
 - where available, the outcomes of commissioned services.

Summary of Hillingdon's Joint Strategic Needs Assessment

6. Overall, the health and wellbeing of Hillingdon's residents is good and continues to improve. Based on key indicators (Hillingdon's Health Profile – appendix 1) and other data, the key headlines from the needs analysis shows that for people living in Hillingdon compared to England on average:
 - Life expectancy for both men and women in Hillingdon is higher, largely as a result of falling death rates from cancer, heart disease and stroke.
 - Adults smoking and smoking related deaths is lower in Hillingdon.
 - Lower levels of mothers smoke during pregnancy.
 - There are higher levels of breast feeding.
 - Road injuries and related deaths are lower.
 - Early deaths from cancer are lower.
 - Those living in deprivation are lower.
 - Estimated levels of adult healthy eating are higher.
 - There are lower levels of teenage pregnancy.
7. As with all Boroughs, local analysis indicates some challenges to improve health and wellbeing. These include:
 - Hospital stays for alcohol related harm are higher in Hillingdon than the England average.
 - Historically higher levels of violent crime in Hillingdon.
 - Higher rates of sexually transmitted infections.
 - A higher rate of children classified as obese.
 - People diagnosed with diabetes in Hillingdon is higher than average.
8. The biggest causes of death in Hillingdon are cardio-vascular disease (heart disease and stroke), cancer, diabetes and respiratory diseases. Diabetes is a significant cause of illness (morbidity) and predisposes to other diseases e.g. heart disease and stroke, kidney disease and blindness.
9. Certain lifestyle factors will increase the risk of ill-health, including smoking, poor diet, lack of regular exercise and higher levels of alcohol consumption and/or binge drinking. The estimated 2011/12 prevalence of smoking in Hillingdon (17.6%) is lower than the estimated proportions for England (20.0%) and London (18.9%). In Hillingdon, 23% of adult population is estimated to be obese. Alcohol consumption can also lead to greater degrees of risk taking which impact on health and wellbeing such as accidents, unprotected sexual activity and assaults.
10. Age and other related conditions also affect health and wellbeing. Many people aged 65 and over are diagnosed with one or more long term conditions, of whom over half are typically diagnosed with multiple long term conditions which increases dependency on care and support. Other conditions include learning disability and child and adult mental health, including dementia. It is estimated that 4,600 children in Hillingdon have a specific mental health need which requires support.

11. To improve health and wellbeing, commissioning plans should consider how to prevent ill-health, early identification of any long-term condition, early intervention to prevent harm from long term conditions and tackling risk factors.

Developing Hillingdon's JSNA

12. There are a number of routinely available health and social care data sets which are used to update Hillingdon's JSNA. This includes data available from the NHS and the Office for National Statistics: mortality, birth rates and the prevalence of disease are datasets available for local use and have been recently updated within the JSNA. Updates to the JSNA are shared with commissioners.
13. To underpin commissioning plans, a set of priorities are proposed to develop the Hillingdon JSNA (appendix 2). The work plan has been informed by discussions on the CCG 'core offer'. Comments are invited from the Board about the proposed JSNA work plan.

Financial Implications

There are no financial implications arising from the recommendations in this report. Commissioning proposals arising from the evaluation of the Joint Strategic Needs Assessment will be subject to further reports.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The JSNA is a key source of local intelligence that informs and underpins effective commissioning to improve health and wellbeing for Hillingdon's residents.

Consultation Carried Out or Required

The ongoing development of Hillingdon's JSNA will involve close working across the council and with key partners and other stakeholders.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance have reviewed this report and confirmed that there are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

The Health and Social Care Act 2012 ('The 2012 Act') amends the Local Government and Public Involvement in Health Act 2007 ('The 2007 Act'). Under The 2012 Act, Local Authorities

and Clinical Commissioning Groups (CCGs) have an equal and joint duty to prepare a Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

The 2007 Act makes provision for this duty to be delivered through the Health and Wellbeing Board (HWB) having regard to guidance issued by the Secretary of State.

Statutory Guidance, issued in March 2013, defines JSNA as an ‘assessment of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, CCGs or the NHS Commissioning Board (NHS CB). Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included’.

6. BACKGROUND PAPERS

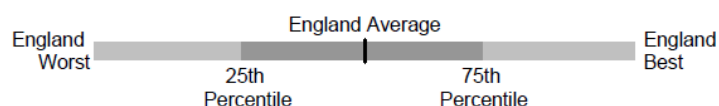
Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Department of Health, 26 March 2013.

Appendix 1 – Hillingdon’s Health Profile 2013 (Published 24th September 2013)

This ‘spine’ chart shows a summary of how key health and wellbeing indicators for the residents of Hillingdon compares with the rest of England overall. Hillingdon’s result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. This information is drawn from a wide range of sources and published by Public Health England. This is not the only set of key health indicators but does provide a current overview.

Key

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	19587	7.1	20.3	83.7	[Grey bar, Hillingdon circle significantly better]	0.0
	2 Proportion of children in poverty	13360	23.7	21.1	45.9	[Grey bar, Hillingdon circle significantly worse]	6.2
	3 Statutory homelessness	116	1.1	2.3	9.7	[Grey bar, Hillingdon circle significantly better]	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1797	61.0	59.0	31.9	[Grey bar, Hillingdon circle significantly better]	81.0
	5 Violent crime	5369	20.2	13.6	32.7	[Grey bar, Hillingdon circle significantly worse]	4.2
	6 Long term unemployment	971	5.3	9.5	31.3	[Grey bar, Hillingdon circle significantly better]	1.2
Children's and young people's health	7 Smoking in pregnancy ‡	326	8.3	13.3	30.0	[Grey bar, Hillingdon circle significantly better]	2.9
	8 Starting breast feeding ‡	3260	83.3	74.8	41.8	[Grey bar, Hillingdon circle significantly better]	96.0
	9 Obese Children (Year 6) ‡	603	20.7	19.2	28.5	[Grey bar, Hillingdon circle significantly worse]	10.3
	10 Alcohol-specific hospital stays (under 18)	27	46.4	61.8	154.9	[Grey bar, Hillingdon circle significantly better]	12.5
	11 Teenage pregnancy (under 18) ‡	157	30.8	34.0	58.5	[Grey bar, Hillingdon circle significantly better]	11.7
Adults' health and lifestyle	12 Adults smoking	n/a	17.6	20.0	29.4	[Grey bar, Hillingdon circle not significantly different]	8.2
	13 Increasing and higher risk drinking	n/a	21.0	22.3	25.1	[Grey bar, Hillingdon circle not significantly different]	15.7
	14 Healthy eating adults	n/a	33.2	28.7	19.3	[Grey bar, Hillingdon circle significantly better]	47.8
	15 Physically active adults	n/a	56.4	56.0	43.8	[Grey bar, Hillingdon circle not significantly different]	68.5
	16 Obese adults ‡	n/a	23.2	24.2	30.7	[Grey bar, Hillingdon circle not significantly different]	13.9
	Disease and poor health	17 Incidence of malignant melanoma	27	11.0	14.5	28.8	[Grey bar, Hillingdon circle significantly better]
18 Hospital stays for self-harm		516	184.1	207.9	542.4	[Grey bar, Hillingdon circle significantly better]	51.2
19 Hospital stays for alcohol related harm ‡		5986	2152	1895	3276	[Grey bar, Hillingdon circle significantly worse]	910
20 Drug misuse		1362	7.5	8.6	26.3	[Grey bar, Hillingdon circle significantly better]	0.8
21 People diagnosed with diabetes		13564	6.1	5.8	8.4	[Grey bar, Hillingdon circle significantly worse]	3.4
22 New cases of tuberculosis		126	47.5	15.4	137.0	[Grey bar, Hillingdon circle significantly worse]	0.0
23 Acute sexually transmitted infections		2658	965	804	3210	[Grey bar, Hillingdon circle significantly worse]	162
24 Hip fracture in 65s and over		240	495	457	621	[Grey bar, Hillingdon circle not significantly different]	327
Life expectancy and causes of death	25 Excess winter deaths ‡	138	24.9	19.1	35.3	[Grey bar, Hillingdon circle not significantly different]	-0.4
	26 Life expectancy – male	n/a	79.7	78.9	73.8	[Grey bar, Hillingdon circle significantly better]	83.0
	27 Life expectancy – female	n/a	83.6	82.9	79.3	[Grey bar, Hillingdon circle significantly better]	86.4
	28 Infant deaths	20	4.6	4.3	8.0	[Grey bar, Hillingdon circle not significantly different]	1.1
	29 Smoking related deaths	302	179	201	356	[Grey bar, Hillingdon circle significantly better]	122
	30 Early deaths: heart disease and stroke	144	59.1	60.9	113.3	[Grey bar, Hillingdon circle not significantly different]	29.2
	31 Early deaths: cancer	238	97.9	108.1	153.2	[Grey bar, Hillingdon circle significantly better]	77.7
	32 Road injuries and deaths	82	30.3	41.9	125.1	[Grey bar, Hillingdon circle significantly better]	13.1

‡ For comparison with PHOF Indicators, please go to the following link: www.healthprofiles.info/PHOF

Appendix 2 – Hillingdon’s Joint Strategic Needs Assessment – Forward Work Plan (2013-2015)

The following table summarises the key work plan activities scheduled to develop the JSNA. These activities complement routine analysis of national and local data which are undertaken to keep the JSNA up-to-date (e.g. annual data about birth rates, mortality etc.). The plan will be regularly reviewed and updated to ensure the JSNA is responsive and informs the priorities within the Joint Health and Wellbeing Strategy.

Ref	Area of Development	Description	Timescale
1	Children’s Needs Assessment	Analysis of the key health and social care needs of children across Hillingdon including an analysis of data available from universal services e.g. education	By December 2013
2	Pharmaceutical Needs Assessment	Analysis of key health needs across the Borough and how pharmacy services are meeting these needs in specific localities.	Refreshed by December 2013 Full update by March 2015
3	Child and Adolescent Mental Health Services	Updated analysis of the needs and services available for children and adolescents with mental health needs.	Full update by March 2014.
4	Adult Mental Health	Updated analysis of the needs and services available for adults with mental health needs.	By March 2014
5	Learning Disability	Analysis of the needs and services available for adults with a learning disability.	By March 2014
6	Physical Disability	Analysis of the needs and services available for adults with a physical disability.	By March 2014
7	Sexual Health / Disease	Analysis of the prevalence of sexual health diseases.	By June 2014
8	Alcohol Mis-Use	Analysis of alcohol related needs and diseases.	By June 2014
9	Drug Mis-Use	Analysis of drug mis-use related needs and diseases.	By September 2014

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BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Ray Puddifoot
Organisation	London Borough of Hillingdon
Report author	Nikki O'Halloran, Administration Directorate
Papers with report	Appendix 1 – Board Planner Appendix 2 – Updated Board Membership

1. HEADLINE INFORMATION

Summary	To consider the Board's business for the forthcoming cycle of meetings.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That the Board:

1. considers and provides input on the Board Planner, attached at Appendix 1; and
2. agrees the revised membership, as set out in Appendix 2.

3. INFORMATION

Supporting Information

Board Membership

At its meeting on 10 July 2013, the Board agreed to amend its membership to allow the Hillingdon CCG to have an additional Co-opted Non-Voting Member (clinician) and to permit the Co-opted Non-Voting Members to appoint a named substitute. The updated membership has been attached at Appendix 2.

It should also be noted that, at Council on 12 September 2013, it was agreed that the Deputy Chief Executive and Corporate Director of Residents Services be appointed to the Board as a Co-opted Voting Member with immediate effect.

Reporting to the Board

The Board Planner is presented for consideration and development in order to schedule future reports to be considered by the Board. The Planner is attached in Appendix 1 and shows some other business that the Board may wish to bring forward to future meetings. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Chairman's approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Chairman.

Advance reminders for reports will be issued by Democratic Services. Reports should be presented in the name of the relevant Board member.

With the Chairman, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house "cabinet style" with clear recommendations as well as corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

Board meeting dates

The following dates for the Board meeting have been agreed, which will be held in the Civic Centre, Uxbridge:

- 05/12/2013 2.30 pm - Committee Room 6
- 06/02/2014 2.30 pm - Committee Room 5

Financial Implications

There are no financial implications arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

There are no financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

Consideration of business by the Board supports its responsibilities under the Health and Social Care Act 2012.

6. BACKGROUND PAPERS

NIL

BOARD PLANNER

5 Dec 2013	Business / Reports	Lead	Timings
2.30 pm Committee Room 6	Implementation of Joint Health and Wellbeing Strategy – Action Plan 2013/2014 (SI)	LBH	Report deadline: 19 November 2013 Agenda Published: 27 November 2013
	Public Health – Action Plan 2013/2014 (SI)	LBH	
	CCG Recovery Plan 2013-2016 Monitoring (SI)	CCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	S106 Health Contributions Update (SI)	LBH	
	Sub-Committee Progress Update (SI)	LBH	

6 Feb 2014	Business / Reports	Lead	Timings
2.30 pm Committee Room 5	Implementation of Joint Health and Wellbeing Strategy – Action Plan 2013/2014 (SI)	LBH	Report deadline: 21 January 2014 Agenda Published: 29 January 2014
	Public Health – Action Plan 2013/2014 (SI)	LBH	
	CCG Recovery Plan 2013-2016 Monitoring (SI)	CCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	S106 Health Contributions Update (SI)	LBH	
	Sub-Committee Progress Update (SI)	LBH	
	CCG Operating Plan Annual Report	CCG	
	Local Safeguarding Children's Board (LSCB) Annual Report	LBH	
	Safeguarding Adults Partnership Board (SAPB) Annual Report	LBH	
	Review of the Board's Terms of Reference	LBH	

* SI = Standard Item

Other possible business of the Board:

1. Use of Integration Fund (CCG)

HEALTH AND WELLBEING BOARD MEMBERSHIP *subject to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.*

Organisation	Name of Member	Substitute
STATUTORY MEMBERS (VOTING)		
Chairman	Councillor Puddifoot	Any Elected Member
Vice-Chairman	Councillor Corthorne	Any Elected Member
Cabinet Members	Councillor Simmonds	Any Elected Member
	Councillor Mills	Any Elected Member
	Councillor Bianco	Any Elected Member
	Councillor Burrows	Any Elected Member
	Councillor Seaman-Digby	Any Elected Member
Healthwatch Hillingdon	Mr Jeff Maslen	Mr Stephen Otter
Clinical Commissioning Group	Dr Ian Goodman	Dr Kuldhir Johal
STATUTORY MEMBERS (NON-VOTING)		
Statutory Director of Adult Social Services	Mr Tony Zaman	Mr Nick Ellender
Statutory Director of Children's Services	Ms Merlin Joseph	Mr Tom Murphy
Statutory Director of Public Health	Ms Sharon Daye	Ms Shikha Sharma
CO-OPTED MEMBERS (VOTING)		
LBH	Ms Jean Palmer	N/A
CO-OPTED MEMBERS (NON-VOTING)		
The Hillingdon Hospitals NHS Foundation Trust	Mr Shane DeGaris	Mr Mike Robinson
Central and North West London NHS Foundation Trust	Ms Robyn Doran	Ms Maria O'Brien
Royal Brompton and Harefield NHS Foundation Trust	Mr Robert J Bell	Mr Nick Hunt
LBH	Mr Nigel Dicker	N/A
Clinical Commissioning Group (Officer)	Ms Ceri Jacob	Mr Rob Larkman
Clinical Commissioning Group (Clinician)	Dr Tom Davies	Dr Kuldhir Johal

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