



HILLINGDON
LONDON



Health and Wellbeing Board

Statutory Members (Voting)

Councillor Raymond Puddifoot (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

Date: THURSDAY, 11 JULY 2013

Time: 2.30 PM

Venue: COMMITTEE ROOM 4 -
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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Published: Wednesday, 3 July 2013

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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

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 19 February 2013 - Shadow Board 1 - 10
- 4 To approve the minutes of the meeting on 9 May 2013 11 - 12
- 5 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

Health and Wellbeing Board Reports - Part I (Public)

- 6 Board Terms of Reference, Voting Rights & Membership 13 - 26
To note the new Terms of Reference and membership and agree the co-opted members.
- 7 Board Operation, Reporting & Work Programme 27 - 32
- 8 Public Health Update 33 - 36
- 9 Update on the Development of Healthwatch Hillingdon 37 - 40
- 10 S106 Health Contributions 41 - 50
- 11 Winterbourne View: Local Stocktake 51 - 64

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

12 Update Report from Hillingdon CCG

65 - 118

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

13 Any other items the Chairman agrees are relevant and urgent

Agenda Item 3

Hillingdon Shadow Health and Well-Being Board Draft Minutes of the Board Meeting held on 19th February 2013 Committee Room 5, Civic Centre

Members of the Board present at the meeting:

Cllr Ray Puddifoot	Leader of the Council, Chairman of the Board
Cllr Philip Corthorne	Cabinet Member, Social Services, Health and Housing, Vice-Chairman of the Board
Cllr David Simmonds	Deputy Leader of the Council, Cabinet Member for Education and Children's Services
Cllr Douglas Mills	Cabinet Member for Community, Commerce and Regeneration
Dr Tom Davies	Vice-Chairman of the Clinical Commissioning Group
Linda Sanders	Corporate Director, Social Care & Health
Dr Ellis Friedman	Joint Director of Public Health
Graham Hawkes	Hillingdon LINK representative
Joan Veysey	Head of Non-Acute Commissioning, NHS Hillingdon
Catherine Knights	Central and North West London NHS Foundation Trust

Minutes: Dan Kennedy

	Action
ITEM 1 - APOLOGIES	
Apologies were noted from: <ul style="list-style-type: none">• Dr Ian Goodman, Chairman of Hillingdon Clinical Commissioning Group• Ceri Jacob, Chief Operating Officer, Clinical Commissioning Group. Joan Veysey attended on behalf of Ceri Jacob.• Trevor Begg, Hillingdon LINK.• Shane Degaris, Chief Executive, Hillingdon Hospitals NHS Foundation Trust• Robyn Doran, Director of Operations and Partnerships, Central and North West London NHS Foundation Trust. Catherine Knights attended for part of the meeting.	

	Action
<p>ITEM 2 - DRAFT MINUTES OF THE LAST MEETING ON 18th OCTOBER 2012 AND MATTERS ARISING</p>	
<p>The minutes of the meeting were agreed.</p> <p>No matters were arising.</p>	
<p>ITEM 7a – CLINICAL COMMISSIONING GROUP AUTHORISATION PROCESS - UPDATE</p>	
<p>Councillor Puddifoot re-ordered the items of the agenda as unavoidably Dr Davies had to leave the Board meeting before 4pm for an afternoon GP surgery. The Board agreed to consider item 7a and item 7b on the agenda.</p> <p>Dr Tom Davies presented the item.</p> <p>The Board agreed the recommendation:</p> <ul style="list-style-type: none"> The Health and Wellbeing Board is asked to note the contents of the NHS Commissioning Board Report of the Hillingdon CCG site visit for authorisation and the NHS Commissioning Board decision making process for authorisation. <p>Reasons for recommendation: To update the Board.</p> <p>Discussion: Dr Tom Davies presented to the Board an update about the authorisation process for the Hillingdon Clinical Commissioning Group (HCCG). The purpose of the authorisation is to satisfy that the HCCG is fit for purpose to operate from 1 April 2013. The site visit took place on 18th December 2012 and HCCG governing body members were in attendance. This involved a rigorous process of presentations, discussion, questioning and plenary with representatives from the NHS Commissioning Board. The authorisation process was a useful and a valuable exercise. The results from the site visit have been moderated and led to five areas being classed as ‘red’ which related to the financial position of the CCG. This was expected.</p> <p>Final discussion / considerations of the authorisation are currently taking place but it is expected the HCCG will be fully operational from 1 April 2013 as planned.</p> <p>Members of the Board noted the report for information.</p> <p>Councillor Puddifoot confirmed his confidence in the HCCG and commended the preparation undertaken by the Clinical Commissioning Group to secure an impressive rating overall from the authorisation process.</p>	

	Action
<p>ITEM 7b – HILLINGDON CLINICAL COMMISSIONING GROUP – OPERATING PLAN</p>	
<p>Dr Tom Davies and Joan Veysey presented the item.</p> <p>The Board agreed the recommendations:</p> <ul style="list-style-type: none"> • The Health and Wellbeing Board is asked to agree the three local priority areas identified by the Hillingdon CCG (HCCG) as reflecting needs identified in the Joint Strategic Needs Assessment (JSNA) and the draft Health and Wellbeing Strategy • The Health and Wellbeing Board is asked to comment on the Operating Plan as a work in progress and agree how the final version should be shared given non-alignment of submission dates and Health and Wellbeing Board meeting dates. <p>Reasons for recommendation: Health and Wellbeing Boards have an explicit responsibility to comment on commissioning across health, public health and social care to ensure local needs as identified through the JSNA and the joint health and wellbeing strategy are met.</p> <p>Discussion: Joan Veysey presented to the Board the draft HCCG operating plan which will be finalised shortly. The plan is a requirement for the Hillingdon Clinical Commissioning Group. Joan Veysey drew the attention of the Board to three local priority areas proposed in the operating plan:</p> <ul style="list-style-type: none"> • Increase in the number of people supported to die in their preferred place of death • Reducing emergency admissions from care homes • Reducing the number of days of the average length of stay for people aged 65+ admitted as a result of a fall. <p>Councillor Puddifoot asked for further information about the priority to reduce emergency admissions into hospital from care homes. Dr Tom Davies commented that there are some unnecessary admissions from care homes to hospital which could be avoided with training and support provided to staff working in care homes.</p> <p>Councillor Simmonds commented that the three priorities proposed appear to fit the local priorities for health improvement. There clearly are a number of financial challenges facing the HCCG. Cllr Simmonds enquired about the inclusion of children’s health improvement in the draft operating plan.</p> <p>Joan Veysey responded that in terms of children’s health there is the inclusion of support for child protection services and wheelchair services to children in the draft operating plan.</p>	

	Action
<p>Dr Tom Davies added that in relation to funding for Public Health it remains important that the funding is used to support joint health improvement.</p> <p>Dr Ellis Friedman commented that the bullet point 6.1.3 on page two of the report should be amended to read ‘reduction in clostridium difficile rates’. Dr Friedman also added that overall the funding for public health in Hillingdon was higher than predicted.</p> <p>Councillor Puddifoot fully supported the view from Dr Tom Davies that we need to build on the strong working relationships in Hillingdon to deliver health improvement.</p> <p>Councillor Simmonds confirmed to the Board how impressed he has been by the HCCG in their preparations for an April 2013 start.</p> <p>Councillor Mills raised a need for involvement from health colleagues in planning developments to ensure sufficient provision of health services where these are part of a planning agreement.</p> <p>Joan Veysey agreed to follow this up with Ceri Jacob to progress the involvement of the HCCG in planning discussions.</p> <p>Councillor Puddifoot commented that for future planning developments the HCCG could be involved at an earlier stage.</p> <p>The Board agreed the recommendations.</p>	JV/CJ
ITEM 3 – DEVELOPING THE HILLINGDON JOINT HEALTH AND WELLBEING STRATEGY	
<p>Councillor Corthorne presented the item.</p> <p>The Board agreed the following revised recommendations:</p> <ul style="list-style-type: none"> • Consider the feedback received from the consultation undertaken about the strategic priorities for improving health and wellbeing in Hillingdon • Endorse the priorities set out in the draft strategy and agree the strategy document is updated to include the consultation findings before being finalised and recommended to Cabinet for approval in April 2013 • Use the comments received to shape future implementation plans <p>Reasons for recommendation: The consultation findings inform the development of Hillingdon’s Joint Health and Wellbeing strategy</p>	

	Action
<p>Discussion: Councillor Puddifoot presented the item and confirmed that the findings from the consultation endorse the health improvement priorities proposed for Hillingdon.</p> <p>Linda Sanders added that the consultation process involved an online consultation questionnaire as well as a series of presentations and discussions at scheduled meetings which included hundreds of people. The consultation findings demonstrate overall full support for the priorities proposed in the draft Joint Health and Wellbeing Strategy. Feedback from the consultation raised support for further work on stakeholder engagement and communications to support health improvement. As we progress forward to implement the priorities across the partnership it is important that we focus on the outcomes for local people.</p> <p>Councillor Corthorne commented that it is encouraging to see the results of the consultation. The consultation has also raised comments about the quality of care in Hillingdon. There is a high awareness of concerns about the quality of care following recent national events. It is important that all organisations establish a culture of quality and this remains a challenge for us all.</p> <p>The Board requested that the recommendation be amended to state that the Board recommend the strategy to Cabinet in April for approval.</p>	
<p>ITEM 4 – THE HEALTH AND WELLBEING BOARD FROM 1 APRIL 2013</p>	
<p>Councillor Puddifoot presented the item.</p> <p>The Board agreed the following recommendation:</p> <ul style="list-style-type: none"> • The Leader of the Council in consultation with the Cabinet Member for Social Services, Health and Housing will make a recommendation to the Annual General Meeting of the Full Council for the future arrangements of Hillingdon’s Health and Wellbeing Board. <p>Reasons for recommendation: To establish membership and provide governance and direction to the operation of Hillingdon’s Health and Wellbeing Board from 1 April 2013.</p> <p>Discussion: Councillor Puddifoot commented that it is only very recently that further information has been received from the Department of Health about the new arrangements for a Health and Wellbeing Board to be put in place from 1 April 2013.</p>	

	Action
<p>In light of the recently published information from the Department of Health, the shadow Board agreed for the Chairman of the Board to finalise the proposed working arrangements for Hillingdon's Health and Wellbeing Board.</p> <p>Councillor Mills commented on the strong track record of partnership working in Hillingdon, including Hillingdon's Local Strategic Partnership which provides a good model for joint working to improve health and wellbeing.</p> <p>The Board endorsed the recommendation which will be progressed in agreement with the Chairman of the Board.</p>	
<p>ITEM 5 - HEALTH AND WELLBEING PARTNERSHIP ACTION PLAN – PERFORMANCE UPDATE</p>	
<p>Councillor Corthorne and Linda Sanders presented the item.</p> <p>The Board agreed the recommendation:</p> <ul style="list-style-type: none"> To review and comment on the performance achievements since 1 April 2012. <p>Reasons for recommendation: To provide the Board with an overview of the progress made since April 2012 to deliver improvements in health and wellbeing.</p> <p>Discussion: Councillor Corthorne introduced the item. Councillor Corthorne updated the Board that this report is for the year ending March 2013 and noted the continued improvements in key areas. This includes the rapid progress made this year to increase the take-up of personal budgets. As we move forward with the implementation of Hillingdon's Health and Wellbeing Strategy it will be important to develop a focus on the outcomes the strategy is delivering.</p> <p>Linda Sanders added that she fully supported Councillor Corthorne's comments. The plan we have in place this year reflects a legacy which was much narrower in its focus. With the new Health and Wellbeing Strategy we have a real opportunity to develop a stronger approach and align to the priorities of the strategy.</p> <p>Councillor Puddifoot commented that the use of the action plan format was helpful and will need to be kept under review.</p> <p>The Board agreed the recommendation.</p>	

	Action
<p>ITEM 6 – PUBLIC HEALTH TRANSITION - UPDATE</p> <p>Councillor Corthorne presented the item.</p> <p>The Board agreed the amended recommendations:</p> <ul style="list-style-type: none"> • That the Board notes the approach taken in Hillingdon and comments on the proposals. • That the Board records it's thanks to Dr Friedman who is attending his last Board before taking up a new position. • That the Board note that all Public Health contracts will be subject to the Council's contract review and sign-off process. <p>Reasons for recommendation: Transfer of Public Health is a key development in respect of the Government's NHS reforms and comes within the remit of the Board to comment on proposals.</p> <p>Discussion: Councillor Corthorne introduced the item and updated on the position with the public health contracts. The detailed register of contracts to be included in the Transfer Order was not yet in final form. Future contracts will be reviewed in light of the Council's performance management arrangements and to focus on effective delivery.</p> <p>Councillor Corthorne thanked Dr Ellis Friedman for his contribution to the work of the Board. Councillor Puddifoot echoed his thanks to Dr Friedman as this was Dr Friedman's last meeting as a member of the Board.</p> <p>Councillor Puddifoot added that there was lengthy discussions at the London Leaders meeting last week about Public Health contracts. It is important that we know what is being spent and on what services.</p> <p>Councillor Mills suggested that the recommendation to the Board should reflect the approach being taken to the Public Health contracts – that all public health contracts will be subject to the Council's usual contract review and sign-off process.</p> <p>Dr Tom Davies commented that it is important that we have the necessary medical and clinical expertise for Public Health and to ensure continuity of important services.</p> <p>Councillor Puddifoot confirmed that the Council will work to secure value from the Public Health contracts. The process of review could involve the CCG to ensure sufficient medical and clinical expertise in the contract review process.</p> <p>Councillor Simmonds added that he understood the perspective of the CCG and re-affirmed the importance of working together to secure</p>	

	Action
<p>value from the Public Health contracts.</p> <p>Linda Sanders confirmed that she is looking at ways to build in medical and clinical expertise into the core Public Health Team that fulfils the requirements expected.</p> <p>The Board agreed the revised recommendations.</p>	
ITEM 7– ANY OTHER BUSINESS	
<p><u>Item 7c - Healthwatch Hillingdon / NHS Independent Complaints Advocacy Service</u></p> <p>Councillor Corthorne presented the item.</p> <p>The Board agreed the recommendations:</p> <ul style="list-style-type: none"> • To note progress • To record its thanks to Trevor Begg as the outgoing Chairman of Hillingdon Link for his work in Hillingdon. <p>Reasons for recommendation:</p> <p>To provide the Board with the opportunity to comment on emerging plans in respect of Healthwatch Hillingdon and the procurement of the former NHS Independent Complaints Advocacy Service.</p> <p>Discussion:</p> <p>Councillor Corthorne updated the Board that following a successful open competition recruitment process, members of the Healthwatch Board in Hillingdon had been appointed. Healthwatch is moving forward to establish itself from 1 April 2013. The arrangements for the NHS independent complaints advocacy service are progressing. Hillingdon has joined a pan-London procurement process to source a provider to fulfil the duties contained in the Health and Social Care Act (2012).</p> <p>Graham Hawkes commented that the process to recruit to the new Board had been successful and the Board was meeting for the first time on 28th February to plan ahead.</p> <p>The Board agreed the recommendations.</p> <p><u>Item 7d – NHS Budget Transfer to Social Care 2013/14</u></p> <p>Councillor Corthorne presented the item.</p> <p>The Board agreed the revised recommendation:</p> <ul style="list-style-type: none"> • To delegate the final decision for the approval of the transfer of NHS budget to social care for 2013/14 to the Chairman of the Board, Councillor Corthorne and the Director of Finance. 	

	Action
<p>Reasons for recommendation: The local authority needs to agree with its local health partners how the funding is best used within social care and the outcomes expected from this investment.</p> <p>Discussion: Councillor Corthorne presented the item and thanked the Board partners involved in preparing the proposal. Councillor Corthorne added that in terms of the use of funding for dementia services set out in para 13d, it is important that we set out the direction of travel in service development for dementia services, but at this stage do not need to commit to the specific service. This will come from further discussions.</p> <p>Councillor Puddifoot added that the direction of travel for investing in dementia services seemed broadly right and fits with supporting people to live independently with Telecareline services and community equipment.</p> <p>The Board agreed to amend the recommendation to: 'To delegate the final decision for the approval of the transfer of NHS budget to social care for 2013/14 to the Chairman of the Board, Councillor Corthorne and the Director of Finance.'</p> <p><u>AOB</u></p> <p>Dr Ellis Friedman thanked the Board for their support and wished them well in taking forward Health and Wellbeing in Hillingdon.</p>	

The meeting closed at 3.50pm.

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Minutes

HEALTH AND WELLBEING BOARD

9 May 2013

Meeting held at Council Chamber - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors Jonathan Bianco Keith Burrows Philip Corthorne (Vice-Chairman) Douglas Mills Ray Puddifoot (Chairman) Scott Seaman-Digby David Simmonds</p> <p>LBH Officers Present: Steven Maiden, Democratic Services Officer</p>	
1.	<p>APPOINTMENT OF CHAIRMAN & VICE-CHAIRMAN (<i>Agenda Item 1</i>)</p> <p>Resolved: That:</p> <ol style="list-style-type: none"> 1. Councillor Puddifoot be elected Chairman of the Health and Wellbeing Board for the municipal year 2013/2014; and 2. Councillor Corthorne be elected as Vice-Chairman of the Health and Wellbeing Board for the municipal year 2013/2014. 	Action by
	<p>The meeting, which commenced at 7.30 pm, closed at 7.35 pm.</p>	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Mark Braddock on 01895 250470. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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BOARD TERMS OF REFERENCE, VOTING RIGHTS & MEMBERSHIP

Relevant Board Member(s)	Councillor Ray Puddifoot
Organisation	London Borough of Hillingdon
Report author	Mark Braddock, Administration Directorate
Papers with report	Appendices 1, 2 and 3

1. HEADLINE INFORMATION

Summary	Following shadow status and the subsequent Council approval on 9 May 2013 to establish a new Health & Wellbeing Board, Members are asked to note its Terms of Reference, consider arrangements for voting rights and agree the Co-Opted Members.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That the Board:

- a) Note the Board's Terms of Reference and Standing Orders in Appendix 1;
- b) Consider the proposed voting arrangements as set out in the report and Terms of Reference; and
- c) Note the Statutory Board Membership and agree the Co-opted Members, as set out in Appendix 2.

3. INFORMATION

Supporting Information

Terms of Reference

The Health and Social Care Act 2012 requires the Council to establish a Health & Wellbeing Board from 1 April 2013 as a Committee of the Council to oversee the production of the Joint Health & Wellbeing Strategy, Joint Strategic Needs Assessment and to encourage integrated health working to improve the quality of life for local residents.

At the Council's AGM on 9 May 2013, the new Health and Wellbeing Board was formally approved as a Committee of the Council. Its approved Terms of Reference are attached in Appendix 1, which are broadly similar to what operated under "shadow" status. The Council's Democratic Services Team will now take responsibility for supporting the operation of the Board and the Chairman.

Whilst the Board will operate similarly to a Committee, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 brought in some unique differences in terms of membership and voting.

Membership

The Board will be chaired by the Leader of the Council. It will have **Statutory Members** as required by law (which will include officers of the Council, a representative of local Clinical Commissioning Group and a representative of the newly established Healthwatch Hillingdon).

The existing Local Trust and NHS representatives that attended the Shadow Board are now invited to attend as **Co-opted Members**. Statutory Members are allowed a single nominated substitute - Co-opted Members are not.

It is possible that during the course of the yearly cycle of meetings, different organisations will approach the Board seeking to join as Co-Opted Members. The Terms of Reference provide for the Board to agree any such appointments as and when.

Voting arrangements

Subject to Board Members' views, it is proposed that in addition to Councillors, the statutory representatives from the CCG and Healthwatch Hillingdon (and their substitutes if required) will be entitled to vote at meetings but Co-opted Members and Council officers will not.

The only exception to the above is the proposal that the Deputy Chief Executive and Corporate Director of Residents Services, as a co-opted member, will also have voting rights. This is due to her significant corporate and resident facing remit across a whole range of Borough-wide services, including public health. If agreed, the Terms of Reference will be amended accordingly.

The national regulations surrounding the Board will require all 'voting' members to sign up to the Council's Code of Conduct. This will mean that the representatives from the CCG and Healthwatch Hillingdon, should they agree to be classed as 'voting' members, will need to abide by this.

The Code of Conduct is a set of golden rules by which Elected Councillors must follow to ensure high standards in public office. It includes a public declaration of any interests. A copy of the Code of Conduct is attached as Appendix 3, showing the rules and types of interests that would need to be declared.

It should be noted that the term "Co-Opted Member" so far as the Code of Conduct is concerned is different to that of a Co-Opted Member on the Board.

Should it be agreed that voting rights apply to any non-Councillors on the Board, a briefing will be arranged with those individuals and the Head of Democratic Services and Borough Solicitor to progress the necessary actions required and within the timescale required.

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

Section 194 of the Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board to comprise a number of Statutory Members and such other persons, or representatives of such other persons, as local authority thinks appropriate.

Sections 195 and 196 of the Health and Social Care Act 2012 specify the functions of the Board. These duties are to encourage persons engaged in the provision of any health or social care services "to work in an integrated manner" and to "provide advice, assistance or other support" to encourage joint working between local authorities and NHS bodies. Section 196 also specifies that the Board is to exercise the Council's functions under

sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 - assessment of health and social care needs in the Borough and the preparation of the Joint Health and Wellbeing Strategy.

In addition, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 set out how the Board should operate as a Committee of the Council. Regulation 6 provides that the existing legislation on voting rights need not apply unless the Council so directs. However, before making such a direction on voting rights, the Council is required to consult the Board. Regulation 7 makes there no requirement to have all political groups within the Council represented on the Board.

Section 49(7) of the Local Government Act 2000 requires any external members of a Council committee to adhere to the Members Code of Conduct if they have an entitlement to vote at meeting of the committee.

6. BACKGROUND PAPERS

9 May 2013 Council Meeting Agenda and Decisions

<http://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CIId=117&MIId=1280>

Appendix 1

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

(a) Introduction

In accordance with the Health and Social Care Act 2012 and any subsequent related legislation, the Health and Wellbeing Board will seek to improve the quality of life of the local population and provide high-level collaboration between the Council, NHS and other agencies to develop and oversee the strategy and commissioning of local health services.

The Board will operate as a Committee of the Council in accordance with the Committee Standing Orders and Access to Information Procedure Rules set out in this Constitution.

The core functions of the Board are not executive functions and are not therefore subject to any scrutiny call-in procedure.

The Board will seek to comply with its duties under the Equality Act 2013, Freedom of Information Act 2000 and the Data Protection Act 1998.

(b) Membership

Statutory Members

The Chairman of the Board shall be the Leader of the Council. The Vice-Chairman of the Board shall be the Cabinet Member for Social Services, Health & Housing.

Other Statutory Members that may attend meetings are:

- 1) Cabinet Members from the London Borough of Hillingdon
- 2) A representative from the Clinical Commissioning Group covering Hillingdon
- 3) A representative from Healthwatch Hillingdon
- 4) Statutory Director of Adult Social Services
- 5) Statutory Director of Children's Services
- 6) Statutory Director of Public Health

Political Balance

There is no requirement to have all political groups within the Council represented on the Board.

Substitutes for Statutory Members

Cabinet Members may nominate any other Elected Member of the Council as a substitute. Other Statutory Members of the Board must nominate a single individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

Co-opted Members

From time to time and upon the agreement of the Board other individuals or representatives may attend Board meetings as Co-opted Members. Co-opted Members may not send substitutes, e.g. representatives of local NHS Hospitals or Trusts.

Voting rights

Voting rights will apply to the following Statutory Members:

- All Elected Members of the Council on the Board;
- The representative from the Clinical Commissioning Group covering Hillingdon;
- The representative from Healthwatch Hillingdon.

Subject to consultation with the Board, the Council may then direct whether or not voting rights apply to any other Statutory Member or Co-opted Member.

Code of Conduct

All voting Members of the Health and Wellbeing Board will be bound by the Council's Code of Conduct for Members, as adopted.

(c) Sub-Committees

The Board may establish and appoint to sub-committees. The Board may delegate any of its functions to sub-committees or request them to undertake task and finish reviews or project work in the pursuit of the Board's goals.

Members of a sub-committee may be a Statutory or Co-opted Member of the Board or any Elected Member of the London Borough of Hillingdon.

Sub-committees will cease to exist upon a decision by the Board.

(d) Terms of Reference

1. To fulfil statutory requirements to improve the health and wellbeing of the local population, specifically to:
 - (a) Lead on the duty to assess and publish information about the needs of the local population (joint strategic needs assessment (JSNA));
 - (b) Deliver the duty to prepare and publish a Joint Health and Wellbeing strategy based on the JSNA, to consider Health and Social Care Act flexibilities in developing the strategy and involve local residents and others as appropriate;
 - (c) Promote integrated and partnership working across areas, including through the promotion of joined up commissioning plans across the NHS, social care and public health; and
 - (d) Support, be involved in and provide opinion on joint commissioning plans and the review of how well the Health and Wellbeing strategy is meeting needs.

This includes providing an opinion on how well the Clinical Commissioning Group (CCG) contributes to the delivery of the joint Health and Wellbeing strategy.

2. To be responsible for:

- (a) Providing leadership in developing a strategic approach for health and wellbeing in Hillingdon;
- (b) Developing the statutory Health and Wellbeing Strategy;
- (c) Ensuring that the Health and Wellbeing Strategy is informed and underpinned by the JSNA and is focused upon:
 - Improving the health and wellbeing of the residents of Hillingdon;
 - The continuous improvement of health and social care services;
 - The reduction of health inequalities;
 - The involvement of service users and patients in service design and monitoring and;
 - Integrated working across health and social care where this would improve quality.
- (d) Reviewing performance on delivering the Health and Wellbeing Strategy and other key strategic targets;
- (e) Holding partner agencies to account for performance on agreed priorities in conjunction with the External Services Scrutiny Committee;
- (f) Influencing and approving the Clinical Commissioning Group (CCG) commissioning plan and annual update;
- (g) Collaborative working to develop social care and health related commissioning plans to improve the health and wellbeing of residents of the Borough and monitor implementation and performance;
- (h) Monitoring the performance of Public Health and reviewing services in conjunction with the External Services Scrutiny Committee and;
- (i) Reviewing the Terms of Reference and operation of the Board regularly, making recommendations to Council as required.

HEALTH AND WELLBEING BOARD STANDING ORDERS

These Committee Standing Orders apply to the Health and Wellbeing Board set out in Article 8 of the Constitution, with the following exceptions to these rules taking precedence at any time:

1. Any speaking rights for Elected Members who are not Members of the Board do not apply to meetings of the Board or any of its sub-committees.
2. A Quorum of the Board shall be 50% of its statutory membership. This will also apply to any sub-committees of the Board.
3. Any meeting of the Board may establish and appoint to its sub-committees.
4. Upon any recommendations from the Board, Statutory Membership will be approved by full Council.
5. Upon request from an organisation, approval of any appointments to the Board as a non-statutory Co-opted Member will be agreed by the Board, in consultation with the Chairman and the Head of Democratic Services.
6. Decisions shall be made on the basis of a vote and show of hands of a majority of members present. Subject to the vote being tied, the Chairman will have a second or casting vote.
7. The Board and any sub-committees shall meet as required, with the agreement of the Chairman and/or in the circumstances where the Chairman receives a request in writing by more than 50% of the Statutory Members of the Board.

Appendix 2

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

Organisation	Name of Member	Substitute
STATUTORY MEMBERS (VOTING)		
Chairman	Councillor Puddifoot	Any Elected Member
Vice-Chairman	Councillor Corthorne	Any Elected Member
Cabinet Members	Councillor Simmonds	Any Elected Member
	Councillor Mills	Any Elected Member
	Councillor Bianco	Any Elected Member
	Councillor Burrows	Any Elected Member
	Councillor Seaman-Digby	Any Elected Member
Healthwatch Hillingdon	Mr Jeff Maslen	Mr Stephen Otter
Clinical Commissioning Group	Dr Ian Goodman	Dr Tom Davies
STATUTORY MEMBERS (NON-VOTING)		
Statutory Director of Adult Social Services	Tony Zaman	TBC
Statutory Director of Children's Services	Merlin Joseph	TBC
Statutory Director of Public Health	Sharon Daye	TBC
CO-OPTED MEMBERS (VOTING)		
LBH	Jean Palmer	N/A
CO-OPTED MEMBERS (NON-VOTING)		
Hillingdon Hospitals NHS Foundation Trust	Mr Shane DeGaris	N/A
Central and North West London NHS Foundation Trust	Ms Robyn Doran	N/A
LBH	Nigel Dicker	N/A
Clinical Commissioning Group	Ceri Jacob	N/A

Appendix 3

CODE OF CONDUCT FOR MEMBERS AND CO-OPTED MEMBERS OF THE LONDON BOROUGH OF HILLINGDON

ADOPTED PURSUANT TO A RESOLUTION OF THE COUNCIL AT A MEETING ON 5 JULY 2012

Part 1

General Provisions

Introduction and interpretation

1. (1) This Code applies to you as a Member or co-opted member of the London Borough of Hillingdon ["the authority"]
- (2) Co-opted member means a person who is not a Member of the authority but who:-
 - a) is a member of any committee or sub-committee of the authority; or
 - b) is a member of, and represents the authority, on any joint committee or joint sub-committee of the authority, and who is entitled to vote on any question that falls to be decided at any meeting of that committee or sub-committee.
- (3) It is your responsibility to comply with the provisions of this Code.

Scope

2. (1) You must comply with this Code whenever you act in your official capacity as a Member or co-opted member.
- (2) For the avoidance of doubt, this Code does not apply to you in any other circumstances including your personal life.

The Nolan principles

3. This Code is consistent with the following seven principles of standards in public life:
 - selflessness;
 - integrity;
 - objectivity;
 - accountability;
 - openness;
 - honesty; and
 - leadership.

General obligations

4. (1) You must act solely in the public interest and should never improperly confer an advantage or disadvantage on any person. Conferring an advantage includes gaining financial or other material benefits for yourself, your family, a friend or close associate.
- (2) You must not place yourself under a financial or other obligation to outside individuals or organisations that might seek to influence you in the performance of your official duties.
- (3) When carrying out your public duties you must make all choices, such as making public appointments, awarding contracts or recommending individuals for rewards or benefits, on merit.
- (4) You are accountable for your decisions to the public and you must co-operate fully with whatever scrutiny is appropriate to your office.
- (5) You must be as open as possible about your decisions and actions and the decisions and actions of your authority and should be prepared to give reasons for those decisions and actions.
- (6) You must declare any private interests, both pecuniary and non-pecuniary, that relate to your public duties and must take steps to resolve any conflicts arising in a way that protects the public interest, including registering and declaring interests in a manner conforming with the procedures set out in Part 2 below.
- (7) You must, when using or authorising the use by others of the resources of your authority, ensure that such resources are not used improperly for party political purposes (especially in the period between the publication of a Notice of Election and the election date, known as the 'purdah' period). However, this paragraph will not apply in circumstances where Members pay for the use of the resources at a rate agreed by the authority. You must have regard to any applicable Local authority Code of Publicity made under the Local Government Act 1986.
- (8) You must promote and support high standards of conduct when serving in your public post, in particular as characterised by the above requirements, by leadership and example.

Part 2

Registering and declaring pecuniary and non-pecuniary interests

5. (1) In accordance with Section 30 of the Localism Act 2011, you must, within 28 days of taking office as a Member or co-opted member, notify your authority's Monitoring Officer of any disclosable pecuniary interest as defined by the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, where the pecuniary interest is yours, your spouse's or civil partner's, or is the pecuniary interest of somebody with whom you are living with as a husband or wife, or as if you were civil partners.

The pecuniary interests which are specified in the above regulations are as follows:

Subject:	Prescribed Description:
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a Member, or co-opted member in carrying out their duties as a Member or co-opted member, or towards the election expenses of a Member or co-opted member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the Member's or co-opted member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has</p>

Securities

a beneficial interest.

Any beneficial interest in securities of a body where—
(a) that body (to the Member's or co-opted member's knowledge) has a place of business or land in the area of the relevant authority; and
(b) either—
(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

- (2) In addition, you must, within 28 days of taking office as a Member or co-opted member, notify your authority's Monitoring Officer of any disclosable pecuniary or non-pecuniary interest which the authority has decided should be included in the register.
- (3) If an interest has not been entered onto the authority's register, then the Member or co-opted member must disclose the interest to any meeting of the authority at which they are present, where they have a disclosable interest in any matter being considered and where the matter is not a 'sensitive interest'. A 'Sensitive Interest' is one where disclosure of the details of the interest could lead to the Member or co-opted member, or a person connected with the Member or co-opted member, being subject to violence or intimidation.
- (4) Following any disclosure of an interest not on the authority's register or the subject of pending notification, you must notify the Monitoring Officer of the interest within 28 days beginning with the date of disclosure.
- (5) Unless dispensation has been granted, you may not participate in any discussion of, vote on, or discharge any function related to any matter in which you have a pecuniary interest as defined by the above Regulations. Additionally, you must observe the restrictions your authority places on your involvement in matters where you have a pecuniary interest or non pecuniary interest as defined by your authority.

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BOARD OPERATION, REPORTING & WORK PROGRAMME

Relevant Board Member(s)	Councillor Ray Puddifoot
Organisation	London Borough of Hillingdon
Report author	Mark Braddock, Administration Directorate
Papers with report	Appendix 1

1. HEADLINE INFORMATION

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

2. RECOMMENDATIONS

That the Board:

- a) Note the Board's operation and reporting requirements;
- b) Consider and provide input on the draft Board Planner set out in Appendix 1;
- c) Agree to monitoring the implementation of the Joint Health & Wellbeing Strategy on a regular basis; and
- d) Note the dates of Board meetings.

3. INFORMATION

Supporting Information

Operation of the Board

The Board has previously operated in shadow form where its meetings were informal in nature. Now, as a formal Committee of the Council, the Board will be bound by the Council's Constitution and various aspects of local government meeting legislation, particularly those relating to Access to Information.

The key points for Board Members to note are:

- The presumption will be that all meetings of the Board, its reports and discussions will be considered in public. A private part of the meeting may take place (or confidential report considered) only if a valid exemption can be given as determined by Democratic Services.
- Residents, Councillors and other individuals will be able to attend the public part of any Board meetings to observe proceedings but not speak.
- Board Members will be required to declare any interests they have at the start of the Board meeting.
- The minutes of the Board meeting will be a short summary of the discussion and decision made. This will become public and published online after the meeting.
- An official public notice will be given for each meeting and the agenda will be published 5 clear working days beforehand. Meeting dates will also be added to the Council's official programme of meetings for the municipal year.
- Apologies, reports and queries in relation to the Board should be sent to the nominated contact in Democratic Services, who will liaise with the Chairman where necessary.

Reporting to the Board

A draft Board Planner is presented for consideration and development, in order to schedule future reports to be considered by the Board. It 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 will be 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 comment.

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

Joint Health and Wellbeing Strategy

One of the key roles of the Board will be to monitor the implementation of the Joint Health and Wellbeing Strategy priorities. The Board is asked to receive a report at each meeting setting out progress against these priorities and actions, along with what difference is being made to achieve improved outcomes in the health of Hillingdon's residents.

Board meeting dates

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

- 11/07/2013 2.30 pm - Committee Room 4
- 01/08/2013 2.30 pm - Committee Room 5
- 31/10/2013 2.30 pm - Committee Room 6
- 05/12/2013 2.30 pm - Committee Room 6
- 06/02/2014 2.30 pm - Committee Room 5

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

NIL

Appendix 1

Draft Board Planner

11 July 2013	Business / Reports	Lead	Timings
2.30pm Committee Room 4	Board Terms of Reference, Voting Rights and Membership	LBH	Report deadline: 24 June 2013 Agenda Published: 3 July 2013
	Board Operation, reporting and work programme	LBH	
	Integration of Public Health Update (SI)	LBH	
	Healthwatch Hillingdon Update	Healthwatch Hillingdon	
	CCG Operating Plan and Budget Position	CCG	
	S106 health contributions	LBH	

1 Aug 2013	Business / Reports	Lead	Timings
2.30 pm Committee Room 5	Implementation of Joint Strategy – Action Plan 2013/2014 (SI)		Report deadline: 17 July 2013 Agenda Published: 24 July 2013
	Public Health - Action Plan 2013/2014 (SI)		
	CCG Update - Action Plan 2013/2014		
	Healthwatch Hillingdon Update		
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)		
	Board Planner Updates (SI)		

31 Oct 2013	Business / Reports	Lead	Timings
2.30 pm Committee Room 6	Implementation of Joint Strategy – Action Plan 2013/2014 (SI)		Report deadline: 16 October 2013 Agenda Published 23 October 2013
	CCG Update - Action Plan 2013/2014		
	Healthwatch Hillingdon Update		
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)		
	Board Planner Updates (SI)		
	Action Plan Monitoring		

5 Dec 2013	Business / Reports	Lead	Timings
2.30 pm Committee Room 6	Implementation of Joint Strategy – Action Plan 2013/2014 (SI)		Report deadline:
	CCG Update - Action Plan 2013/2014		20 November
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)		2013
	Board Planner Updates (SI)		Agenda Published:
			27 November 2013

6 Feb 2014	Business / Reports	Lead	Timings
2.30 pm Committee Room 5	Implementation of Joint Strategy – Action Plan 2013/2014 (SI)		Report deadline:
	CCG Update - Action Plan 2013/2014		22 January 2014
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)		Agenda Published:
	Review of the Terms of Reference		29 January 2014
	Board Planner Updates (SI)		

* SI = Standard Item

Other possible business of the Board:

1. Joint Strategic Needs Assessment (JSNA);
2. Approval of the CCG commissioning plan and annual update
3. Performance monitoring, e.g. public health

PUBLIC HEALTH UPDATE

Relevant Board Members	Councillor Ray Puddifoot Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report Author	Nigel Dicker
Papers with report	None

1. HEADLINE INFORMATION

Summary	This report describes progress with integrating Public Health into Council business.
Contribution to our plans and strategies	Health and Wellbeing Strategy
Financial Cost	There is a ring fenced budget for 2013/14 of £15,280k and for 2014/15 of £15,710k, for staffing costs, programme spend and for contracted services in Public Health.
Relevant Policy Overview Committees	N/A
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes progress to date with the integration of Public Health into Council business.

Reasons for recommendation

The transfer of Public Health functions to local authorities is required by the Health and Social Care Act 2012. Public Health staff and their work must be integrated into the business model of the Council to enable it to deliver its new statutory duties intended to improve the health and wellbeing of residents.

3. INFORMATION

Integrating Public Health

- 3.1 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.

- 3.2 Functions that have transferred to the Council include aspects of health protection, health improvement and specialist public health advice. Mandatory elements are:
- National Child Measurement Programme;
 - NHS Health Checks;
 - Core Offer to Clinical Commissioning Groups (CCGs);
 - Public Health responsibilities for Health Protection; and
 - Sexual Health.
- 3.3 Non-mandatory services have also transferred, including:
- 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;
 - Drug misuse and alcohol misuse services; and
 - Tobacco control including stop smoking services and prevention activity.
- 3.4 The following non-mandatory advisory activities relating to existing Council service provision have also transferred:
- Local initiatives to prevent accidental injury including falls prevention;
 - Local initiatives to reduce seasonal mortality;
 - Advice on cremations / death certifications;
 - Advice on licensing;
 - Advice on crime and disorder reduction, promoting community safety;
 - Promotion of healthy environment to prevent risks and promote wellbeing;
 - Health impact assessments; and
 - Port health – Heathrow Airport as a designated "port of entry".
- 3.5 In integrating Public Health, the Council is seeking to ensure that:
- The delivery of Public Health services is centred on the Council's vision of putting residents first, delivering improved outcomes, including improved health;
 - The Council's outcome based model for performance management will incorporate the Public Health outcomes framework;
 - The Council's robust approach to medium term financial forecasting, including value for money, will be applied to the ring-fenced Public Health budget; and
 - The Council's contract management framework incorporating category management will be used for commissioning activities.
- 3.6 The statutory Director of Public Health is a part-time role and leads a specialist Public Health advisory team or hub which includes the Public Health consultant roles. The post-holder will:
- Ensure the development of the Joint Strategic Needs Assessment (JSNA);
 - Produce an annual report on the health of the local population; and
 - Be a member of the Health and Wellbeing Board.
- 3.7 The Department of Health has published a Public Health outcomes framework which provides the scope within which Public Health activity across partners will be undertaken. It covers the broad areas of improving the wider determinants of health, health improvement, health protection and preventing premature mortality. The outcomes

framework will feed into the Joint Strategic Needs Assessment and Hillingdon's Health and Wellbeing Strategy.

- 3.8 Local authorities are also required to provide specialist Public Health expertise and advice to NHS commissioners to support them in delivering their objectives and to improve the health of the population. The "core offer" to the Hillingdon Clinical Commissioning Group is mandatory and the Memorandum of Understanding is intended to clarify what can be expected by the Council and the CCG.

Staffing

- 3.9 Twelve Public Health staff transferred on 1 April 2013 as required through the formal transfer from the Department of Health. The funding for these posts is included within the Public Health grant received.

Assets, liabilities and risks

- 3.10 The assets and liabilities that transfer to the Council are limited. Any ongoing liabilities that arise from Public Health contracts up to 31 March 2013 will fall to the NHS. Any transferring assets relate only to small items of equipment, and not buildings.
- 3.11 Lead responsibility for health emergency planning falls to the NHS Commissioning Board London and Public Health England. However, local responsibilities remain, and these, plus Public Health business continuity planning, will be met by the Council's Civil Protection Service.

Contracts

- 3.12 The integration of Public Health brings opportunities to link related functions and identify synergies in provision and to improve outcomes for residents. The transfer will occur through a formal "Transfer Order" (statutory instrument under the Health and Social Care Act 2012) which specifies the contracts transferring. When finalised, the transfer order is legally binding.
- 3.13 Through this process the responsibility for functions and contracts are transferred to the Council "as is" and it is for the Council to decide how to take forward services. Some functions relate to the mandatory services and there will be other functions which may currently benefit Hillingdon residents and support joint priorities, for example, around early intervention and prevention.
- 3.14 The Council's intention through its integrated approach is to review all services and service specifications, liabilities and commitments and consider future options for delivery. This review will look at potential synergies with existing services. This work is underway and contracts will be reviewed in terms of including their effectiveness and value for money, against agreed Public Health priorities.
- 3.15 Procurement officers have arranged for contracts to transfer on the basis that the existing contract is varied to allow for three or six month termination periods. Contracts will be varied to allow for payment in accordance with the Council's payment policies. Contracts and existing provision are subject to a full BID and category review. The outcomes of

those exercises will be shared with Members through August, pending the retender, cessation or extension of services in September.

Ring Fenced Grant

- 3.16 Additional public health grant funding has been awarded over a two year period for work related to the promotion of public health and wellbeing in Hillingdon. An exercise that included staff from all key service areas has been undertaken to identify projects or schemes that could work in support of the priorities identified in the Joint Strategic Needs Assessment. The outcome of this exercise will be reported to the July 2013 meeting of the Council's Cabinet.

Conclusion

- 3.17 Work is continuing on the integration of the Public Health function into the work of the Council. Following transfer to the Council, contracts are now being reviewed to determine if they continue to be relevant to the identified needs of residents, offer value for money, are effective in providing measurable outcomes and are rigorously and robustly managed. The Council's business model is being applied to the work of the various teams that transferred to the Council on 1 April 2013.
- 3.18 Further updates on progress will be reported to future meetings of the Health & Wellbeing Board.

Background Papers

NIL.

UPDATE ON THE DEVELOPMENT OF HEALTHWATCH HILLINGDON

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

1. HEADLINE INFORMATION

Summary	To receive a progress 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: 29th June 2013

Subject: Update on the development of Healthwatch Hillingdon

Introduction

HealthWatch Hillingdon replaced the existing Hillingdon Local Involvement Network (LINK) on 1st April 2013, as the new independent local champion for health and social care services. It will help to give the adults, young people and children of Hillingdon a stronger voice to influence how these services are designed and delivered; and provide them with information and advice on those services.

This report will outline the progress made by Healthwatch Hillingdon since the last Health and Wellbeing Board of 19 February 2013.

Development

Healthwatch Hillingdon is registered as a company limited by guarantee with Companies House and as a Charity with the Charities Commission.

The staff were transferred from Hillingdon LINK, the Board were in a position to commence Healthwatch Hillingdon on 1st April 2013 as planned, and the shop in The Pavilions, Uxbridge, opened with immediate effect.

A contract with Hillingdon Council has commenced, a new lease for the shop secured and all business functions are in place.

A new website is being constructed and it is anticipated it will go live during July 2013.

Governance continues to be formulated and it is expected to be in place, with all policies and procedures completed, before the October deadline.

The Board unanimously agreed at the first Board meeting that a period of establishment and development was required, but that operations should not be effected and set a deadline for an official launch of Healthwatch Hillingdon for September 2013.

This 5 month period will allow the new board time to develop its strategy, governance and business planning at a pace which will enable benefit to be taken from guidance and support as it emerges from Healthwatch England. The organisations work plan will be shared with the Health and Wellbeing Board at the next meeting.

Activities

Due to the seamless transition from LINK, Healthwatch Hillingdon already has strong operational relationships with commissioners and providers; this is demonstrated by the invitation from the Hillingdon Commissioning Group to have a seat at their Governing Body meeting. Healthwatch Hillingdon have been able to continue much of the LINK work, engaging, monitoring and influencing through the attendance at stakeholder meetings and events.

Conclusion

The Healthwatch Hillingdon Board are confident that by their focussed efforts they are making good progress towards establishing an organisation which will provide a challenge to commissioners and providers, informed by its engagement with the people of Hillingdon, and an understanding of their experiences of health and social care services.

S106 HEALTH CONTRIBUTIONS

Relevant Board Member(s)	Councillor Ray Puddifoot
Organisation	London Borough of Hillingdon
Report author	Jales Tippell
Papers with report	Appendices 1 and 2

1. HEADLINE INFORMATION

Summary	Given the new responsibilities and new structures in place to deliver healthcare in the Borough, it is important that the Council, the Clinical Commissioning Group and NHS Property Services work together to ensure that health contributions that are secured through planning obligations (otherwise known as s106 agreements) are spent in good time towards priority schemes for the benefit of our residents. This paper informs the Board of the s106 health contributions currently held by the Council and the progress that has been made so far in allocating and spending contributions towards the provision of healthcare facilities in the Borough.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None.
Relevant Policy Overview & Scrutiny Committee	Social Services, Housing and Public Health, Residents and Environmental Services and External Services
Ward(s) affected	N/A

2. RECOMMENDATION

That the Board note the progress and approach taken towards the allocation and spend of s106 healthcare facilities contributions within the Borough.

3. INFORMATION

Supporting Information

1. S106 health contributions are secured by the Council in accordance with the Council's Supplementary Planning Guidance Document for Planning Obligations (SPD) adopted July 2008. Contributions are required from developers to improve the provision or expand

the Borough's healthcare facilities, in order to increase their capacity or ability to cope with additional users as a result of new development. Consequently, contributions must be spent towards an eligible scheme and within the terms specified in the corresponding legal agreement. The precise terms for spending each contribution varies from agreement to agreement (see attached Appendices). However, in general terms, most agreements allow the following improvements to health facilities in the Borough:

- The expansion of health premises to provide additional facilities and services to meet increased patient or user numbers; or
 - New health premises or services at the local level; or
 - Any new facility required to compensate for the loss of a health facility caused by the development.
2. Most s106 agreements also include a time limit for spending the contribution, usually 5 years from when it has been received. If a contribution is not used for the intended purpose or not spent within the time specified in the agreement, the funds are required to be returned to the developer.

S106 health contributions held by the Council

3. The Council currently holds 31 separate s106 contributions towards health facilities totalling £1,161,371 as shown in the tables attached as Appendices 1 and 2. Since 2009, the Council has been working with Hillingdon Primary Care Trust (PCT) to spend these contributions towards the provision of healthcare facilities in the Borough. In October 2012, the Council signed a Service Level Agreement with the PCT to enable the allocation and transfer of primary healthcare contributions to be spent towards agreed schemes.
4. Appendix 1 lists the 10 contributions (totalling £801,152) that relate directly to primary healthcare facilities. Of these, only 3 have been allocated to specific schemes, i.e.:
- One contribution formerly held at H/17/214C (£74,385), has been allocated and recently transferred to the PCT towards the new Oaklands Medical Centre, Park Way, Hillingdon (Cabinet Member Decision 6/4/2011).
 - Two contributions held at H/4/140H and H/7/149D (totalling £234,291) are formally allocated towards the expansion of the Hesa Health Centre in Hayes (Cabinet Member Decision 6/4/2011).
5. The remaining 7 of the 10 contributions in Appendix 1 (totalling £492,473) are yet to be allocated. Of these 7 contributions, two must be spent before the end of next year or risk being returned to the developer, i.e.:
- £11,440 held at H/12/197B must be spent before February 2014.
 - £184,653 held at H/15/205F must be spent before September 2014.
6. Appendix 2 lists the 21 contributions (totalling £434,607) that are held more generally towards healthcare facilities. Of these only one contribution has been allocated to specific a scheme, i.e.:
- £30,527 held at H/6/170C is formally allocated towards the expansion of the Hesa Health Centre in Hayes (Cabinet Member Decision 6/4/2011).
7. The remaining 20 of the 21 contributions in Appendix 2 (totalling £696,237) are yet to be allocated. Of these, 3 must be spent before the end of next year, i.e.:
- Contribution held at H/1/152C (£8,903) must be spent before July 2014.
 - Contribution held at H/5/161C (£51,117) must be spent before March 2014.

- Contribution held at H/14/206C (£10,651) must be spent before February 2014.

Provision of health facilities within new developments

8. In addition to the above financial contributions, there are also potentially two on-site health facilities that are required to be built by developers in the Borough, i.e., at West Drayton Garden Village (former NATS site) and St Andrews Park (former RAF Uxbridge).
9. Under the terms of the s106 agreement relating to the redevelopment of the West Drayton Garden Village site, the developer is obligated to confirm with NHS Property Services (Propco) that a new primary healthcare facility is required as part of the development. If a facility is not required, the developer is then bound to make a financial contribution to the Council towards the provision of off site primary healthcare facilities to serve the development. The CCG has now confirmed that an on-site facility is not required and it has requested that, in accordance with the legal agreement, the financial contribution of £337,574 is to be used towards the provision of healthcare facilities in the locality of the site. There is potential for this funding to contribute to the Yiewsley Pool scheme.
10. The developers for the St Andrews Park site (VSM) are required to deliver a healthcare facility of not more than 225 sqm for use as a GP surgery as part of the development. The CCG has recently confirmed support for a health facility on the site. Negotiations between the developer and the NHS Property Services with regard to the size and type of facility required for the site is ongoing.

The process for allocating s106 contributions

11. In terms of allocating the s106 contributions for primary care facilities as listed in Appendix 1, which are strictly defined to be used towards the provision of 'primary healthcare facilities', it is crucial that NHS Property Services submits to the Council appropriate specific schemes for which it is committed to deliver, with timescales for their implementation. It should be noted that the Council cannot release s106 contributions to enable the NHS Property Services to carry out feasibility work without the appropriate business case and information.
12. The s106 contributions that are listed in Appendix 2 are less strictly defined to be used towards the provision of 'healthcare facilities'. There may therefore be scope for some or all of these contributions to be applied towards eligible projects that fall within the Council's new responsibilities for public health. In order to ensure that contributions are put towards priority schemes for the benefit of local residents, it is proposed that all potential schemes from the Council and the CCG are to be assessed according to the priorities for healthcare in the Borough before any formal allocation is agreed by the Council. They will then be submitted to the Council's S106 Monitoring Officer for informal discussion with the Cabinet Member for Social Services, Heath and Housing and the Cabinet Member for Planning, Transportation and Recycling. Requests will then be formally submitted to the Leader and Cabinet Member for Finance, Property and Business Services for approval via the Council's Cabinet reporting process. It should be noted that details of all the financial planning obligations (including health contributions) that are held by the Council and the progress being made in their allocation and implementation are reported to Cabinet on a quarterly basis via the 'Planning Obligations Financial Monitoring Report'.

13. The allocation and spend of some s106 healthcare facilities contributions towards eligible health schemes is now becoming urgent, with 5 separate contributions (totalling £266,766) required to be allocated and spent before the end of 2014. These must be given urgent consideration by the CCG to avoid funds being returned to the developer. Of particular note are:

- Two contributions totalling £61,769 (held at H/5/161C and H/14/206C) which are currently earmarked towards the proposed new health centre on the former Yiewsley pool site (contributions to be spent by February/March 2014). To date no application for planning permission has been submitted for this scheme, and funds cannot be released until there is a firm commitment for the construction of the health centre.
- A contribution of £184,653 (held at H/15/205F). This contribution was received from the redevelopment of the former RAF Eastcote, Lime Grove, Ruislip and must be spent towards the cost of providing primary healthcare facilities within the Eastcote and East Ruislip Ward boundary. A scheme to spend this contribution is yet to be identified and funds must be spent by September 2014.

14. In line with Government guidance, the Council is in the process of introducing a Community Infrastructure Levy (CIL) which will replace the majority of s106 contributions for the provision of infrastructure. The funds raised through CIL will be able to be spent more flexibly to fund a wide range of infrastructure including health and social care facilities, as well as road safety schemes, green spaces and leisure centres which may be needed as a result of new development.

FINANCIAL IMPLICATIONS

As set out in the body of the report.

LEGAL IMPLICATIONS

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

BACKGROUND PAPERS

NIL.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/12/11	AS AT 31/12/11		
H/4/140H *43	Pinkwell	MOD Records Office Stockley Road/Bourne Avenue, Hayes 18399/APP/2004/2284	53,495.95	53,495.95	2014 (Jan)	Contribution to be applied towards the costs of providing primary health care facilities within the Borough. Funds not spent within 7 years of receipt (3 January 2014) including interest are to be repaid. Funds allocated towards the expansion of HESA health Centre (Cabinet Member Decision 6/4/2011). Funds to be transferred to the PCT, subject to completion of SLA.
H/7/149D *50	Botwell	Hayes Goods Yard 10057/APP/2004/2996 & 2999	180,795.00	180,795.00	2014 (Nov)	Contributions received for primary health care facilities in the Borough as necessitated by the development. Funds to be spent within 7 years of receipt (Nov 2014 for first contribution). Funds allocated towards the expansion of the HESA Health Centre (Cabinet Member Decision 4/6/2011). Funds to be transferred to the PCT, subject completion of SLA
H/8/186D *54	Yiewsley	92-105, High St., Yiewsley 59189/APP/2005/3476	15,549.05	15,549.05	2015 (Apr)	Contribution received towards the cost of providing additional primary health facilities in the Borough. Funds not spent by 20/04/2015 must be returned.
H/9/184C *55	West Ruislip	31-46, Pembroke Rd, Ruislip 59816/APP/2006/2896	21,675.10	21,675.10	2015 (Jul)	Contribution received towards primary health care facilities within a 3 mile radius of the development. Funds not spent by 01/07/2015 must be returned to the developer.
H/10/190D *56	Uxbridge	Armstrong House & The Pavilions. 43742/APP/2006/252	43,395.00	43,395.00	2015 (Jul)	Contribution received towards primary health care facilities in the borough. Funds must be spent within 7 years of receipt. Funds not spent by 29/7/2015 are to be returned to the developer.
H/12/197B *58	Ruislip	Windmill Public House, Pembroke Road, Ruislip. 11924/APP/2006/2632	11,440.00	11,440.00	2014 (Feb)	Contribution received for the provision of primary health care facilities in the Uxbridge area. Funds to be spent within 5 years of receipt (Feb 2014).
H/15/205F *65	Eastcote	RAF Eastcote, Lime Grove, Ruislip. 10189/APP/2004/1781	184,653.23	184,653.23	2014 (Sept)	Contribution received towards the cost of providing primary healthcare facilities within the Eastcote and East Ruislip ward boundary or any adjoining ward where it would be reasonable for residents of the development to attend primary healthcare facilities. Funds to be spent by September 2014.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/12/11	AS AT 31/12/11		
H/17/214C *69	Uxbridge	Hillingdon House Farm. 2543/APP/2005/870	74,276.46	74,276.46	2017 (Apr)	contribution received towards the provision of primary healthcare facilities in the Uxbridge area. Funds to be spent within 7 years of receipt (April 2017). Funds (£74,276.46) allocated towards proposed new Park Way Medical Centre (Cabinet Member Decision 6/4/2011). Funds to be transferred to the PCT, subject to completion of SLA.
H/19/231G *71	Ruislip	Former RAF Ruislip (Ickenham Park), High Road, Ickenham. 38402/APP/2007/1072	193,305.00	193,305.00	2017 (Nov)	Contribution received towards the costs of providing primary health care facilities within a 3 mile radius of the development. Funds to be spent within 7 years of receipt. (November 2017).
H/21/237D *73	Eastcote	Bishop Ramsey School (lower site), Eastcote Road, Ruislip. 19731/APP/2006/1442	22,455.88	22,455.88	2016 (Feb)	Contribution received towards the provision of primary health care facilities in the Uxbridge area. Funds to be spent within 5 years of receipt (February 2016).
		TOTAL CONTRIBUTIONS TOWARDS PRIMARY HEALTH	801,040.67	801,040.67		

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/03/13	AS AT 31/03/13		
H/1/152C *40	Brunel	Middlesex Lodge, 189 Harlington Road, Hillingdon 12484/APP/2005/1791	8,903.60	8,903.60	2014 (Jul)	Funds received towards the provision of healthcare facilities and places in the London Borough of Hillingdon.
H/5/161C *44	Yiewsley	Former Honeywell Site, Trout Road, West Drayton 335/APP/2002/2754	51,117.73	51,117.73	2014 (Mar)	Contribution to be used towards the provision of new healthcare facilities within a radius of 2.5km of the development (DOV signed 30/11/2011). The PCT is working on a project to re-house 3 GP practices in the Yiewsley High Street area to allow for additional GP services to be provided and capacity expanded. New community nursing services will also be available. PCT to send details. Unexpended funds after 7 years of receipt (7 March 2014) are to be refunded including interest. Earmarked towards Yiewsley Health Centre scheme, subject to formal allocation.
H/6/170C *48	Botwell	11-21, Clayton Rd., Hayes 56840/APP/2004/630	30,527.21	30,527.21	2014 (Aug)	Contribution to be applied towards the costs of providing new healthcare facilities within the Borough. Funds not spent by 31 August 2014 are to be repaid. Funds allocated towards the expansion of the HESA Health Centre (Cabinet Member Decision 6/4/2011). Funds to be transferred to the PCT.
H/11/195B *57	Ruislip	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494	3,156.00	3,156.00	No time limits	Funds to be used to support the provision of local healthcare facilities arising from the needs of the development. No time limits.
H/13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Funds received towards the provision of healthcare facilities in the Borough. No time limits.
H/14/206C *64	Yiewsley	111 to 117 High St, Yiewsley. 6948/APP/2007/1326.	10,651.50	10,651.50	2014 (Feb)	Funds received towards the provision of healthcare facilities in the borough. Funds to be spent by 2014. Earmarked towards Yiewsley Health Centre scheme, subject to formal allocation.
H/16/210C *68	Botwell	Hayes Stadium, Judge Heath Lane, Hayes. 49996/APP/2008/3561	105,044.18	105,044.18	2015 (Mar)	Funds received as the healthcare facilities and places contribution towards the cost of providing; the expansion of health premises to provide additional facilities and services to meet increased patient user numbers or new health premises or services in the local area. Funds to be spent by March 2015.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/03/13	AS AT 31/03/13		
H/18/219C *70	Yeading	Land rear of Sydney Court, Perth Avenue, Hayes. 6593/APP/2010/883	3,902.00	3,902.00	No time limits	Funds received towards the cost of providing health facilities in the Authorities Area. No time limits.
H/20/238F *72	West Ruislip	Former Mill Works, Bury Street, Ruislip. 6157/APP/2009/2069	31,441.99	31,441.99	2018 (Jun)	Contribution received as the health facilities contribution towards providing health facilities in the Authority's Area. Funds to be spent towards (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at local level or, any new facility required to compensate for loss of health facility caused by the development. First instalment to be spent by February 2018. Second instalment to be spent by June 2018.
H/22/239E *74	Eastcote	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	Funds received towards the cost of providing health facilities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/23/209K *75	Yiewsley	Tesco, Trout Road, Yiewsley. 60929/APP/2007/3744	37,723.04	37,723.04	2016 (Mar)	Contribution received towards the provision of local health service infrastructure in the Yiewsley, West Drayton, Cowley area. Funds to be spent by March 2016. Earmarked towards Yiewsley Health Centre scheme, subject to formal allocation request.
H/25/244C *77	Townfield	505-509 Uxbridge Road, Hayes. 9912/APP/2009/1907	20,269.97	20,269.97	2018 (Jun)	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt (June 2018).
H/26/249D *78	Townfield	Former Glenister Hall, 119 Minet Drive, Hayes. 40169/APP/2011/243	33,219.40	33,219.40	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/03/13	AS AT 31/03/13		
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/29/267D *83	Botwell	Fmr Ram PH, Dawley Rd, Hayes 22769/APP/2010/1239	6,068.93	6,068.93	No time limits	Funds received towards the cost of providing expansion of health premises to provide additional facilities and services to meet increased patient numbers or new health premises or services in the local area. No time limits for spend.
H/30/276G * 85	Townfield	Fmr Hayes FC, Church Road, Hayes. 4327/APP/2009/2737	33,826.33	33,826.33	2019 (Jul)	Funds received as the first instalment towards the cost of providing health facilities in the Authority's area including the expansion of health premises to provide additional facilities, new health premises or services (see legal agreement for details). Funds to be spent within 7 years of receipt (July 2019).
H/31/278D *86	Botwell	6-12 Clayton Road, Hayes. 62528/APP/2009/2502	4,649.84	4,649.84	No time limits	Funds received towards the cost of providing expansion of health premises to provide additional facilities and services to meet increased patient numbers or new health premises or services in the local area. No time limits for spend.
H/32/284C *89	Yiewsley	Former Honeywell site, Trout Road, West Drayton (live/work units). 335/APP/2010/1615	5,280.23	5,280.23	No time limits	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend. Earmarked towards Yiewsley Health centre scheme, subject to formal allocation.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/03/13	AS AT 31/03/13		
H/33/291	West Drayton	Former Swan PH, Swan Road, West Drayton. 68248/APP/2011/3013	5,416.75	5,416.75	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises at local level. Any new facility required to compensate for loss of a health facility caused by the development.
H34/282	West Ruislip	Lyon Court, 28-30 Pembroke Road, Ruislip 4327/APP/2011/3049	15,031.25	15,031.25	2019 (estimated)	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 5 years of completion of development. Estimated spend deadline 2019.
		TOTAL CONTRIBUTIONS TOWARDS HEALTH CARE	434,606.92	434,606.92		

WINTERBOURNE VIEW: LOCAL STOCKTAKE

Relevant Board Members	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report Author	Amanda Jackson
Papers with report	Winterbourne View Joint Improvement Programme Initial Stocktake

1. HEADLINE INFORMATION

Summary	This report sets out progress in developing actions locally to respond to issues identified as part of the serious case review into the abuses at Winterbourne View Hospital. It sets out a programme of change designed to transform services for adults and children with learning disabilities or autism and challenging behaviour.
Contribution to our plans and strategies	Health and Wellbeing Strategy; Safeguarding Strategies and plans.
Financial Cost	There is no direct cost arising as a result of this report.
Relevant Policy Overview Committees	<ul style="list-style-type: none"> • Social Services, Health and Housing • Education and Children's Services • Corporate Services and Partnerships
Ward(s) affected	All

2. RECOMMENDATION

That the Board notes progress to date with the Winterbourne View Joint Improvement Plan and the information submitted to NHS England setting out progress.

Reasons for recommendation

To keep the Health and Wellbeing Board informed of the progress so far and of the reporting process.

3. INFORMATION

1. Following the abuses which occurred at Winterbourne View Hospital and the subsequent Serious Case Review, a Concordat was signed in December 2012 by a number of

partners setting out recommended commitments to a programme of change designed to transform services for adults and children with learning disabilities or autism and challenging behaviour.

2. Specifically the key recommendations were:
 - a. To ensure that a register of all people with needs as identified above and who are in NHS funded care, was established by 1 April 2013.
 - b. Reviews of all of these people who were in inpatient beds to be completed by 1 June 2013 and a personal plan drawn up.
 - c. Personal plans to be put in place so that all individuals receive personalised care and support in appropriate community settings by 1 June 2014.
3. Every area should also put in place a locally agreed joint plan so that in future people with learning disabilities and high levels of challenging behaviour should not have to receive on-going care in a hospital setting.
4. Alongside the Concordat, a Joint Improvement Programme between NHS England and LGA was launched in April 2013, funded for two years by the Department of Health.
5. As part of this work a local stocktake of progress against the commitments in the Concordat was undertaken and sent to the LGA and NHS England to meet their deadline of 5 July 2013.
6. Locally a Winterbourne Review sub group of the Safeguarding Adults Partnership Board has been in operation since early 2013. The group's remit is to ensure an effective Hillingdon response. The Board has representation from the Council, Hillingdon CCG, CNWL, voluntary sector, provider reps and the Learning disability Partnership Board.
7. Hillingdon has completed the initial requirements by June 2013 of ensuring that all people who are currently in in-patient settings have been reviewed and joint plans drawn up. There are 13 people in this category all of who have significant needs and are subject to detention under the Mental Health Act.

Financial Implications

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

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

N/A

Consultation Carried Out or Required

The stocktake document was developed in discussion with partners.

CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

N/A.

Background Papers

NIL.

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Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the [LGA website](#)

May 2013

Winterbourne View Local Stocktake June 2013

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>A Multi-agency Sub-group of the Safeguarding Adults Board has been formed to monitor progress of delivery. A joint working group meets monthly to oversee the detailed support of individuals.</p>		
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</p>	<p>The sub-group includes colleagues from commissioning, voluntary sector providers, LBH, HCCG, and CNWL. There is an identified need for Housing colleagues to join the planning group.</p>		
<p>1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.</p>	<p>Using the case studies of current individuals, an overview of the needs is being used to inform the local commissioning priorities.</p>		
<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>Updates have been discussed at the LDPB and it has now been added as a standing item to the agenda of Board meetings</p>		
<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p>	<p>The Health and Wellbeing Board is briefed on the progress of the work and will continue to receive update reports on the progress.</p>		
<p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p>	<p>There is a Dispute Resolution Policy relating to Continuing Healthcare which will be applied to resolve any differences when working in this partnership arrangement. This will be added to the Terms of reference of the Sub Group.</p>		

<p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG forums, clinical partnerships & Safeguarding Boards.</p> <p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p> <p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>Yes</p> <p>We are not aware of any issues relating to Ordinary Residence relating to the current cohort. There is an agreement in existence within the West London Alliance for issues relating to OR.</p> <p>Our partners in the CCG have commissioned expertise from the local mental health provider, CNWL, to provide the working groups with additional specialist Learning Disabilities knowledge.</p> <p>We will require additional support in developing the Commissioning Plan to be able to provide local specialist support to people with challenging behaviour, in the future.</p>		
<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership.</p> <p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient & robust.</p> <p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> <p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children's services.</p>	<p>Yes, although need to be shared more widely amongst the members of the working group.</p> <p>Yes</p> <p>Yes</p> <p>Yes, although information on current budget position needs to be shared amongst the members of the working group who are budget holders. Budget holder meetings to be set up to discuss finance and risk issues, as well as looking at future resource implications.</p> <p>This area is still to be developed for future resources.</p> <p>This is an area to be developed at future budget meetings.</p>		

<p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>	<p>This is an area to be developed at future budget meetings.</p>
<p>3. Case management for individuals</p> <p>3.1 Do you have a joint, integrated community team.</p>	<p>Yes</p>
<p>3.2 Is there clarity about the role and function of the local community team.</p>	<p>Yes</p>
<p>3.3 Does it have capacity to deliver the review and re-provision programme.</p>	<p>There is concern that there is not enough capacity within the current team to provide the review and re-provision programme, particularly with regard to care management, due to vacancies in the team.</p>
<p>3.4 Is there clarity about overall professional leadership of the review programme.</p>	<p>Whilst professionals are engaged and supportive of the programme, there is a need to formalise clinical leadership.</p>
<p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>	<p>There are advocates involved in some cases and named coordinators are appointed from within the team for each case.</p>
<p>4. Current Review Programme</p>	
<p>4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.</p>	<p>There is clear agreement about numbers of people affected and plans are being put in place to ensure support for individuals and their families throughout the process.</p>
<p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p>	<p>There are no people funded through specialist commissioning.</p>
<p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p>	<p>Yes, these organisations are represented on the Winterbourne Sub Group</p>
<p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p>	<p>This is currently in preparation by the Clinical Psychology lead.</p>

<p>4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual</p> <p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> <p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p> <p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p> <p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>This is still in the development phase</p> <p>Commissioned on a case-by-case basis</p> <p>Reviewed by the clinical working group.</p> <p>Yes</p> <p>All reviews have been completed</p>
<p>5. Safeguarding</p> <p>5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</p> <p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p> <p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p> <p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p> <p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.</p>	<p>Yes – the Hillingdon Safeguarding Team work closely with local team where people are placed out of the borough.</p> <p>Providers are represented at the sub-group, although this relationship needs to be developed through market stimulation by commissioning colleagues.</p> <p>LBH have an inspection team to monitor the quality of residential care provision and flag up areas of concern when necessary, including referrals to the Safeguarding Team.</p> <p>Yes – the programme is being lead via a sub-group of the Safeguarding Board.</p> <p>The working group is engaged in identifying and addressing any issues as a part of the assessment and review process.</p>

<p>5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.</p> <p>5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.</p> <p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>	<p>This is an area which needs to be developed</p> <p>This has not yet been discussed but form an area for development to be raised within the safeguarding Board.</p> <p>Yes there are robust processes to ensure sharing of concerns.</p>	
<p>6. Commissioning arrangements</p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</p> <p>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p> <p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p> <p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p>	<p>Yes – a paper has been prepared to give an overview of the needs of the people currently in these settings.</p> <p>Yes – by way of the working group relating to the current cohort only.</p> <p>Yes, although need to be shared more widely amongst the members of the working group.</p> <p>To-date the focus has been on the re-provision of existing people. There will be a need to fully engage with colleagues in the West London Alliance to meet future needs.</p> <p>No one in the group of exiting people is in a place commissioned by specialist commissioning teams.</p> <p>This work requires development and needs to link to a Commissioning Strategy.</p> <p>Current arrangements need to be made more robust to ensure that advocacy services are routinely offered to all clients.</p>	

<p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p> <p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p> <p>7. Developing local teams and services</p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>It is currently in the process of being developed, in order to be able to agree necessary future resources.</p> <p>Yes. There are plans in place to work towards for each client.</p>	
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p> <p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Yes, this being developed from the overview of individual needs and will be developed into a commissioning strategy.</p> <p>There is a contract with an advocacy provider, but it only makes provision for those people who live in the borough. For out of borough placements, advocacy is currently only procured on an ad hoc basis. For current clients monitoring of the effectiveness of advocacy is done by the members of the review working group.</p> <p>This will be addressed in the recruitment of Care managers who have skills in Best Interests assessments</p>	
	<p>The commissioning strategies of LBH and HCCG need to ensure a common understanding of the pathway of care for people with challenging behaviours.</p> <p>This will be included in the future commissioning strategy.</p> <p>Specifications for services include expectations around workforce and skills development. The draft Autism Plan will also cover workforce and skills development and will have close links with commissioning of service for people with challenging behaviours.</p>	

<p>9. Understanding the population who need/receive services</p> <p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>With the knowledge from the assessments of current clients, we are working with local providers to shape the market to meet the needs of people whose behaviour challenges.</p> <p>An Equalities Impact Assessment will accompany the commissioning strategy.</p>	
<p>10. Children and adults – transition planning</p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>Yes, LBH are currently developing an All-Age Disabilities Pathway.</p> <p>Data currently exists although we are aware of the need to make the process of data collection more robust. The All-Age Disabilities Pathway will address the gaps in this knowledge.</p>	
<p>11. Current and future market requirements and capacity</p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local forums to share/learn and develop best practice.</p>	<p>Yes – this is being carried out in conjunction with the West London Alliance partners.</p> <p>It will include this information.</p> <p>There is currently a generic Provider Forum for learning Disabilities in existence, however we are working with WLA to develop a strand for providers of support to people whose behaviour challenges</p>	

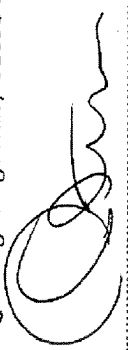
Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

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Signed by: 

Chair HWB

LA Chief Executive 

CCG rep.....

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