Public Document Pack

HILLINGDON
LONDON

A

Health and Wellbeing Board

Date: **TUESDAY, 10 SEPTEMBER 2013**

Time: **2.30 PM**

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

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

This agenda and associated reports can be made available in other languages, in braille, large print or on audio tape on request. Please contact us for further information.

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

Statutory Members (Non-Voting)
Statutory Director of Adult Social Services
Statutory Director of Children's Services
Statutory Director of Public Health

Published: Monday, 2 September 2013

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

This Agenda is available online at:
http://modgov.hillingdon.gov.uk/ieListMeetings.aspx?CId=322&Year=2013

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

Useful information for residents and visitors

Travel and parking

Bus routes 427, U1, U3, U4 and U7 all stop at the Civic Centre. Uxbridge underground station, with the Piccadilly and Metropolitan lines, is a short walk away. Limited parking is available at the Civic Centre. For details on availability and how to book a parking space, please contact Democratic Services

Please enter from the Council's main reception where you will be directed to the Committee Room.

Accessibility

An Induction Loop System is available for use in the various meeting rooms. Please contact us for further information.

Emergency procedures

If there is a FIRE, you will hear a continuous alarm. Please follow the signs to the nearest FIRE EXIT and assemble on the Civic Centre forecourt. Lifts must not be used unless instructed by a Fire Marshal or Security Officer.

In the event of a SECURITY INCIDENT, follow instructions issued via the tannoy, a Fire Marshal or a Security Officer. Those unable to evacuate using the stairs, should make their way to the signed refuge locations.

Agenda

1	Apologies for Absence	
2	Declarations of Interest in matters coming before this meeting	
3	To approve the minutes of the meeting on 11 July 2013	1 - 4
4	To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private	

Health and Wellbeing Board Reports - Part I (Public)

5	Implementation of Joint Health & Wellbeing Strategy - Action Plan 2013/2014	5 - 22
6	Public Health Action Plan 2013/2014	23 - 30
7	CCG Recovery Plan 2013-2016 Monitoring	31 - 36
8	Update: Allocation of S106 Health Facilities Contributions	37 - 40
9	Yiewsley Health Centre Update Verbal update	
10	S256 Agreement - Funding Transfer from NHS to LBH	41 - 48
11	Development of a Memorandum of Understanding Between CCG & LBH	49 - 56
12	Board Planner & Future Agenda Items	57 - 60

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

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

Minutes

HEALTH AND WELLBEING BOARD

11 July 2013

HILLINGDON
LONDON

Meeting held at Committee Room 4 - Civic Centre, High Street, Uxbridge UB8 1UW

	Statutory Board Members (Voting) Present: Councillor Ray Puddifoot (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor David Simmonds Councillor Douglas Mills Dr Tom Davies – Hillingdon Clinical Commissioning Group Stephen Otters – Healthwatch Hillingdon **Statutory Board Members (Non-Voting) Present**: Tony Zaman – Statutory Director of Adult Social Services Merlin Joseph – Statutory Director of Children's Services **Co-opted Members Present**: Jean Palmer – LBH Deputy Chief Executive and Corporate Director of Residents Services Robyn Doran – Central and North West London NHS Foundation Trust Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust Ceri Jacob – Hillingdon Clinical Commissioning Group (Officer) Nigel Dicker – LBH Deputy Director: Public Safety & Environment **LBH Officers Present:** Mark Braddock (in part), Kevin Byrne, Glen Egan and Nikki O'Halloran	
2.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows and Scott Seaman-Digby, Dr Ian Goodman (Dr Tom Davies was present as his substitute), Mr Jeff Maslen (Mr Stephen Otters was present as his substitute) and Ms Sharon Daye (Statutory Director of Public Health).	**Action by**
3.	**TO APPROVE THE MINUTES OF THE MEETING ON 19 FEBRUARY 2013 - SHADOW BOARD** *(Agenda Item 3)* **RESOLVED: That the minutes of the Shadow Board meeting held on 19 February 2013 be agreed as a correct record.**	**Action by**
4.	**TO APPROVE THE MINUTES OF THE MEETING ON 9 MAY 2013** *(Agenda Item 4)* **RESOLVED: That the minutes of the meeting held on 9 May 2013 be agreed as a correct record.**	**Action by**

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** *(Agenda Item 5)* This was confirmed. Those present were reminded that, if a report they had prepared for the meeting contained confidential information, this must be brought to the attention of Democratic Services to ensure that the item was placed in Part II.	**Action by**
6.	**BOARD TERMS OF REFERENCE, VOTING RIGHTS & MEMBERSHIP** *(Agenda Item 6)* Consideration was given to the Board's Terms of Reference, voting rights and membership. National regulations dictated that all voting members of the Board must sign up to the Council's Code of Conduct. As such, a briefing would be arranged for those non-Councillor Board members that had voting rights. It was agreed that Ms Jean Palmer, Deputy Chief Executive and Corporate Director of Residents Services, be appointed as a co-opted member of the Board with voting rights. This would be reflected in the revised membership which would need to be considered and agreed at the Council meeting on 12 September 2013. The Board considered its non-voting co-opted membership. It was agreed that Royal Brompton and Harefield NHS Foundation Trust be added to the list of co-opted members and that the Hillingdon Clinical Commissioning Group be permitted to have a second co-opted member. It was also agreed that the co-opted members be permitted to have a named substitute member. **RESOLVED: That the Board:** **1. note the Board's Terms of Reference and Standing Orders and forward the agreed amendments to Council for consideration and ratification on 12 September 2013;** **2. agree the proposed voting arrangements as set out in the report and Terms of Reference; and** **3. note the Statutory Board Membership and forward the agreed amendments to the co-opted membership to Council for consideration and ratification on 12 September 2013.**	**Action by** Democratic Services Democratic Services
7.	**BOARD OPERATION, REPORTING & WORK PROGRAMME** *(Agenda Item 7)* Consideration was given to the report. The Board agreed that the meeting scheduled for 1 August 2013 would not be cancelled. Amendments to the Work Programme were agreed as follows: • 31 October 2013 – Draft Commissioning Intentions 2014/2015 (CCG) • 6 February 2014 – Operating Plan Annual Report (CCG) • Standard Item – S106 Health Contributions (LBH) • Date TBC – Use of Integration Fund (CCG)	**Action by**

	The Board was reassured that the recently released census data had reflected officers' predictions and that the Joint Strategic Needs Assessment (JSNA) would continue to be updated with the latest information as it became available. Ms Ceri Jacob, Hillingdon CCG, advised that the CCG's 2013/2014 Operating Plan had been published and that this information could easily be shared with the Board as a range of targets were being monitored. **RESOLVED: That the Board:** **1. note the Board's operation and reporting requirements;** **2. update the Board Planner / Work Programme as agreed;** **3. agree to monitor the implementation of the Joint Health & Wellbeing Strategy on a regular basis; and** **4. note the dates of future Board meetings.**	Democratic Services
8.	**PUBLIC HEALTH UPDATE** *(Agenda Item 8)* It was noted that a report in relation to public health would be considered by Cabinet at its meeting on 25 July 2013. Although the Council would not be participating in the Integrated Pioneer Programme, the Council would be working up its own robust integrated care model with partners. A sub-committee would be established to progress this matter and would comprise Councillors Puddifoot (ex-officio), Corthorne, Mills and Simmonds and one representative from the Hillingdon CCG and The Hillingdon Hospitals NHS Foundation Trust. Other organisations could be included in this work as it progressed. It was anticipated that this work could potentially result in a bid for additional Government funding in the future. **RESOLVED: That:** **1. the Board note progress to date with the integration of Public Health into Council business; and** **2. a sub-committee be formed to look at establishing a local integrated care model.**	**Action by** Democratic Services
9.	**UPDATE ON THE DEVELOPMENT OF HEALTHWATCH HILLINGDON** *(Agenda Item 9)* Consideration was given to the Healthwatch Hillingdon update report. **RESOLVED: That the Board note the report.**	**Action by**
10.	**S106 HEALTH CONTRIBUTIONS** *(Agenda Item 10)* Consideration was given to the s106 report. It was noted that there had been an issue that had arisen in relation to the Porter's Way s106 money but that this had now been resolved. To ensure that the s106 monies were monitored, an update report would be produced for consideration at each Board meeting. The report would separate the s106 agreements so that it was clear where the money could be spent and by whom.	**Action by**

	Concern was expressed at the slow progress of the Yiewsley Health Centre agreement. The Board was advised that the next Local Medical Committee (LMC) meeting would consider approving a new and fairer system for GP practices to bid for s106 money. **RESOLVED: That the Board:** **1. note the progress and approach taken towards the allocation and spend of s106 healthcare facilities contributions within the Borough; and** **2. receive a s106 update report at each of its meetings.**	Jales Tippell
11.	**WINTERBOURNE VIEW: LOCAL STOCKTAKE** *(Agenda Item 11)* Consideration was given to the report. **RESOLVED: That the Board note the progress to date with the Winterbourne View Joint Improvement Plan and the information submitted to NHS England setting out progress.**	**Action by**
12.	**UPDATE REPORT FROM HILLINGDON CCG** *(Agenda Item 12)* Consideration was given to the report. It was noted that the current CCG financial recovery plan ran from 2013 until 2016 and included assumptions about changes to the population during that period. The CCG was happy to share its monthly financial monitoring report with the Board. **RESOLVED: That the Board:** **1. notes the Operating Plan 2013/2014, the draft integrated strategy 2013-2016 and the Month 2 PMO report; and** **2. considers the CCG's 2013-2016 Recovery Plan at its next meeting on 1 August 2013.**	**Action by**
	The meeting, which commenced at 2.30 pm, closed at 4.00 pm.	

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

IMPLEMENTATION OF JOINT HEALTH & WELLBEING STRATEGY - ACTION PLAN 2013/2014

Relevant Board Members	Councillor Ray Puddifoot Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report Author	Dan Kennedy, Administration Directorate
Papers with report	Appendix 1 – Action Plan Update

1. HEADLINE INFORMATION

Summary	This report presents progress on key actions to deliver Hillingdon's Health and Wellbeing strategy priorities. The Board are asked to consider and comment on the update.
Contribution to our plans and strategies	This paper helps the Board to see the progress being made to deliver the key actions to underpin Hillingdon's Health and Wellbeing Strategy
Financial Cost	There are no new financial implications arising directly from this report.
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

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

Reasons for recommendations

To provide the Board with an overview of the progress made since April 2013 to deliver improvements in health and wellbeing.

3. INFORMATION

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

3.2 Work is underway to develop future reporting to the Board to not only see the volume and scale of action being taken but also what difference the actions are making to improve the lives of Hillingdon's residents. The inclusion of health and social care outcomes will be included in the next update of the action plan to the Board.

3.3 The achievements to date include:

Priority 1 - Improved health and wellbeing and reducing inequalities

- The planned increase in the number of residents taking up physical activity is on track to achieve the target of 7,000 additional residents participating in regular exercise and other physical activities. This is being achieved through a range of targeted initiatives such as: free swimming sessions for older people; improvements in cycling facilities; 'Change4Life' exercising initiatives; and activities for people with disabilities.
- Action to tackle the affects of fuel poverty. Older people are being targeted for home energy efficiency improvements and assistance to improve their homes.

Priority 2 - Prevention and early intervention

- From April 2103 the integrated care programme has been expanded to include those people with chronic obstructive pulmonary disease and patients with cardiac difficulties. The project initially targeted older, frailer people, those with diabetes and people with mental health needs (residents with complex care and support needs).
- A new flexible service is being specified and commissioned to meet bed-based care needs on a short-term basis for those people with complex needs to prevent admission to hospital or other long-term care routes. The service is expected to be in place by Spring 2014. Work is also underway to review and develop local services for people with dementia.
- The Child and Adolescent Mental Health Service (CAMHS) has been subject to a review and is being developed using feedback from people who use the service to ensure the service is responsive to local needs.
- Reducing the extent of low birth weight - focus groups are being held in targeted areas to promote the uptake of assessments by 12 weeks of pregnancy and referrals continue to be made to 'Stop Smoking' prevention classes and to support in community settings.

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

- The number of TeleCareLine equipment installations to help people live independent lives continues to increase and is on track to achieve the target of 750 installations of new equipment by the end of March 2014. As at 31st July 2013, 2,251 new service users were in receipt of a TeleCareLine equipment service. The technology is helping people to live safely and independently at home. Take-up of TeleCareline is exceeding the target of 2,250 new service users set for the first two years of the scheme (a target of 750 new users per year for years 1, 2 and 3 of the initiative).
- Work is under way to provide extra care and supported accommodation to reduce reliance on residential care. The council continues to work with providers to develop additional supported living accommodation. This includes de-registering a number of

existing care homes and remodelling these as supported living accommodation. Work has started on six schemes which will provide supported living accommodation for approximately 26 residents.

Priority 4 - A positive experience of care

- Personal care budgets give people who need care and support a greater say on deciding their support arrangements to suit their own needs. As at 30th June 2013, 78% of social care clients (1,596 clients) were in receipt of a personal budget (based on services which are subject to a personal budget). The take-up of personal budgets is exceeding the national target of 70%.
- A review is underway of the existing arrangements for stakeholder engagement and will recommend a plan and way of working to co-ordinate stakeholder engagement to a future meeting of the Board.

This page is intentionally left blank

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

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
Priority 1 - Improved health and wellbeing and reducing inequalities As a priority we will focus on physical activity and obesity.						
1.1 To increase physical activity levels by 5% each year for the next three years to improve health, wellbeing and help tackle levels of obesity	Develop and begin to implement a three year strategy to increase participation in physical activity	Physical Activity Strategy Group	Increase the number of residents participating in regular exercise by 7,000 people through a range of targeted initiatives including; a) Develop a programme to increase activity for adults and older people b) Develop a programme to increase activity for children and young people c) Set up travel plans	(a)-(h) 31/03/14	a) Program of Tea Dances has been organised, 4 Tea Dances have taken place since the 1st April. There have been a total of 398 people who have attended. Free Swimming increased following the re-opening of Highgrove Pool. The Specialist Health Promotion team have developed an SLA with Age UK Hillingdon to train a further 3 volunteers in chair based exercise to enable us to offer this type of activity to sheltered housing, residential and nursing care and to people finishing physiotherapy (b) A programme to increase delivery in Early Years settings established. Training for Children's centre staff organised. Fit Teen programme expanded to Hayes and Uxbridge. Multi-sport programme for primary age children organised. Set-up dialogue with school games organisers to link with community delivery. (c) Travel plans required for new residential and commercial development. Highest increase in London for modal change in school travel. System established to better monitor progress.	

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
			d) Show an increase in cycling and walking		(d) 'Explore Hillingdon' produced. New led cycle ride programme is in place for 2013. The Healthy Walks programme, there are 150 registered walkers who walk a minimum of once a month: 1. 2013/13: The target of 5% has been exceeded with a 13% increase in units of walking (3,400 to 3,846). 2. Q1 April – July 2013 - 746 unit of walking, of which 43 are new walkers.	GREEN
			e) Recruit volunteers to support local networks		(e) 'Sportunity' volunteering programme for 14-25 yr olds set up that provides incentives for young residents interested in sports leadership.	
			f) Review and support opportunities for people with disabilities		(f) 'On Your Marks' scheme established in partnership with DASH, providing new swimming and multi-sport activities for disabled adults.	
			g) Set up care pathways with primary care and Public Health		(g) Reviewed delivery of existing Cardiac referral scheme. New trial scheme for Stroke patients established with 'Fusion'. New 'Let's Get Moving' physical activity referral programme being explored. This will provide a general scheme available to all residents through GP's, Health Checks and other health practitioners.	
			h) Develop the Change 4 Life campaign to encourage residents of all ages to participate in physical activity.		(h) Pledge system established with incentives to encourage more people to be more active, more often. Regular articles in Hillingdon People, through social media etc.	

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
1.2 Help to tackle fuel poverty to improve health and wellbeing	Reduce fuel poverty	LBH	(a) Improve 70 private sector homes for older vulnerable people. • 30 heating measures • 30 insulation measures • Complete essential repairs to 10 homes for vulnerable & older households (b) Deliver Age UK Hillingdon's Housing Options Service and Winter Warmth Campaign	(a) 31/03/14 (b) 31/03/14	(a) Ongoing - Since April 2013, improvements have been made to 28 homes of older people in Hillingdon as follows: • Heating improvements have been made to the homes of 6 older people. • 17 homes with improved insulation measures. • 5 homes of older residents received essential repairs as needed. Essential repairs can include roof and glazing repairs to reduce health and safety risks Currently capital release has been given for another 8 Essential Repair Grants which will be completed this year, and additional cases are being prepared for submission. (b) Ongoing – preparations are underway for the campaign. To be promoted at the scheduled day of older people on 1st October 2013, which includes an event in Uxbridge.	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
Priority 2. Prevention and early intervention As a priority we will focus on: • Reducing reliance on acute and statutory services; • Children's mental health and risky behaviours; • Dementia and adult mental health; • Sight loss.						
2.1 Reduce reliance on acute services and prevent avoidable hospital attendances, admissions and readmissions. Deliver the out of hospital strategy.	Develop and implement plans to prevent avoidable admission or readmission into hospital and avoidable demands on social care services by 31/03/15.	Integrated Care Steering Group	(a) Integrated Care Program to increase the number of people with long term conditions who have a multidisciplinary care plan, specifically targeting at risk groups with diabetes, respiratory disease and the frail elderly	(a) 31/03/14	(a) Ongoing - The Integrated Care Programme (ICP) went live on 4 July 2012 providing a joined up approach to patient care across health and local authority services based around GP practices. 80% of GP practices have signed up to the new ICP services. The project initially targeted older, frail people, those with diabetes and people with mental health needs (residents with complex care and support needs). From April 2013 the programme has been expanded to include those people with chronic obstructive pulmonary disease and patients with cardiac difficulties.	GREEN
			b) Enhance the number of people who are transferred home with support from emergency assessment beds at Hillingdon Hospital	(b) 31/03/14	(b) Ongoing. Key services are in place and delivering benefits. This includes TeleCareLine, reablement and essential support from the voluntary sector through the 'prevention of admissions and re-admissions' service from Age UK.	
			c) Increase the complexity of people managed in the community by intermediate care services to include dementia and older people with mental health needs	(c) 31/03/14	(c) On track – A flexible service is being specified and commissioned to meet bed-based care needs on a short-term basis. Service expected to be in place by Spring 2014.	

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

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
2.3 To continue to reduce teenage pregnancy rates and reduce STIs in young people.	To promote awareness of the risks and to increase take-up of screening.	Public Health	(a) Pilot the extension of the Outreach Contraception and Sexual Health Advice to vulnerable Young People: Children Looked After, Homeless Young People, Young Carers, Drug and Alcohol Users. (b) Increase the Chlamydia Screening uptake by the Brunel University population: a) Increase Awareness of the Chlamydia Screening service on Campus, b) Refocusing the service to repeat Chlamydia testing annually or on change of partner/s. (c) Develop a proposal to extend the current Emergency Hormonal Contraception service, from under 18yrs to under 25yrs and based on local evidence, include a further 9 Pharmacies in the revised TP Hotspot wards (ONS 2011)	a) 31/03/14 (b) 31/03/14 c) 31/03/14	a) Outreach Contraception and Sexual Health Nurse newly recruited. Home visits with looked after children lead nurse underway. b) Terrence Higgins Trust providers of Chlamydia Screening are investigating various ways of using IT to increase Chlamydia Screening awareness at Brunel i.e. via the university Intranet/emails. Training planned for University Medical Centre and Pharmacy in Term 1 (Oct-Dec) c) Potential interested eligible Pharmacists have been identified. Emergency hormonal contraception training being developed. Patient Group Direction (note: PGD is a specific written instruction for the supply or administration of a named medicine in an identified clinical situation) currently in process of being updated.	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
2.4 Develop the model of care for dementia	Reduce dependency on institutional care, including hospital bed days and care home settings.	Mental Health Delivery Group	(a) Finalise and begin to implement a joint plan for dementia services to include a service model that delivers effective assessment, treatment and community based support and intervenes earlier in the course of the disease. (b) Agree a joint implementation plan for years 2 and 3 of the Adult Mental Health Strategy.	a) 31/03/14 b) 31/03/14	(a) On track. Dementia strategy in place. A mental health task and finish group will be established to co-ordinate and implement the agreed plan. The plan will complement work already underway and being delivered which includes befriending services, dementia cafes, programmes which promote healthy living and health improvement and increasing early intervention for memory assessment. (b) Ongoing. Plan will be recommended for consideration by the Health and Wellbeing Board by 31 March 2014.	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
2.5 Improve pathways and response for individuals with mental health needs	To ensure information and access to support is available for people with mental health needs, and that pathways are in place to enable appropriate responses to need	CCG	(a) to develop crisis response and ongoing support of 14 weeks for older people with mental health needs including dementia	(a) 31/03/14	(a) Service developed to an integrated model, which is embedded across the new service elements; the rapid response, ICP, memory service and intermediate care for people with mental health and dementia. The new provision will equip carers with the appropriate skills and resources to navigate patients away from unnecessary admissions and access home based care and support patients to be discharged back to home.	GREEN
			(b) to implement urgent assessment pathways and with all mental health providers to enable a consistent response and standards of care across the whole system	(b) 31/03/14	b) To implement common standards for urgent assessment and care so that service users experience a consistent response when referred for an urgent need. This will include: 1. develop and implement standardise processes for urgent referral agreed with stakeholders. 2. Identify and address training needs and appropriate health and social care record-keeping to support effective shared care and provide high quality care pathway 3. Ensure onward pathways are developed to support improved patient experience when accessing services via urgent referral.	
			(c) to evaluate the liaison psychiatry pilot programme and identify benefits to improved liaison between physical and health care needs for 14/15 .	(c) 31/04/13	c) The psychiatric liaison pilot - interim evaluation showed benefits to service using qualitative and quantitative methods. Further work to review the extension of service model will require the development of a business case.	

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
2.6 Reduce alcohol-related harm for hazardous, harmful and dependent drinkers in Hillingdon	Commission a range of interventions to reduce alcohol-related harm and to increase the numbers of alcohol clients referred from acute and primary care settings into community-based treatment services.	Public Health	(a) Increase numbers of alcohol clients presenting to the treatment system and in structured treatment (b) Increase the numbers and rate of alcohol clients successfully completing and exiting treatment.	(a) 31/03/14 (b) 31/03/14	(a) 583 clients (where alcohol is the primary drug), presented to alcohol services in the 12 months ending Q4 2012-13. (b) 335 clients (where alcohol is the primary drug) exited alcohol treatment in the 12 months ending Q4 2012-13 with a successful completion rate of 63%. (NB: Awaiting publication of Q1 data from National Drug Treatment Minimum Data Set NDTMS) The commissioning of substance misuse services (drugs and alcohol) transferred to the London Borough of Hillingdon (LBH) on 1st April 2013. The service is currently under review as part of the BID Transformation review process. The aim of the review is to understand the current position and to identify priorities for a future model of delivery. The service is currently weighted towards drug misuse in particular and alcohol has not been a priority in recent years as a result of the national policy which focuses on high end drug use (ie. opiates and crack use). However, alcohol misuse represents a significant issue for the borough ie. we are significantly worse than the England average in relation to the following indicators: (a) alcohol attributable hospital admission for both men and women (b) alcohol related violent crimes and (d) alcohol-related recorded crimes. The redesign of local substance misuse services will take alcohol related needs into account.	GREEN

<table>
<tr><th>Objective</th><th>Key Task</th><th>Lead</th><th>Subtasks</th><th>Deadline for Subtask</th><th>Progress Update</th><th>RAG</th></tr>
<tr>
<td>2.8 to reduce the extent of low birth rate</td>
<td>To develop a targeted programme in geographical areas with high rates of low birth weight babies, to increase the confidence and participation of parents/women to have healthy babies.</td>
<td>Public Health</td>
<td>(a) <u>12 week assessments</u> - Increase the percentage of women who have seen a midwife or a maternity healthcare professional, or had an assessment of health and social care needs, risks and choices by 12 completed weeks of pregnancy. (National indicator target 90%)

(b) <u>Low Birth Weight</u> - Decrease the percentage of Live and Still Births less than 2500 grams.

(c) <u>Low Birth Weight of Term Babies:</u> (ie. less than 2,500 grams):</td>
<td>(a) 31/03/14</td>
<td>(a) There has been a proactive effort to ensure that our target rate has been achieved.
12 Week Assessment - 2012/13 Performance:
<table>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>79.9%</td><td>79.9%</td><td>94.3%</td><td>90.2%</td></tr>
</table>
2013/14 performance data - there has been a delay in the release of Q1 data. CSU have confirmed that Q1 and Q2 data will be available by mid October 2013.

(b) Task and finish group (‘Having a Healthy Baby’) to plan interventions for south of the borough which has higher rates of late bookers and low birth weight babies. Interventions include:
o Referrals to Stop Smoking Prevention and support in community settings
o Referrals to Healthy weight management courses
o Linking up with Hillingdon Maternity volunteers to promote and sign-post to Stop Smoking services, Healthy Weight Management courses, ‘First Aid in the home’ courses.
Latest available data (for the period 2011) - 8.4 per cent of all live and stillbirths weighed less than 2,500 grams. Significantly worse than the England average (7.4)

(c) Stocktake of local maternity and health visiting services underway against recommended standards in the recently published ‘Conception to age 2 – The age of opportunity’ Framework for local areas services
Latest available data (for the period 2011) - 3.45 per cent of all live births were born with low birth weight. Significantly higher than the England average (2.85)</td>
<td>GREEN</td>
</tr>
</table>

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
2.9 To prevent vaccine preventable childhood diseases	To increase uptake of childhood immunisations	NHS England	To provide independent scrutiny and challenge the plans of NHS England, Public Health England and providers. (NB The national target for childhood immunisations is 95% for each of the vaccines for the under-fives childhood immunisation schedule and 90% coverage for HPV in school-aged girls).	31/03/14	NHS England Q1 data for 2013/14 will be available in mid to late September 2013. MMR data for Jan-Mar 2013 MMR 24 Months 91.4% lower than England – 92.2% but higher than London – 86.6% MMR (1 dose) 5 years 93.8% lower than England – 94.0% but higher than London – 90.2%. <u>MMR Catch-up Programme:</u> Data for Hillingdon not yet available from NHS England.	GREEN
2.10 Tackling the issues which can cause sight loss	To develop support and services locally which reduce the effects of sight loss	Vision Strategy Working Group	(a) Working with the Thomas Pocklington Trust and other local partners develop a vision plan and local support services.	(a) 31/03/14	(a) Multi-agency meeting held on 17th June chaired by the Pocklington Trust to scope content of a local vision strategy. Members of a project group agreed. First meeting of project group to take place in September. Intention to have priorities agreed by 31/03/14 that will inform commissioning plans.	GREEN

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
Priority 3. Developing integrated, high quality social care and health services within the community or at home As a priority we will focus on: • Integrated approaches for health and well-being, including telehealth; • Integrated Care Pilot for frail older people as well as diabetes and mental health.						
3.1 Assist vulnerable people to secure and maintain their independence by developing extra care and supported housing as an alternative to residential and nursing care	Increase independent accommodation in line with housing support plan	LBH Officer Group/HIP	(a) Provide adaptations to homes to promote safe, independent living.	(a) 31/03/14	(a) To the end of July 2013: A total of 47 homes have had adaptations completed to enable disabled occupants to continue to live at home. This is made up of 25 Disabled Facilities Grants for owner/occupiers and private tenants, and 22 Council tenants. There are 161 Disable Facilities Grants which are in progress or about to start with 60 pending approval.	GREEN
			(b) Extend the TeleCareLine service to a further 750 people	(b) 31/03/14	(b) As at 31st July 2013, 2,251 new service users were in receipt of a TeleCareLine equipment service. The technology is helping people to live safely and independently at home. The take-up of TeleCareline is exceeding the target of 750 new service users set for each year of the scheme.	
			(c) Provide extra care and supported accommodation to reduce reliance on residential care	(c) 31/03/14	(c) Placements continue to be made into Triscott House and Cottesmore House for residents with extra care support needs to prevent the need for resident placements. On average 1 placement is made per month. The council continues to work with providers to develop additional supported living accommodation. This includes de-registering a number of existing care homes and remodelling these as supported living accommodation. Work has started on six schemes which will provide supported living accommodation for approximately 26 residents.	

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

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update	RAG
4. A positive experience of care As a priority we will focus on: • Tailored, personalised services; • An ongoing commitment to stakeholder engagement.						
4.1 Deliver personalised adult social care services through the Support, Choice and Independence programme.	Increase the number of people in receipt of a personal budget to give residents greater choice and control over the outcomes they consider to be important.	LBH	(a) Promote take up of personal social care budgets to provide greater choice and control	(a) 31/03/14	(a) A personal care budget gives people who need care and support a greater say on deciding their support arrangements to suit their own needs. As at 30 June 2013, 78% of social care clients (1,596 clients) were in receipt of a personal budget (based on services which are subject to a personal budget). The take-up of personal budgets is exceeding the national target of 70%.	GREEN
4.2 Ensure that local residents have opportunities to get involved in and have a say about services which improve health and wellbeing.		Task and Finish Group to review	(a) Establish the current requirements and arrangements for stakeholder engagement across health and the Council to support improvements in health and wellbeing (b) Make recommendations to the Health and Wellbeing Board to establish a co-ordinated plan of stakeholder engagement in Hillingdon for Health and Wellbeing	(a) 31/03/14 (b) 31/03/14	(a) On track. A group has been established to review and co-ordinate stakeholder engagement across health and social care. The leads for engagement across health and social care are meeting regularly and will develop recommendations for consideration. (b) On track – recommendations will be presented to a meeting of the Board in the spring 2014.	GREEN

PUBLIC HEALTH ACTION PLAN 2013/2014

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

HEADLINE INFORMATION

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

RECOMMENDATION

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

Reasons for recommendation

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

Policy Overview Committee comments

None at this stage.

INFORMATION

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.

2. Under this approach, common activities such as finance, contracts, performance management and business support will be incorporated into existing Council services.

CORPORATE IMPLICATIONS

Corporate Finance

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

Legal

No specific legal implications arising from this report.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

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

BACKGROUND PAPERS

NIL.

(APPENDIX 1) **PUBLIC HEALTH ACTION PLAN 2013/2014**

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update
1. Integration of Public Health *(Post Transfer)*					
1.1 Ensure the delivery of mandatory and non-mandatory services is centred the Councils vision of putting residents first.	To deliver improved outcomes, including improved health	Jean Palmer Aileen Carlisle Matthew Kelly Sharon Daye/Nigel Dicker	1.1a Apply Council's contract management framework, incorporating category management for commissioning activities. 1.1b Undertake review of mandatory and non-mandatory services: ***Mandatory:*** ▪ National Child Measurement Programme; ▪ NHS Health Checks; ▪ Core Offer to Clinical Commissioning Groups (CCGs); ▪ Public Health responsibilities for Health Protection; ▪ Sexual Health. ***Non-mandatory*** ▪ School nursing (i.e. Healthy Child Programme for school age children) ▪ Local health improvement programmes to improve diet / nutrition, to promote ▪ physical activity and prevent / address obesity;	October 2013	1.1a Category management approach in place and work ongoing. Tendering process under consideration. 1.1b Full BID and category Reviews of services and service specifications, liabilities and commitments currently underway.

Objective	Key Task	Lead	Subtasks	Deadline for Subtask	Progress Update
			▪ Drug misuse and alcohol misuse services; ▪ Tobacco control including stop smoking services and prevention activity. 1.1c Recommendations to Cabinet for approval	TBC	
1.2 Integration of ring-fenced public health budget. (Note: Additional public health grant funding has been awarded over a 2 year period – 2013/14 & 2014/15)	To apply Council's robust approach to medium term financial forecasting, including value for money	Jean Palmer Aileen Carlisle Sharon Daye Nigel Dicker	1.2a To undertake an exercise to identify projects or schemes across Council's key service area that would support implementation of priorities identified in the JSNA across the 4 public health domains of: Domain 1: Improving the wider determinants of health; Domain 2: Health Improvement; Domain 3: Health Protection; Domain 4: Healthcare public health and preventing premature mortality.	Early July 2013	Exercise Undertaken

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

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

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

This page is intentionally left blank

CCG RECOVERY PLAN 2013-2016 MONITORING

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

1. HEADLINE INFORMATION

Summary	This report provides an update on Hillingdon CCG's progress with its Financial Recovery Plan for 2013-2016. The CCG's Financial Recovery Plan forms an integral part of its 2013/14 Operating Plan, as agreed by the Health and Wellbeing Board (HWB) at its February 2013 meeting and as approved by the Hillingdon CCG Governing Body at its May 2013 meeting. It also aligns closely with the Hillingdon CCG Out of Hospital Strategy. Current expectations are for the CCG to deliver the majority of its Recovery Plan targets by March 2014. However, there is a risk of underperformance of c £1.4 million (12% of the overall plan) based on current activity figures. A number of remedial actions are being put in place to seek to reduce this forecast under-performance and it is noted that data at this point in the year is subject to a number of caveats on accuracy.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	The Financial Recovery Plan reflects the position of Hillingdon CCG at the time of writing. Changes to funding streams and national policy impact on assumptions within the Financial Recovery Plan and the plan is being refreshed for 2014/15 to reflect these changes. These include for example the proposed integration funding transfer.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	All

2. RECOMMENDATION

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

3. INFORMATION

Supporting Information

3.1 CCG Recovery Plan 2013/14

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

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

- Unscheduled Care (£3 million)
- Planned Care (£3.7 million)
- Long Term Conditions (£0.4 million)
- Prescribing (£2.4 million)
- Mental Health & Community Services (£1.7 million)

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

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

- Clinically led and supported by GP commissioners;
- Informed by engagement with the public, patients and local authority;
- Robust and transparent in its process, and underpinned by a sound clinical evidence base; and
- Consistent with current and prospective patient choice.

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

3.2 Progress to date

As a result of the progress made on our financial plan, NHS England has agreed to remove four out of our five outstanding conditions on our authorisation as a CCG, with

the remaining condition related to finalisation and approval of the refreshed Financial Recovery Plan.

Several of our schemes are already in place, and delivering the expected level of savings – for example, the successful competitive tender for provision of an Urgent Care Centre at Hillingdon Hospitals (THH); negotiation of a new musculo-skeletal care pathway with THH; and continuation of the successful Rapid Response and Admissions Avoidance care-pathways, in partnership with LBH, CNWL and THH.

A number of our planned care schemes – relating to gynaecology, dermatology, urology, ENT, etc – have taken longer than expected to get underway, although progress with THH is now being made in developing these as a variation to our existing contract. These were planned to commence from September, but the delays in their start-dates (in some cases to October/November) have resulted in slippage of delivery of the overall financial target.

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

3.3 Hillingdon CCG Budgets and Financial Plan

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

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

4. FINANCIAL IMPLICATIONS

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

5. LEGAL IMPLICATIONS

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

6. BACKGROUND PAPERS

None.

This page is intentionally left blank

Local Scheme Name		1 Apr-13	2 May-13	3 Jun-13	4 Jul-13	5 Aug-13	6 Sep-13	7 Oct-13	8 Nov-13	9 Dec-13	10 Jan-14	11 Feb-14	12 Mar-14	Total
Intermediate Care - 1A - Scale up Rapid Response	PLAN	8,275	17,303	25,578	39,872	39,872	39,872	39,872	39,872	39,872	39,872	39,872	39,872	410,000
	ACTUAL	18,436	18,436											36,872
	VARIANCE	10,161	1,133											11,294
Intermediate Care - 1B - Increase scope of Rapid Response	PLAN	-	-	-	-	-	-	61,667	61,667	61,667	61,667	61,667	61,667	370,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
Excess Bed Days	PLAN	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	66,667	800,000
	ACTUAL	29,836	29,836											59,672
	VARIANCE	- 36,831	- 36,831										-	73,661
ICP Pilot - diabetes/older people/diabetes/COPD/HF	PLAN	21,935	32,903	43,871	45,242	45,242	45,242	45,242	45,242	45,242	46,613	46,613	46,613	510,000
	ACTUAL	18,436	18,436											36,872
	VARIANCE	- 3,500	- 14,467										-	17,967
Diabetes Pathway	PLAN	-	-	-	-	-	-	8,333	8,333	8,333	8,333	8,333	8,333	50,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
End of Life	PLAN	-	-	-	43,333	43,333	43,333	43,333	43,333	43,333	43,333	43,333	43,333	390,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
A & E to UCC procurement	PLAN	-	-	-	-	-	-	59,251	75,093	91,414	91,414	91,414	91,414	500,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
Gastro Pathway development	PLAN	-	-	-	-	-	-	5,866	7,263	9,218	9,218	9,218	9,218	50,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
Ophthalmology Pathway Re-design	PLAN	-	-	-	14,148	28,482	42,723	80,697	80,790	80,790	80,790	80,790	80,790	570,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
Gynaecology Pathway development	PLAN	-	-	-	-	-	-	16,831	33,366	49,961	66,614	66,614	66,614	300,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
Dermatology Pathway development	PLAN	-	-	-	-	-	-	17,100	22,545	27,922	34,144	34,144	34,144	170,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
Urology Pathway development	PLAN	-	-	-	-	-	-	-	-	4,698	9,368	12,967	12,967	40,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
General Surgery Pathway development	PLAN	-	-	-	-	-	-	-	-	-	9,925	9,925	10,150	30,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
ENT Pathway Development	PLAN	-	-	-	-	-	-	-	-	-	6,316	9,878	13,807	30,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
MSK Pathway development	PLAN	33,984	42,598	50,171	105,549	176,712	176,712	176,712	176,712	176,712	176,712	176,712	176,712	1,646,000
	ACTUAL	7,638	7,638											15,276
	VARIANCE	- 26,346	- 34,960										-	61,306
MSK Pathway development - Fixed	PLAN	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	69,000	828,000
	ACTUAL	69,000	69,000											138,000
	VARIANCE	-	-											-
Pulmonary Rehab	PLAN	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	100,000
	ACTUAL	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	100,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-

Local Scheme Name		1 Apr-13	2 May-13	3 Jun-13	4 Jul-13	5 Aug-13	6 Sep-13	7 Oct-13	8 Nov-13	9 Dec-13	10 Jan-14	11 Feb-14	12 Mar-14	Total
Cardiology Pathway development	PLAN	-	-	-	-	-	-	11,700	23,325	35,025	46,650	46,650	46,650	210,000
	ACTUAL	-	-											-
	VARIANCE	-	-											-
Community Services Programme	PLAN	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	510,000
	ACTUAL	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	42,500	510,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
Existing contract savings planned (MH)	PLAN	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	870,000
	ACTUAL	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	72,500	870,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
Lucentis Pricing Efficiency	PLAN	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	470,000
	ACTUAL	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	39,167	470,000
	VARIANCE	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicines Management	PLAN	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	1,980,000
	ACTUAL	35,667	35,667											71,333
	VARIANCE	- 129,333	- 129,333										-	258,667
Reprovision of CC Beds	PLAN	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	27,500	330,000
	ACTUAL	27,500	27,500											55,000
	VARIANCE	-	-											-
HILLINGDON Total	PLAN	554,861	583,471	610,287	738,810	824,308	838,549	1,057,271	1,108,207	1,164,853	1,221,636	1,228,796	1,232,951	11,164,000
	ACTUAL	369,013	369,013											738,025
	VARIANCE	- 185,849	- 214,458										-	400,307

UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

That the Board notes the progress being made towards the allocation and spend of S106 healthcare facilities contributions within the Borough.

3. UPDATE ON PROGRESS

Proposals for allocation

1. In the short time since the last report to the Health and Wellbeing Board in July, there is limited progress to report. However, a further meeting has been held between officers from the Council's Public Health Service, NHS Property Services and the Council's S106 Monitoring Officer to discuss the future process for allocating S106 health facilities contributions and to move identified schemes forward. A further progress meeting is due to be held on 12 September 2013.

2. At the meeting held in July, NHS Property Services confirmed the following:

- Three strategic hubs for expansion of out of hospital services have been agreed for development in the Borough. These are to be provided at the Hesa Health Centre in Hayes, Mount Vernon hospital in Northwood and a new health centre to be located at St Andrews Park, Uxbridge. It is intended that, where possible, any s106 contributions taken from new developments in the area of these hubs will be proposed to spend towards supporting their development.
- Where s106 contributions are not eligible to be allocated towards one of these schemes, NHS Property Services has developed a process that it considers to be fair and transparent and allows GP practices in the area to express an interest in spending these contributions towards eligible schemes. This process has been agreed with the London wide Medical Committee (LMC) and the first round of applications assessed by NHS Property Services. Approximately £300k of the available funding is expected to be signed off by NHS Property Services imminently. When the Council receives formal bids to release funds, each proposed scheme will need to be assessed and reported to the Leader and the Cabinet Member for Finance, Property and Business Services in order for the monies to be released.
- The contribution received from the redevelopment of the former RAF Eastcote Lime Grove, Ruislip (£184,653 held at H/15/205F) is not located in a hub area and will therefore be included as part of the proposed GP consultation process. This contribution must be allocated and spent towards an eligible scheme before the spend deadline of September 2014.

3. The Interim Director of Public Health and Deputy Director of Estates, NHS Property Services are due to meet in the week beginning 9 September 2013 to discuss joint working and agree public health priorities for spending S106 health facilities contributions in the Borough.

Hesa Health Centre expansion

4. Three S106 health contributions totalling £264,818 are currently allocated towards this scheme, the first of which is to be spent before January 2014. NHS Property Services has advised that the contract documents for the extension of the Hesa have now been drawn up. However, a new time frame and programme of works are still to be provided to the Council.

Proposed new Yiewsley Health Centre (former Yiewsley Pool site)

5. There are two S106 health contributions totalling £61,769 which are currently earmarked towards the proposed new health centre on the former Yiewsley Pool site, subject to a request for formal allocation. These contributions are to be spent by February/March 2014. The CCG and NHS Property Services have now confirmed their support for this scheme, subject to NHS England approving the updated costs of the project. The NHS England Board is due to consider this matter at a meeting on 9 September 2013. A further verbal update will be given at the meeting.

St Andrews Park

6. NHS Property Services has an obligation to inform VSM (the developer) in writing as to whether they still require a healthcare facility on site. This was due in August 2012. NHS Property Services has verbally confirmed that it will not be taking up the on site

healthcare facility required by the legal agreement to be delivered by the developer at St Andrews Park, as this will be too small for their purposes. Instead of this, a financial contribution of £624,507 will therefore be payable as stated within the S106 legal agreement. The developer (VSM) is keen in principle to provide a larger facility on site than that originally agreed. But this will require a new location on the site and will therefore need to be a commercial arrangement between the NHS and developer. Negotiations between the developer and NHS Property Services with regard to the size and type of facility required for the site is ongoing. However, to date this information has not been received. If this situation remains, VSM will have no obligation to provide a site within St Andrews Park and NHS Property Services may have a challenge to find another suitable site in the Uxbridge area.

FINANCIAL IMPLICATIONS

As reported in the first quarterly report there is £1,262k of Social Services, Health and Housing S106 contributions available. Of which £41k has been identified as a contribution for affordable housing. The remainder, £1,221k, is available to be utilised towards the provision of facilities for health. It is worth noting that £89k of the health contributions have no time limits attached to them.

The proposals for the allocations above can be summarised as follows:

Hesa Health Centre Hayes:

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

Proposed New Yiewsley Health Centre:

S106 Funding Reference	Scheme	Amount	Time Limit to Spend
H/5/161C	Fmr Honeywell Site, West Drayton	£51,118	Mar 2014
H/14/206C	111 – 117 High St, Yiewsley	£10,651	Feb 2014
Total		**£61,769**	

Not currently earmarked/allocated to a specific scheme

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

All of the above S106 contributions are at risk of being returned to the developers if they are not utilised by the dates stipulated above, whilst the contribution held at H/4/140H for £53k needs to be utilised within the next four months.

LEGAL IMPLICATIONS

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

This paper indicates that NHS Property Services and the LMC have formulated proposals to spend £300k of S106 monies on schemes put forward by GP practices. When the Council receives formal bids to release funds, each proposed scheme will need to be assessed and reported to the Leader and Cabinet Member for Finance, Property and Business Services in order for the monies to be released. As part of that process, the Council's Legal Services section will review the proposed scheme and the Section 106 agreement that secures the funding, to ensure that the Council has legal authority to spend the Section 106 monies on each proposed scheme

BACKGROUND PAPERS

NIL.

S256 AGREEMENT - FUNDING TRANSFER FROM NHS TO LONDON BOROUGH OF HILLINGDON

Relevant Board Members	Councillor Raymond Puddifoot Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report Author	Nigel Dicker
Papers with report	Appendix 1 - Section 256 Agreement: Funding Transfer from NHS to London Borough of Hillingdon

1. HEADLINE INFORMATION

Summary	This report seeks approval for the direction of travel in the S256 funding agreement signed off on 30 May 2013 by the Corporate Director of Social Care & Health and the Chief Operating Officer of the Hillingdon Clinical Commissioning Group.
Contribution to our plans and strategies	Health and Wellbeing Strategy
Financial Cost	£3.7m of funding in 2013/14 has been made available for the London Borough of Hillingdon with the objective of supporting social care where it benefits health.
Relevant Policy Overview Committees	Social Services, Housing and Public Health
Ward(s) affected	All

2.0 RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **notes that the S256 funding agreement was reviewed by the Shadow Health and Wellbeing Board on 19 February 2013 and then signed off on 30 May 2013 by the Corporate Director of Social Care & Health and the Chief Operating Officer of the Hillingdon Clinical Commissioning Group (HCCG); and**

2. **agrees the direction of travel set out within the S256 agreement at Appendix 1.**

3.0 INFORMATION

3.1 The Government made available, through the NHS Commissioning Board, funding of £3.7m for 2013/14 for the London Borough of Hillingdon with the objective of supporting social care, where it benefits health.

3.2 The S256 agreement to secure this funding was presented to the Shadow Public Health Board on 19 February 2013 and the proposed direction of travel and was reviewed and agreed.

3.3 The S256 agreement was signed by the Corporate Director of Social Care & Health and Chief Operating Officer of the Hillingdon Clinical Commissioning Group (CCG) on 30 May 2013.

3.4 The funding will be used to supplement existing funding previously received via the PCT, which has been used to develop an assistive technology known as the TeleCare Line Service, with reablement as a key part of this support, to contribute to the growing financial pressures in Social Care caused by demographic changes, to help people to leave hospital more quickly and to prevent unnecessary admissions to hospital.

3.5 The agreement is consistent with the priorities identified in the Joint Strategic Needs Assessment (JSNA) and existing commissioning plans.

3.5 Monitoring Arrangements

3.6 Council and Clinical Commissioning Group (CCG) officers will monitor and review progress with the proposed direction of travel, reporting to the Health and Wellbeing Board.

4.0 Corporate Implications

4.1 Corporate Finance can confirm that this funding of £3.7m was built into the London Borough of Hillingdon Social Care budget for 2013/14 to support a range of initiatives of benefit to both health and social care.

4.2 NHS England has been invoiced for £3.7m which will be paid in 3 instalments, none of which have yet been received. Full details of the use of the funding were submitted along with the invoice.

BACKGROUND PAPERS

NIL.

s256 Agreement for Approval

Reference number: Gateway 18568

Title of scheme: Funding Transfer from NHS to Social Care in 2013/14

How will the section 256 transfer secure more health gain than an equivalent expenditure of money on local government services?

1. The Government has made available through the NHS Commissioning Board funding of £3.7m for LBH with the objective of supporting social care where it benefits health. As a direct result of this announcement the LBH MTFF took this sum into account when formulating its budgets for 2013/14.
2. This money for 2013/14 will build on the equivalent money previously received via the PCT[1] which has been invested in developing a significantly enhanced assistive technology support service called TeleCareLine service (TCL) with Reablement a key part of this support; contribute to the demographic pressures relating to children transferring to adult services; Adult Social Care (ASC) demographic pressures; helping people to leave hospital more quickly, get settled back at home with the support they need, and prevent unnecessary admissions to hospital. Examples of these services were:
   - a More capacity for home care support, investment in equipment, adaptations and telecare.
   - b Investment in crisis response teams and other preventative services to avoid unnecessary admissions to hospital.
   - c Further investment in reablement and rehabilitation services and reduce the need for ongoing care.
   - d Additional short term residential places for respite and intermediate care.
   - e helping people to stay independent for as long as possible, for example through re-ablement, reducing the need for care;
   - f ensuring that people receive care and support in the most appropriate and cost effective way to meet their outcomes, for example through assistive technology and driving forward with personal budgets;
   - g maximising spend on frontline services, for example by reducing back office costs and making better use of the social care market.
3. This investment will support and encourage improved integrated working between LBH and our NHS partners. We know that thousands of people use both health and social care services and this continued investment will help to help people to make a full and active contribution to society by improving their quality of care and outcomes, and to the benefit of both organisations.

Description of scheme (In the case of revenue transfers, please specify the services for which money is being transferred).

4. This agreement is consistent with and compliments the JSNA and existing commissioning plans. The funding will support further joint working between health and social care to strengthen community based reablement services in order to support hospital discharge and reduce re-admissions. This will include:

[1] Gateways 15386 (4th January 2011) and Gateway 15434 (13th January 2011)

a Continue to build on the in-house reablement approach by LBH coupled with enabling the LBH TeleCareLine service to develop and to include TeleHealth also. (£700k)

b Adult Social Care demographic pressures (£2,000k)

c Establish a social work team at the Hospital to enable early engagement with families to enable discharge at the appropriate time with the right level of support and reassurance to the family. (£250k)

d Maintain the level of demand for community equipment without which this would need to be reduced to match the available budget. (£250k)

e To enable the development of an enhanced dementia service jointly with Health (CCG &CNWL) and voluntary sector partners to provide an integrated service for people with dementia and their family/carers. This will close a significant gap in current service provision as it will cater from diagnosis including those with early onset, by use of positive intervention strategies and provide information to family/carers to enable them to access support mechanisms, right through to end stage dementia. This initiative complements the proposals currently under consideration relating to the new Public Health responsibilities and transferred funding. The Dementia Resource Centre is one of a number of commissioning intentions that will assist in enabling people to remain independent in the community for longer, thus reducing the need for more institutional bed based forms of care such as residential or nursing care. Jointly with Health and other partners the resource centre will provide an integrated service for people with dementia and their family/carers. (£300k)

f Additional resources to:

i. complete the reviews of long term Adult Social Care residential and nursing cases with objective of moving to appropriate supported accommodation (£100k)

ii. support to enable full reviews to increase transfers to Personal Budgets of (£100k):

(i) In-House Homecare
(ii) Day Care
(iii) DP clients packages
(iv) P&V Homecare

5. As part of financial planning the Council is proposing to identify a total of £12.2m in 2013/14 for ASC services to reflect the demographic pressures faced by the department. This s256 agreement will contribute towards this total, ref 4b above. The tables 1 and 2 below illustrate these demographic pressures.

Table 1: Children Transfers from Education Special Needs Service

6. The table below indicates the reasons and numbers for those children who have transferred since April 2006 and the forward looking forecast to 2017. The difficulty in financially planning for these transfers is that the associated costs can range from less than £100 per week to in excess of £2,000 per week depending on the care package required. This itself can be significantly influenced by the wider support network available for the young person. In addition the age of transfer can range from 18 to 24 depending on individual circumstances, eg attending further education.

	06/ 07	07/ 08	08/ 09	09/ 10	10/ 11	11/ 12	Sub Total	12/ 13	13/ 14	14/ 15	15/ 16	16/ 17	Total
Low needs Learning Disability (LD)	0	1	1	0	0	0	2	1	1	0	1	0	5
Moderate needs LD	4	5	9	9	11	6	44	12	8	11	9	7	91
Severe needs (LD)	16	9	17	8	8	8	66	13	12	14	13	8	126
Autistic Spectrum Disorder	4	6	5	1	7	5	28	10	3	12	11	14	78
Behaviour, emotional & Social Difficulty	0	1	0	0	1	0	2	4	5	3	4	2	20
Physical Disability	7	5	4	1	0	3	20	6	3	1	0	2	32
Mental Health	2	1	0	0	0	0	3	0	0	0	1	0	4
Communication Needs	0	0	0	1	2	3	6	6	1	1	4	4	22
Total	**33**	**28**	**36**	**20**	**29**	**25**	**171**	**52**	**33**	**42**	**43**	**37**	**378**

7. In addition to this rising pressure in the system there is also a well established trend confirmed by national research showing that people with disabilities are living longer; and the number of live births per 1,000 with profound needs is also rising proportionately faster and surviving into adulthood. Taking all these factors together there is a need for LBH Adult Social Care services to transform to deliver more appropriate outcomes that are also efficient from the public purse perspective.

Table 2: Adult Social Care Demographic Pressures

Increase in Population aged 18 and over, projected to 2031 (% change from 2011 baseline in brackets)					
	2011	**2016**	**2021**	**2026**	**2031**
People aged 18-64	171,548	176,902 (3.1%)	177,464 (3.4%)	178,753 (4.2%)	178,964 (4.3%)
People aged 65-69	9,306	10,556 (13.4%)	9,967 (7.1%)	10,654 (14.5%)	11,843 (27.3%)
People aged 70-74	7,847	8,054 (2.6%)	9,070 (12.6%)	8,659 (-4.5%)	9,256 (6.9%)
People aged 75-79	6,625	6,482 (-2.1%)	6,671 (0.7%)	7,598 (14.7%)	7,278 (9.9%)
People aged 80-84	4,837	4,907 (1.5%)	4,932 (2.0%)	5,207 (7.6%)	5,957 (23.2%)
People aged 85 and over	4,957	5,325 (7.4%)	5,888 (18.8%)	6,695 (35.0%)	7,646 (54.2%)
Total population 65 and over	33,573	35,325 (5.2%)	36,529 (8.8%)	38,813 (15.6%)	41,981 (25.0%)

Data Source – GLA SHLAA projections (% increases are against 2011 figures)

8. The huge demographic pressures facing Adult Social Care budgets are well documented. Adult Social Care cost councils £16bn in 2008/9 - 5% more than the previous year despite efficiency savings of about £660 million[2].

9. We have reached a demographic tipping point, as these national figures indicate:

   a 300,000 more older people are expected to have potential care needs by 2014 and 1.4 million older people in the next 20 years.

[2] Data sourced from ADASS (L) - *Comprehensive Spending Review submission* – August 2010

b Over the course of their retirement, men aged 65 today have a 7 in 10 chance of needing some care before they die and women aged 65 have nearly a 9 in 10 chance.

c 70,000 more working age adults will have potential care needs by 2014 and 300,000 more over the next 20 years

d Analysis carried out by LG Futures for London Councils found that social care costs for younger adults could rise by 20 % between 2009/10 and 2016/17[3]

e According to the Census 2011 figures, there were 25,905 unpaid carers in Hillingdon this is a 12% increase when compared with the 2001 Census results.

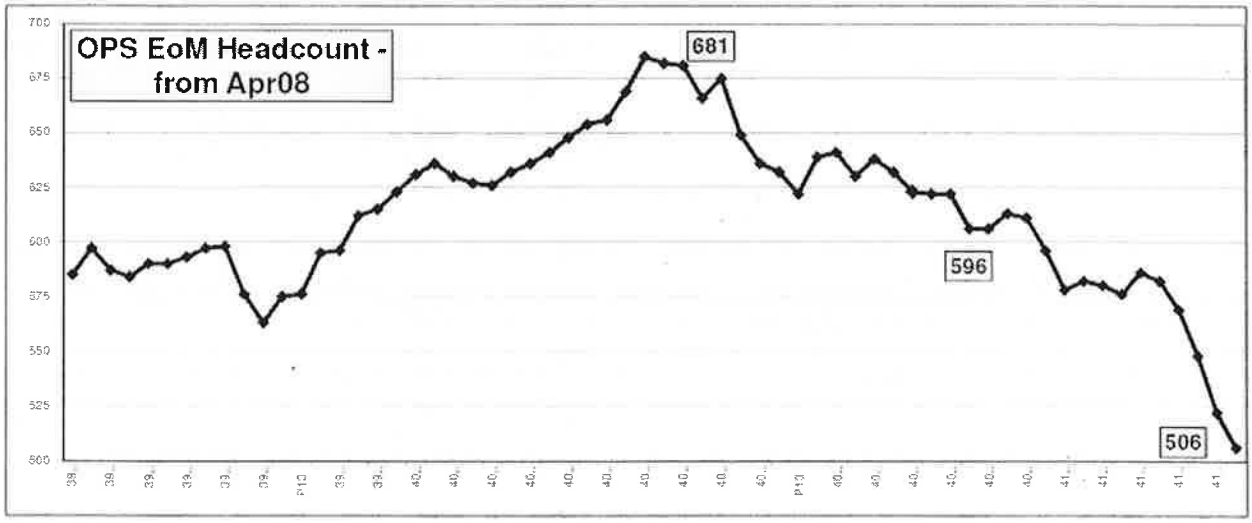
10. All of these changes are being reflected at a local level in Hillingdon[4], where the 2011 census shows that Hillingdon has a population of 273,936 of which approximately 35% of residents are aged over 65, and the number of residents aged over 85 is expected to increase by 7% by 2016. The 2011 census identified that there were 17,981 people in Hillingdon considered that their day to day activities were very limited.

11. Stroke is one of the main causes of disability and is concentrated in the older population. In 2010/11 (the last year for which validated data is available) 3,305 people were reported by GPs as living with stroke. This is projected to increase to 4,351 by 2015.

12. Dementia is primarily a condition faced by older people and the ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia is likely to increase by 17% to 3,041 in the eight years to 2020. 63% of the increase can be attributed to the over 85s, which is expected to grow by 23% within this period. People with learning disabilities are more susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 14.1% between 2012 and 2020[5].

13. The investment since April 2011 in Reablement, TeleCareLine and related community based services has enabled a sharp reduction in the number of older people living in a residential placement, see table 3 below.

Table 3: Number of Residential/Nursing placements at End of each Month (EoM)
(April 2008 to January 2013)



[3] Local Government Futures' study – *Social Care in London and England – Expenditure and Needs* – February 2010
[4] *Hillingdon Profile* – January 2010
[5] Source: POPPI (Projecting Older People Population Information System)

14. In the last 12 months LBH have opened two new extra care facilities enabling 97 residents to live in a supported environment. In Addition the council has embarked on a £44m capital investment programme that will enable a further 225 supported living units to be built as an alternative to a long term registered care placement. Phase 1 of this investment will shortly be submitted to the LBH Cabinet for approval which will enable 126 new purpose built units to be completed by 2015 at a capital cost of £27m.

15. Since April 2011 when this initiative was first launched and upto December 2012, 134 people are either no longer living in a registered placement or have been prevented from needing to do so at an annual saving to Adult Social Care of £2.9m. see table 4 below. This has been achieved by the use of new build such as the extra care described above; utilising registered providers and social landlords; and adaptation of general needs housing where appropriate.

Table 4: Adult Social Care Supported Living Summary

Adult Social Care Supported Living Summary						
Client Category	Saving Category	No. Clients	Net Cost Per Week (£)			Annual Net Saving
			Before	After	Saving	
Older People	Cashable	32	8,395.92	3,325.80	(5,070.12)	(264,355)
Physical Disability		15	15,792.77	9,189.67	(6,603.10)	(344,285)
Learning Disability		36	56,598.15	27,634.83	(28,963.32)	(1,510,147)
Mental Health		10	8,360.70	3,813.61	(4,547.09)	(237,085)
Total Cashable		**93**	**89,147.54**	**43,963.92**	**(45,183.63)**	**(2,355,874)**
Older People	Preventative	28	11,423.99	3,673.95	(7,750.04)	(404,087)
Physical Disability		3	2,792.99	2,203.01	(589.99)	(30,761)
Learning Disability		7	8,050.00	6,793.91	(1,256.09)	(65,492)
Mental Health		3	2,482.92	1,913.33	(569.59)	(29,698)
Total Preventative		**41**	**24,749.91**	**14,584.20**	**(10,165.70)**	**(530,039)**
Total Savings		**134**	**113,897.45**	**58,548.12**	**(55,349.33)**	**(2,885,914)**

Financial details (and timescales):

Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed)

Year(s)	Amount	Capital	Revenue
2013/14	£3,726,297	nil	£3,726,297

Please state the evidence you will use to indicate that the purposes described at questions 1 & 2 have been secured.

16. The key performance indicators to be used are:

1. increase in number of clients entering reablement when compared with same period last year
2. reduction in number of repeat hospital admissions
3. increase in number of people discharged from hospital still at home after 90 days.

4. further reduction in delayed transfers of care for both acute and non-acute services
5. % of clients who no longer require ASC support following reablement
6. % reduction of ASC support post reablement
7. % of Personal Budgets established for ASC clients following reablement
8. shift in balance between long term (ie permanent) and short term (eg respite / interim / intermediate etc) Adult Social Care residential / nursing placements
9. number of ASC high cost packages reviewed
10. number of (fye) District Nurses involved in reablement
11. increase in number of new TeleCareLine packages established when compared with the previous year
12. number of ASC clients relocated from residential care to community based support
13. % of high cost packages relocated to community based support
14. % of high cost packages reduced; and fye value of reduction

The proposed monitoring arrangements are as follows:

17. Officers from both LBH/CCG will work closely together as an operational management team to enhance existing services to deliver above outcomes. This will include a team based at the local hospital to support discharge planning and ensure the appropriate packages of care are in place.
18. A joint senior level LBH/CCG project team will be established to meet monthly to review progress and a report made to the Health & Wellbeing Board.

Signed ..... MOS .....
for NHS Commissioning Board

..... COO 30/5/13
Position Date

Signed .....
for London Borough of Hillingdon

..... 30/5/13
Position Date

DEVELOPMENT OF A MEMORANDUM OF UNDERSTANDING BETWEEN HILLNGDON CCG AND LB HILLINGDON

Relevant Board Members	Councillor Ray Puddifoot Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report Author	Kevin Byrne, Administration Directorate
Papers with report	Appendix 1 – Draft Memorandum of Understanding

1. HEADLINE INFORMATION

Summary	This report presents a draft Memorandum of Understanding between the Hillingdon CCG and Hillingdon Council and is presented to the Board to note.
Contribution to our plans and strategies	Taking forward work between the CCG and LBH is key to our Health and Wellbeing Strategy and each partner's commissioning strategies.
Financial Cost	There are no new financial implications arising directly from this report.
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Ward(s) affected	All

2. RECOMMENDATION

The Health and Wellbeing Board is asked to agree the draft Memorandum of Understanding.

Reasons for recommendation

To provide the Board with an opportunity to comment on the approach taken.

3. INFORMATION

The Council and the CCG have agreed to set out how they will work together on sharing PH advice through a Memorandum of Understanding (MoU). A draft of this MoU is attached at Appendix 1.

Under the Heath and Social Care Act 2012, local authorities are under a duty to provide specialist public health expertise and advice to NHS commissioners to support them in delivering their objectives to improve the health of their population. Under the Act, this is one of the five mandatory functions as is sometimes referred to as the "Core Offer" to the CCG.

The MoU helps to set out the "core Offer" will be delivered and to guide the partnership working and reciprocal arrangements between partners. It is brought to the Health and Wellbeing board for comment and the board is identified as the governing body for the MoU.

4. BACKGROUND PAPERS

NIL.

Appendix 1

DRAFT MEMORANDUM OF UNDERSTANDING
between
LONDON BOROUGH of HILLINGDON
and
HILLINGDON CLINICAL COMMISSIONING GROUP
2013/14

This document sets out the principles of how the London Borough of Hillingdon (the Council) and Hillingdon Clinical Commissioning Group (CCG) will work together to ensure improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and other services.

1. INTRODUCTION

The Health and Social Care Act (2012) (the Act) establishes new arrangements in England for health protection, health improvement and for commissioning health services. Section 12 of the Act transfers statutory responsibility for public health to Local Authorities.

1.1 Commissioning:

Clinical Commissioning Groups (CCGs) are the main local commissioners of NHS services and the Act gives them a duty to continuously improve the effectiveness, safety and quality of services. The Act also stipulates that, as part of their statutory responsibility for public health, Local Authorities are responsible for providing healthcare public health advice to CCGs, which includes supporting health commissioning. CCGs are also required to seek approval from their local Health and Wellbeing Board for their commissioning strategies.

1.2 Health Improvement:

The Act gives local authorities, such as the Council, statutory duties to improve the health of the population from April 2013. The CCG will also have a duty to secure improvement in health and to reduce health inequalities, utilising the role of health services. This will require joint action between the Council and the CCG along the entire care pathway from prevention to end of life.

1.3 Health Protection:

Under the Act, local authorities (LA) must appoint Directors of Public Health (DPH) who have local responsibilities in respect of health protection, in conjunction with Public Health England. These include preventing and responding to outbreaks of communicable disease, planning for and mitigating the effects of environmental hazards, and NHS resilience. The Act gives the CCG a duty to ensure that they are properly prepared to deal with relevant emergencies.

The Council has established arrangements for the discharge of its statutory public health functions, through integrating public health alongside existing functions and focussed on supporting its vision of

putting its residents first. The Council and the Clinical Commissioning Group (CCG) share the common aims of improving the health of the population and tackling health inequalities in the borough. Robust partnership working between the Council and CCG will be essential to achieve these.

2. PURPOSE

The purpose of this Memorandum of Understanding (MoU) is to establish a framework for relationships between the Council and the Clinical Commissioning Group (CCG), outlining the expectations and responsibilities of each party and the principles and ways of working. It will be accompanied by an agreed CCG-Council public health work-plan for each year.

It is agreed as follows:

2.1 Principles and Values

The Council and the CCG will

- Work in partnership to achieve agreed outcomes and ensure that a productive and constructive relationship continues to be developed and maintained
- Recognise and respect each other's roles in improving the health of the population
- Support each other in finding the most efficient ways to deliver project requirements.
- Be honest, constructive and communicative in all dealings with each other.
- Have reasonable expectations of each other, consistent with agreed arrangements.
- Use the content and terms of this MoU to help in resolving any conflicts that arise in the working relationship.
- Be responsive to each other's needs during the year, within the flexibility of a planned programme of work
- Owe each other a duty of confidentiality regarding business sensitive issues.

2.2 Objectives

The Council and the CCG will work together

- to deliver improvements in the health of the borough's population, through disease prevention, health protection and commissioning health services;
- to maintain performance information on national and locally agreed outcome measures and priorities;
- to ensure that local commissioning fully reflects the population perspective;
- to implement a mutually agreed joint work plan to meet the needs of residents and deliver commissioning and public health priorities for the local population.

2.3 Governance and Accountability

- The Hillingdon Health and Wellbeing Board will be the governing body for this agreement.

- The DPH or nominated representative will attend the Clinical Commissioning Group Governing Body, as a non-voting member, to provide public health advice, support and challenge to commissioning discussions and decision-making.
- The DPH or nominated representative may attend other CCG committees, if requested.
- CCG clinical directors, through the Health and Wellbeing Board, will provide clinical input to partnership strategies and priority setting.
- There will be one named public health consultant to act as the key relationship manager to the CCG.
- The CCG will designate a clinical director to be the lead for population health
- The work-plan will be developed by negotiation and be based on agreed priorities drawn from the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and healthcare commissioning plans.

3. POPULATION HEALTHCARE/ HEALTH SERVICES

This "core offer" to the CCG is defined and limited by the workplan, which is mutually agreed and consistent with the needs of the CCG and capacity and other public health priorities of the Council. It covers:

- Lead production of the joint strategic needs assessment (JSNA) and other supporting needs analysis.
- Lead the development of, and professional support for, the Health and Wellbeing Board (HWB) and Joint Health and Wellbeing Strategy.
- Provide specialist, objective public health advice to the CCG in its strategic, commissioning and decision-making processes.
- Assess the health needs of the local population, through use and interpretation of the data and other sources, and analysis of how the needs can best be met using evidence-based interventions.
- Support actions within the commissioning cycle to prioritise and reduce health inequalities and better meet the needs of vulnerable/ excluded communities, for example including use of health equity audit; health impact assessments, geo-demographic profiling, etc.
- Support the clinical effectiveness and quality functions of the CCG, including input into assessing the evidence in commissioning decisions, e.g. NICE or other national guidance, critical appraisal and evidence review.
- Support the CCG in its work in developing health care strategies, evidence based care pathways, service specifications and quality indicators to monitor and improve patient outcomes.
- Provide specialist advice to support QIPP which includes quality and efficiency drives and care pathway design.
- Provide specialist advice based on surveillance of epidemiological and demographic data regarding the health needs of the local population, to support Section 106 applications.
- Design monitoring and evaluation frameworks to assess services for the impact of commissioning policies; support collection and interpretation of the results
- Assist in the process for setting priorities or making decisions about best use of scarce resources, for example through decision-making frameworks, benchmarking/ 'comparative effectiveness' approaches linked to population need.

- Support the CCG in the achievement NHS Outcomes Framework indicators, particularly as regards action on Domain One – preventing people from dying prematurely, and in support of its contribution to the Public Health Outcomes Framework.
- Support the development of public health skills for CCG staff.
- Promote and facilitate joint working with the Council and wider partners to maximise health gain through integrated commissioning practice and service design.

The CCG will:

- Seek specialist public health advice to ensure that prioritisation and decision making processes are robust and based on population need, evidence of effectiveness and cost effectiveness.
- Work with the Council to develop its public health commissioning intentions in line with the Health and Wellbeing priorities, as informed by the JSNA.
- Utilise specialist public health skills to identify and understand high risk and/or under-served populations in order to target services at greatest population need and towards a reduction of health inequalities
- Utilise specialist public health skills to support development of its commissioning strategies, pathways and service improvement plans
- Contribute intelligence and capacity to the production of the JSNA, including through data-sharing agreements
- Ensure necessary arrangements are in place to enable the Council to deliver the core public health offer and facilitate joint working, including sponsorship arrangements for NHS mail and Athens, accommodation/hot-desking, etc.
- Mediate an agreement between the Council and the Commissioning Support Service to ensure clear communication and full access to required NHS data for the delivery of the Council's public health functions

4. HEALTH IMPROVEMENT

The Council will:

- Support primary care to deliver health improvements (appropriate to its provider healthcare responsibilities) e.g. by offering training opportunities for staff and through targeted health behaviour change programmes and services
- Commission health improvement services with the intention of supporting the CCG in its role of improving health and addressing health inequalities
- Lead health improvement partnership working between the CCG, local partners and residents, to integrate and optimise local efforts for health improvement and disease prevention
- Embed health improvement programmes, such as stop smoking services, into front-line clinical services, with the aim of improving outcomes for patients and reducing demand.
- Maintain and refresh metrics, as necessary, to allow the progress and outcomes of preventive measures to be monitored, particularly as they relate to delivery of key NHS and Council strategies and Public Health commissioned services that impact on health commissioning e.g. drugs and alcohol and obesity.

The CCG will:

- Contribute to strategies and action plans to improve health and reduce health inequalities
- Encourage constituent practices to maximise their contribution to disease prevention – e.g. by taking every opportunity to encourage uptake of screening opportunities
- Encourage constituent practices to maximise their contribution to health improvement – e.g. by taking every opportunity to address smoking, alcohol, and obesity in their patients and by optimising management of long term conditions
- Ensure primary and secondary prevention are included within all commissioned pathways
- Commission to reduce health inequalities and inequity of access to services
- Support and contribute to locally driven public health campaigns

5. HEALTH PROTECTION

The Council will:

- Assure that local strategic plans are in place for responding to the full range of potential emergencies – e.g. pandemic flu or major incidents.
- Assure that the CCG has access to these plans and an opportunity to be involved in any exercises.
- Cascade advice from Public Health England to the clinical community and any other necessary route on health protection and infection control issues
- Keep the CCG and other local partners apprised of local and national health protection arrangements as details are made available by Public Health England

The CCG will:

- Ensure Public Health consultants and analysts have access health care data (ie. SUS, HES and GP data) to facilitate effective delivery of public health programmes and responsibilities related to healthcare public health (eg. Pathway design, service evaluation and redesign) and prevention programmes (eg. Health Checks, Smoking Cessation, Chlamydia Screening), within current Information Governance rules.
- Familiarise themselves with strategic plans for responding to emergencies
- Participate in emergency planning exercises when requested to do so
- Ensure that provider contracts include appropriate business continuity arrangements
- Ensure that constituent practices have business continuity plans in place to cover action in the event of the most likely emergencies
- Ensure that providers have and test business continuity plans and emergency response plans covering a range of contingencies
- Assist with co-ordination of the response to emergencies, through local command and control arrangements
- Encourage constituent practices to maximise their contribution to health protection, e.g. by taking every opportunity to promote the uptake of and providing immunisations

6. PERFORMANCE

- The Council and the CCG will work together to deliver their public health outcomes
- The Council will support the CCG in achievement of non-public health outcome indicators, where possible.
- The CCG will support achievement of PH outcome indicators, where possible, through support and challenge to member practices, as well as through commissioning health services.
- The CCG and the Council will co-operate on achieving performance outcomes in the NHS and the Public Health Outcomes Frameworks
- The work-plan will include agreed key performance indicators for each work-stream/project by which progress will be monitored and both parties held to account.

7. TERM

This agreement commences on the date signed by both parties and will continue until 31st March 2016 and reviewed annually.

Signature:	Signature:
Name: Dr Ian Goodman	Name: Cllr Philip Corthorne
Position: Hillingdon CCG Chairman	Position: Cabinet Member, Social Services, Health and Housing
Organisation: Hillingdon Clinical Commissioning Group	Organisation: London Borough of Hillingdon
Date:	Date:

BOARD PLANNER & FUTURE AGENDA ITEMS

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATIONS

That the Board consider and provide input on the Board Planner set out in Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

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

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

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued

after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Chairman.

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

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

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

Board meeting dates

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

- 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

BOARD PLANNER

31 Oct 2013 2.30 pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Implementation of Joint Health and Wellbeing Strategy – Action Plan 2013/2014 (SI)	LBH	**Report deadline:** 16 October 2013 **Agenda Published:** 23 October 2013
	CCG Recovery Plan 2013-2016 Monitoring (SI)	CCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	S106 Health Contributions Update (SI)	LBH	
	Draft Commissioning Intentions 2014/2015	CCG	

5 Dec 2013 2.30 pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Implementation of Joint Health and Wellbeing Strategy – Action Plan 2013/2014 (SI)	LBH	**Report deadline:** 20 November 2013 **Agenda Published:** 27 November 2013
	CCG Recovery Plan 2013-2016 Monitoring (SI)	CCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	S106 Health Contributions Update (SI)	LBH	

6 Feb 2014 2.30 pm Committee Room 5	**Business / Reports**	**Lead**	**Timings**
	Implementation of Joint Health and Wellbeing Strategy – Action Plan 2013/2014 (SI)	LBH	**Report deadline:** 22 January 2014 **Agenda Published:** 29 January 2014
	CCG Recovery Plan 2013-2016 Monitoring (SI)	CCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	S106 Health Contributions Update (SI)	LBH	
	CCG Operating Plan Annual Report	CCG	
	Review of the Board's Terms of Reference	LBH	

* SI = Standard Item

Other possible business of the Board:

1. Joint Strategic Needs Assessment (JSNA); and
2. Use of Integration Fund (CCG)