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Health and Wellbeing Board

Date: **THURSDAY, 5 DECEMBER 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)

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Contact: Nikki O'Halloran
Tel: 01895 250472
Fax: 01895 277373
Email: nohalloran@hillingdon.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 31 October 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

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Minutes

HEALTH AND WELLBEING BOARD

31 October 2013

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

	Statutory Board Members Present: Councillor Ray Puddifoot (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Douglas Mills Councillor David Simmonds Dr Kuldhir Johal – Hillingdon Clinical Commissioning Group (substitute) Jeff Maslen – Healthwatch Hillingdon **Statutory Board Members:** Merlin Joseph – Statutory Director of Children's Services Sharon Daye – Statutory Director of Public Health Nick Ellender – Statutory Director of Adult Social Services (substitute) **Co-opted Members Present**: Jean Palmer – LBH Deputy Chief Executive and Corporate Director of Residents Services Nigel Dicker – LBH Deputy Director: Public Safety & Environment Robyn Doran – Central and North West London NHS Foundation Trust Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust Rob Larkman – Hillingdon Clinical Commissioning Group (Officer) (substitute) Dr Tom Davies – Hillingdon Clinical Commissioning Group (Clinician) Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute) **LBH Officers Present:** Glen Egan, Dan Kennedy, Jales Tippell, Nikki Wyatt and Nikki O'Halloran **LBH Councillors Present:** Councillors Phoday Jarjussey and John Major **Press & Public:** 5 public & 1 press
24.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows and Scott Seaman-Digby, Dr Ian Goodman (Dr Kuldhir Johal was present as his substitute), Mr Robert Bell (Mr Nick Hunt was present as his substitute), Ms Ceri Jacob (Mr Rob Larkman was present as her substitute) and Mr Tony Zaman (Mr Nick Ellender was present as his substitute).
25.	**TO APPROVE THE MINUTES OF THE MEETING ON 10 SEPTEMBER 2013** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 10 September 2013 be agreed as a correct record.**

26.	**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** *(Agenda Item 4)* This was confirmed.
27.	**JOINT HEALTH & WELLBEING STRATEGY ACTION PLAN UPDATE 2013-2014** *(Agenda Item 5)* Consideration was given to the report which updated the Board on the Joint Health and Wellbeing Strategy Action Plan 2013-2014. The report highlighted work that had been undertaken in support of the priorities contained within the Plan. Although good progress was being made, it was important that the focus was shifted towards the outcomes rather than processes so that areas for improvement could be identified to benefit residents / service users. Concern was expressed that there had been some difficulty obtaining information about the Integrated Care Programme (ICP). With regard to the rollout of the ICP to all GP practices by the end of 2013, as at 30 September 2013, 87% of practices were participating in the Programme. Furthermore, the Board was advised that 100% of GP surgeries had signed up to participate in the CCG locality sub groups which would also contribute to shaping the integration of care. It was noted that, although it was not compulsory for individual GP practices to participate in ICP, they were able to opt into the Programme at any time. It was suggested that perhaps the provision of more information in relation to the benefits/outcomes of ICP might encourage the remaining GP practices to participate fully in the Programme. **RESOLVED: That the Health and Wellbeing Board note the report.**
28.	**PUBLIC HEALTH ACTION PLAN 2013/2014** *(Agenda Item 6)* Consideration was given to the update on the Public Health Action Plan 2013/2014. It was noted that the Memorandum of Understanding (MOU) and the action plan to support its implementation had been jointly agreed by the Council and Hillingdon CCG. The Board was advised that, in order to deliver improved health outcomes, the Council had successfully bid for £353,793 from Sport England over the next three years to promote physical activity and prevent / address obesity. Processes would be in place to monitor and evaluate the delivery of this work. **RESOLVED: That the Health and Wellbeing Board note the report and action plan.**
29.	**UPDATE REPORT FROM HILLINGDON CCG** *(Agenda Item 7)* The Hillingdon CCG Financial Recovery Plan (FRP) covered a three year period to March 2016. Members expressed concern that the report did not give enough detail with regard to where the financial gains and losses were. In order to build confidence, it was suggested that a more detailed financial report be submitted to future Health and Wellbeing Board meetings which identified where shortfalls were expected, why certain targets would not be met and what action was being taken to address this.

	The CCG had planned to make savings of £11,165,000 in 2013/2014 and £14m in each of the subsequent two years. As it was anticipated that there would be a shortfall of approximately £1.5m in the current year, officers would be looking to bring forward a number of actions planned for future years to contribute towards this shortfall. Concern was expressed that moving these savings into the current year would have a knock on effect and create a shortfall in subsequent years. The CCG was currently re-evaluating the FRP - it was anticipated that the recovery period would need to be extended to achieve the total savings required. If this was necessary, the matter would be reported back to the Board in due course. At the Board meeting on 10 September 2013, it had been noted that four of the five conditions imposed upon the CCG by Monitor had been met and that only the FRP was outstanding. The CCG had refreshed its FRP and was expecting it to be finalised in the near future. It was noted that the biggest deficit in terms of meeting the planned savings targets was in relation to medicines management. The Board was advised that the CCG was currently working with those GP surgeries that were significantly overspending in an attempt to address the issue. Concern was expressed that this overspend might impact on other areas of the QIPP programme, such as the providers. **RESOLVED: That the Board note the update on the CCG's Financial Recovery Plan 2013/2014.**
30.	**HEALTHWATCH HILLINGDON UPDATE** *(Agenda Item 8)* The Board was advised that the official launch of Healthwatch Hillingdon had taken place on 18 September 2013 and had been attended by more than 150 people. The event had enabled current support to be gauged and established what was expected from the organisation. It was anticipated that the information collected at the event would feed into Healthwatch Hillingdon's work plan and engagement strategy. The two main issues that arose at the launch event were in relation to: • the provision of an integrated service – it was noted that a lot of work had been planned in relation to this issue; and • access to GPs and the quality of the patient experience in surgeries – this issue was generally in relation to surgery opening times, receptionists and customer orientation. It was suggested that those surgeries that were not performing very well should be encouraged to adopt best practice from elsewhere. It was noted that NHS England was currently monitoring GP contract performance and that effort was being made to ensure that patients had access to the GP service when needed. As it was not practical for small surgeries to significantly extend their opening hours, work was underway to share the responsibility by developing a network of practices to improve access. It was anticipated that this work would go some way to building public confidence in relation to access to GPs. **RESOLVED: That the Board note the update report from Healthwatch Hillingdon.**

31.	**UPDATE - ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS** *(Agenda Item 9)* It was generally thought that progress was being made with regard to the allocation and spend of s106 healthcare facilities contributions in the Borough. The Board was aware that, if it was not spent by January 2014, the allocation of £53,496 towards the Hesa Health Centre in Hayes would be lost. It was again suggested that, with regard to s106 contributions that were coming to the end of their life and were proving difficult to spend, consideration be given to contacting developers to try to renegotiate terms. It was important that every effort was made to ensure that the money was spent on worthwhile projects. **RESOLVED: That the Board note the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.**
32.	**FORMER YIEWSLEY SWIMMING POOL SITE, OTTERFIELD ROAD, YIEWSLEY** *(Agenda Item 10)* Although it had previously been assured that the issues in relation to the CCG's revenue and capital costs were being resolved, the Board was advised that NHS England now expected the CCG to go through an application process. This process, which was expected to take 1-2 months, would enable the CCG to bid for the £1.5m funding to cover the cost of 'fitting out' the new Yiewsley Health Centre (the Council had committed to providing the funding for the actual build). The submission of a planning application for the new Yiewsley Health Centre was anticipated to cost the Council in the region of £180k. It was agreed that, while the CCG pursued NHS England for funding for the 'fitting out' costs, the Council would start the planning application process. However, it was noted that no further action would be taken by the Council until the CCG had secured the £1.5m that it needed for the project. The Board requested that the CCG provide an update on progress at its next meeting on 5 December 2013. **RESOVLED: That the Board:** **1. agree that the Council submit a planning application for the new Yiewsley Health Centre while waiting for the CCG to acquire funding for the 'fitting out' costs; and** **2. receive an update on progress at its next meeting on 5 December 2013 from the CCG.**
33.	**HEALTH AND WELLBEING BOARD SUB-COMMITTEE UPDATE** *(Agenda Item 11)* With regard to the integration of health and social care, it was noted that a mapping exercise had been put in place to identify gaps and opportunities which would help to form a plan to move matters forward. This would be reported back to the Sub-Committee in December 2013. It was noted that there was a shared interest in integration and the work that had been undertaken thus far was commended. **RESOLVED: That the Board notes the progress of the Health and Wellbeing Board Sub-Committee.**

34.	**HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT** *(Agenda Item 12)* Consideration was given to Hillingdon's Joint Strategic Needs Assessment report. **RESOLVED: That the Board:** **1. notes the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) which are being considered in developing updated commissioning plans; and** **2. notes the proposed JSNA work priorities which ensure that it remains a key source of local intelligence to underpin effective service planning.**
35.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 13)* Consideration was given to the Board Planner and membership. The dates of future meetings were noted and those present were reminded that, if a report that they had prepared for a meeting contained confidential information, this must be brought to the attention of Democratic Services to ensure that the item was placed in Part II. It was agreed that Mr Rob Larkman be appointed as the officer Co-opted Member (Non-Voting) for the Hillingdon Clinical Commissioning Group and Ms Ceri Jacob be appointed as his substitute. Furthermore, Dr Tom Davies would be the clinician Co-opted Member (Non-Voting) for the CCG and Dr Kuldhir Johal would be his substitute. It was also noted that Dr Kuldhir Johal would need to be appointed by Council as Dr Ian Goodman's substitute as a Statutory Member (Voting). **RESOLVED: That the Board:** **1. agrees the Board Planner, as amended; and** **2. notes the amendments to its membership and recommends the changes to the statutory membership to Council for approval.**
36.	**HILLINGDON CCG COMMISSIONING INTENTIONS 2014/2015** *(Agenda Item 14)* The Board was advised that the CCG's commissioning intentions had been in the process of development for a number of months and that the final version was expected to be complete by early 2014. Given the importance of integrated care, the CCG had worked closely with the Trusts to develop the Out of Hospital Strategy. Whilst the Board welcomed the CCG's planned, ongoing and completed work, concern was expressed that the information contained within the report was not very clear. For example, mention had been made of four different Borough population statistics but no context or explanation was given in relation to this. Furthermore, the link between the CCG's objectives and aspirations was thought to be unclear and would benefit from a strategic golden thread tying everything together. It was suggested that there needed to be clearer links between the commissioning intentions and the financial recovery plan to highlight how commissioning efficiencies would feed into the recovery plan. The Board requested that the commissioning intentions report be revised by the CCG to highlight the links to the refreshed recovery plan so that it could be considered at the next Board meeting on 5 December 2013. It was suggested that, if a considerable amount of work was being undertaken within the Borough to reduce NHS England's spend, there ought to be a mechanism in place for the CCG to get some of this money back. **RESOLVED: That the Board:**

	1. **notes the Hillingdon CCG Commissioning Intentions; and** 2. **asks the CCG to provide a more detailed commissioning intentions report for consideration at its meeting on 5 December 2013.**
	The meeting, which commenced at 2.30 pm, closed at 3.45 pm.

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.

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 directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

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 2013/2014 Health and Wellbeing Action Plan to the end of October 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. In response to comments received at the Board meeting in October, three case studies have been included in this update to provide further information about outcomes. Additional case studies will be included in future reports.

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
• An additional 7,000 people take part in regular exercise by March 2015	• 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
• More than 50% of people receiving intensive reablement do not require care following the service	• 44% of residents do not require ongoing care or support following re-ablement and a further 12% require a reduced care package following completion of their intensive reablement plan.	✓ On track.
• Complete a review of the CAMHS service and recommend changes for the care pathway	• 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.
• Reduce the number of low birth weight babies by increasing the percentage of expectant mothers who have seen a midwife or maternity healthcare professional	• 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.

Key Targets	Progress	Status
• Continue to achieve a high percentage of children and older people being immunised to protect them from infection.	• Historically Hillingdon has a high take-up level of immunisations. • The latest data for MMR shows take-up is higher than London, but lower than England take-up rates. • MMR data for Apr-Jun 2013 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%)	✓ On track.
• Establish a plan to maintain healthy sight and manage the impact of sight loss	• 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
• Full rollout of the Integrated Care Programme (ICP) to all GP practices by the end of 2013.	• As at 31st October 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.
• Extend the TeleCareLine service to 3,000 additional people by March 2015 (750 additional people per year over 4 years)	• As at 31st October 2013, 2,533 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.
• Provide extra care and supported accommodation to reduce reliance on residential care	• 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
• Increase the percentage of adults and older people in receipt of a personal budget to at least 70%	• As at 31st October 2013, 73% of all social care clients (2,261 clients in total – adults and older people) were in receipt of a personal budget (based on services which are subject to a personal budget). Take-up of personal budgets is higher for older people (79%). The take-up of personal budgets is exceeding the national target of 70%.	✓ On track.
• Complete a review of stakeholder engagement and present recommendations to the Health and Wellbeing Board	• 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.

Outcomes / Making a Difference

The following case studies provide an illustration of how local services are making a difference to local residents. Further case studies will be provided in future reports.

Reablement

Ann is 89 years old and lives alone. Following a fall, she was admitted to hospital with a prolapsed disc. Prior to hospital admission, Ann was fully independent.

The Reablement Service aimed to help Ann to manage stairs and personal care independently, improve her mobility inside and outside, and enable her to access shops and community facilities. As a result of a six-week reablement package, Ann achieved all these aims and a long-term package of care was not required. Ann was happy with the outcomes and her increased independence.

TeleCareLine

Janet is 82 years old and lives alone. Her family live close by and visit often, providing support with shopping and domestic activities. Janet has been diagnosed with dementia and short-term memory loss. She has also sustained multiple fractures to her hip, resulting in a reduced range of movement and weakened muscles alongside poor balance and mobility.

Janet has a history of falls especially during the night and would often lie on the floor for long periods because she could not access help. This impacted on her son who worries constantly about his mother – this anxiousness has affected his work.

Janet had the TeleCareLine service installed including a bed occupancy sensor to raise an alarm if she gets out of bed during the night and does not return within an agreed time.

If the alarm is triggered the monitoring centre officer can call the relevant emergency services and get the appropriate help quickly to prevent her from lying on the floor for prolonged periods.

Janet's son is very happy with the service and is reassured that when an alarm is activated, the monitoring team are able to support Janet and control the situation, which has relieved some of the stress he has been living with.

Home Adaptations

Due to her disability Gwen, aged 71, was unable to manage the stairs in her house. This meant she could not get to the toilet and bathroom easily or manage getting in and out of the bath. In addition, the heating in the house was supplied by a single bar heater.

Private Sector Housing provided a stair lift, replaced the bath with a level access shower, and installed central heating. Gwen now enjoys a warm home. She is able to access her whole house again - especially the WC and the now easy-to-use washing facilities.

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 to 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 a 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

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 3,500 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: • 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 is taking place during Nov/December 2013. • The 'drummunity' 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.	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
			b) Develop a programme to increase activity for children and young people		(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.	GREEN
			c) Set up travel plans		(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'.	
			d) Show an increase in cycling and walking		(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.	
			e) Recruit volunteers to support local networks		(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.	

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
			f) Review and support opportunities for people with disabilities		(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.	GREEN
			g) Set up care pathways with Primary Care and Public Health		(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. 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. Opportunities for physical activity being included in training for health professionals administering NHS Health Checks.	
			h) Develop the Change 4 Life campaign to encourage residents of all ages to participate in physical activity.		(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.	

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	(a) Improve 70 private sector homes for older vulnerable people. • 30 heating measures • 30 insulation measures • Complete essential repairs to 10 homes for vulnerable & older households (b) Deliver Age UK Hillingdon's Housing Options Service and Winter Warmth Campaign	(a) 31/03/14 (b) 31/03/14	(a) Since April 2013, improvements have been made to 47 homes of older people in Hillingdon as follows • Heating improvements have been made to the homes of 19 older people. • 21 homes with improved insulation measures. • 7 homes of older residents received essential repairs as needed. Essential repairs can include roof and glazing repairs to reduce health and safety risks. The total number of homes to be improved are on track to be completed by the end of March 2014. (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.	GREEN

Objective	Key Task	Lead	Subtasks	Dead-line for Subtask	Progress Update	RAG
Priority 2. Prevention and early intervention As a priority we will focus on: • 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	(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 b) Enhance the number of people who are transferred home with support from emergency assessment beds at Hillingdon Hospital c) Increase the complexity of people managed in the community by intermediate care services to include dementia and older people with mental health needs	(a) 31/03/14 (b) 31/03/14 (c) 31/03/14	(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). An evaluation of the programme from the first year is showing positive results including: • 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 (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. (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.	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	(a) Clarify statutory responsibilities for all delivery partners regarding services in scope (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 (c) Identify local population needs and initial recommendations regarding meeting service gaps (d) An evidence review of "what works"; and feedback from users (e) Whole systems service design for child mental health support	a) 31/12/13 b) 31/12/13 c) 31/12/13 d) 31/01/14 e) 31/03/14	(a-e) Senior Team to Team meeting established with health commissioners as overarching steering group. CAMHS Working Group formed with health commissioner, local authority and provider representatives. Project charter developed.	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	(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.
			
			(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.
				a) 31/03/14
				
				(b) 31/03/14
					(a) Outreach Contraception and Sexual Health Nurse newly recruited. A programme of work is being implemented.
					
					(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 underway 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:
					▪ This term the C-Card is being rolled out across campus.
					▪ Seven training workshops have been delivered to 30 staff across five outlets.
					▪ 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:
					  ▪ 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.
					
					During November the focus of the pilot has been on LGBT based on needs identified in LGBT needs assessment undertaken in 2012/13. A stakeholders meeting was held on 14.11.13 to assess current provision of services to LGBT and plan development work in partnership. (Note: Stakeholders include partners working with vulnerable groups, THT, Navigator, YMCA, LBH Youth Services).
					
					The focus during Q3 and Q4 will be on delivering a more targeted approach to Chlamydia Screening - using the Diagnostic Outcomes Measure (DOM) and reducing the mass screening approach.
						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. The PGD (Patient Group Direction) for Emergency Hormonal Contraception and Chlamydia Treatment has been updated and signed off on 5.11.2013. Training to deliver the updated PGD to 30 Pharmacists is being co-ordinated for the 02.12.13. The training is to be delivered swiftly in order to counter the historical peak conceptions expected over Christmas and the New Year period.	
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	(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.	a) 31/03/14	(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.	GREEN
			(b) Agree a joint implementation plan for years 2 and 3 of the Adult Mental Health Strategy.	b) 31/03/14	(b) Ongoing. Plan will be recommended for consideration by the Health and Wellbeing Board by 31 March 2014.	

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	(a) to develop crisis response and ongoing support of 14 weeks for older people with mental health needs including dementia	(a) 31/03/14	(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.	GREEN
			(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	(b) 31/03/14	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: 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.	
			(c) to evaluate the liaison psychiatry pilot programme and identify benefits to improved liaison between physical and health care needs for 14/15 .	(c) 31/04/13	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 November – move to business case development stage for 14/15. Service Specification has been developed. LPS service will be based on costed service model for 14/15.	

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	(a) Increase numbers of alcohol clients presenting to the treatment system and in structured treatment	(a) 31/03/14	(a) 583 clients (where alcohol is the primary drug), presented to alcohol services in the 12 months ending Q4 2012-13. Q2 2013/14 - 519 (where alcohol is the primary drug) were in treatment in the latest rolling 12 month period compared to 2012/13, which is 13% down compared to 2012/13 - a small reduction compared to the previous quarter.	GREEN
			(b) Increase the numbers and rate of alcohol clients successfully completing and exiting treatment.	(b) 31/03/14	(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%. Q2 The latest successful completion in period 1/10/2013 to 30/9/2013 was 34% (178/519) - down on the baseline completion period 1/4/2012 to 31/3/2013 = 36% (218/599)	
			(c) Representations - (ie. The proportion of clients who have successfully completed treatment in the first six months of the latest 12 month period and represented within 6 months).	d) 31/03/14	(c) <u>Representations:</u> Baseline period: 1/4/2012 to 30/9/2012 = 10.3%. Latest period 1/10/2012 to 31/3/2013 = 14.0% which represents an increase of 3.7% on baseline period. The partnership will need to ensure that all clients leaving alcohol treatment are receiving appropriate support to help them maintain their recovery.	
			(d) BID Transformation Review	e) 31/03/14	(d) 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.	

<table>
<tr><th>Objective</th><th>Key Task</th><th>Lead</th><th>Subtasks</th><th>Deadline for Subtask</th><th>Progress Update</th><th>RAG</th></tr>
<tr>
<td>2.8 to reduce the extent of low birth rate

<u>Smoking in Pregnancy:</u> Babies from deprived backgrounds are more likely to be born to mothers who smoke and to have much greater exposure to secondhand smoke in childhood. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.</td>
<td>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.</td>
<td>Public Health</td>
<td>(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%)

(b) <u>Low Birth Weight</u> - Decrease the percentage of Live and Still Births less than 2500 grams.</td>
<td>(a) 31/03/14</td>
<td>(a) There has been a proactive effort to ensure that our target rate has been achieved.
12 Week Assessment - 2012/13 Performance:
<table>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>79.9%</td><td>79.9%</td><td>94.3%</td><td>90.2%</td></tr>
</table>
<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.

(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:
○ 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.

Engagement Plan to include sign-posting to: (i) Stop Smoking Prevention and support in community settings (ii) Referrals to Healthy Weight management courses and (iii) First Aid in the Home courses

<u>Smoking in Pregnancy Update:</u> 2012/13: Q1 – 8.8%, Q2 – 7.8%, Q3 – 10.1%, Q4 – 7.3% (<u>Source:</u> Health and Social Care Information Centre (HSCIC) - 2013)

Since April 2013 to the end September 2013, the Smoking Cessation Midwife Service has received 131 referrals. (Awaiting updates on rates for Q1 and Q2 of 2013/14 from HSCIC)

<u>Referrals to Healthy Weight Management Courses</u>:
Referral system in place, but need to have greater usage of it by maternity services. Courses need to be adapted to reflect the needs of pregnant women.</td>
<td>GREEN</td>
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</table>

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
			(c) Low Birth Weight of Term Babies: (ie. less than 2,500 grams):		(c) 'Conception to age 2 – The age of opportunity' Framework for local areas services: Stocktake of local maternity, early years, health visiting, Hillingdon Community Health services against 'Conception to Age 2 - The age of opportunity' Framework now complete. (November 2013) Results of stock take and implications to be discussed at multi-agency Public Health and Early Years Group (November 2013).	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. MMR data for Apr-Jun 2013 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%) MMR Catch-up Programme: 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
Priority 3. Developing integrated, high quality social care and health services within the community or at home As a priority we will focus on: • 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	(a) Provide adaptations to homes to promote safe, independent living. (b) Extend the TeleCareLine service to a further 750 people (c) Provide extra care and supported accommodation to reduce reliance on residential care	(a) 31/03/14 (b) 31/03/14 (c) 31/03/14	(a) 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. (b) As at 31st October 2013, 2,533 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. (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. 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 3-4 months.	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	(a) Develop work with the ICP programme to assist in identification of 1% people expected to die within a 12 month period.	(a) 31/03/14	(a) The ICP for Frail Elderly patients is well developed and in use by GP's to develop advanced care plans utilising Co-ordinate 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.	GREEN
			(b) Develop information sharing protocols between statutory, voluntary, private and independent sector partners regarding early identification of people approaching end of life.	(b) 31/03/14	(c) 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.	
			(c) Develop a process for measuring quality for end of life care in Hillingdon.	(c) 31/03/14	(d) Agreements are in place to measure quality in relation to documented preferences as recorded in the CMC Care plan.	

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
4. A positive experience of care As a priority we will focus on: • 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 31st October 2013, 73% of social care clients (2,261 clients) were in receipt of a personal budget (based on services which are subject to a personal budget). Take-up of personal budgets is higher for older people (79%). 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	(a) Establish the current requirements and arrangements for stakeholder engagement across health and the Council to support improvements in health and wellbeing (b) Make recommendations to the Health and Wellbeing Board to establish a co-ordinated plan of stakeholder engagement in Hillingdon for Health and Wellbeing	(a) 31/03/14 (b) 31/03/14	(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. (b) On track – recommendations will be presented to a meeting of the Board in the Spring 2014.	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 is 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 Pubic 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.

4. CORPORATE IMPLICATIONS

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

No specific legal implications arising from this report.

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

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

6. BACKGROUND PAPERS

NIL.

APPENDIX 1

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	1.1a Apply Council's contract management framework, incorporating category management for commissioning activities. 1.1b Undertake review of mandatory and non-mandatory services: ***Mandatory:*** ▪ National Child Measurement Programme; ▪ NHS Health Checks; ▪ Core Offer to Clinical Commissioning Groups (CCGs); ▪ Public Health responsibilities for Health Protection; ▪ Sexual Health. ***Non-mandatory*** ▪ 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	1.1a Category management approach in place and work ongoing. 1.1b Full BID and category reviews of services and service specifications, liabilities and commitments currently underway.

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update
			▪ Drug misuse and alcohol misuse services; ▪ Tobacco control including stop smoking services and prevention activity. 1.1c Recommendations to Cabinet for approval	TBC	
1.2 Integration of ring-fenced public health budget. (Note: Additional public health grant funding has been awarded over a 2 year period – 2013/14 & 2014/15)	To apply Council's robust approach to medium term financial forecasting, including value for money	Jean Palmer Aileen Carlisle Sharon Daye Nigel Dicker	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: Domain 1: Improving the wider determinants of health; Domain 2: Health Improvement; Domain 3: Health Protection; Domain 4: Healthcare public health and preventing premature mortality.	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 the Public Health Team including the Specialist Health Promotion and Smoking Cessation Teams into Residents Services. 2.1b Restructure of Public Health and Specialist Health Promotion Teams as part of the integration of the Team into the Council.		Completed. Revised structure, job descriptions and person specifications currently being evaluated by Human Resources. (Note: Job descriptions for the Statutory Director of Public Health and Consultant in Public Health are also being evaluated.

APPENDIX 1

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update
	To test the new service delivery model, through prototype working.		2.1b Public Health Consultants to continue providing analysis and advisory support to delivery teams. 2.1c Broaden the remit of Public Health Consultants to include developing the strategic relationship with the local health economy including the CCG, local providers, and the hospital Trusts 2.1d Operational Public Health officers to: ▪ Build local capacity and resilience; ▪ Support people to employment ▪ Support the Family Information Service ▪ Support Education and training provision for young people 2.1e Build a broader delivery (ie. 'Community Public Health Service') providing and facilitating a greater array of services to support residents to make positive, well informed decisions.	Ongoing TBC	Ongoing.))))) Restructure of Public Health and Health) Promotion Team currently under way.))))))))) BID Transformation Review Process underway

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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HILLINGDON CCG FINANCIAL RECOVERY PLAN UPDATE REPORT

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	This report provides an update on Hillingdon CCG's progress with its Financial Recovery Plan for 2013-2016. The CCG's Financial Recovery Plan forms an integral part of its 2013/2014 Operating Plan, as agreed by the Health and Wellbeing Board (HWBB) 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. 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 £1.8 million (17% of the overall plan) based on current activity figures. A number of remedial actions have been put in place to seek to reduce this forecast under-performance and it is noted that data at this point in the year is subject to a number of caveats on accuracy.
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 has being refreshed for 2014/2015 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.

3. INFORMATION

Supporting Information

3.1 CCG Recovery Plan 2013/14

The CCG set its budget for 2013/2014 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 2013/2014.

The Recovery Plan – or QIPP Programme (Quality, Innovation, Productivity and Prevention) – contains 5 main programmes, with the savings target in 2013/2014 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 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:

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

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

3.2 Progress to date

Several of our 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 the Council, Central & North West London NHS Foundation Trust (CNWL) and THH.

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 and NHS England.

3.3 Hillingdon CCG Budgets and Financial Plan

The Health and Wellbeing Board meeting on 11 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 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
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	31,833	33,793	33,793	37,993	37,993	25,393	36,033	410,000
	VARIANCE	**41,758**	**20,131**	**-6,345**	**-16,438**	**3,162**	**-8,038**	**-6,078**	**-6,078**	**-1,878**	**-1,878**	**-14,478**	**-3,838**	**-0**
Intermediate Care - 1B - Increase scope of Rapid Response	PLAN	-	-	-	-	-	-	61,667	61,667	61,667	61,667	61,667	61,667	370,000
	ACTUAL	-	-	-	-	-	-	30,947	46,220	-741	104,659	84,259	104,659	370,001
	VARIANCE	-	-	-	-	-	-	**-30,720**	**-15,447**	**-62,408**	**42,992**	**22,592**	**42,992**	**1**
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	- 44,099	46,305	46,305	46,305	46,305	46,305	46,305	400,121
	VARIANCE	**-36,831**	**-36,831**	**-17,183**	**-20,362**	**-55,738**	**-110,766**	**-20,362**	**-20,362**	**-20,362**	**-20,362**	**-20,362**	**-20,362**	**-399,879**
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	80,000	42,000	44,000	46,500	47,000	51,000	51,000	509,886
	VARIANCE	**-3,500**	**-14,467**	**-20,871**	**13,272**	**-15,242**	**34,758**	**-3,242**	**-1,242**	**1,258**	**387**	**4,387**	**4,387**	**-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	63,587	35,791	35,791	35,791	35,791	35,791	35,791	390,000
	VARIANCE	**-**	**-**	**-**	**65,819**	**-40,818**	**20,254**	**-7,542**	**-7,542**	**-7,542**	**-7,542**	**-7,542**	**-7,542**	**-0**
A & E to UCC procurement	PLAN	-	-	-	-	-	-	59,251	75,093	91,414	91,414	91,414	91,414	500,000
	ACTUAL	-	-	-	-	-	-	60,757	75,093	91,414	91,414	91,414	89,908	500,000
	VARIANCE	**-**	**-**	**-**	**-**	**-**	**-**	**1,506**	**-**	**-**	**-**	**-**	**-**	**1,506** - 0
Gastro Pathway development	PLAN	-	-	-	-	-	-	5,397	6,682	8,480	8,480	8,480	8,480	46,000
	ACTUAL	-	-	-	-	-	78,795	-	8,000	8,000	8,000	8,000	8,000	118,795
	VARIANCE	**-**	**-**	**-**	**-**	**-**	**78,795**	**-5,397**	**1,318**	**-480**	**-480**	**-480**	**-480**	**72,795**
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	-	-	-	-	-	-	124,000	68,790	68,790	68,790	68,790	68,790	467,951
	VARIANCE	**-**	**-**	**-**	**-14,148**	**-28,482**	**-42,723**	**43,303**	**-12,000**	**-12,000**	**-12,000**	**-12,000**	**-12,000**	**-102,049**
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	67,567
	VARIANCE	-	-	-	-	-	-	**-17,100**	**-22,545**	**-27,922**	**-17,044**	**-11,599**	**-6,222**	- 102,433
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	75,000
	VARIANCE	- 8,333	- 8,333	- 8,333	-	-	-	-	-	-	-	-	-	**-25,000**
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	70,051
	VARIANCE	-	-	-	-	-	-	**-11,700**	**-23,325**	**-35,025**	**-34,949** -	23,325 -	11,624	**-139,949**
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

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
	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	-	-	-	-	-	-	-	-	-	-	-	-	-
	VARIANCE	**-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**
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	65,206	14,552	60,052	162,684	142,097	87,516	87,516	87,516	87,516	87,516	87,516	87,516	1,057,204
	VARIANCE	**-99,794**	**-150,448**	**-104,948**	**-2,316**	**-22,903**	**-77,484**	**-77,484**	**-77,484**	**-77,484**	**-77,484**	**-77,484**	**-77,484**	**-922,796**
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	408,995	354,356	413,441	787,471	620,550	742,748	901,654	902,884	900,178	1,062,459	1,074,343	1,124,883	9,293,961
	VARIANCE	**-145,866**	**-229,115**	**-196,846**	**48,661**	**-203,758**	**-95,801**	**-155,481**	**-205,075**	**-264,271**	**-159,765**	**-155,042**	**-108,679**	**-1,871,039**

Cummulative	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Plan 13/14	554,861	1,138,332	1,748,619	2,487,430	3,311,737	4,150,286	5,207,421	6,315,380	7,479,829	8,702,053	9,931,438	11,165,000
Actual/Forecast 13/14	408,995	763,351	1,176,792	1,964,262	2,584,812	3,327,560	4,229,214	5,132,098	6,032,276	7,094,735	8,169,078	9,293,961

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: 5th December 2013

Subject: Report on the Healthwatch Hillingdon Launch Event

Introduction

In our report to the Health and Wellbeing Board of 31st October 2013 we advised that the information gleaned from our launch event was being evaluated to inform our priorities and work plan. This report outlines the main area highlighted by the delegates that they would like to see set as the main priority for Healthwatch Hillingdon and the project we will be putting into place to work on this priority.

We would advise that a full report on the launch event, our completed work plan and a further report on our activities will be submitted to the next Health and Wellbeing Board.

Priority Area

The number one priority area emphasised by delegates was GP Services. There were many reasons for this dissatisfaction of GP services in Hillingdon, which included, accessing appointments, equity of service quality and differing services provided at surgeries.

Healthwatch Hillingdon will be looking at this area as a priority for our work plan and looking to further evidence the provision of GP services in Hillingdon. This decision has not been solely taken because of the results from the event evaluation, as in addition to directly affecting change in Hillingdon there is an opportunity to influence and inform two regional workstreams which will impact upon primary care in Hillingdon. One of the main focusses of the Shaping a Healthier Future programme, which looks to reconfigure health services in northwest London, is the establishment of better access to general practice and primary care facilities in the community. The commissioners of Hillingdon's GPs, NHS England, in their "Call for Action" programme, are also seeking to transform the way general practice and the wider primary care services provide their services to reflect the growing challenges of increasing population, people living longer and more of them with long term conditions.

Project Methods

To enable a comprehensive report to be written on general practice in Hillingdon we are planning to carry out an extensive engagement and research programme to capture the evidence required. This will take into account all existing data held on resident's views on GP's services, discussions with a wide range of other agencies in the borough and broad cross borough engagement with residents and community groups.

The first of our engagement events will be the Assembly for Older People on 10th December 2013, when we be running a facilitated workshop. This will be followed by further planned events and initiatives through December and early 2014, including the surveying of residents in conjunction with Community Voice in Northwood, 3 Older People Wellbeing events and stalls at the borough's Sainsbury Supermarket Stores.

We are looking to complete this project, publish a final report and make recommendation in March 2014.

CHILDREN, YOUNG PEOPLE & LEARNING POLICY OVERVIEW COMMITTEE – REVIEW INTO CORPORATE PARENTING

Relevant Board Member(s)	Councillor David Simmonds
Organisation	London Borough of Hillingdon
Report author	Merlin Joseph, Children and Young People
Papers with report	N/A

1. HEADLINE INFORMATION

Summary	The Children, Young People & Learning Policy Overview Committee has recently undertaken a Major Review into the Council's role as a corporate parent. Consequently, the Committee made recommendations to address the issues that had been highlighted. Following Cabinet approval on 21 November 2013, it was determined that these would be most appropriately progressed by the Health & Wellbeing Board.
Contribution to plans and strategies	The Council is committed to discharging its role as a corporate parent to the highest possible level. The recommendations set out below are intended to contribute directly to this aspiration by providing more timely and targeted health services to this vulnerable group.
Financial Cost	There are no financial costs associated with the recommendations set out below.
Ward(s) affected	All

2. RECOMMENDATION

That the Board considers the four recommendations set out below and progress as appropriate.

Policy Overview Committee Recommendations

1) **Ask the Health & Wellbeing Board to request that the Hillingdon Clinical Commissioning Group (CCG) and Hillingdon Child and Adolescent Mental Health Services (CAMHS) acquire, maintain and share data on the following areas:**
    a. **Proportion of total budgets spent on Looked After Children (LAC);**
    b. **Proportion of LAC registered with a GP;**
    c. **Proportion of the CAMHS caseload that is made up of LAC;**

d. **Information on what intervention / therapy is being provided by CAMHS and what health issues are being dealt with via wider case consultation; and**
e. **The number of Tier 2, 3 and 4 assessments that CAMHS undertake for LAC.**

2) **Ask the Cabinet Member for Education & Children's Services to request officers continue to work alongside colleagues from Hillingdon CAMHS to provide a designated point of contact to provide advice and assistance for all mental health issues relating to LAC, reporting to the Health & Wellbeing Board if required.**

3) **Ask the Cabinet Member for Education & Children's Services to request officers continue to work alongside the Council's partner agencies to develop a comprehensive understanding of where responsibilities lie between NHS England and CCGs for all aspects of the health needs of LAC and report findings back to the Cabinet Member for Education & Children's Services, the Children, Young People & Learning Policy Overview Committee and the Health & Wellbeing Board as appropriate.**

4) **In order to ensure that the mental health needs of LAC are met when placements are out of Borough, ask the Cabinet Member for Education & Children's Services to request officers produce a protocol on the process of how services are brokered between CCGs and NHS England for agreement by the Cabinet Member for Education & Children's Services and the Health & Wellbeing Board.**

3. INFORMATION

Between June and September 2013, the Children, Young People & Learning Policy Overview Committee undertook a major review into the Council's role as a corporate parent. The scope of the review was extremely broad and, amongst other things, explored the provision of education and leisure activities to the Borough's LAC as well as the support offered to those leaving care. However, it was the provision of health services to this vulnerable group that gave the Committee the most concern and, consequently, formed a major part of its report and recommendations. Given that the Council does not have direct control over much of this area, the Committee determined that these recommendations could be best taken forward by the Health & Wellbeing Board in conjunction with our partner agencies. Cabinet approved this approach at its meeting on 21 November 2013.

Supporting Information

Child and Adolescent Mental Health Services (CAMHS) services in Hillingdon are provided by the Central North West London Foundation trust (CNWL), who are commissioned to do so by the Hillingdon Clinical Commissioning Group (CCG) and by NHS England.

The services provided by CAMHS in Hillingdon are known as tier 3 and 4 specialist and acute services. Tier 3 services are commissioned locally by the CCG, comprising a multi-disciplinary mental health team. Tier 4 services are commissioned by NHS England. These are highly specialist services for young people, including inpatient provision such as hospitals and other residential units. There are acknowledged gaps in the Borough for tier 2 (targeted/preventative) CAMHS services.

As the Board is aware, health services are provided to LAC by a range of bodies including the Council itself, the CCG, CAMHS and NHS England. It became apparent to the Committee from very early in the review that, from the perspective of the LAC themselves, there were a number of concerning gaps in this provision as well as uncertainty about which agency provided what services. Consequently, one of the Committee's primary concerns was to gain an understanding of exactly what was currently been done by each agency to address the health needs of LAC. Getting a comprehensive understanding of current support would provide an evidence base from which to provide informed, effective and meaningful recommendations. During the sessions themselves, the Committee highlighted the following four areas as being particularly important:

- the number of LAC registered with GPs,
- the proportion of the CAMHS' £1.1m budget spent on LAC,
- the number of active LAC cases being dealt with by CAMHS, and
- the number of active LAC cases that are placed out of borough who were in need of a CAMHS service.

With a great deal of disappointment and concern the Committee heard that health colleagues were unable to provide this information at the witness session. It was noted that each point could only be provided by undertaking significant audit work as such data was not collected or monitored as a matter of course. In the session itself witnesses stated that collecting this information would have resource implications for CAMHS and the CCG but witnesses agreed that the data would be collected and reported to the Committee at a later date. Nonetheless, Members were frustrated that senior health colleagues with a statutory responsibility to support LAC (and who had been invited to a witness session on that subject) were unable to provide this most basic of information.

Following a significant period of liaising between officers and health professionals, only the number of active LAC cases currently being dealt with by CAMHS was provided. Health colleagues noted that the proportion of the CAMHS budget spent on LAC could not be provided because an audit would have too great a resource implication that could jeopardise frontline services if undertaken. Furthermore, at the writing of this report, work was ongoing to ascertain who was responsible for monitoring the registration of LAC with a GP (NHS England or the CCG itself). Members expressed their grave concerns that information could not be provided even within a generous timeframe and, even more worryingly, that there was uncertainty as to who should monitor a vitally important health service to vulnerable children.

Whilst the Committee appreciated the resource issues that faced partner agencies, serious concerns were raised that both the CCG and CAMHS had a duty to support LAC and that not enough work was being done to ensure that this duty was being adequately met. The Committee strongly felt that if it was not possible for those caring for this vulnerable and at-risk group to outline exactly what was being done to address the lower health outcomes of LAC, it would be impossible to make improvements to the service. Emphasis was placed on the vulnerability of the LAC community and how they should be identified as a priority group given the lower health outcomes and increased health risks that they are likely to face in their adult lives.

Following discussion between officers and the Chairman as part of the review, it was determined outside of the meeting that more comprehensive information would also be required to provide a full picture of the current service and how these complex and often critical health needs are being met. With a particular focus on CAMHS, the following list was suggested by

officers as being information that would be required for the Council to monitor and make improvements to the health outcomes of LAC:

- What intervention / therapy is being provided for LAC or whether health issues are being dealt with via wider case consultation.
- The number of Tier 2, 3 and 4 assessments that CAMHS undertake for LAC.
- How much of CAMHS' total budget is spent specifically on addressing the needs of the Borough's LAC population.
- How many LAC who have been referred for a CAMHS service are awaiting assessment or intervention and for how long in each case

In recognition of the financial and resource pressures facing the Council's partner agencies, the Committee decided that the data set out above should not be requested retrospectively as acquiring it would require a costly and time consuming audit of case files. Instead the Committee requested that both the CCG and CAMHS be asked to work with officers to put in place measures designed to capture this information in the immediate future and commit to communicating this information to the Council on a regular basis.

With a view to addressing the above concerns and improving the lives of our LAC, the Committee wished to ask, subject to Cabinet approval, the Health & Wellbeing Board to consider and progress the above recommendations. By doing so, the Board will help to ensure that the authority and its partner agencies have clearly defined areas of responsibility, have up-to-date data to act on and are working together to improve the lives of our LAC.

Financial Implications

There are no direct financial implications resulting from the recommendations set out above as the four recommendations made by the Policy Overview Committee can be managed within existing Council resources.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The recommendations in this report are designed with the purpose of improving the services provided to the Borough's LAC. Consequently, it is intended that the improvements suggested here will have a positive impact on the lives of one of the most vulnerable groups in the Borough's community.

Consultation Carried Out or Required

The Committee undertook 3 witness sessions which were attended by a wide range of officers and colleagues from the Council and its partner agencies. This provided a broad evidence based on which the wider report (and the 4 recommendations contained) here have been based.

The Committee also undertook an informal session with a selection of LAC and care leavers who provided valuable insights on their experiences of the services provided to them. It was the Committee's aim throughout the review to address the LAC's concerns raised in this session and deliver real and immediate improvements to their lives.

Policy Overview Committee comments

As set out in this report.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance note the recommendations in the report and concur with the financial implications set out above.

Hillingdon Council Legal comments

The Health & Wellbeing Board is being asked to work with partner agencies providing health services to the Borough's LAC in order to deliver improvements to how their health needs are being met. Details are set out in the recommendations section.

The legislative and regulatory framework includes:

- The Care Standards Act (2000)
- The Children Act (1989, 2004)
- The Mental Health Act (2007)
- The Children and Young Persons Act (2008)

London Child Protection Procedures, 4th edition.

The Council's statutory duties and functions, for provision of services and support for children in need and young people in the Council's care are set out under Part III of the Children Act 1989, Care Leavers (England)Regulations 2010, Section 118 of the Adoption and Children Act 2002.

The Children and Families Bill 2013 takes forward the Coalition Government's commitments to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Bill will reform the systems for adoption, looked after children, family justice and special educational needs. It will encourage growth in the childcare sector, introduce a new system of shared parental leave and ensure children in England have a strong advocate for their rights.

There are no other significant legal implications arising out of this report to bring to Cabinet's attention at this stage.

6. BACKGROUND PAPERS

NIL.

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UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS

Relevant Board Member(s)	Councillor Ray Puddifoot
Organisation	London Borough of Hillingdon
Report author	Jales Tippell
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 and Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	Social Services, Housing and Public Health, Residents and Environmental Services and 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 October, 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.

Proposed GP schemes

2. In line with the Service Level Agreement (SLA), NHS Property Services has recently submitted formal requests to the Council to allocate and release s106 funds towards the four GP schemes approved by the NHS Panel in August. The four schemes are as follows:

- Improvements at King Edward Medical Centre, King Edwards Road, Ruislip – H/12/197B (£11,440) and H/9/184C (£8,560) – This project proposes to divide an existing meeting room at the centre to create a secretarial office, enabling the existing office to be converted into an additional GP consulting room.

- The expansion of the GP practice at 1 Wallasey Crescent, Ickenham - H/19/231G (£193,305) – This scheme involves an extension to the existing GP surgery to provide two additional GP consulting rooms and a clinical training room.

- The expansion of the GP practice at Southcote Clinic, Southcote Rise, Ruislip - H/15/205F (£184,653) – This scheme involves an extension to the current practice premises to provide an additional GP consulting room, clinical training room and increased waiting area.

- Additional clinical room at Pine Medical Centre, Fredora Avenue, Hayes – H/18/219C (£1,800) – This project involves the conversion of an existing meeting room into a GP consulting room.

3. Cabinet Member reports for each of the proposed schemes will be formally submitted to the Leader and the Cabinet Member for Finance, Property and Business Services by December, in order for a formal decision to be made to allow the monies to be released towards the schemes.

Proposed 'Health Zone' at Elers Road Clinic, Hayes

4. Following discussions between the Interim Director of Public Health and Deputy Director of Estates, NHS Property Services and the CCG, it has been concluded that the proposal to equip a room at the Elers Road Clinic in Hayes, as a "health zone" is not a viable option, as the HESA Centre is now to be the main focus for the Hayes area.

5. The idea of a "health zone" to provide health check assessments and health advice on issues such as diabetes, obesity, heart disease or smoking is, however, supported by all parties and discussions are ongoing as to whether a more suitable location can be found in the Hayes area.

HESA Health Centre expansion

6. NHS Property Services has advised that following the necessity to make further amendments to the works contracts, this project has slipped again and is not now due to begin on site until early in the New Year. The contracts are expected to be signed by the end of November and this will be followed by a four week mobilisation period, ready for works to start immediately after the Christmas break. A revised work programme has been provided to the Council.

7. Three s106 contributions totalling £264,818 have already been formally allocated towards this scheme (Cabinet Member Decision 06/04/11) and under the terms of the SLA are due to be transferred to NHS Property Services. Officers have therefore agreed that these funds will be transferred, once the contracts for the project have been signed and NHS Property Services is fully committed to providing the scheme.

8. NHS Property Services has advised that they have already invested over and above the s106 allocation towards developing the HESA scheme, which has a budget in excess of £1 million. They are therefore confident that the s106 funds will have been spent within the time periods stipulated in the relevant legal agreements. Under the terms of the SLA, once the funds have been transferred, NHS Property Services will be responsible for the delivery of the scheme and for ensuring that the funds are used in accordance with the relevant s106 agreements. They will also be required to repay the s106 allocation if for any reason the project does not proceed and return any funds that are not spent within the stipulated time periods.

Proposed new Yiewsley Health Centre (former Yiewsley Pool site)

9. Three of the s106 health contributions that have spend deadlines in 2014 are currently earmarked by NHS Property Services towards the fitting out costs associated with this scheme. This is subject to a request to the Council for formal allocation. These contributions total £70,672 and must be spent within the following deadlines:
    - H/1/152C - Former Middlesex Lodge, Hillingdon (£8,903) to be spent by July 2014.
    - H/5/161C - Former Honeywell site, West Drayton (£51,118) to be spent by March 2014.
    - H/14/206C - 112-117 High Street, Yiewsley, (£10,651) to be spent by February 2014

10. It is now anticipated that the Yiewsley Health Centre scheme will not start on site before April 2014 and that the s106 funding required to meet the fitting out costs associated with the scheme are not likely to be needed until 2015/2016. This will be too late to spend these contributions. Officers are therefore looking at the following options to try to ensure that these contributions can be fully utilised towards an eligible scheme:
    - The contributions held at H/1152C and H/14/20C (totalling £19,554) could be formally allocated towards the HESA scheme. This scheme is programmed to begin on site early in the New Year.
    - The contribution received from the Honeywell development (H/5/161C) cannot be switched to be used towards the HESA scheme, as it is not eligible within the terms of the corresponding legal agreement. The only option would therefore be for officers to request that the developer enters into a deed of Variation to extend the time limit for spending the contribution, and allow enough time for the Yiewsley Health Centre scheme to be completed.

11. NHS Property Services would prefer to submit a request to formally allocate the contributions towards the Yiewsley Health Centre scheme, to be used by the Council towards the costs associated with the submission of the planning application. NHS Property Services would then hope to claim these funds back from the Council towards the fitting out costs at a later date. With this option there is, however, a risk to the Council that if for any reason the scheme is not subsequently implemented, the contributions would be required to be repaid.

St Andrews Park

12. There is no further update for this scheme.

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 contributions and their time limits can be summarised as follows:

Allocated to 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
H/9/184C	31-46 Pembroke Road, Ruislip	£8,560	Jul 2015
Total		**£20,000**	

Earmarked towards expansion of GP Practice in Wallasey Road

S106 Funding Reference	Scheme	Amount	Time Limit to Spend
H/19/231G	RAF West Ruislip, Ickenham	£193,305	Nov 2017
Total		**£193,305**	

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 two months.

LEGAL IMPLICATIONS

Under the provisions of section 111 of the Local Government Act 1972, a local authority has the power to do anything which is calculated to facilitate, or is conducive or incidental to the discharge of any of its functions. The work intended to be carried out in accordance within this report would fall within the range of activities permitted by section 111.

Regulation 122 (2) of the Community Infrastructure Levy Regulations 2010/948 (the "Regulations") states that a planning obligation may only constitute a reason for granting planning permission for the development if the obligation is:

1. necessary to make the development acceptable in planning terms;
2. directly related to the development; and
3. fairly and reasonably related in scale and kind to the development.

Circular 2005/05 goes further than Regulation 122 and suggests that a planning obligation must also be:

4. relevant to planning; and
5. reasonable in all other respects.

The monies must not be used for any other purpose other than the purposes provided in the relevant section 106 agreement. The monies must not be used for any ancillary purposes. 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.

When the Council receives formal bids to release funds, each proposed scheme will need to be assessed and reported to the Leader of the Council 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.

Having considered the content of the section 106 agreements in relation to 111 – 117 High Street, Yiewsley (H/14/206C) and the Middlesex Lodge, 189 Harlington Road (H/1/152C) referred to in this report, it is concluded that the expenditure of these funds and the recommendations contained within this report are consistent with the terms of the agreements, the Regulations and planning policy.

The section 106 agreement in relation to the Former Honeywell Site, Trout Road (H/5/161C) prevents the contributions from being spent towards the HESA Health Centre new expansion as the agreement requires the monies to be spent towards the provision of new health care facilities within a radius of 2.5 kilometres of the development. The main purpose of this clause was highly likely to ensure the monies were spent towards facilities in the Yiewsley area. Therefore, one option the Council may undertake is to request a variation to the Former Honeywell section 106 agreement to extend the time period by which the monies must be

spent, which if agreed by the Developer will enable the monies to spend on towards the Yiewsley Health Centre.

In procuring any of the services required for the project, officers must ensure that they observe the Council's Contract and Procurement Standing Orders.

BACKGROUND PAPERS

None.

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	None

1. HEADLINE INFORMATION

Summary	The Sub-Committee has instructed officers and partners to prepare for requirements of the Integration Transformation Fund (ITF). Detailed mapping has begun to capture the good work undertaken locally and to consider ambitions for further integration. Details of requirements from Government have now been published and it is proposed that the officer group report back to the Sub-Committee now in January, with evidence for the ITF and to consider emerging proposals for further integration. The Health and Wellbeing Board would then consider a submission for the ITF at its meeting on 6 February 2014.
Contribution to plans and strategies	Joint Health and Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	All

2. RECOMMENDATION

That the Board notes progress.

3. INFORMATION

Reasons for recommendation

To update the Board on progress towards a submission to the ITF in February 2014.

Financial Implications

Corporate Finance has reviewed this report and confirms that there are no financial implications arising from the report but notes that the outcome from the plan for submission to the Integrated Transformation Fund submission will have significant impacts on funding for Adult Social Care which will be included in the MTFF for 2014/2015 and future years.

Legal Implications

At this early stage, there are no legal implications arising directly from this report. However, legal implications will be fully provided in the report which is to be considered by the Health and Wellbeing Board in February 2014.

4. BACKGROUND

1. At its meeting on 15 October 2013 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.

2. On officer and partner group has been established to take this work forward and has been meeting fortnightly. Guidance has now been issued by LGA and NHS England together with a plan submission template.

3. The guidance confirms that the £3.8bn national pool brings together NHS and local government resources that are already committed to existing core activity and reiterates an expectation that councils, CCGs and providers will need to work together to develop a shared view of the future shape of services. It also confirms that the Heath and Wellbeing Board should sign off the plan.

4. The Spending Review agreed that £1bn of the £3.8bn would be linked to achieving outcomes. It also said that 50% of the "pay-for-performance" element will be paid at the beginning of 2015/2016, contingent upon the Health and Wellbeing Board adopting a plan that meets the national conditions by April 2014, and on the basis of 2014/2015 performance. The remaining 50% will be paid in the second half of the year and could be based on in-year performance – details of which have yet to be determined.

5. The six national conditions are:
   a. **Plans to be jointly agreed**, covering a minimum of the pooled fund and potentially extending to the totality of health and care spend. Should include shared view of the future shape of services and an assessment of future capacity requirements across the system.
   b. **Protection for Social care services (not spending),** explained within plans and agreed locally.
   c. **7-day services in health and social care,** to support patients being discharged and prevent unnecessary weekend admissions. Level to be agreed locally, Keogh review to provide guidance on effective 7-day services within existing resources.
   d. **Better data sharing between health and social care based on the NHS number.**
   e. **Ensure a joint approach to assessments and care planning,** where funding is used for integrated packages of care there is an accountable professional.

f. **Agreement on the consequential impact of changes in the acute sector,** identifying provider by provider what the impact will be in their area, including public and patient engagement and political buy-in.

Hillingdon Approach and Timetable

6. The officer group has proposed that this work build on the existing integration activity and funding in 2012/2013 and 2013/2014, the broad principles of which are:
    - Centre around the needs of people and patients, with the aim of keeping them well, independent and in their own home.
    - Provide a good experience of care for patients and their families, and result in appropriately target care, better outcomes and care closer to home.
    - Reduced reliance on hospital and institutional care.
    - Meet the challenges of rising need and constraints on resources.

7. It has noted that the following programmes are already under way or planned in Hillingdon:
    - Hillingdon Health and Wellbeing Strategy priorities including the Out of Hospital Strategy - joint working on a range of programmes to support reduction in unscheduled care and appropriate time in hospital. These include scaling up community based rapid response for urgent needs, supported hospital discharge (intermediate care), community dementia pathways, falls services and reducing admission from care homes.
    - Joint Mental Health Plan (adults and older adults) – focusing on shifting from institutional to community based care, improving physical care, urgent care, and dementia care.
    - Integrated Care Pathway pilot – multi disciplinary care planning via locality based virtual teams.
    - Commissioning plans for key vulnerable groups are being aligned for 2014/2015 (mental health and children).
    - Section 75 for LD and community equipment.

8. In scoping an approach to Health and Social Care Integration in Hillingdon, the following outline steps are proposed:
    - Understand the current baseline in Hillingdon - including building system map of current integration programmes with engagement of key stakeholders.
    - Identify options for scope of integration programme in Hillingdon – identify where to focus joint effort to maximise benefits for service users and those delivering their care. (Emphasis on tangible programmes – for target population groups or care processes).
    - Identify high level plan for programs to support delivery - including stakeholder mapping.
    - Scope the next steps for potential work programs - including plan for submission to the Integration Transformation Fund and for agreed priority areas with indicative scale of financial/activity impact.
    - Suggest implementation approach to facilitate discussion and agreement with stakeholders on which to adopt to deliver agreed integration/transformation programmes.
    - Set out next steps for each option and development of a proposal for an integration programme for agreement by Health and Wellbeing Board Sub-Committee (proposed for January 2014) and provide written report.
    - Additional capacity has been commissioned by the CCG to support this work and the supporting officer group.

9. Timetable for taking work forward:

December 2013	• Defining baseline • Mapping activity for ITF plan. • Options for integration programme • High Level plan to support delivery • Potential work programme
TBC January 2014	Meeting of Health and Wellbeing Board Sub-Committee to review progress and emerging ideas
January 2014	Stakeholder engagement discussions
6 February 2014	Health and Wellbeing Board review and sign of ITF proposals
15 February 2014	Submission date for ITF plan

10. A fuller report on evidence so far and emerging findings would be developed for December to enable discussions within partner organisations and their governance structures. The Sub-Committee would receive proposals for completing the pro-forma and options for further integration in January for review and comment, before submission to the Health and Wellbeing Board for decision in February.

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

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. RECOMMENDATION

That the Board considers and provides input on the Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

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 membership

A revised membership for the Health and Wellbeing Board was agreed at the Council meeting on 7 November 2013.

Board meeting dates

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

- 06/02/2014 2.30 pm - Committee Room 5

Board meeting dates for 2014/2015 will be considered by Council in due course as part of the authority's Programme of Meetings for the new municipal year.

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

APPENDIX 1

BOARD PLANNER

6 Feb 2014 2.30 pm Committee Room 5	**Business / Reports**	**Lead**	**Timings**
	Implementation of Joint Health and Wellbeing Strategy – Action Plan 2013/2014 (SI)	LBH	**Report deadline:** Friday 17 January 2014 **Agenda Published:** 29 January 2014
	Public Health – Action Plan 2013/2014 (SI)	LBH	
	HCCG Recovery Plan 2013-2016 Monitoring (SI)	HCCG	
	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	
	HCCG Operating Plan Annual Report	HCCG	
	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	
	HCCG 5 Year Strategic Plan and 2 Year Operating Plan	HCCG	

* SI = Standard Item

Other possible business of the Board:

1. Use of Integration Fund (HCCG)

HILLINGDON CCG COMMISSIONING INTENTIONS 2014/2015

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	John Halsted, QIPP Programme Director
Papers with report	Commissioning Intentions 2014/2015

1. HEADLINE INFORMATION

Summary	This document sets out Hillingdon CCG's 2014/15 Commissioning Intentions and acts as formal notice to providers of changes in the services commissioned that a CCG may make in the coming year. It is not designed to set out strategy; rather it reflects existing CCG strategies. In particular, the Commissioning Intentions reflect the Out of Hospital Strategy and the Financial Recovery Plan. These strategies are aligned to the JSNA.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	All

2. RECOMMENDATION

The Health and Wellbeing Board is asked to note and approve the Hillingdon CCG Commissioning Intentions for 2014/2015.

3. INFORMATION

Key risks

That commissioning intentions are not fully implemented and therefore expected benefits are not realised.

Legal issues

High level commissioning intentions setting out any areas of potential re-commissioning must be issued in early October each year to provide the necessary 6 month notice period to any changes intended to take effect from April the following year. Late notice results in a later implementation timescale to meet the 6 month notice requirement. Commissioners and providers can also negotiate changes to the contract by mutual consent outside of a 6 month notice period.

Financial implications

These Commissioning Intentions have been developed to support the delivery of the QIPP and the Financial Recovery Plan. Financial implications are also reflected in the HCCG Financial Recovery Plan.

Consultation

Hillingdon CCG met with a range of patient and voluntary sector groups to discuss proposals and to ensure any common themes were reflected in commissioning intentions. Comments are identified in the commissioning intentions and full feedback to those that participated will be provided in November.

Communication Plan

High level intentions identifying areas of potential re-commissioning were issued to providers in the first week of October. The detailed intentions set out here will be issued to providers alongside the commissioning intentions of other Brent, Ealing, Harrow and Hillingdon (BEHH) CCGs. They were presented at the Health and Wellbeing Board meeting on 31 October 2013, brought to the Board meeting on 5 December 2013 and will be published on the CCG website.

Equalities Impact

Equalities impact assessments are carried out for each individual scheme.

Audit Trail

The HCCG commissioning intentions were reviewed by the Governing Body (Part 2) on 27 September 2013 and the Health and Wellbeing Board on 31 October 2013.

Commissioning Intentions 2014/15

Contents

1. Aim of Hillingdon Commissioning Intentions

2. Hillingdon health needs

3.What our patients and stakeholders told us

4.Strategic drivers and transformation work streams

5. Hillingdon provider market

6. Hillingdon CCG Commissioning principles

7. Hillingdon CCG Commissioning Priorities

8. Hillingdon CCG Commissioning Intentions

Appendices
Feedback from public engagement events

1. Aim of Hillingdon Commissioning Intentions

- To provide an overview of our plans to commission high quality health care to improve health outcomes for Hillingdon registered patients for 2013/14 and beyond and to set the scene for how we envisage services developing over the next 3 years;

- To engage with our member practices in commissioning a model of high quality health care for the residents of Hillingdon;

- To engage partners, patients and the wider public in shaping the way by which we respond to the health needs of Hillingdon residents and the way we commission the appropriate services to meet local needs

To support our work we will be seeking to:

- Improve patient outcomes and reduce health inequalities

- Ensure we engage with partners to maximise opportunities for joint working where this will support improved outcomes through better coordinated care.

- Develop engagement with patients and public in all aspects of commissioning and development through our PPE strategy

- Work with other commissioners in the Local Authority, ONWL and the National Commissioning Board to ensure that we have a seamless approach to the commissioning of services for Hillingdon patients

- To ensure opportunities are maximised, we will be considering multi-year agreements which will provide greater security to our providers as well as reduce the overhead of the traditional annual round of re-negotiations or re-commissioning services

2. Hillingdon Health Needs - demographic profile

Hillingdon has the second largest area (116 km2) of London's 33 boroughs with the 13th largest population. The overall size of the population for the London Borough of Hillingdon is shown in the following table.

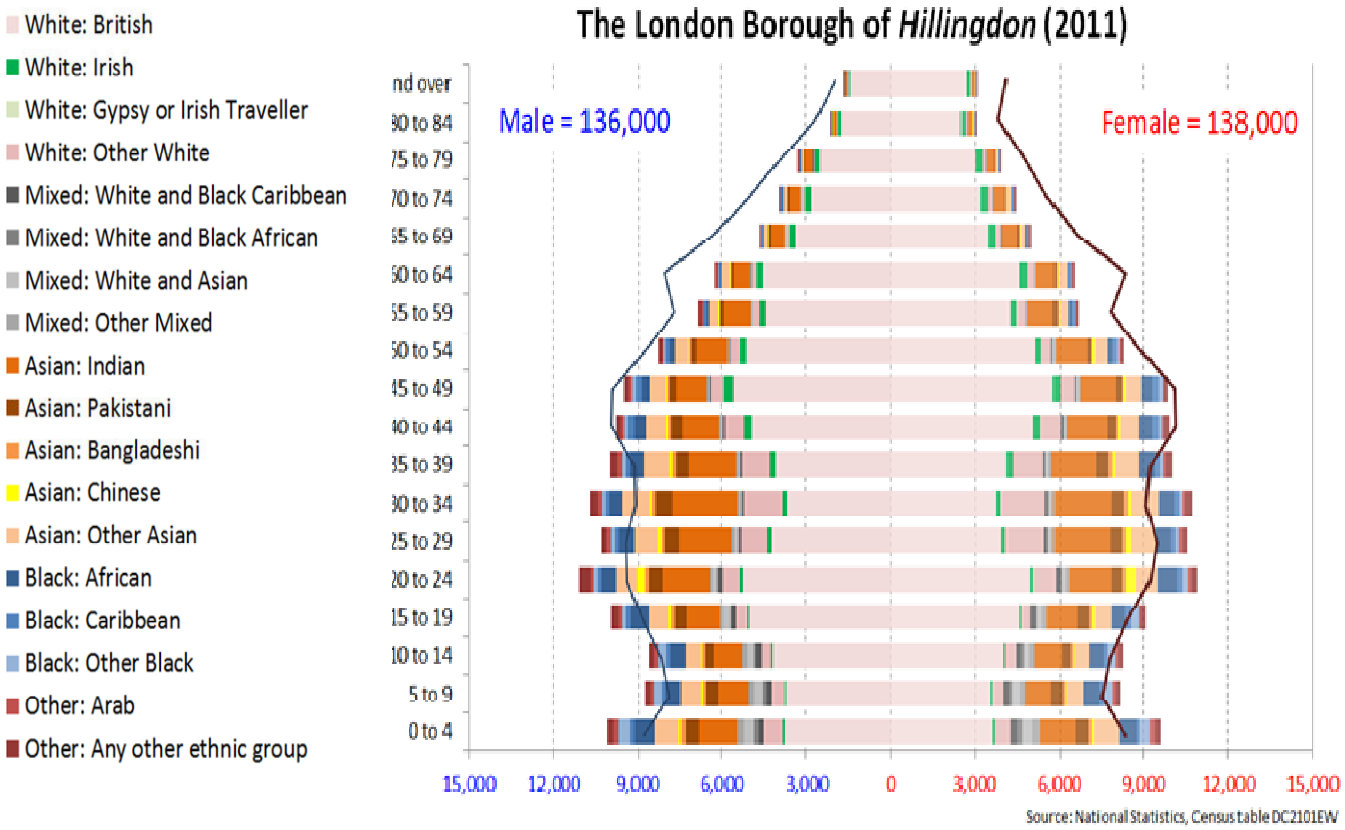
Hillingdon population	Year	Pop estimate
National Statistics, Census-based sub-national population projections (SNPP)	2013	285,000
Greater London Authority (GLA) 2012 round projections (SHLAA incorporating DCLG)	2013	281,000
Hillingdon Clinical Commissioning Group (CCG) GP registered population	2013	289,000
Greater London Authority GP registered population residing in Hillingdon	2013	301,000

2. Hillingdon Health Needs – Population Demography

The population pyramid shows the age and sex distribution of the 2011 Census population estimate for Hillingdon.

The lines around the outside of the pyramid show how Hillingdon's population would look were it to follow the distribution for England.

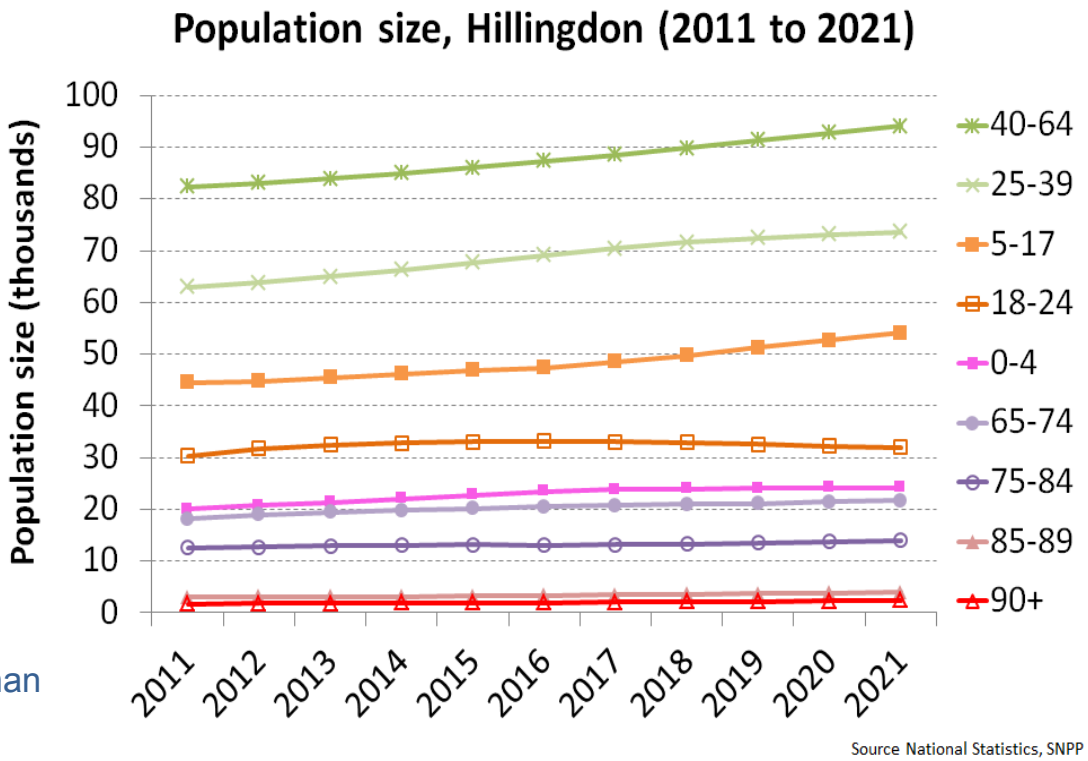
The population pyramid also shows the ethnic groups in the borough too.



2. Hillingdon Health Needs – Population Demography

From the population pyramid we can see that the proportion of the population aged 0-10yrs and 20-40yrs is greater in Hillingdon than in England. Also note that the proportion of the population aged 45+ is lower in Hillingdon than in England. 35,000 are aged over 65 years.

Compared with London, the proportion of the population aged 15-25yrs is greater in Hillingdon and the proportion of the population aged 25-40yrs is lower. The proportion of males and females aged 45+ in Hillingdon is similar to the proportion in London.



Source National Statistics, SNPP

Age bands that are expected to increase by more than 100 per year on average are:

- 65-74 by an extra 330 per year
- 0-4 by an extra 440 per year
- 5-17 by an extra 970 per year
- 25-39 by an extra 1150 per year
- 40-64 by an extra 1200 per year

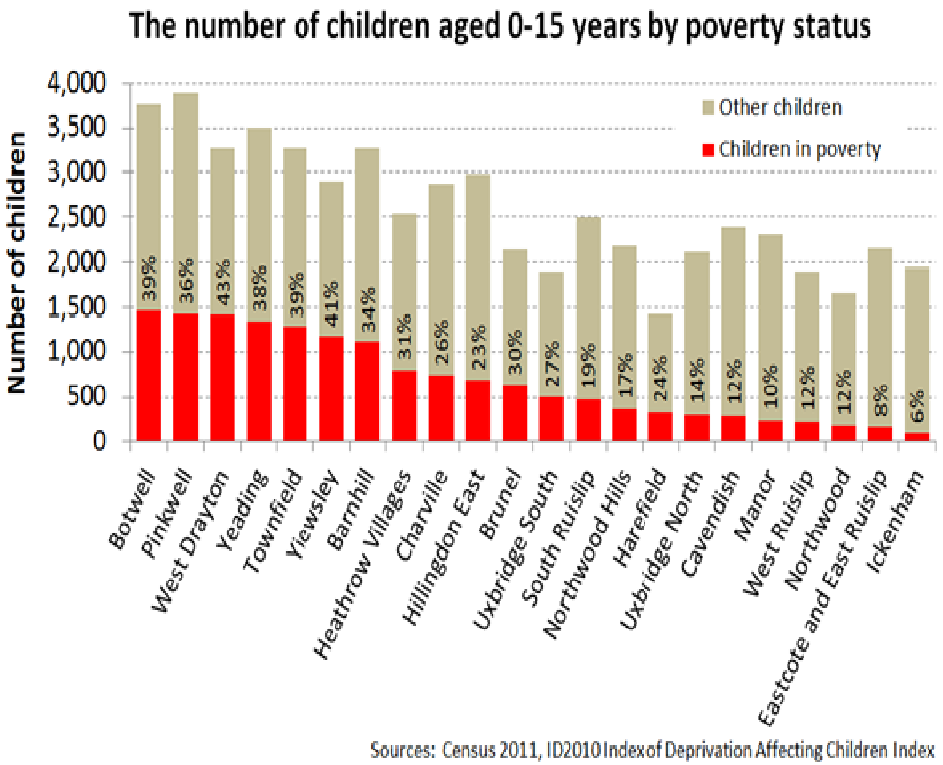
In Hillingdon, the population of children aged 0-17 is projected to increase by approximately 1,300 per year. One of the driving forces behind the projected increase is the year on year increase in the number of live births that has been experienced since 2001. By 2021, the overall population in Hillingdon is expected to grow by 16% (to 320,000) compared with the 2011 MYE.

2. Hillingdon Health Needs - Children

This graph shows the number of children aged 0-15 years in each ward. The proportion of those children that are living in relative poverty is also shown (as a percentage).

This shows that in some wards there are over 3,500 children aged 0-15 years (Pinkwell,Botwell) and in other wards there are around 1,500 children (Harefield, Northwood). The proportion of children living in relative poverty is lowest in the ward of Ickenham (6%) and highest in the ward of West Drayton (43%).

As shown in the graph there is considerable variation in deprivation within wards. This is also seen in children living in poverty where wards have wide variation in inequalities, for example West Drayton and Botwell. These wards have similar overall ward deprivation scores, but the child poverty levels vary from 16% - 63% in West Drayton, but only 31% – 44% in Botwell.



2. Hillingdon Health Needs – Influencing Factors

There are some wards where the number of people (aged 3+) who ***cannot speak English*** or *cannot speak English well* number more than 2000; these are Townfield (7%), Barnhill (7%), Pinkwell (6%) and Botwell (6%). The implication being that additional translation support may be required when patients from this demographic present for treatment. However, it is also likely that the younger patients in these areas will develop bilingual capabilities sooner rather than later.

Healthy life expectancy (HLE) is the number of years an individual can expect to spend in very good or good general health. In Hillingdon the 2009-2011 HLE for males is 64 years (England mean 63 years) and for females is 66 years (England mean 64 years).

The **all age all cause mortality rate** does not significantly differ from the rate in London overall. However, Hillingdon shows a significantly lower rate than England. The premature mortality rate is falling for mortality files coded as all circulatory diseases, all cancers or all other deaths.

The **infant mortality rate** (before the infant's first birthday) in Hillingdon (4.8 per 1,000 live births) was also not statistically significantly higher than the average for London and England (both 4.4 per 1,000 live births).

The **TB rate** (2009-11) in Hillingdon is in the band 40-70 per 100,000 population, higher than the 2011 UK rate (14 per 100,000). This is possibly a consequence of the presence of adult immigration holding centres based within the borough and unaccompanied minors arriving at Heathrow airport without papers who become the responsibility of Hillingdon Local Authority.

2. Hillingdon Health Needs – Influencing Factors

Other lifestyle factors and risky behaviours contribute enormously to long-term (and short-term) health. The most significant of these in the Hillingdon area are:

•**Obesity** In Hillingdon, 23% of adult population is estimated to be obese, which is the same as London but slightly lower than England (24%).
•**Physical activity** Rates of physical activity (16% do moderate physical activity for 30 minutes, 3 times per week) are worse than the England, London and Northwest London rates.
•**Smoking** 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%).
•**Shisha** Smoking with a shisha smoking apparatus is harmful because smoke is not filtered, but merely bubbled through water. In addition the shared smoking apparatus can lead to the sharing of communicable diseases such as TB.
•**Substance abuse** This has a significant impact not only on the lives of those directly involved but also on their families, friends, as well as the communities within which they live.
•**Khat** This is a natural stimulant from a plant which is released when its leaves and buds are chewed. There are a range of social problems associated with the use of khat (particularly by male heavy users) including family breakdown, unemployment and domestic violence (The Hillingdon Khat Report: a call for action, May 2011).
•**Alcohol** Alcohol attributable hospital admissions and alcohol-related recorded crimes are worse (higher) than the England average.
•**Conception** Conception rates for females aged <18 years in Hillingdon have not fallen in line with England and London region figures. However, the figures for the last 12 months are the lowest since 1998.

3. What our patients and stakeholders told us

Staff and BME people need more education and awareness around mental health and stigma. Introduce Mental Health awareness in schools as part of their education. **Mind Social Group**

Before discharging end of life patients from the hospital, it would be most helpful if palliative care forms such as CMC, DNAR could be already in place and transferred to the nursing home . Discharge letters from the hospital could be more informative e.g. inclusion of a body chart. **Ruislip Nursing Home**

Hillingdon CCG should spend money and resources educating the public on how much they cost the NHS when used inappropriately. **Blind Support Group, Uxbridge**

Carers do not always remember to ask all their questions within the appointment slot provided. This is not the fault of staff, but due to the present pressure / stress the carer is experiencing. Can there be a common protocol that enables the carer to ask questions after the appointment? **Hillingdon Carers**

The fast track system and traffic light system works very well at Hillingdon Hospital. It helps patient's keep calm and helps the staff manage the patient and get them seen to quickly and calmly with little distress. **DASH**

Mental Health patients need familiarity. Moving care into primary care setting needs to be communicated clearly to patients and carers. There also needs to be a contingency in place that ensures when staff leave, new staff are brought up to speed with the patients medical history and can identify when we are about to have another episode. **Oak Tree Mental Health Support Group**

Advanced directives, setting out someone's wishes if they have a mental health crisis, are extremely valuable. If in crisis, it will set out how we want our carer involved and the information they should be given. **Re-Think Round table**

More support is needed for people with long-term conditions, especially in ethnic minority communities. There appears to be gap in this area as existing services are either not culturally relevant or are not reaching out to many ethnic groups. **Recommendation from the HCCG Hayes and Harlington Outreach Project**

Develop a mechanism and joint work with children's centres to address the issue of families attending A&E for minor conditions. This was being done in the past. The systems need to be renewed to share information about families attending the A&E for minor conditions from the different wards. **Recommendation from the HCCG Hayes and Harlington Outreach Project**

In Nepal we had a book in every home which was called 'What do You do when the doctor is not there'. We need something like this for parents in this country. We did not rush to the GP or hospital for minor conditions when we were back home. We treated a lot of things at home with the help of the book. **Nepalese community leader and father**

Capturing the views of our Patients, Carer and Public

- **March 2012 – April 2013: Meet the CCG public events, service user forums**
- Gathered feedback and experiences from patients and carers from a range of forums including disabled tenants forum, older peoples forum, mental health service user forum, parent and disabled children forums, LGBT event, UCC public ‘Meet the CCG’ event, Heathrow villages focus group

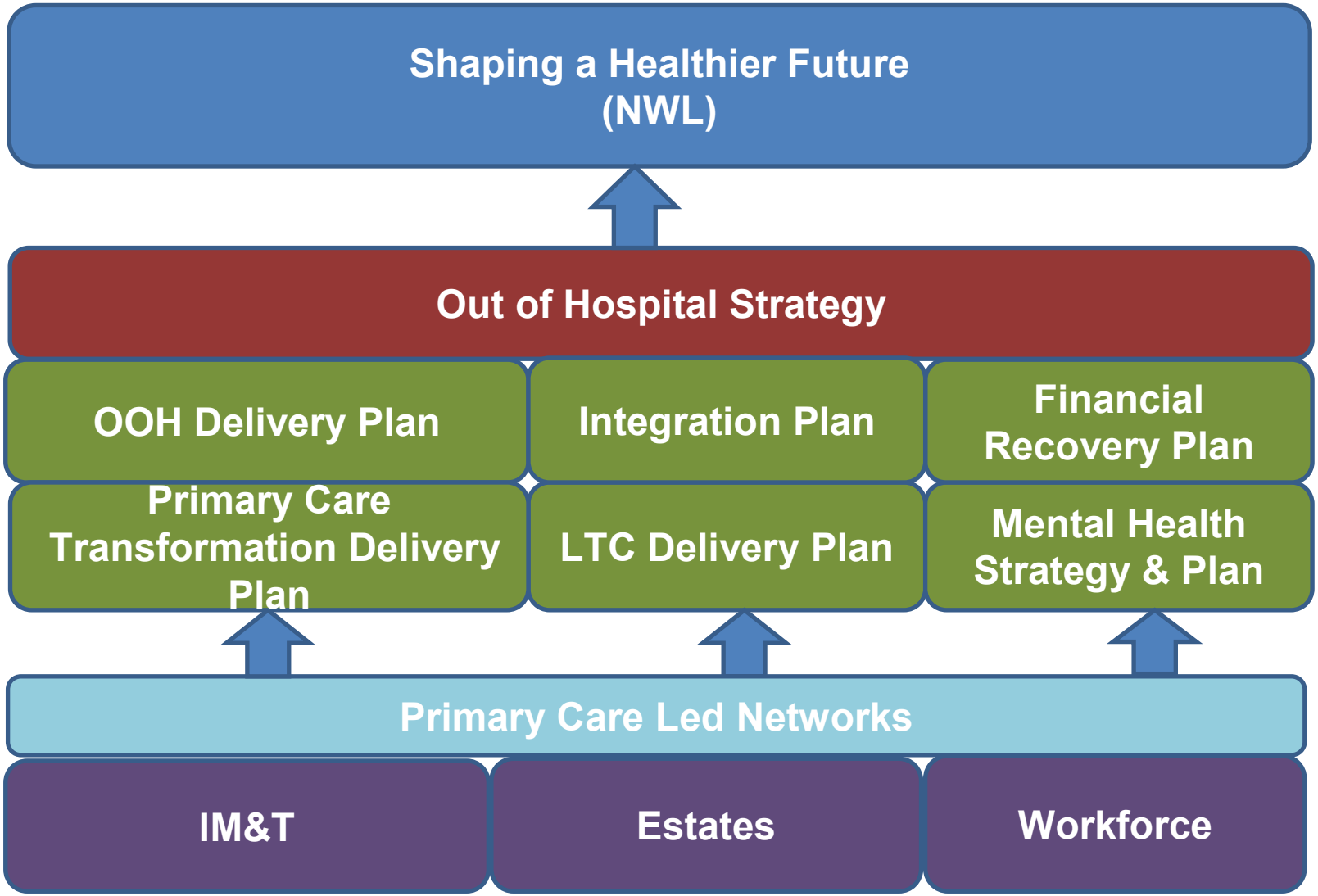
- **April – July 2013: Hayes and Harlington Outreach Project**
- School assembly's, libraries, parent and toddler groups, GP surgeries, Faith and belief groups, social events (school and community fairs)

- **July - September 2013: Shape our commissioning intentions road show**
- Spoke with over 25 groups and events between July and September including Youth Council, Street Champions, Mind, Age UK, Deaf and Blind peoples forum, health and social care forum

4.1. Key strategic drivers and transformation work streams

- Commissioning intentions are being developed in the context of compelling case for change across North West London. The imperatives outlined in 'Shaping a Healthier Future' relate to a shared commitment to ensure that all patients receive the highest quality healthcare and achieve the best possible outcomes and that care is provided in the most appropriate setting for their needs.
- To support implementation of SaHF; improve patient outcomes and experience and deliver long term financial sustainability to meet current and future health need, the CCG has developed an Out of Hospital Strategy outlining our vision to ensure the right care is provided in the right place, at the right time by the right person. Our Out of Hospital pathway work responds to needs set out in the JSNA and priorities set out in the Health and Wellbeing Strategy.
- Hillingdon CCG continues to work within an extremely challenging financial environment. Our three year Financial Recovery Plan, which encompasses our QIPP plans and reflects our Out of Hospital strategy, has been refreshed for 2014/15 to 2017/18. The CCG will continue to work collaboratively with providers and other partners to maintain stability within the local health system through the whole system Recovery Programme Board
- During 2013/14 HCCG has sought to increase levels of integrated service delivery through its commissioning and contracting function working in partnership with providers and the London Borough of Hillingdon (LBH). In 2014/15 HCCG will, in partnership with the LBH and under the auspices of the Hillingdon Health and Wellbeing Board, develop integrated commissioning plans to drive further integration in service delivery to promote improvements in Hillingdon patients and residents outcomes and experience.

4.2 Strategic drivers and transformation work streams summarised



4.3. Key strategic drivers – whole systems enablers

- Building on work in 13/14, a whole system approach will be further developed during 14/15 to enable greater alignment between Acute, Community and Mental Health care services through use of system wide incentive payments.
- Cross cutting CQUINs will be developed where this supports providers engaged in system wide programmes of work to align quality improvement initiatives.
- Examples would include improvements where providers have a stake in each others improvement, where incentives would be aligned to reward participation and delivery. Examples of such programmes could include improved discharge planning at every level of care through acute, step down and community.

5.1. Hillingdon provider market: Primary Care

- HCCG will progress its thinking on the development of the primary care market within the context of the wider primary care team i.e. including community services such as district nursing.
- In 2014/15 HCCG will focus work on transformation of the wider primary care team to support delivery of the Out of Hospital Strategy. This will include the development of primary care led networks to strengthen delivery of existing primary care pathways and support an increase in the range of services provided out of hospital.
- The work will be closely aligned to the North West London Primary Care Transformation programme.
- Programmes of work will include:
  - Development of primary care led networks – the shape and scope to be decided by participating practices
  - The development of business cases for establishing “hubs” in each of the 3 Hillingdon localities
  - Development of IT infrastructure to support greater integration within health services and between health and social care services
  - More efficient and effective use of the wider primary care team.

5.2. Provider Market: Community Care

- Currently the majority of community care is provided by Central North West London FT (CNWL).

- This contract comes to an end in March 2014 and to ensure the very highest levels of productivity and quality HCCG will seek to adopt a strong developmental model for the community contract in 2014/15 to ensure that core community services are configured to support wider system change – including integrated pathways and delivery of the Out of Hospital Strategy. This will build on work to design care bundles and realigning service lines to maximise interdependence and support virtually integrated community teams. In particular this applies to services that support the frail and elderly and children with complex needs.

- Adopt a whole systems approach and to enable CNWL to drive improved quality and productivity in the system across service areas such as continence, equipment including wheelchairs and consumables that support wound care including pressure relieving equipment .

- Wider planned care pathways in 14/15 will include implementation of a new cardiology pathway with impact on heart failure nursing and cardiac rehabilitation.

5.2. Provider Market: Community Care continued

- HCCG will review and re-commission the following service areas and pathways. As a result , HCCG may seek to test the market in these areas:
  - Tissue Viability and wound care linked to pressure relieving equipment and other consumables.
  - Physiotherapy services linked to MSK.
  - Heart failure nursing including cardiac rehabilitation - linked to planned care for cardiology
  - Community Matrons re commissioned based on predictive care supported by care navigators.
  - Community equipment including pressure relieving equipment
  - HILC and wheelchair services.

  - Services for children will be developed to support a more integrated children's service model. This will include a review of case management of complex children and greater multi agency working.
- HCCG will support a co- production approach to innovative ways of provider to provider working including for planned care pathways, and specialist community based provision across health and health and social care where this supports the strategic aims of the Hillingdon health economy.
- There is an expectation that as more services are moved to a community / out of hospital setting a greater range providers may emerge.

5.3. Provider Market: Mental Health

- Currently the majority of mental health care is provided by CNWL.

- This contract comes to an end in March 2014 and to ensure the very highest levels of productivity and quality HCCG will review the following service areas and may seek to test the market in these areas:
  - IAPT
  - Psychiatric Liaison services in A&E (subject to NWL business case)
  - CAMHs
  - Chronic Fatigue Services

- HCCG will focus on implementation of the agreed priorities in the joint Mental Health and Dementia Strategy based on current and future population needs, ensuring provision is effectively aligned and coordinated across mental health and physical health care, and health and social care. This will include Mental health Urgent Care Pathways.

- The following key programmes will be re specified and re- commissioned: Shifting Settings of Care, further shift from bed based dementia services to community based services to ensure care in the least restrictive environment possible and closer to home.

(contd….)

5.3. Provider Market: Mental Health (contd.)

- Through the Shifting the Settings of Care programme mental health services will be aligned to support the development of pathways delivered through primary care and primary care led networks.

- The CAMHS service review initiated in 2013/14 will be concluded. HCCG anticipates reshaping this pathway in collaboration with specialist commissioning, LBH and local providers of mental health services. This may lead to market testing during 14/15 subject to the outcome of this review.

5.4. Provider Market: Acute Hospital Care

- HCCG contracts primarily with The Hillingdon Hospitals Foundation Trust with 71% of all acute activity flowing this way.
- THH is a “fixed point” within the SaHF programme and therefore remains as an acute hospital with elective and non-elective functions
- Other significant contracts are with Northwest London Hospitals Trust (7.3%), Imperial College Healthcare Trust (5.8%) and the Royal Brompton and Harefield Hospitals Trust (2.7%)
- HCCG expects to work collaboratively, through a negotiated approach, with providers to ensure a quality service is maintained as the OOH strategy and financial recovery plan are delivered
- HCCG will support providers to test innovative ways of working where possible and where it supports the strategic aims of HCCG
- HCCG actively encourages integrated service delivery through provider to provider arrangements
- Where the required quality and price (VFM) cannot be achieved with existing providers HCCG will test the market
- Many QIPP schemes initiated in 2013/14 will achieve full year effect in 2014/15

6. HCCG has identified the following principles for commissioning healthcare services:

- In 2012/13 HCCG identified the following commissioning principles and will continue to apply them in 2014/15
- Commission high quality, clinically effective care, with a robust evidence base
- Demonstrate and evidence equality and consistency in access to services and health outcomes within Hillingdon that continues a reduction in health inequalities
- Work with other commissioners where integrated commissioning will deliver innovative and effective healthcare solutions in line with the commissioning strategy
- Work with providers to co-design an affordable integrated care system, with an increased focus on OOH care
- Develop patient and public engagement that ensures meaningful public involvement in commissioning
- Achieving financial balance and a viable local health economy within existing and future resources, with particular emphasis on robust contract monitoring across the entire contract portfolio
- Commission care in line with health needs as identified by the JSNA and in line with the health and wellbeing strategy
- Commission services that continue to move toward outcome-focused care, driven by the NHS Outcomes Framework with a key quality focus on the care and treatment of vulnerable adults.

7.1. Hillingdon Commissioning Priorities

High quality and safe care	• Putting patients first • Fundamental standards of behaviour adhered to • Developing a common culture including openness, transparency & candour • Responsibility for, and effectiveness of, healthcare standards • Enhancing the role for supportive agencies • Performance Management and Strategic Oversight • Complaints and Patient and Public Involvement
Transformational change in primary care services	• Redirect patients from UCC to primary care • Effective prescribing • Mental health shifting settings of care to primary care • Support to nursing and residential care homes • Increased management of long term conditions in primary care • Development of primary care networks • Referral Reflection Service and Peer Review
Planned care pathways	• Long term conditions (Diabetes, cardiology, mental health, respiratory disease) • Supporting patients to self care • Consolidation of new planned care pathways initiated in 2013/14 • Implement new planned care pathways (one stop hernia repair) • Maternity care • Use of technology • Diagnostics
Rapid response to urgent or unscheduled need	• Capacity reduction plan for local inpatient beds (including acute and dementia) • Expansion of rapid response capability including admission avoidance and end of life care • Case management of frequent flyers via the ICP • Ambulatory care pathways

7.2. Hillingdon Commissioning Priorities contd.

Appropriate time in hospital

- Early Supported Discharge including step down beds and community based rehabilitation
- Integrated planning and service delivery with social care providers
- Psychiatric liaison service

Integrated care to avoid crisis or exacerbation events

- Integrated care for older people
- End of life care
- Falls management
- Long term condition management
- Mental health care

Children's health

- Improve support for age 0 -4 years with ASCS treatable conditions as part of unscheduled care pathways.
- Integrated CAMHs pathways to optimise capacity focusing on early intervention and intensive support
- Reduce variation in planned care acute activity including dental.
- Explore opportunities for locality-based provision for children as part of primary care network development

SAFEGUARDING CHILDREN

- Hillingdon CCG is fully committed to safeguarding children and as part of its statutory responsibility, the CCG will:
- Ensure that, as commissioners of NHS Health Services, health contribution to safeguarding and promoting the welfare of children is effectively discharged across the local health economy through its commissioning arrangements; this includes specific responsibilities for Looked after Children and supporting the Child Death Overview Process.
- Ensure that all Providers of NHS Health Services have clear and effective arrangements in place to safeguard and promote the welfare of vulnerable children and young people that assure themselves, regulators and commissioners that these arrangements are working.
- Ensure that the Organisation and their Providers will, through the CCG's commissioning arrangements and service standards, be fully engaged to work with partner agencies in order to improve outcomes for children, young people and their families

7.2. Hillingdon Commissioning Priorities contd.

Mental Health and Learning Disability

- Assess to timely urgent response in a crisis, with clear onward pathways for support (including psychiatric liaison) .
- Dementia pathways which increase diagnostic rates , early intervention and reduces reliance on institutional care (beds)
- Shifting settings of care - developing an enhanced model of community and primary care provision that supports discharge and will reduce secondary care activity.
- Integrated model of care for IAPT within a wider system of community support
- On-going repatriation of out of borough placements.
- Implement Winterbourne View and Self Assessment priorities

Prevention of ill health

- Implement falls prevention programme
- Alcohol related ill health
- Public health to embed structured health improvement activities into all parts of the system, including links with primary care, and integrating public health messages into all service activities. eg reducing alcohol harm, talking obesity , immunization, children's mental wellbeing , teenage pregnancy rates.

8.1. Hillingdon Commissioning Intentions – Unscheduled Care

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Hayes Walk In Centre	The 5-year APMS contract that provides GMS services to a registered list and a separate walk in service for unregistered patients is due to expire in September 2014. The CCG will work with NHSE on the continued provision of GMS services to the registered list and will await the outcome of Monitor's national review of Walk In Services before deciding whether the service should be decommissioned, with patients being redirected to the new 24/7 Urgent Care Centre based at Hillingdon Hospital.	Contract Value £316k for Walk In Service provision
Hillingdon 111 Service	Hillingdon was an early implementer in London of the national 111 service where all CCGs are mandated to commission a 111 service. The 2-year pilot terminates February 2014 and therefore the CCG proposes to extend the existing contract by 12 months to a) allow for pan-London benefits realisation work to be completed and b) bring the scheme into line with other, later London pilots. The expectation is that NHSE will lead a wider, possibly pan-London procurement for 111 services in the future.	Contract Value £720k in 2013/14
UCC at THH	A 24/7 UCC on site at THH. The project is due to commence in 2013 but will run into 2014. This shows the PYE for 2014/15	Re-provision FA 22,269 £2,156k
Ambulatory Emergency Care	This is proposed as a shared QIPP scheme between HCCG and THH. AEC is an approach which results in a significant proportion of emergency adult patients being managed safely and efficiently on the same day avoiding admission to a hospital bed.	Adm. Avoid. 1,256 £1,757k
Support to care homes (nursing/residential) and supported living	The prevention of unnecessary emergency admissions through a) the introduction of Advanced Nurse Practitioners or GPs into Care and Residential Homes and supported living environments to provide support and b) to have district nurses to provide similar support in an at home setting.	Adm. Avoid. 70 £50k

8.2. Hillingdon Commissioning Intentions – Intermediate Care

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Admission avoidance	To continue with and embed the service redesign with regard to intermediate care with the avoidance of admission to acute care for patients who are able to be managed at home by the community based intermediate care services which have been developed. This involves virtual integration of rapid response services, community rehabilitation, telecare, reablement, community equipment, night carers and home treatment services for older people with mental health conditions. Rapid response services are both community based and provide in-reach to the UCC and ED at THH. An average of three people a day were managed home from the ED or directly referred to Rapid Response from the London Ambulance Service for the first six months of 1013/14 rising to a target of 7 per day from October 2013.	Admissions avoided = 1,460 Circa £1,663k
ESD / Excess Bed Days	Shared savings between CCG & THH. Opportunity to release 10 beds in Franklin House and spot-purchase from elsewhere – dependent on THH reducing beds.	Activity – 10 Beds Activity red'n FA 2,000 Circa £450k

8.3. Hillingdon Commissioning Intentions – Integrated Care

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Integrated Care Programme	The BEHH CCGs will collectively review the ICP and achievement of anticipated benefits in the second half of 2013/14. The review will take account of the role the ICP may have as a platform for greater integrated service delivery in 2014/15 in support of the NWL Whole System Integrated Care programme. It will also take account of recent work within the ICP to enhance the case management approach through the use of predictive modelling. The review will be completed by the end of Q3 2013/14 with a decision on future investment in ICP following this review.	
End of Life	Plan to extend the percentage of deaths outside of hospital from 45% (2013/14) to 50% (2014/15). Further use of Coordinate My Care (CMC) by Primary Care will ensure that patients known to be in the end of life phase of their illness will be identified and have an advanced care plan recorded on CMC where the patient gives consent. DNAR documentation will be recorded in the CMC record. In addition we will develop a fast track palliative care pathway, integrated between the acute trust, community trust, charitable sector and social services. A review of night sitting services will aim to ensure that appropriate care for carers is delivered.	121 admissions will be avoided £200k

8.4. Hillingdon Commissioning Intentions – Planned Care

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
MSK	Continuation of work commenced in 2012/13. The Clinical Working Group has commenced work to establish exactly how the activity reductions will be divided across FA and FUs. The financial figure given is the opportunity identified in the Financial Recovery Plan for this scheme in year two.	439 admissions will be avoided £989k
Dermatology	Continuation of the delivery of 2013/14 developed and agreed planned care pathways in Dermatology through a community service.	Standardisation 337 Re-provision FA 1,896 FU 1,896 TOTAL 4,128 £538k
ENT	Continuation of the delivery of 2013/14 developed and agreed planned care pathways in ENT through a community service.	Standardisation FA 550 FU 503 TOTAL 1,053 Reprovision FA 2,863 FU 2,901 TOTAL 6,816 £833k
Gastroenterology	Continuation of existing developed and new pathways from 2013/14. Service developments including IBD and possible adoption of direct access colonoscopy CQUIN into main contract .	Standardisation 338 £50k
Pain Management	Managing patients with chronic pain conditions in a setting closer to home and increasingly helped to self manage their conditions.	Reprovision 1398 £215k

8.5. Hillingdon Commissioning Intentions – Planned Care contd.

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
General Surgery	Implementation of planned care pathway for one stop hernia service	40% of existing activity anticipated
Neurology - Headaches	Implementation of a pathway for the diagnosis and management of headaches and epilepsy in young people and adults	FA 239, FU 239 TOTAL478 £96k
Gynaecology	Continuation of agreed planned care pathways through delivery of a Community Gynaecology Service with provision across various locations across Hillingdon.	Standardisation FA 260 FU 260 TOTAL 520 Reprovision FA 2,927 FU 2,927 TOTAL 6,375 £982k
Ophthalmology	Continuation of contracted Community Ophthalmology Service with provision across various locations across Hillingdon.	FA 588 FU 1,101 TOTAL 1,689 (NB: EXISTING CONTRACT) £150k
Urology	Continuation of the delivery of 2013/14 developed and agreed planned care pathways in Urology through a community service.	Standardisation FA 91 FU 241 TOTAL 332 Reprovision FA 761 FU 2,106 TOTAL 3,109 £480k

8.6 Hillingdon Commissioning Intentions – Primary Care Services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Cardiology	Continuation of the planned reprovision of cardiology services to create a one-stop service to deliver a more integrated service (CATS), implement referral standardisation to reduce variation in referral rates	Standardisation 321 Reprovision FA 1,341 FU 1,199 TOTAL 2,862 £817k
Diabetes	Re-directing care to the appropriate provider, reducing secondary care activity through simplifying pathways. Implement and deliver the Healthcare for London Model for Diabetes	Standardisation 241 Reprovision FA 94 FU 604 TOTAL 939 £180k
Diagnostics	Reduction in pathology and radiology variation. We will benchmark the use of direct access services by practices and agree the most appropriate tests use of diagnostic services with the acute consultants. Identify efficiency savings and review pathways where appropriate	Pathology 28500 £60k Radiology 2000 £80k
Telehealth	During 2104/15 the CCG will explore the possible investment in Telehealth to support patients with long term conditions, for example diabetes, COPD and heart failure. Telehealth has been used for non-face-to-face appointments between Primary Care or Secondary Care clinicians and patients. Changes will be recorded by those specialties which use telehealth.	TBA

8.6 Hillingdon Commissioning Intentions – Primary Care Services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
LIS / AQP	Senior Commissioning Managers are working with the Governing Body to agree which of the 2013/14 LES agreements will be offered as contracts for Any Qualified Provider and which will be approved to be Local Improvement Schemes. The current proposal will be for 3 LES to be offered to AQP (£693k) and for 2 LES to be transferred to LIS (£182k).	LES to AQP = £693k LES to LIS = £182k
Improving Productivity in Prescribing	The Medicines Management team will work closely with commissioners, specifically around care pathways, to ensure the most cost-effective medicines are used and ensuring that we reduce unwarranted variations in prescribing Practices. Analysis of national best practice will continue to identify areas for improved approaches and efficiencies within primary care prescribing. The detail of schemes will be finalised by March 2014 for implementation from April 2014.	£1,600k LIS scheme
10% PCI	To work with Primary Care and reduce referrals by up to 10% through an educational approach and excluding those already captured within planned care pathway QIPP schemes	Standardisation 5215 £517k

8.7 Hillingdon Commissioning Intentions – Community Services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Improving Productivity in Community Services	This programme will negotiate the Hillingdon Community Health contract to ensure that services continue to move to better quartile productivity and efficiency and are reconfigured to support wider system change. This approach will be supported by work to design care bundles and realign service lines to maximise interdependence. In particular this applies to services that support the frail and elderly - specifically district nursing and children with complex needs.	£450k
Community reconfiguration	HCCG will review and if believed necessary re-commission the following service areas /pathways. •Tissue Viability and ambulatory wound care linked to pressure reliving equipment. •Case management service to align with predictive modelling methodology, improved care planning and use of care navigators •Heart failure nursing including cardiac rehabilitation - linked to planned care for cardiology pathway •Consideration to re-commission HILC and wheelchair /seating/hardware and maintenance services as part of a wider model of community rehabilitation. •Physiotherapy services linked to MSK. Reconfiguration in addition to the above: •Fully align NPCU intermediate care capacity and productivity to support whole system bed modelling (intermediate care) . •Review integrated paediatric pathways for children with long term conditions and complex needs.	Service line value for review £858k £746.6k £275.7k £1.38m TBC

8.7 Hillingdon Commissioning Intentions – Community Services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Other community support services	• Move to a managed service from a renal model for pressure relieving equipment with a patient pathways to ensure system wide improvement in patient experience. • Align continence products with AQP continence	£75k
	Impact of planned care, intermediate care , unscheduled care and integrated care initiatives are included in other relevant sections.	0
Supporting people with long term needs and their carers	This programme aims at reviewing the needs of people and their carers who require longer term support to remain independent in the community , ensuring a co-ordinated response to needs. A model of community based support will be developed in 14/15 to help commissioners meet required outcomes of reducing hospital admissions, admissions to nursing care and supporting people to remain independent as long as possible.	£0k
	Development of pathways to support step down from core community services through use of personalised care planning (see ICP), assessment and signposting and development of roles such as support workers and care navigators. Reducing the need for premature care home admission by review of short term NHS respite care. Review of services that directly support carers including night sitting (EOL) and access to advice and help in a crisis, including day time and out of hours. Access to training and appropriate knowledge for carers to support family members with long term conditions and increasing frailty including dementia. Supporting carers at the point of hospital discharge to deliver safe care that promotes on-going recovery and reablement. (linked to Early Support Discharge)	

8.8 Hillingdon Commissioning Intentions – Mental Health services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Contract	Contract efficiencies - improving productivity and targeting of services including reducing delays in the system, maximising throughput and continuously improving productivity (bed and non bed based services) and aligned to repatriation. Review Chronic Fatigue Services and potentially re-commission in 14/15	£250K £110K
Liaison psychiatry service	Liaison psychiatry - consider commissioning of Liaison Psychiatry model subject to confirmation of cost benefit from NWL pilot evaluation . Consider widening this to include a systems wide review health psychology linked to reconfiguration of pathways such as pain management and heart failure .	£937k tbc based on pilot evaluation
Community dementia	Community dementia pathways - align community pathways with intermediate care and integrated care, and reduce reliance on bed based services. Reduction in older people beds (circa 10) to enable care to be delivered closer to home	£500K gross
Shifting settings of care – community pathways	Shifting settings of care phase 2 – full year impact of shifting settings of care programme for agreed cluster groups.	£101K tbc
CAMHS	CAMHs considering re - commission CAMHS services to ensure an integrated CAMHs pathways and address gaps for children learning disability.	Current service line value £1.3 million
IAPT	IAPT to consider re- commissioning IAPT as an integrated model aligned to community model for shifting settings of care.	TBA

8.9 Hillingdon Commissioning Intentions – Children's services

Commissioning Intention	Description	Activity and Financial Impact (Gross) in 2014/15
Children Unscheduled care	• Improve support for age 0 -4 years with ACSC treatable conditions as part of unscheduled care pathways. • Explore opportunities for locality-based provision for children as part of primary care network development	
Integrated CAMHs	• Develop integrated CAMHs pathways across Hillingdon to optimise capacity and redesign pathways with LBH to focus on early intervention • (LBH) and intensive support (CCG)	
Children with long term conditions	• Re- commission integrated paediatric pathways for children with long term conditions and complex needs to improve care management coordination of care	
Planned care pathways	• Reduce variation in planned care activity including dental.	

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