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Health and Wellbeing Board

Date: **TUESDAY, 23 SEPTEMBER 2014**

Time: **2.30 PM**

Venue:

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

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

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

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

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Putting our residents first

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Agenda

CHAIRMAN'S ANNOUNCEMENTS

Health and Wellbeing Board Reports - Part I (Public)

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)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

22 July 2014

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

	Statutory Board Members Present: Councillor Ray Puddifoot (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Douglas Mills Councillor David Simmonds Dr Ian Goodman – Hillingdon Clinical Commissioning Group Jeff Maslen – Healthwatch Hillingdon **Statutory Board Members:** Sharon Daye – Statutory Director of Public Health Tony Zaman – Statutory Director of Adult Social Services Tom Murphy – Statutory Director of Children's Services (substitute) **Co-opted Members Present**: Jean Palmer – LBH Deputy Chief Executive and Corporate Director of Residents Services Nigel Dicker – LBH Deputy Director: Public Safety & Environment Roby Doran – Central and North West London NHS Foundation Trust Dr Kuldhir Johal – Hillingdon Clinical Commissioning Group (Clinician) (substitute) Rob Larkman – Hillingdon Clinical Commissioning Group (Officer) Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute) **LBH Officers Present:** Kevin Byrne, Sarah White and Nikki O'Halloran **LBH Councillors Present:** Councillor Beulah East **Press & Public:** 1 public
1.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows and Scott Seaman-Digby, Mr Robert Bell (Mr Nick Hunt was present as his substitute) and Ms Merlin Joseph (Mr Tom Murphy was present as her substitute).
2.	**TO APPROVE THE MINUTES OF THE MEETING ON 1 APRIL 2014** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 1 April 2014 be agreed as a correct record.**

3.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* This was confirmed.
4.	**REVIEW OF THE BOARD'S MEMBERSHIP AND TERMS OF REFERENCE** *(Agenda Item 5)* Consideration was given to the Board's membership and terms of reference. It was noted that the membership of the Board was, to a large extent, at the discretion of the Council. Although the CCG suggested amendments to the Board's composition, the Chairman advised that, for the time being, the Board membership and voting rights would not be changed. It was noted that many larger Health and Wellbeing Boards with more voting members had been experiencing difficulties in terms of losing focus and failing to take decisions. **RESOLVED: That the Health and Wellbeing Board:** **1. agrees the appointment of the following representatives to Board vacancies:** **a. Mr James Reid - The Hillingdon Hospitals NHS Foundation Trust - Substitute Non-Voting Co-opted representative** **b. Dr Reva Gudi - Hillingdon Clinical Commissioning Group - Non-Voting Co-opted (clinician) representative** **2. recommends the following replacement substitute member to Council for ratification:** **a. Mr John Higgins - Statutory Director of Adult Social Services (Substitute)**
5.	**JOINT HEALTH & WELLBEING STRATEGY ACTION PLAN UPDATE 2013/2014** *(Agenda Item 6)* The Board was advised that this would be the last time that this report would be included on the agenda in this format. In future, a single update report combining progress on the Health and Wellbeing Strategy, the Better Care Fund Plan and the Public Health Action Plan would be included on the agenda. It was noted that there had been significant progress with regard to re-ablement and helping individuals to live independently which had resulted in the target being exceeded. 68% of people receiving intensive re-ablement now no longer required ongoing support or care. The Board was advised that the remaining targets were all on track. Board members also noted that Cabinet, at its meeting on 24 July 2014, would consider a report in relation to the Carer Support Service and Young Carers Project. Concern was expressed that, although the report format had improved with regard to processes and actions, improvements were still required in relation to patient experience. It was suggested that addressing this issue would be a challenge as well as an opportunity to identify where the service provision was most needed. Consideration had been given to reviewing the CAMHS service and associated care pathways. However, the work with regard to health issues was no longer on track. As the changes to the care pathway were unclear, it was agreed that this would be addressed in the update report considered by the Board at its next meeting.

	RESOLVED: The Health and Wellbeing Board: **1. notes the report;** **2. agrees to bring together into one update report for the next meeting of the Board progress on the Health and Wellbeing Strategy, the Better Care Fund Plan and the Public Health Action Plan; and** **3. notes the update on the review of the CAMHS service and the associated care pathways.**
6.	**PUBLIC HEALTH ACTION PLAN 2014/2015** *(Agenda Item 7)* The Board was advised that progress continued to be made in relation to public health services such as school nursing and sexual health. It was noted that the procedure to appoint to the substantive Director of Public Health post was also underway. Following the CNWL Quality Account that was recently presented to and commented on by the Council's External Services Scrutiny Committee, it was queried as to whether any detailed review work into the provision of any Adult Mental Health Services commissioned by the CCG was due to be carried out. Dr Johal advised that the CCG would provide this information before the next Board meeting. With regard to the CCG's commissioning intentions for the next year, it was suggested that further work be undertaken with the Public Health team to ensure a more joined up approach. **RESOLVED: That the Board:** **1. note the report and Action Plan; and** **2. the CCG provide the Board with information in relation to a review of the provision of Adult Mental Health Services.** [*The CCG provided the following information after the meeting: The CQC has been carrying out a review and the Trust is issuing updates on that process. Locally, the CCG has planned a review of mental health services that is expected to commence towards the end of August dependent on its ability to recruit appropriately skilled short term support to carry out the review. This is part of a programme of reviews being carried out on behalf of the HCCG Quality Clinical Risk and Safety Committee (QCRSC) that is intended to give a deeper understanding of the quality of services it commissions across a range of areas. It is hoped that these reviews will also be useful to the providers. The Council Public Health team has been involved in early discussions about the planned mental health review. The review is expected to be reported to the QCRSC on 17 October 2014.*]
7.	**HEALTHWATCH HILLINGDON UPDATE** *(Agenda Item 8)* Healthwatch Hillingdon had published its first Annual Report. During its first year of operation, Healthwatch had gathered information by listening to the views, stories and experiences of residents. The organisation had undertaken significant community engagement, hospital site visits and promotional events and developed its website, Twitter and Facebook profiles. The Board was advised that Healthwatch had had direct contact with approximately 71,000 people in the last year. The data gleaned from this contact had been refined, validated and evidenced and had helped to identify perceived shortfalls in service provision in the Borough. As a result, Healthwatch had built strong relations with local providers and commissioners and had instigated changes such as improvements to

	A&E procedures, improved hospital signage, changes to the knee replacement policy and general communication improvements. The organisation looked forward to building on this sound start during 2014/2015. Insofar as raising Healthwatch's profile was concerned, it was suggested that the organisation liaise with the Council's Communications Team to look at including further information in the authority's Hillingdon People publication. It was anticipated that this would help to raise residents' awareness of Healthwatch. It was acknowledged that the Better Care Fund was a significant issue currently being looked at by Healthwatch. Although the organisation was finding the issue frustrating, this was more a reflection on the difficulty of the issues than on organisational barriers. During its first twelve months, the majority of feedback received from residents had been in relation to parking at hospitals (capacity and tariffs); many residents were unsure how long they were going to be waiting in the hospital to be able to accurately estimate how much they needed to pay in the pay and display car park. As this was seen to be more of a problem at Hillingdon Hospital, the Trust had developed a strategy to address capacity issues in the first instance (a planning application had been submitted to the Council to build a single storey extension to the car park) and then look at the tariffs once the capacity issues had been resolved. **RESOLVED: That the Health and Wellbeing Board notes the report.**
8.	**UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS** *(Agenda Item 9)* It was noted that the Yiewsley Health Centre development was progressing and it was anticipated that building would start in the near future. The St Andrew's Park development had faltered and the developer would now be paying a healthcare contribution rather than being required to provide an onsite healthcare facility. Although there was no obligation on the developer to do so, the Council would try to continue discussions to see if it was possible to identify a larger piece of land on the St Andrew's Park site. Concern was expressed regarding arrangements that were put in place to meet the ongoing revenue costs of new healthcare facilities. It was noted that negotiations with NHS England (NHSE) and NHS Property Services could sometimes be difficult and that the regularising of relationships was a common issue that held up developments (as was currently happening with regard to the Out of Hospital Strategy). Clarity was sought with regard to the closure of the walk-in service at the Hesa Centre in Hayes. It was noted that the Hesa Centre would become the hub for the south of the Borough and it was anticipated that the services provided from the Centre would form part of the Out of Hospital Strategy. The CCG advised that, although it had developed a comprehensive communications plan and had liaised with the local MP and the Council, no contact had yet been made with the Ward Councillors. It was suggested that it would be beneficial for these Councillors to be involved in any communication, given that they had very close contact with residents and could help to avoid any misinterpretation of the proposals. The contract for the walk-in facility at the Hesa Centre was due to end on 30 September 2014 and, following consultation and usage data analysis, the CCG proposed to withdraw this service once the contract had expired. The Urgent Care

	Centre (UCC) at Hillingdon Hospital was open 24/7/365 and would be expected to pick up any urgent care needs that were not emergencies. It was anticipated that this would equate to approximately 5 additional patients being seen by the UCC each day (that would previously have been seen at the walk-in centre). A decision would be made on the future of the walk-in service at the CCG Governing Body meeting on Friday 25 July 2014. In the meantime, NHSE was in the process of negotiating the GP contract at the Hesa Centre and was looking to extend the practice opening hours to cover 7 days. In terms of demography, the CCG advised that health inequalities were changing so quickly in the Borough that it was difficult to reflect this information accurately in its five year plan. However, the CCG would continue to work with the Council to develop the plan and to review the Joint Strategic Needs Assessment. It was suggested that a health page be included in the Council's Hillingdon People publication as a regular feature and on the Council website. This could then be used to ensure that residents were aware of any upcoming or current consultations. Furthermore, it was suggested that consideration be given in the future to using any unspent s106 monies to support the provision of pharmacy services. **RESOLVED: That the Health and Wellbeing Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.**
9.	**PHARMACEUTICAL NEEDS ASSESSMENT** *(Agenda Item 10)* The Board was advised that there was a requirement to publish a Pharmaceutical Needs Assessment (PNA) by 1 April 2015. The report set out a proposed timetable of actions to ensure that this requirement was met. Concern was expressed that access to more uncommon medication was sometimes limited (or unachievable) outside of usual pharmacy opening hours. The Board was advised that pharmacists would have an important role to play in the CCG's proposed three hub model that would be implemented across the Borough. It was suggested that this issue would need to be addressed as part of the PNA. **RESOLVED: That the Health and Wellbeing Board notes:** **1. the requirement to prepare and publish a pharmaceutical needs assessment (PNA) for Hillingdon by 1 April 2015; and** **2. the timetable to review Hillingdon's PNA with a consultation draft coming to the next Board for approval prior to commencing the statutory minimum 60 day consultation.**
10.	**BETTER CARE FUND: HILLINGDON IMPLEMENTATION PLAN** *(Agenda Item 11)* It was noted that new arrangements for performance and risk sharing were being introduced. This included a new requirement for a local target on reducing emergency admissions to hospital which would now form the sole indicator for performance payment under the Better Care Fund (BCF). This 3.5% suggested reduction, if not achieved, could have significant ramifications for health partners in that the reward element would not become due. Although the BCF plan had been submitted, further guidance was now expected

	requiring a revised plan to be submitted after the summer using a new template. However, it was encouraging to note that partnership working was already delivering improvements to early supported discharge and had identified gaps in service provision with regard to seven day working. It was suggested that care be taken to ensure that work as an early adopter on Hillingdon's Whole Systems Integrated Care did not detract from or hinder progress on the BCF. In the meantime, it was agreed that effort would be made to ensure that the s75 arrangements were in place by the Board's next meeting on 23 September 2014 to formally monitor the financial arrangements and delivery of the BCF outcomes. **RESOLVED: The Health and Wellbeing Board notes:** **1. the progress on workstreams for the Better Care Fund; and** **2. that the section 256 money for 2014/15 has been agreed between LBH and HCCG, thereby enabling this money to drawn down from NHS England.**
11.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 12)* It was agreed that, in future, a single update report combining progress on the Health and Wellbeing Strategy, the Better Care Fund Plan and the Public Health Action Plan would be considered at each Board meeting. Furthermore, rather than submitting several reports, the CCG would provide an update report at each meeting which would include information in relation to the organisation's financial recovery plan. The CCG's commissioning intentions would be published for consultation during October 2014 and would need to be considered by the Health and Wellbeing Board. Although it was noted that the Board's meeting on 11 December 2014 would be too late, the CCG would need to establish whether or not it would be able to adjust its timetable and draft the document in time for inclusion on the agenda for the Board's meeting on 23 September 2014. If it was not possible to meet this deadline, consideration could be given to moving the Board's next meeting to a later date. The Board Planner report would be included as the last item on all future Board agendas. **RESOLVED: That the Board Planner, as amended above, be noted.**
12.	**PROTOCOL FOR THE HEALTH AND WELLBEING BOARD AND HILLINGDON SAFEGUARDING BOARDS** *(Agenda Item 13)* It was anticipated that the introduction of a protocol between the Health and Wellbeing Board, the Local Safeguarding Children Board (LSCB) and the Safeguarding Adults Partnership Board (SAPB) would go some way to improving communication. The Board was advised that similar protocols had been successfully adopted elsewhere. **RESOLVED: That the Board agrees the protocol between the Hillingdon Health and Wellbeing Board and the Hillingdon Local Safeguarding Children Board (LSC) and the Safeguarding Adults Partnership Board (SAPB).**
13.	**HILLINGDON CCG UPDATE** *(Agenda Item 14)* It was noted that the report included information outlining the key organisational changes that had been planned. These changes included integrated care, the development of the Out of Hospital Strategy and 7 day working.

The Board was advised that the CCG's Recovery Plan would enable the organisation to deliver £5m of improvements on its projected deficit and that it was expected to break even this year. It was thought that this would be enabled, in part, by the financial strategy agreed for the eight North West London (NWL) CCGs which effectively provided a level financial playing field. This strategy meant that Hillingdon had been able to put a programme of investment in place. Furthermore, the CCG was congratulated for securing funding from the Prime Minister's Challenge Fund which was being used to establish the infrastructure for networks of GPs. It was anticipated that these networks would help GPs in the move towards the provision of weekend access.

It was noted that the integration of health and social care was deemed to be a priority in Hillingdon. As such, the CCG had become an early adopter for the Whole Systems Integrated Care Pioneer Project which the organisation believed was complementary to the BCF work (focussing on the frail and elderly). Concern was expressed that this Project was being piloted across two cohorts which were both from the north of the Borough (as the area comprised an older population), involving a total of 1,000 patients and starting in October 2014.

Although it was anticipated that the model would be rolled out to the rest of the Borough in 2015, it was suggested that the pilot would have been more representative of the Borough's diverse population if one cohort had been from the south (where the health needs of residents tended to be greater and more complex) and the other from the north of the Borough. It was noted that, had the Board been consulted in advance, it would not have supported the selection of two cohorts from the north as this would not give a complete picture of the issues faced by residents.

Insofar as the savings figures included in the report were concerned, it was noted that the numbers did not make complete sense. It was suggested that the CCG give further consideration to improving the presentation of this data so that the financial picture presented to the Board was as clear as possible. The Board was aware that reporting on the CCG's financial situation was not straight forward as it could take time for the organisation to become aware of costs that had been incurred (for example, if a resident registered in Hillingdon received treatment in Suffolk, it may take time for this cost to be recharged to the appropriate CCG). Furthermore, the process of producing budgetary updates was quite long winded as the CCG's 'first cut' figures were produced each month but then needed to be examined by NHSE.

To help resolve some of the financial reporting issues experienced by the CCG, consideration was currently being given to the implementation of a new IT system in the next year. It was anticipated that this system would prove to be a useful tool (although it would take a year before the positive impact was felt) as it included the ability to integrate social care budgetary information.

The Board was advised that the QIPP programme savings for 2014/15 had been set at £10.3m and would be monitored through the CCG's Programme Monitoring Office function. To provide the CCG with a cushion, it was looking to identify an additional £2m of QIPP savings. The CCG was asked to provide a quarterly update to the Board on the progress of achieving the QIPP programme savings.

It was noted that, for the first time ever, it had been officially acknowledged that health services in Hillingdon had historically been chronically underfunded. However, despite this acknowledgement, the funding levels had still not been addressed and corrected and, as such, the Borough was still £15m underfunded.

	RESOLVED: That the Health and Wellbeing Board notes the report.
14.	**HILLINGDON CCG 5 YEAR STRATEGIC PLAN** *(Agenda Item 15)* The CCG was required to produce a five year plan with the other NWL CCGs which therefore covered a wider footprint as required by NHSE. This collaboration also benefitted Hillingdon in terms of an injection of funds totalling approximately £13m in 2014/2015. Additional funds had been allocated to improvements at Hillingdon Hospital as part of the *Shaping a healthier future* programme to ensure that it was able to fulfil its designation as a major acute hospital. However, concern was expressed that very little of the information contained within the five year plan actually related to Hillingdon and, as such, the document was of little use to the Board. Furthermore, although the CCG was now consulting the Board on the plan, it was suggested that the content of the plan should be discussed before it was presented to the Health and Wellbeing Board and that the Council's Director of Adult Social Care should be involved in its formulation. It was noted that a fair amount of consultation had been undertaken with patients in Hillingdon. With regard to the Hillingdon summary document appended to the report, it was suggested that this was merely a wish list and that further (more detailed) information needed to be included regarding the effect on local partners. The unintended consequences needed to be addressed as part of the planning process as well the implications for Hillingdon. Although it was acknowledged that the CCG had drafted the document in a format that would receive NHSE approval, it was generally not deemed to be fit for Hillingdon's purpose in terms of identifying what was achievable locally. Whilst the Council had not been included in (or consulted during) the formation of the five year plan, the CCG had engaged with THH who believed that the Plan was underpinned by a sound financial strategy. Furthermore, the CCG advised that it would liaise with partners about specific issues as they arose. In health terms, five years was deemed to be a long time. As such, it was anticipated that the 5 Year Strategic Plan would have to adapt to respond to changing NHS influences and direction. It was likely that there would be further changes to the Plan following the general election in May 2015. However, the CCG advised that it was currently only a draft document which was being consulted on and that it would be 'Hillingdonised' as time progressed. **RESOLVED: Whilst noting the significant effort of Hillingdon GPs in producing the North West London 5 Year Strategy, the Health and Wellbeing Board did not find the Strategic Plan acceptable as a document providing the necessary detail for Hillingdon residents or the impact on partners.**
15.	**OPERATING PLAN MEDICATION ERROR REPORTING** *(Agenda Item 16)* Consideration was given to the medication incident reporting rates. It was noted that effort was being made by THH to increase its rate for reporting medication related incidents (as it was currently 3.9% below that of comparable organisations) and CNWL was looking to reduce its rates (as it was currently reporting at a rate of 1.7% above that of comparable organisations). There was an anomaly in that guidance provided by NHSE suggested that reporting figures should be high but this would imply poor

	performance. It was noted that THH had been highly commended by CQC for its performance. **RESOLVED: The Health and Wellbeing Board notes the targets set for improvement within THH and CNWL for reporting Medication Incidents.**
	The meeting, which commenced at 2.30 pm, closed at 3.56 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.

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JOINT HEALTH & WELLBEING STRATEGY 2014-16

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

1. HEADLINE INFORMATION

Summary	This report presents a proposal for a refresh of Hillingdon's Health and Wellbeing Strategy Action Plan objectives for 2014-16, integrating activity from the Better Care Fund Plan and Public Health Action Plan. The Board is asked to consider the proposal and next steps.
Contribution to plans and strategies	This paper helps the Board to consider the future priorities required in Hillingdon's Health and Wellbeing Strategy in a more holistic way.
Financial Cost	There are no direct financial implications arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **agree the approach to refresh Hillingdon's Health and Wellbeing Strategy action plan objectives for the years 2014-16, and instruct officers and partners to work together to complete a refreshed action plan which integrates the work of the Better Care Fund Plan, Public Health activity and new requirements of the Care Act 2014.**
2. **agree that a refreshed action plan is presented to the next Board meeting in December 2014.**

3. INFORMATION

Supporting Information

3.1 At its meeting on 22 July 2014, the Health and Wellbeing Board agreed to further work to bring together reporting information for the Joint Health and Wellbeing Strategy, the Public Health Action Plan and the Better Care Fund (BCF) plan.

3.2 Further guidance on the BCF was issued on 25 July and 18 August which has required a full review of the Better Care Fund Plan.

3.3 This paper, therefore, presents an approach to integrating the existing strategic commitments within the Joint Health and Wellbeing Strategy with emerging requirements of the Better Care Fund together with new objectives in relation to duties under the Care Act 2014.

3.4 The current Health and Wellbeing Strategy was approved by the shadow Board in 2013. The strategy is based on a set of principles including preventing illness and disease, helping people live independently and making the best use of financial resources. Whilst, the information contained within the plan remains current there have been a number of subsequent developments which should be reflected in the actions.

3.5 The priority needs for residents of Hillingdon, as identified in the Joint Strategic Needs Assessment and on which the strategy focuses are:

- Children engaged in risky behavior
- Dementia
- Physical activity
- Obesity
- Adult and Child Mental Health
- Type 2 diabetes
- Increasing child population and Maternity Services
- Older People including sight loss
- Dental Health

3.6 From these needs, a set of 4 priorities are identified in the current strategy:

- Priority 1 - Improving Health and Wellbeing and reducing inequalities
- Priority 2 - Invest in Prevention and Early Intervention
- Priority 3 - Developing integrated, high quality Social Care and Health services within the community or at home
- Priority 4 - Creating a positive experience of care

3.7 The priorities are generally felt to continue to be relevant to Hillingdon. The following tables list the current objectives in the Action Plan together some areas for further work. The proposal is to refresh these objectives to ensure they identify strategic activity, based on needs assessments, that is relevant and appropriate for the coming two years (to 2016). Given the close relationship between Hillingdon's Health and Wellbeing strategy and the priorities agreed in the BCF, it is proposed to use the existing core officer group to review the updated objectives, ensure all partner contributions are recognised against the priorities and to ensure that the plan is measurable. The draft will also be discussed with the BCF delivery group including partners before coming back to the board for agreement in December.

Priority 1 – Improving health and wellbeing and reducing inequalities

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

Objective	Proposed change
NEW: Protect Resident's Health 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 2. NEW: Increase the confidence and participation of parents/women to have healthy babies 3. NEW: Deliver a mental wellness and resilience programme 4. NEW: Deliver a smoking cessation service including supporting the further roll out of Smoke Free Homes in Hillingdon	1. Replace with: To raise awareness of the importance of physical activity and to increase physical activity levels across the lifecourse.
Help to tackle fuel poverty to improve health and wellbeing	Suggest remove
Review if there is more activity that can be captured to meet this priority	

Priority 2 – Invest in prevention and early intervention

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

Objective	Proposal
NEW: Deliver the BCF workstream 2 - Intermediate Care under Strategy	Reflect commitments in BCF plan
NEW: Ensure the effective delivery of statutory obligations including: (a) National NHS Heath Checks Programme, (b) Open access Sexual Health Services (c) National Child Measurement Programme (NCMP) (d) The delivery of information to protect the health of the population against infection or environmental hazards and extreme weather events.	Reflect commitments regarding Public Health
NEW: Prevent premature mortality Ensuring effective secondary prevention for residents with 'Long Term Conditions' (ie. cancer, heart disease, Chronic Obstructive Pulmonary Disease (COPD), diabetes, stroke, asthma, dementia, depression, liver disease, suicide and obesity);	Reflect commitments regarding Public Health

Objective	Proposal
Reduce reliance on acute services and prevent avoidable hospital attendances, admissions and readmissions. Deliver the out of hospital strategy.	Suggest remove as activity integrated within BCF workstream 1
Improve access to local Child and Adolescent Mental Health Services (CAMHS)	Suggest a review of this objective to ensure it is relevant and appropriate in light of the findings of the service review
To continue to reduce teenage pregnancy rates and reduce STIs in young people.	No change
Develop the model of care for dementia	Suggest change to: Deliver a project to make Hillingdon a Dementia Friendly borough
Improve pathways and response for individuals with mental health needs	Suggest remove as work integrated in other objectives
Reduce alcohol-related harm for hazardous, harmful and dependent drinkers in Hillingdon	Suggest replace with: Improve community understanding of health drinking practices
To reduce the extent of low birth rate	Suggest replace with: Increase the confidence and participation of parents/women to have healthy babies
To prevent vaccine preventable childhood diseases	No change
Tackle the issues which can cause sight loss	No change

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

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

Objective	Proposal
NEW: Deliver the BCF Workstream 1 - Integrated Case Management	Reflect commitments in BCF plan
NEW: Deliver the BCF Workstreams 3 & 4 - Seven day working and Seamless Community Services	Reflect commitments in BCF plan
NEW: Implement requirements of the Care Act 2014	
Assist vulnerable people to secure and	No change

Objective	Proposal
maintain their independence by developing extra care and supported housing as an alternative to residential and nursing care	
Deliver end of life care and support services	Suggest remove as activity integrated within BCF workstream 1

Priority 4 - A positive experience of care
The priorities set out in Hillingdon's Health and Wellbeing Strategy are to develop tailored, personalised services; and establish an ongoing commitment to stakeholder engagement.

Objective	Proposal
Deliver personalised adult social care services through the Support, Choice and Independence programme.	Suggest remove as activity is 'business as usual' and focus is now on the implementation of Direct Payment process
Ensure that local residents have opportunities to get involved in and have a say about services which improve health and wellbeing.	Suggest replace with: Ensure that residents are engaged in the development and implementation of the BCF schemes - reflect metric agreed as part of the BCF

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

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

Consultation Carried Out or Required

Updates of actions to the plan will involve close working with partner agencies to provide information.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

TBC The Health and Social Care Act 2012 ('The 2012 Act') amends the Local Government and Public Involvement in Health Act 2007. Under 'The 2012 Act', Local Authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty to prepare a Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) for meeting the needs identified in JSNAs. This duty is to be delivered through the Health and Wellbeing Board (HWB).

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

6. BACKGROUND PAPERS

Nil.

HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Ceri Jacob, Jonathan Tymms and Mark Eaton, Hillingdon Clinical Commissioning Group
Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: • Primary Care Co-Commissioning • Integration of services • A&E Changes • Commissioning Support Service Transition
Contribution to plans and strategies	The items above relate to the HCCGs: • 5 year strategic plan • Out of hospital strategy • Financial strategy
Financial Cost	Not applicable to this paper.
Relevant Policy Overview & Scrutiny Committee	External Services Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board to note this update for information.

3. INFORMATION

3.1 Primary care co-commissioning

Over recent years, the eight Clinical Commissioning Groups (CCGs) of North West London have developed a strong track record of working together to support, as appropriate, the achievement of the vision and outcomes of each of the constituent CCGs. This enables Hillingdon CCG to retain a clear focus on meeting the needs of the Hillingdon population whilst at the same time accessing additional support and input from other CCGs in North West London to address current challenges in health care.

One of the most significant challenges identified has been in relation to the current commissioning arrangements for primary care. Primary care is the starting point for most people's health care needs and it is important that we develop primary care to meet these health care needs safely and effectively now and going forwards. Despite a commitment to alignment, NW London CCGs and NHS England (NHSE) are constrained in their individual ability to drive transformation of primary care. CCGs are unable to easily shift funding from other parts of the health system to primary care or invest in enablers such as estates or IT and the NHSE local management resource is too remote and constrained by national imperatives to drive local change. These constraints are of particular significance for NW London where all CCGs, together will partner organisations, hold the shared vision of the General Practice being the centre of coordinating care and the need and commitment to invest significantly in out of hospital primary care services to deliver the Shaping a Healthier Future (SaHF) programme within the agreed timescales and improve the outcomes and experience of care for our population.

In May 2014, NHSE wrote to all CCGs inviting submissions of Expressions of Interest (EOI) in Primary Care Co-commissioning with EOI to be received by 20 June 2014. The letter outlined three forms of primary care co-commissioning:

- Category A: Greater CCG involvement in influencing commissioning decisions made by NHS England area teams;
- Category B: Joint commissioning arrangements, whereby CCGs and area teams make decisions together, potentially supported by pooled funding arrangements; and
- Category C: Delegated commissioning arrangements, whereby CCGs carry out defined functions on behalf of NHSE and area teams hold CCGs to account for how effectively they carry out these functions.

In the limited time available, the CCGs and NHSE / NW Area team engaged with Governing Bodies and constituent practices, Londonwide LMCs, patients and communities through the Whole Systems Lay Partners Advisory Group and NW London Patient and Public Representative Group (PPRG), pioneer partner organisations and other groups such as the Local Pharmaceutical Committee. All agreed that it was appropriate to *explore* primary care co-commissioning through a NW London EOI. This decision was confirmed by the NW London Collaboration Board and NHSE / London Region prior to submission of the Expression of Interest (EOI). The EOI: *'Delivering Better Outcomes of Care in North West London* outlined the benefits expected from co-commissioning, the workstreams to be established and the proposed next steps including governance arrangements. The EOI stated that the interest was in Category B: establishing joint commissioning arrangements.

All CCGs across London submitted expressions of interest, with most working across Strategic Planning Groups and looking also to establish joint commissioning arrangements.

NHSE / London Region has now established a short-life Primary Care Co-commissioning collaborative group with NHSE Primary Care Commissioners, Primary Care Transformation team, Local Area Directors, CCG representatives from each EOI and the Office of CCGs. It is intended that this group will support activities, co-designing the programme of work that will support the co-commissioning process across London. The three main areas of work that have been identified for taking forward in the immediate term are:

- Developing the financial principles required to support co-commissioning;
- Describing the possible governance models that could be put in place to enable co-commissioning; and

- Outlining the potential changes to current operating models for both NHSE and CCGs.

The proposed timeline is designed to enable CCG Governing Bodies to make the decision in public at their meetings in October / November to enter into primary care joint commissioning arrangements with NHSE and to establish a shadow 'Committee in Common'. In addition, the CCG Governing Bodies will in November agree the conditions to be met in order to confirm at March Governing Body meetings that they will move from shadow to full arrangements. These decisions will need to be taken in parallel by NHSE / London. Full guidance has not yet been received from NHSE nationally about the assurance process that will be required to enter into joint commissioning arrangements and therefore all NW London arrangements will need to be flexible enough to meet national requirements.

A fuller presentation can be made to the Hillingdon Health and Wellbeing Board at a future date if required.

3.2 Integration of services

Hillingdon CCG included in its 2012 Out of Hospital Strategy the intention to improve integration between health services. The purpose of integrating care is twofold. Firstly, to improve the experience of care people receive, for example, they should only have to tell their story once, they should have a clear understanding of what care they should be receiving and what to do in any given situation and clinicians should be empowered to meet a person's needs quickly and safely whether they are seen in the GP practice, community services or a hospital setting. Secondly, to improve the outcomes of care; no person's care should be compromised because they have fallen through a gap in services. An integrated approach to planning and delivery of services will prevent this from happening and lead to better outcomes.

The national Whole Systems Integrated Care Pioneer Programme provided an opportunity for the 8 CCGs in North West London to take that intention forward more rapidly. Each CCG is taking forward its aspirations for integration at a local level working with their local stakeholders. In Hillingdon, this includes working with social care on schemes integral to the Better Care Fund, for example, alignment of the Reablement Service with the Rapid Response service which is designed to help older people avoid admission to hospital and the ability of social care services to support 7 day working. Hillingdon CCG is benefitting support and from the lessons learnt in other CCGs and the ability to carry out some elements of the programme once across the 8 CCGs, for example, legal advice on network formations. This support includes non-recurrent financial support to enable implementation of the Hillingdon CCG Out of Hospital strategy.

An update setting out the focus of the pilot (people over 75 years of age, with one or more long term condition, living in the north of the Borough) was provided at the July Health and Wellbeing Board. Since that meeting, work on defining the model of care with health and voluntary sector provider colleagues in more detail has continued and is expected to be finalised by early September.

The Hillingdon WSIC pilot has been selected as one of four CCG pioneers in North West London to be included in the Nuffield Trust deep dives. It is hoped this will provide additional learning to partners involved in the WSIC pilot. HCCG is awaiting further detail on the process.

It is anticipated that the service model will go live by April 2015.

3.3 A&E changes

As part of the implementation of the acute reconfiguration programme, "Shaping a Healthier Future", Central Middlesex Hospital and Hammersmith Hospital A&E departments will close on 10 September 2014.

The impact of these closures on surrounding A&E departments has been carefully modelled and demonstrates that the flow of patients from these A&E departments to the Hillingdon Hospital department will be minimal. In addition, in a recent survey we carried out of around 350 patients attending the A&E units at Central Middlesex and the Hammersmith hospitals, only three people said they would go to the Hillingdon Hospital when we asked them what alternative facility they would use if they needed treatment.

Both hospitals will retain their urgent care centres that are open 24 hours a day, every day of the year. It should be noted that the urgent care centre at the front of Hillingdon A&E is now seeing over 60% of people that attend with an urgent care need.

To ensure stability within the system during this change a number of actions have been taken.

North West London Hospitals NHS Trust which manage both Northwick Park (NPH) and the Central Middlesex (CMH) hospitals, has undertaken a considerable amount of work to plan for the transfer of Central Middlesex's A&E services to Northwick Park. This has included investment in new facilities at Northwick Park such as extra bed provision at the site for the small estimated rise in emergency admissions resulting from the CMH A&E closure.

Patients will also have improved access to other emergency services, such as acute assessment, intensive treatment units, operating theatres and wards.

Working with the hospitals, the CCGs have set up a virtual control room which will monitor patient flows at the two hospitals in the weeks following closure. If any issues do arise, they can be spotted quickly and we can take action to address them.

3.5 Commissioning Support Service (CSS) transition

HCCG is responsible for commissioning a range of services across acute, community and mental health care for the residents of Hillingdon. In addition to this and as noted above, HCCG is participating with the other 7 NWL CCGs in the implementation of an ambitious acute hospital redesign programme "Shaping a Healthier Future" (SaHF). To implement SaHF effectively, NWL CCGs have developed Out of Hospital Strategies in order to move significant levels of care into the community.

To achieve this programme of work, high quality and robust commissioning support is required. Concerns had been raised by all 8 CCGs about the provision of services by the NWL Commissioning Support Unit and it was agreed that an independent review of options for securing high quality commissioning services should be carried out. Following this review, the HCCG Governing Body approved a business case to move the existing Commissioning Support Unit services in house in May 2014.

The four key improvements to be delivered as part of this process are:

- **Outcomes and quality** – The services meet the commissioning needs of the CCGs and enable them to make good clinical commissioning decisions and effect transformational

change by providers for the benefit of patients, such as the Whole Systems Integrated Care Pioneers and delivery of *Shaping a Healthier Future.*

- **Responsiveness and integration** – Commissioning support services are responsive to the day to-day needs of the CCG teams, focused on the success of the CCGs and integrated with clinical commissioning staff. This results in greater visibility and control of services that are managed in line with the intent of the CCGs.
- **Agility and capability for change** – The services are flexible in reaction to changing strategic demands and that the CCGs have the greatest ability to change the way commissioning support services are organised.
- **Affordability and relative cost** – The cost of the services to the CCG are within the agreed limits, recognising that this will need to become lower as running cost allocations are reduced, and represent the optimum use of running costs.

The current CSU contract lapses on 30 September 2015. To ensure the services are in-housed by this date, a transition programme has been put in place. Currently the programme is on target to deliver by 30 September 2014.

For Hillingdon, the changes above mean the CCG will be in a position to exert much tighter control over the commissioning support it receives including for example, the provision of data on activity and outcomes of care and the contracting process.

4. FINANCIAL IMPLICATIONS

4.1 Primary Care Co-commissioning

As this programme is still in the early, exploratory phase at the moment, financial implications have not been fully identified. However, it is not intended to create a cost pressure in CCGs that do participate.

4.2 Integration of services

In the longer term, integration of services is expected to generate savings to the system through improved quality and outcomes of care and reduced duplication. The development of capitated budgets is central to the WSIC agenda and is a tool to remove perverse incentives and increase focus on prevention as providers, working in networks, are contracted to provide whole pathways of care rather than individual elements. Further detail on this element will be provided to the Health and Wellbeing Board in future updates. All CCGs in NWL have been allocated non-recurrent funding of £250,000 to support implementation of this programme in 2014/15 under the NWL Financial Strategy.

4.3 A&E Changes

No local financial implications for Hillingdon CCG. However, Hillingdon Hospital has been allocated additional funding of £97,000 by the CCG to bring forward some Winter Pressure schemes to provide additional assurance on system resilience.

4.4 Commissioning support transition

Currently, CCG management costs are capped at £25 per head of population. This includes the costs of commissioning support. The transition of commissioning support services will achieve the 10% reduction in management costs required by all CCGs in 2015/16.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

- North West London 5 Year Strategic Plan
- Hillingdon CCG Out of Hospital Strategy
- North West London Whole Systems Pioneer bid
- Delivering Better Outcomes of Care in North West London

HILLINGDON CCG FINANCE UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Jonathan Wise
Papers with report	Appendix: Finance Overview

1. HEADLINE INFORMATION

Summary	Further to discussion at previous HWB meetings, this paper is designed to provide: • An overview of Hillingdon CCG financial position; • Further background details on the NHS financial regime and overall finances
Contribution to plans and strategies	The paper relates to the HCCG's: • 5 year strategic plan • Financial Strategy
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Overview and Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

The Health and Wellbeing Board to note this update for information.

3. INFORMATION

N/A.

4. FINANCIAL IMPLICATIONS

N/A.

5. LEGAL IMPLICATIONS

N/A.

6. BACKGROUND PAPERS

N/A.

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NHS Hillingdon CCG

Finance Overview

Hillingdon Health and Wellbeing Board
23/09/2014

Jonathan Wise,
Chief Finance Officer, BHH CCGs

NHS
Hillingdon Clinical Commissioning Group

CONTENTS

Introduction/Objectives

Further to discussion at previous HWB meetings, this paper is designed to provide:

1) an overview of Hillingdon CCG financial position

2) further background details on NHS financial regime and overall finances.

Introduction- NHS Financial Regime

- During 2013, NHSE set out a potential funding gap in the NHS amounting to c £30 billion by 2020/1and highlighted the need for CCG plans to be explicit how this gap would be closed in local context without impacting on quality of service to patients.

- In December 2013, NHSE published a document *"Everyone Counts: Planning for Patients 2014/15 to 2018/19"* which set out planning guidance for NHS commissioners.

- Alongside this guidance NHSE published a funding allocations paper which included:-
  a) the proposed formula to be used to determine the target (fair share) allocations for CCGs to ensure equal access for equal need;
  b) the proposed distribution of funding between different elements of commissioning (Nationally approx. 67% of NHS funds are distributed to CCGs- the balance largely relates to Primary Care and Specialised Commissioning);
  c) the proposed distribution of funding within the CCG element of commissioning, including the pace of change of movement away from historical allocations to the target allocations.

- The planning guidance also reiterated the business rules under which CCGs should operate over the 5 years of the plan which were:-
  a) CCGs should achieve a 1% cumulative surplus;
  b) CCGs should hold a minimum of 0.5% contingency;
  c) CCGs should plan for 2.5% of the 2014/15 allocation to be spent non-recurrently, including 1% for transformation; this requirement reducing to 1% in 2015/16;
  d)CCGs should be in a position of underlying recurrent (i.e. normalised) balance;
  e) CCGs should operate within their Running cost allowance (£24.73 per head in 2014/15 reducing to £22.07 per head in 2015/16)
  f) In-year Surpluses/deficits would be carried forwarded into the next year.

2013/14 - Review of the year

- In 2013/14 Hillingdon CCG inherited an underlying deficit from the PCT and had an agreed deficit plan of £12.25m as part of a three-year recovery plan to restore underlying financial balance. The plan also included £8m of transitional support for THH funded across the 8 CCGs in NW London as part of the NWL Financial strategy.

- The NWL Financial Strategy has been agreed between the 8 NWL CCGs to ensure the Shaping a Healthier Future Plan can be implemented across NWL.

- The CCG's 13/14 actual outturn was a reported deficit of £5m, which was £7.2m better than plan.

- The main contributory factors to the improved in-year position were robust contract negotiation and contract management across all commissioned services, effective budgetary control across all areas of spend and successful management of external funding risks. As a result in-year risk reserves were under-utilised

- The CCG delivered recurring QIPP savings of £9.2m (c3% of its budget). This saving achievement was 82% of the original planned savings for the year.

- The CCG's underlying position (after all its non-recurring income and expenditure is removed) improved from a deficit of £23.7m at the beginning of 2013/14 to an exit position at the end of the year of a deficit of £15.4m.

- The underlying deficit of £15.4m at the end of the year reflects the treatment of the financial headroom to be set aside by CCGs under NHS Business rules as a recurrent commitment whereas the in-year deficit of £5m excludes this.

2014/15 Financial Plan and Performance to date

- In December 2013, NHS England confirmed that Hillingdon CCG was assessed as 9% under its target allocation, and as a result the CCG has therefore received a larger than average increase in allocation in 14/15 and 15/16 of 4.3% and 4% respectively compared to a national average of 2%.

- The allocation increase in 2014/15 equated to an additional £12.2m for the CCG, however the 14/15 financial plan (pre-NWL strategy and assuming full application of NHSE Business Rules) would have resulted in a deficit of £25.6m. After the application of the NWL Financial strategy the CCG was able to set a balanced budget for 2014/15 although delivery of the balanced budget in-year would still leave a residual underlying deficit at the end of the year of c£7m.

- A source and application of funds for 14/15 has been included on the next slide which explains the movement between the underlying deficit at the end of 13/14 of £15.4m and the CCG's balanced budget.

- The NWL Financial strategy has provided support to the CCG in 14/15 to enable a) the retention of the 2.5% headroom b) an offset for the repayments of 13/14 and 14/15 in-year deficits and c) provision for investment in Out of Hospital services.

- At Month 5 the CCG is forecasting to break even at year end on both its Programme and Running Cost budgets, despite some budgetary pressures particularly relating to Acute Contracts.

- A shortfall of £2.4m is currently forecast against the CCG's £10.4m QIPP plan . Most of the shortfall relates to non-elective activity scheme reductions at THH.

- The CCG is currently able to balance its position in 2014/15 because of underspends on other non-Acute budgets and from its contingency reserves.

- The CCG is currently putting in place a recovery plan in conjunction with its main provider to address the issues regarding the levels of activity.

HCCG 14/15 financial plan- reconciliation

	£m	£m
CCG Underlying Deficit @ 31.3.14	(15.4)	(15.4)
Sources of Funds 14/15		
Allocation Resource Growth	12.1	
Less Continuing Care Provision	(1.1)	
Impact of NWL financial strategy	25.6	
Total Sources of Funds 14/15		**36.6**
Application of Funds 14/15		
Demographic/Non-Demographic Growth	(11.5)	
In-Year Acute Risk Reserve & Contingency	(8.4)	
New Service Developments/Investments	(4.6)	
QIPP	**10.4**	
Repayment of 13/14 Deficit	(5.0)	
Other Cost Pressures	(2.1)	
Total Application of Funds		(21.2)
2014/15 PLAN		**0.0**

Conclusion

- The CCG has made good progress in addressing its underlying financial position but significant risks and challenges remain if this improvement is to be sustained in the remainder of 14/15 and beyond.

- Key issues include:-
    - QIPP savings of c4% per annum are delivered (in line with national expectations).
    - The CCG in conjunction with its Partners is able to successfully reduce levels of Acute activity (e.g through the Better Care Fund).
    - THH and other key local providers are sustainable in medium term

- To achieve the medium term plan, the CCG will need to continue the process of ensuring that all opportunities to commission more cost-effective services are pursued (including the opportunities arising from joint working with LA partners) whilst maintaining and improving quality of care.

Appendix

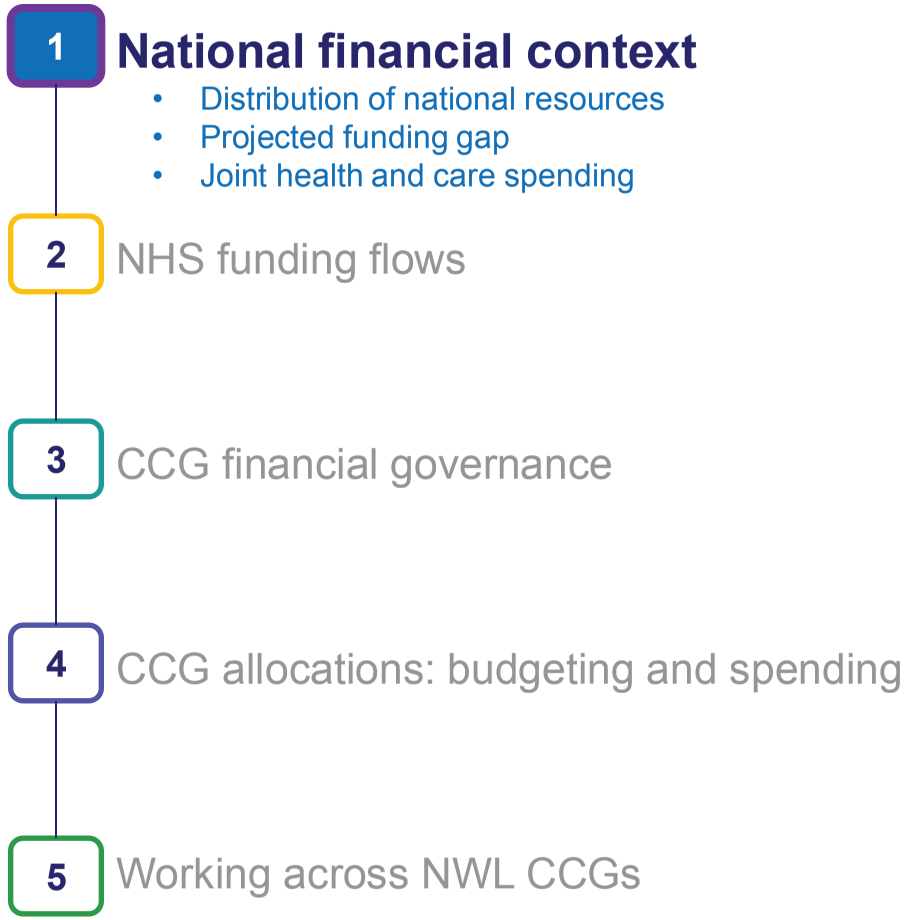
Overview of NHS Finances

September 2014

BHH Brent Harrow Hillingdon Clinical Commissioning Groups

Jonathan Wise CFO for BHH
Clinical Commissioning Groups

1. What is the projected national financial challenge for the NHS?
2. How is funding distributed nationally and to CCGs?
3. How are CCG finances governed?
4. How are CCG allocations budgeted and spent?
5. How are North West London CCGs working together to respond to the current financial context?


1
National financial context
• Distribution of national resources
• Projected funding gap
• Joint health and care spending
2
NHS funding flows
3
CCG financial governance
4
CCG allocations: budgeting and spending
5
Working across NWL CCGs

Distribution of national resources

- Resources for the NHS are decided as part of Government spending reviews.
- The Spending Review 2010 set Departmental Budgets for 2011/12 – 2014/15.
- The NHS budget was prioritised as part of this, but other departmental budgets (excluding overseas aid) were cut by an average of 19% over the four-year period to 2014/15.
- The Department of Health (DH) budget allocation was set as follows:

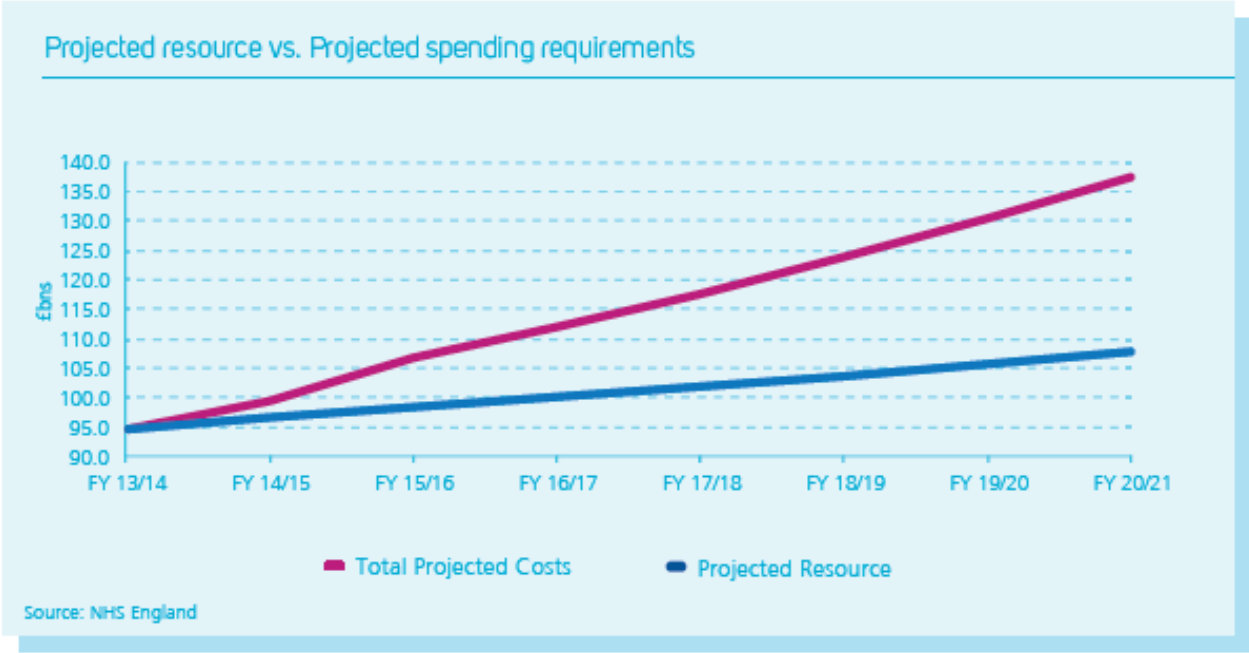
	2010-11	2011-12	2012-13	2013-14	2014-15
	£ billion				
Total	**103.8**	**105.9**	**108.4**	**111.4**	**114.4**

- In 2013, the latest Spending Review was announced for 2015/16 (covering one year only) and includes ring-fenced NHS funding at £115.1bn (increase of 0.6%)

Source: Government Spending Review 2010 and Spending Review 2013

National context: Projected funding gap

- NHS England have stated that continuing with the current model of care will result in the NHS facing a funding gap between projected spending requirements and resources available of around £30bn between 2013/14 and 2020/21 (approximately 22% of projected costs in 2020/21).



- This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.
- Unlike NHS funding, social care funding is not ring-fenced; councils decide how much of their budget to spend on services based on local need.

Source: NHS England: NHS A Call to Action (2013)

1 National financial context

2 **NHS funding flows**

- Distribution of national resources
- CCG allocations – fair shares formula
- Target allocations
- Actual allocations
- Pace of change policy

3 CCG financial governance

4 CCG allocations: budgeting and spending

5 Working across NWL CCGs

How funding flows: Distribution of national resources (1)

Treasury / Government Spending Review

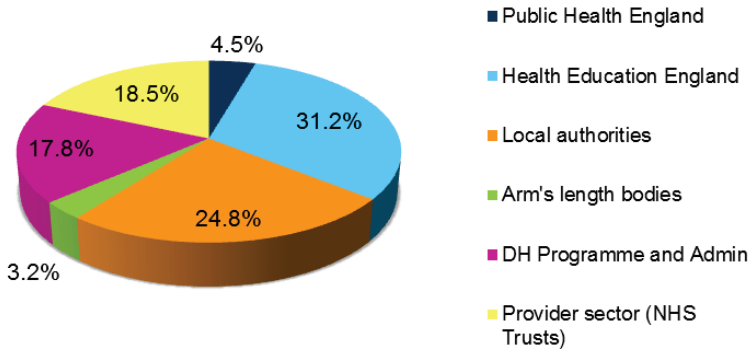
Set Departmental Expenditure Limits (DEL) for every Government department

Department of Health
(Total DEL **£114.4bn** for 2014/15)

Set Capital and Revenue Resource Limits

NHS England
(allocated **£98.4bn** for 2014/15 in Government's Mandate)

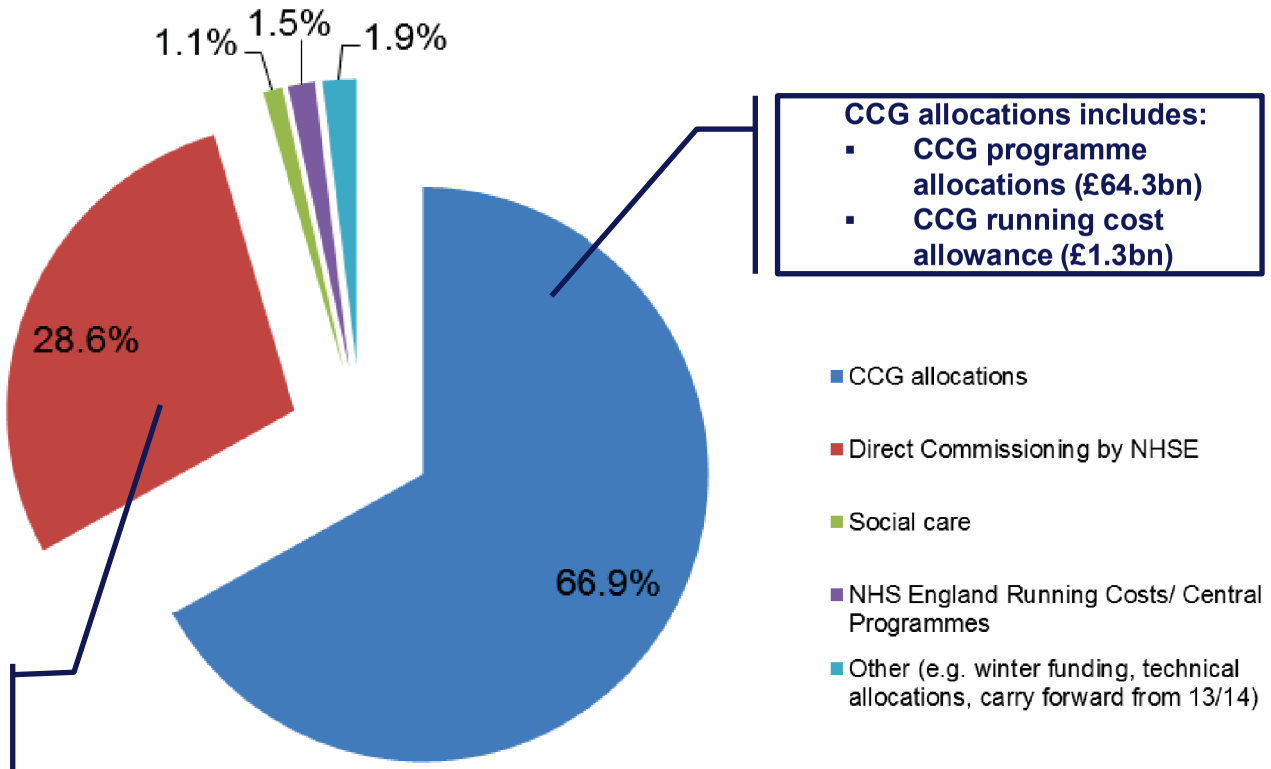
Distribution of remaining DH budget
(split based on 13/14 distribution)



How funding flows: Distribution of national resources (2)

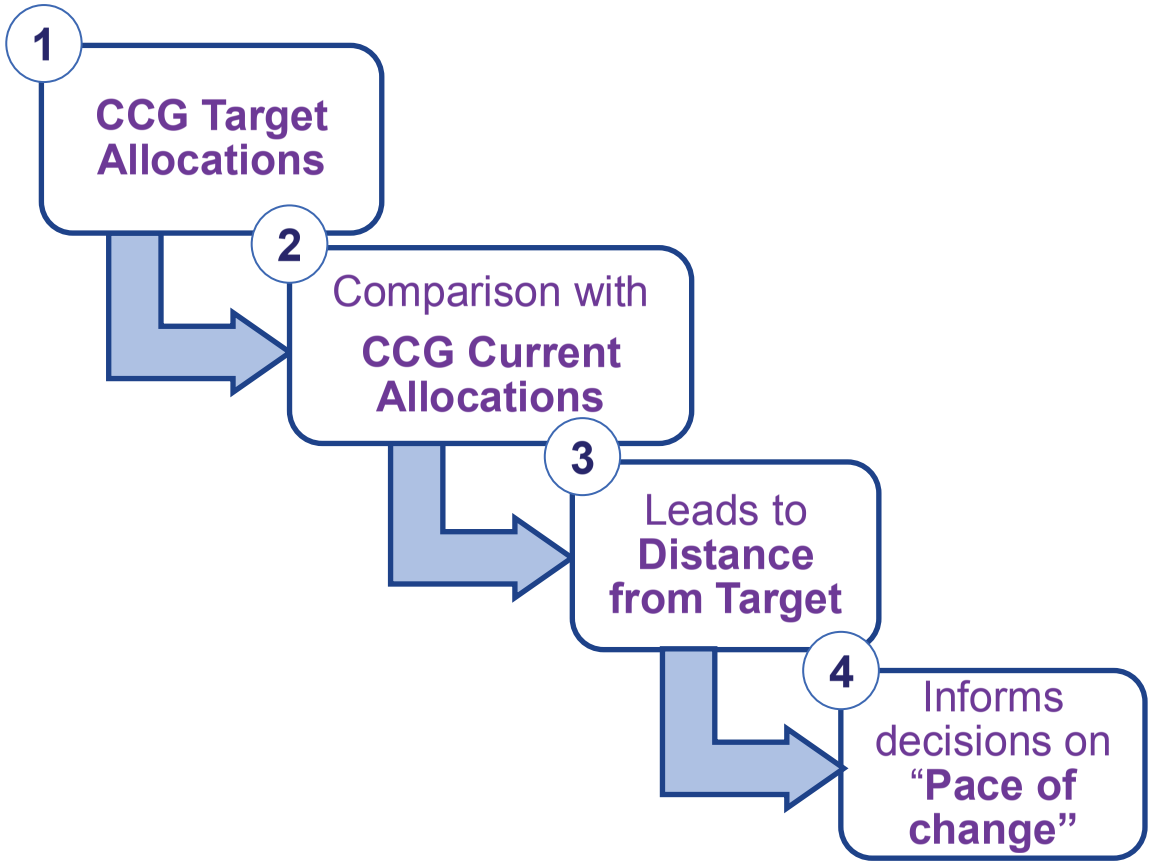
- In December 2013, the NHS England Board approved the distribution of these resources for 2014/15 (and 2015/16):

Total: £98.4bn

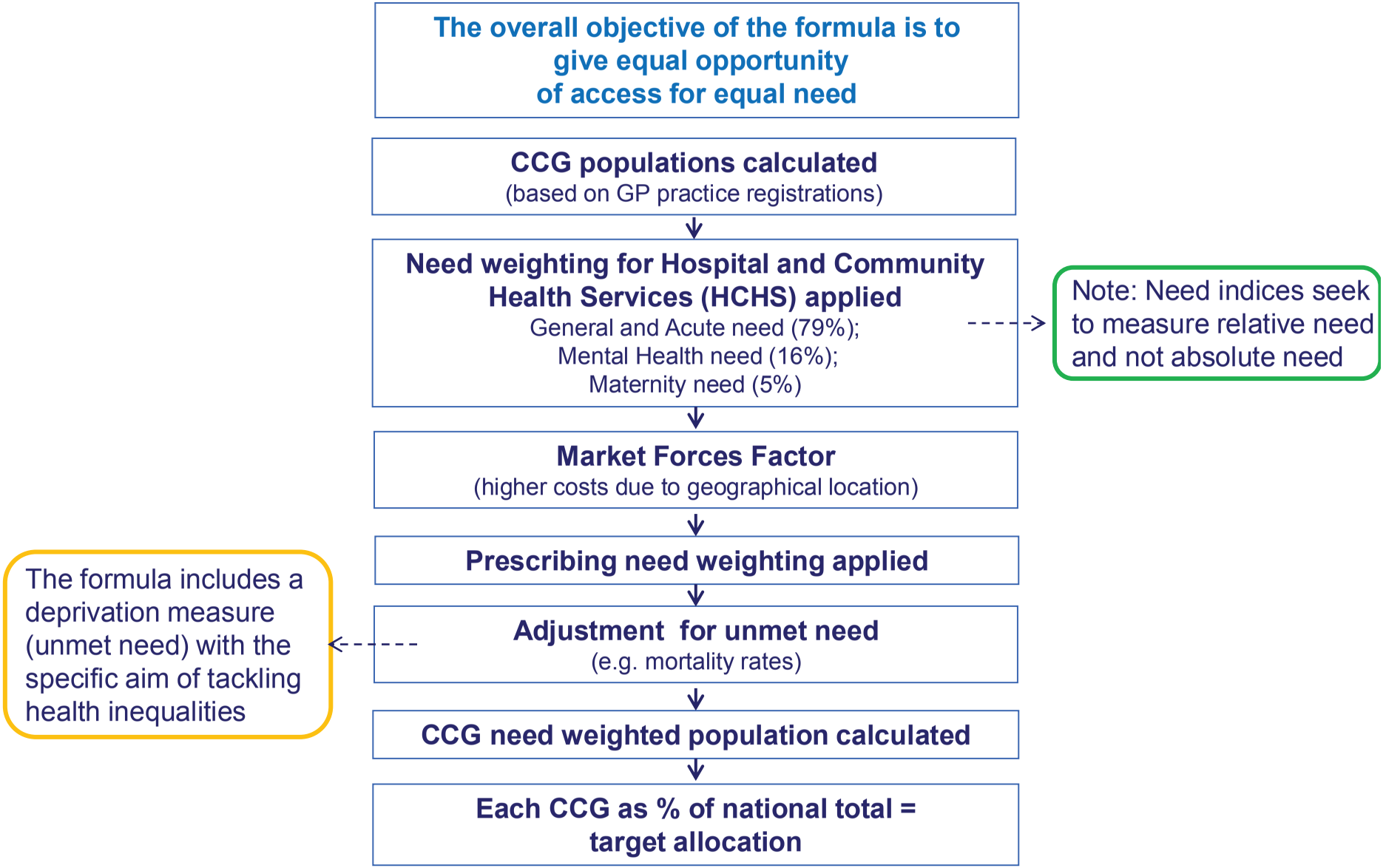


How funding flows: How funding is allocated to CCGs

- Decisions on allocation of resources between CCGs is also the responsibility of NHS England



Step 1: Target (Fair Share) CCG allocations are calculated



Steps 2 and 3: CCG target allocations vs. current allocations

- Target allocations were published for all CCGs on the 20 December 2013.
- Comparison with actual (current) allocations lead to the Distance from targets

	Current allocation per head	**Target allocation** per head	**Distance from target**
	£	£	%
NHS Brent CCG	1036	962	7.67% over target
NHS Harrow CCG	898	996	-9.87% under target
NHS Hillingdon CCG	949	1041	-8.81% under target

Step 4: Pace of change

- Pace of change is how quickly current allocations move towards the target allocations
- Over the last 20 years, movement towards 'fair shares' targets has been through application of differential levels of growth (i.e. most under-target receive higher levels)
- In December 2013, NHS England agreed for 2014/15:
  - CCGs that are over target have their total growth limited to 2.14%
  - Under target CCGs receive an above-average increase

	Distance from target	Total growth on prior year
	%	%
NHS Brent CCG	7.67%	2.14%
NHS Harrow CCG	-9.87%	4.20%
NHS Hillingdon CCG	-8.81%	4.36%
National average	-	2.54%

Note: Growth levels also take into account population growth levels

1 National financial context

2 NHS funding flows

3 **CCG financial governance**

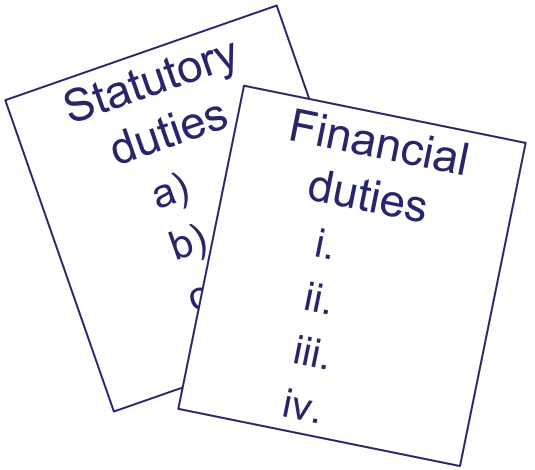
- CCG statutory and financial duties
- Role and responsibilities of the CFO
- CCG financial accountability arrangements

4 CCG allocations: budgeting and spending

5 Working across NWL CCGs

Financial governance: CCG financial duties (1)

CCG constitutions set out both statutory and other Financial duties which the CCG must comply with, including:



- **Financial balance -** Ensuring expenditure does not exceed total allocation for the financial year
- **NHS England directions** - Taking account of any directions issued by NHS England in respect of specified types of resource use (programme costs, running costs)
- **CCG Governing Body oversight and assurance** of:
  - CCG's **robust financial procedures** and systems which supports effective financial planning, management and reporting
  - Detailed **financial plan that is consistent with its commissioning strategy**, also setting out how it will manage within its management allowance
  - Measures to embed **awareness of financial governance** within the CCG
- **Audit Committee** (accountable to the Governing Body) to ensure that there are effective arrangements in place for internal audit, external audit and counter fraud

Financial governance: CCG financial duties (2)

Roles and responsibilities of the Chief Finance Officer

- Member of the **Governing Body**, as **professional finance expert** to advise on effective, efficient and economic use of CCG's allocation to deliver required financial targets
- Responsible for providing financial advice and for supporting and **supervising financial control** and accounting systems.
- Oversee robust **audit and governance arrangements** leading to propriety in the use of the CCG's resources
- Responsible for producing the **financial statements** for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and **accountability to NHS England**; and
- Supporting the process of mutual accountability for financial performance of **practices and localities within the CCG**.

CCG financial accountability arrangements

Internal

CCG Governing Body

CCG Audit Committee

CCG Executive

CCG Finance Committee

Internal Audit

Accountable Officer

Chief Finance Officer

Budget Holders

GP or other healthcare professionals acting on behalf of member practices.

Membership:

- Chair
- Clinical members representing GP practices e.g. practicing GPs or practice nurse
- Clinical member – secondary care doctor
- Clinical member – registered nurse
- Accountable officer
- 2< lay members (champions for

External

Taxpayers and the public	
NHS England	• Allocate resources • Set planning guidance and business rules for CCGs • Performance manage CCG delivery of plans
Health and Wellbeing Board	• Sign off local Better Care Fund plan on behalf of constituent councils and CCGs • Contribute to development of Shaping a healthier future plans as key stakeholder (specific role in NWL)
Independent External Auditors	• Review the regularity and value for money of CCG's finances

1 National financial context

2 NHS funding flows

3 CCG financial governance

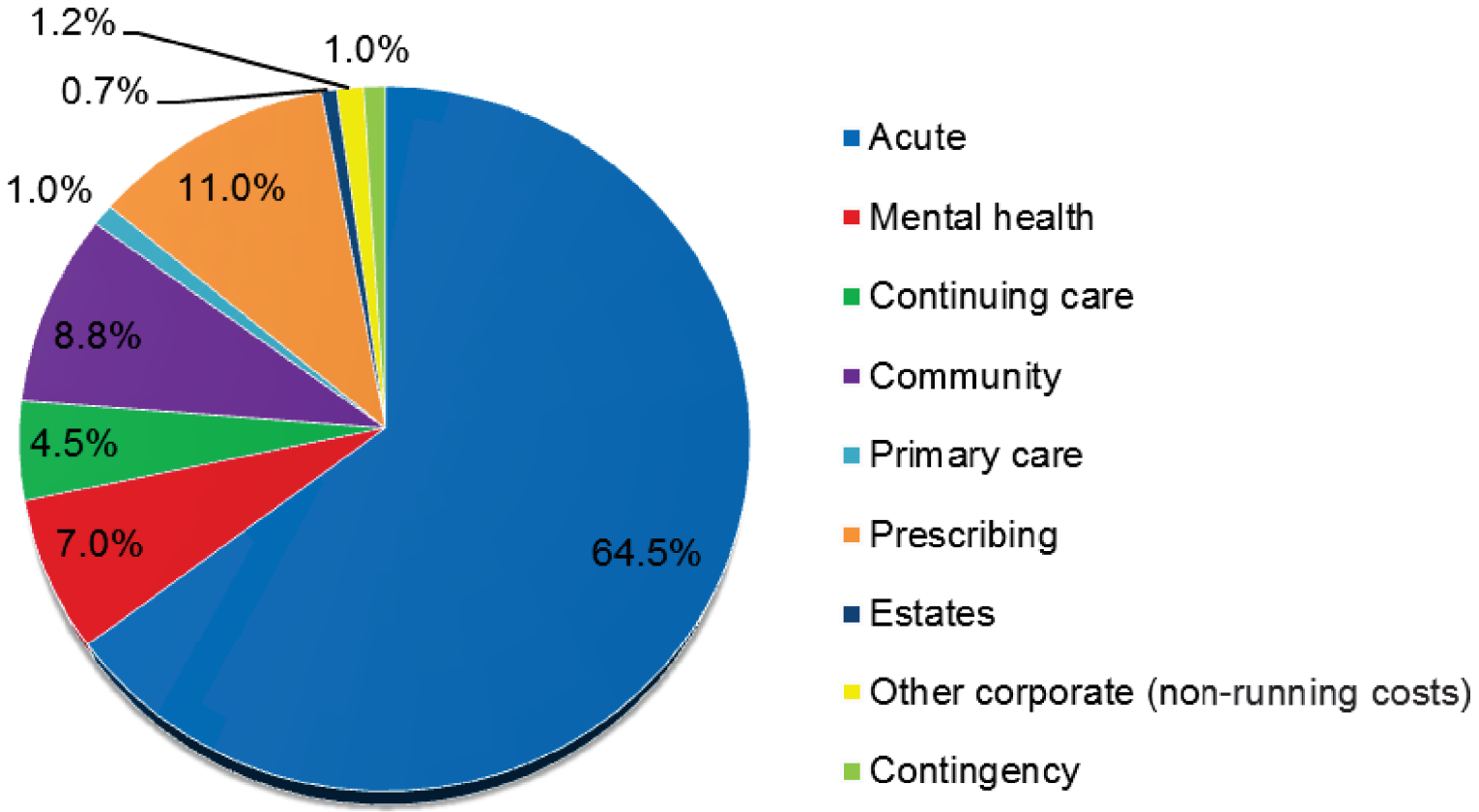
4 **CCG allocations: budgeting and spending**

- CCG Budget setting
- Contracts with providers
- QIPP plans

5 Working across NWL CCGs

Budget setting: What does the CCG spend its allocation on?

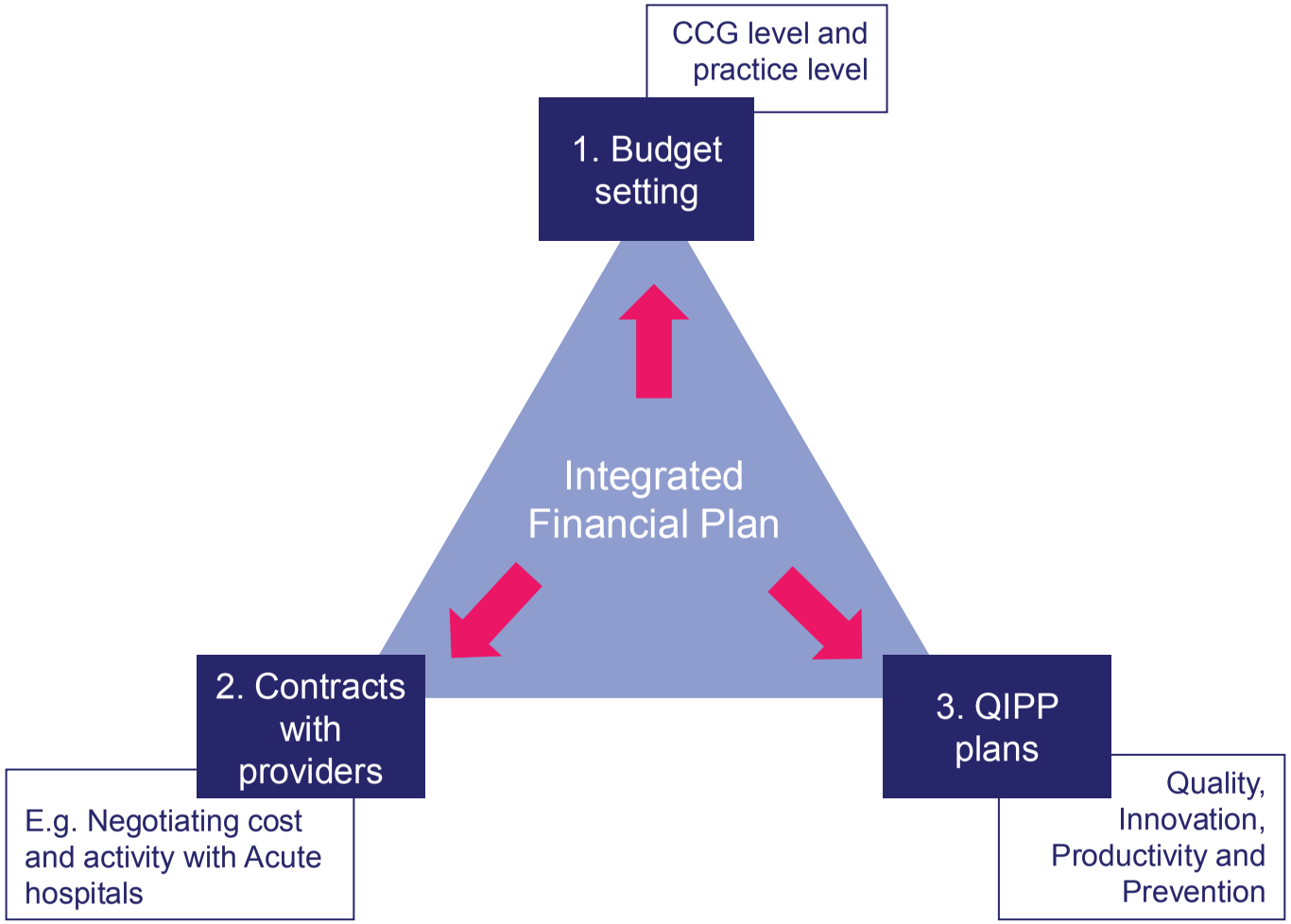
Programme Costs[1]



Note (1) - Budget for **CCG running costs** separate to programme costs budget.
Total amount available for CCG running cost is £25 per head with planning assumption for 2015/16 of 10% reduction.
(Example: Hillingdon CCG 2014/15 running cost allowance is £6.8m (£24.73 per head), reducing to £6.2m in 2015/16 (£22.07m per head)).

Budget setting: Triangulation of budgets, contracts and QIPP

Key role in ensuring budgets, contracts and QIPP plans are aligned:



Contracts with providers: Payment by Results (PbR)

- Payment by Results is the payment system under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.
- The two fundamental features of PbR are nationally determined currencies and tariffs.
- PbR covers the majority of acute healthcare provided in hospitals, and there are over 1000 national tariffs for admitted patient care (based on Healthcare Resource Groups), outpatients and A&E
- The contract sets out planned activity levels and costs – commissioners pay based on actual activity

Mental Health

- Currently not subject to national tariff
- However, a tariff is being developed based on a Mental Health Clustering Tool (MHCT) – a cluster is global description of a group of people with similar characteristics.

Other commissioned services

- Not curently subject to a national tariff – locally negotiated contract values

Provider financial regime: NHS Trusts vs NHS Foundation Trusts

•NHS Trusts	NHS Foundation Trusts
• Trust Board (EDs & NEDs)	• Board of Directors & Board of Governors
• Accountable to NHS Trust Development Authority	• Regulated by Monitor
• Can not access external funds (except PFI)	• Access to external funds
• Can not retain surplus	• Can retain surplus (and deficit)
• Can not retain cash	• Can retain cash
•	

QIPP plans

- QIPP is the NHS approach to reform and redesign services in light of the current economic climate.
- The four components – **Quality, Innovation, Productivity and Prevention** are designed to ensure better quality services are delivered in the most productive and cost effective way.
- Planned efficiency savings nationally total up to £20bn (2010/11-2014/15)
- QIPP programmes typically include a number of workstreams which savings are identified against, including for example:

a) Care pathways

- Planned care
- Long term conditions
- Urgent care
- End of life care

b) Medicines management

c) Contractual levers

- Provider productivity

1 National financial context

2 NHS funding flows

3 CCG financial governance

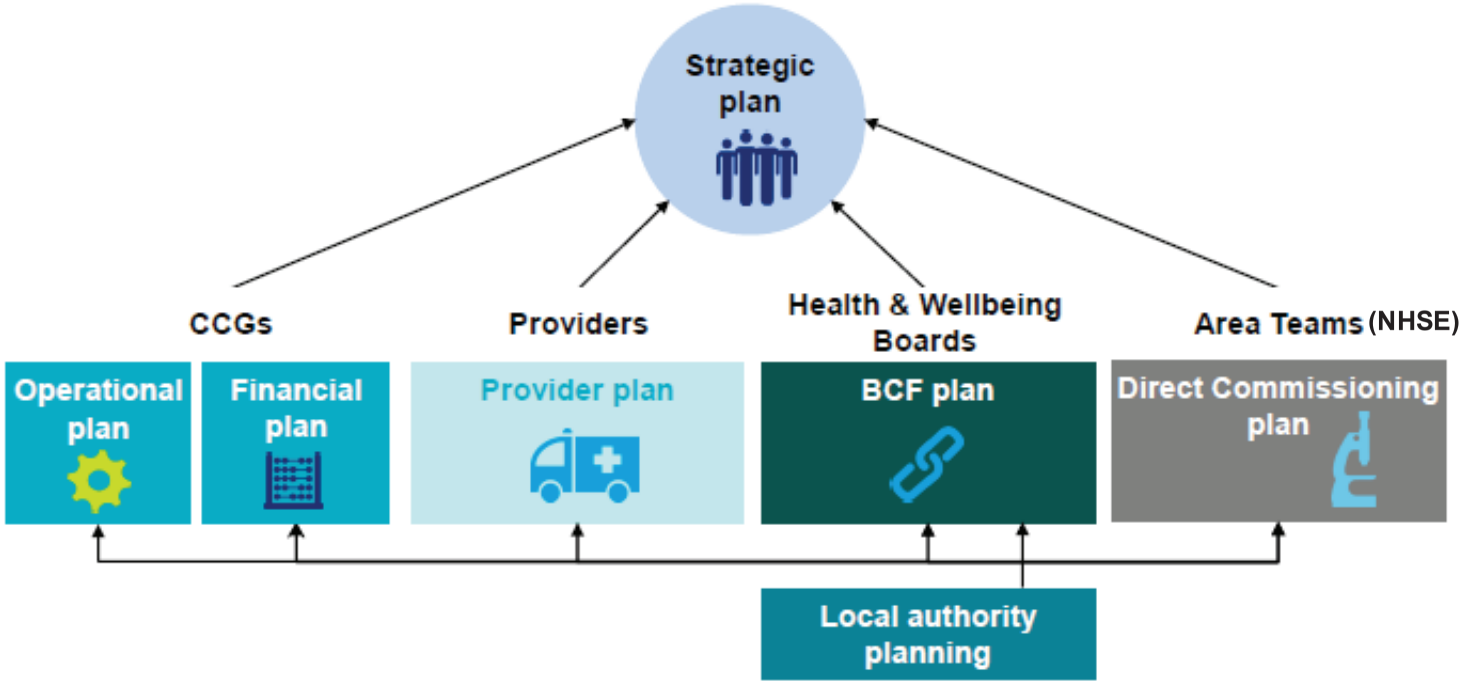
4 CCG allocations: budgeting and spending

5 **Working across NWL CCGs**

- Strategic planning
- Shaping a healthier future programme
- NWL financial strategy
- Whole systems integrated care programme

Working across NWL: Strategic planning

- **CCGs are required to lead the production of five year** strategic plans (within which are **two year** operating plans)



Source: NHS England Support for Strategic and Operational Planning Pack, December 2013

Working across NWL: *Shaping a healthier future (SaHF)*

- The NWL five year strategic plan sets out how local organisations will work collaboratively to transform and improve the NWL health and social care landscape

- For NWL, ***Shaping a healthier future*** (agreed in February 2013), is a key building block. A key principle that underpins SaHF is the centralisation of emergency specialist services (such as A&E, Maternity, Paediatrics, Emergency and Non-elective care) into five major hospitals

- On the remaining NWL sites there will be further investment in **Local hospitals** (for example specialist and elective hospitals) and more services will be available **out of hospital**, in settings closer to patients' homes. Each NWL CCG has an Out of Hospital strategy.

- Programme investment analysis was included in the SaHF Decision Making Business Case (DMBC) – this is being updated to reflect ongoing CCG and provider plans

- Investments anticipated over the five year period included:

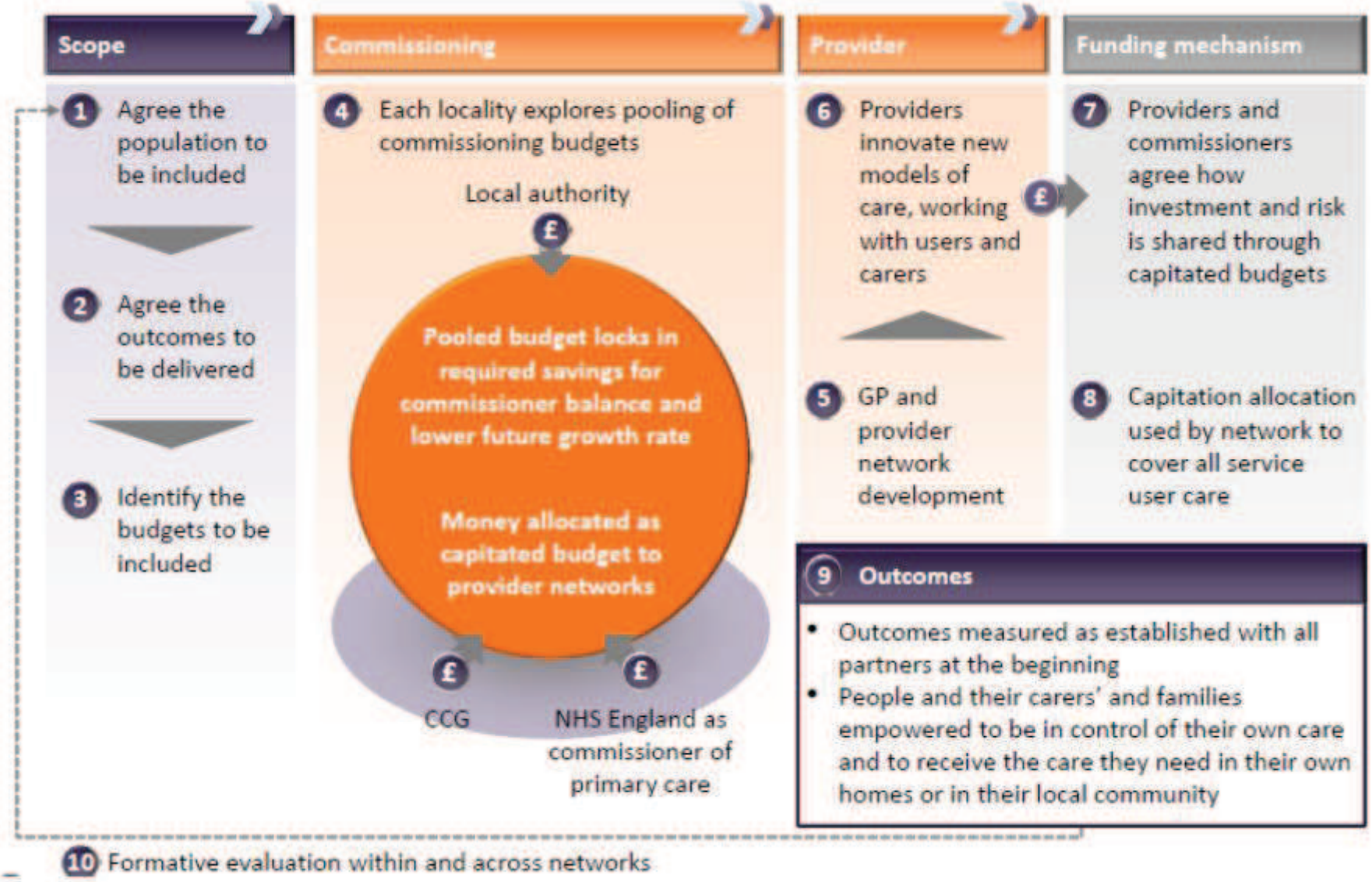
    - **Out of Hospital services** - £190m recurrently
    - **Capital investment in Out of Hospital hubs** - £112m
    - **Capital investment in primary care** - £74m

Working across NWL: NWL Financial Strategy

- **The business rationale for a NWL-wide financial strategy is:**
  - SaHF is a NWL-wide programme and the probability of successful implementation would be significantly enhanced by a NWL-wide financial strategy.
  - Individual CCGs are in radically different financial positions with surpluses/deficits which are predominantly the result of inherited PCT positions, and surpluses/deficits correlate with under/over funding positions.
  - If the wide disparity in CCG financial positions is not addressed through a NWL-wide financial strategy, SaHF implementation as a whole could be compromised.
  - A NWL-wide financial strategy provides resilience to all CCGs in the light of potential future funding changes, and also in facing provider issues together.

- **Strategy agreed by all 8 CCGs plus NHSE**

Working across NWL: Whole systems integrated care



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HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Jeff Maslen
Organisation	Healthwatch Hillingdon
Report author	Dr Raj Grewal, Healthwatch Operations Coordinator
Papers with report	Appendix 1

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

That the Board note the report received.

3. INFORMATION

Supporting Information

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

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A.

Consultation Carried Out or Required

N/A.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

There are no legal implications from this update.

6. BACKGROUND PAPERS

NIL.

Healthwatch Hillingdon Q1 Report to the Hillingdon Health & Wellbeing Board

Period: Quarter 1, April 2014 –June 2014

Date: 20th August 2014

1. INTRODUCTION

1.1. Healthwatch Hillingdon is contracted by the London Borough of Hillingdon, under the terms of the grant in aid funding agreement, to deliver the functions of a local Healthwatch, as defined in the Health and Social Care Act 2012.

1.2. Healthwatch Hillingdon is required under the terms of the grant aid funding agreement to report to the London Borough of Hillingdon on its activities, achievements and finances on a quarterly basis throughout the duration of the agreement.

2. SUMMARY

2.1. The body of this report to The London Borough of Hillingdon's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Hillingdon in the delivery of its functions and activities for this period. It should be noted that a comprehensive report is presented by the Chief Executive Officer to the Directors/Trustees at the Healthwatch Hillingdon Board Meetings and is available to view on our website: (http://healthwatchhillingdon.org.uk/index.php/publications/)

2.2. Healthwatch Hillingdon would wish to draw Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the first quarter.

2.2.1. Healthwatch Hillingdon Annual Report Published

Healthwatch Hillingdon published its first Annual Report on June 30th 2014. Our first Annual report fully complied with the Matters to be Addressed in Local Healthwatch Annual Reports Directions 2013. Healthwatch Hillingdon's Annual 2013-14 Report was shared with the required organisations and is available to view on our website: http://healthwatchhillingdon.org.uk/index.php/publications/?did=1459

2.2.2. Continuing Health Care (CHC)

A member of the public contacted Healthwatch Hillingdon through our website's 'Have your say form'. This feedback highlighted the difficulties a patient was having being discharged from The Hillingdon Hospitals NHS Foundation Trust (THH NHS FT) and the provision (or lack of) of safe care and support once discharged. On further investigation we discovered that due to changes in department of health procedures there were over 30 patients awaiting assessment in the hospital for CHC. We were able to escalate this to the Urgent Care Board. At the Urgent Care Board it was agreed that immediate action would be taken to alleviate this issue. The situation was addressed by the Clinical Commissioning Group and Hillingdon Hospital. Spot nursing homes beds were purchased and an Interim Senior Assessor was put in place at the hospital by the NHS Hillingdon Clinical Commissioning Group (CCG) to work through the backlog. The CHC team are currently writing a business case to keep the assessor in post till

the end of March 2015. There is also a piece of work being scoped which will be commissioned tri-borough by Brent, Harrow and Hillingdon CCG to provide a permanent solution for CHC.

2.2.3. Children and Adolescent Mental Health Services (CAMHS)

During the first quarter we have ensured that Children and Adolescent Mental Health Service (CAMHS) remained register as a Red-rated risk on the NHS Hillingdon CCG's Board Assurance Framework due to the identified gaps in CAMHS provision and delays in accessing services. Through the scoping of an engagement program and meetings with commissioners, providers and support groups we have continued to highlight and bring to the fore the gaps in services.

Towards the end of June a new proposal for development of CAMHS was modelled by the NHS Hillingdon CCG commissioners. The proposal looks at developing a comprehensive and integrated CAMHs model in Hillingdon to be developed over a two year period (2014 – 2016). Phase 1 will be an immediate service enhancement to address gaps in the Learning Difficulties CAMHs in 2014/15 and Phase 2 will provide further changes and pathway development for 2015/16. Our CAMHS engagement project will initially influence phase 2 of this proposal.

2.2.4. British Sign Language (BSL) Interpretation

We were initially approached at the Disability Forum by a member of the deaf community and subsequently 5 deaf people who were finding it hard to access their GP and be supported with BSL interpretation. On further investigation we discovered that there was a gap in sign language translation support for the deaf community accessing primary care. GP surgeries were not aware of their legal duty to provide the service, or where they could obtain it. We discussed this with NHS England and NHS Hillingdon CCG. The NHS Hillingdon CCG had commissioned the service but GPs were unaware. We ensured the NHS Hillingdon CCG informed all GP surgeries, produced a fact sheet for the deaf community and informed them of their rights at the next Disability Forum. Our actions have improved access for this section of the community in Hillingdon.

It has since been recognised to be a pan London issue and we have submitted evidence on this issue to the NWL Quality Safety Surveillance Group via Healthwatch Ealing, to help address the regional problem.

2.2.5. Enter and View - Patient Led Assessment Care Environment (PLACE)

The PLACE assessments at The Hillingdon Hospitals NHS Foundation Trust (FT) were held over 3 days in May and the Central North West London FT assessment was conducted over 1 day in May 2014. We had 7 volunteers participating. It was a positive experience for our team and although a number of improvements were logged for the Trusts Improvement Programme, it was pleasing to note the progress made in the last year, in which Healthwatch Hillingdon has played a pivotal part. A report on the PLACE assessments will be published on our website shortly.

As part of our ongoing PLACE work we will be working in conjunction with the Trust to carry out a thorough meal time audit over a 7 day period at Hillingdon and Mount Vernon Hospitals. A report will be made available on our website upon completion of the meal time audit.

2.2.6. Longford General Practice Surgery Provision

On 2 separate occasions we were contacted by families in Longford, because their nearest GP practice had refused to register them. We contacted NHS England and ensured that registration occurred in both instances. On investigation it became apparent that some areas of Longford fall outside any GP practice boundary. We have escalated this to NHS England, who have a legal duty to rectify this situation and are looking to them to ensure this area is brought inside a practice boundary. We will be writing to NHS England for confirmation that this has been acted upon.

3. Project Updates

3.1 Primary care

3.1.1 GP Networks

Healthwatch Hillingdon are currently in dialogue with Hillingdon CCG on the development of GP Networks. A briefing report on GP Networks is being prepared for the Healthwatch Hillingdon Board. NHS Hillingdon CCG have been invited to the September Healthwatch Hillingdon Board Seminar to discuss the GP Networks.

3.1.2 Hillingdon GP Survey

The 300 responses collected from the Hillingdon GP survey, plus data from the National GP Survey will form the base of a report on GP Services in Hillingdon. This report will be published in Q2 2014.

3.2 Mental Health

3.2.1 Children and Adolescent Mental Health Service (CAMHS)

Healthwatch Hillingdon have commissioned RedQuadrant to carry out an engagement program with children and families in July and September. Healthwatch Hillingdon will also be engaging with family groups, commissioners and providers to arrange engagement. Healthwatch Hillingdon is working in partnership with Hillingdon MIND to gather evidence of general mental health wellbeing of children and young adults. Healthwatch Hillingdon are currently recruiting for a Children and Young Persons Engagement Officer on short term contract from October 2014.

3.2.2 Transformation of Mental Heal – Primary Care Plus

This NHS Hillingdon CCG programme of change is behind schedule, however, Healthwatch Hillingdon are actively involved in the transformation work and we attend the monthly Mental Health Transformation Group to maintain a full understanding and oversight of progress of the change programme.

3.2.3 Adult Mental Health

Healthwatch Hillingdon actively participates in the Improving Access to Psychological Therapies (IAPT) Programme and Mental Health Transformation Groups. Our engagement programme has highlighted a number of issues with the services which have been escalated to senior management at CNWL.

3.3 Shaping a Healthier Future (SaHF) Reconfiguration

Healthwatch Hillingdon is actively engaged in the SaHF reconfiguration programme including the Patient & Public Representative Group (PPRG). A major part of the SaHF programme is the significant shift in Maternity Services from Ealing Hospital to Hillingdon Hospital and the subsequent expansion of these services at Hillingdon Hospital. Therefore, Healthwatch Hillingdon will be focusing on Maternity Services as well as A&E services at THHs NHS FT in order to provide oversight of the SaHF programme of work during the planning and implementation phases.

3.4 Domiciliary Care

Specification for the new domiciliary care service has been shared with us by London Borough of Hillingdon and comments submitted. Healthwatch Hillingdon retains oversight of the procurement exercise. Residents are able to contact us with their concerns following Healthwatch Hillingdon's inclusion in the letter sent to all residents currently provided with a service by London Borough of Hillingdon. The experience of service users and their carers will be sought in October 2014 when the new service goes 'live'. The experience of service users will be reported back to London Borough of Hillingdon.

3.5 Children & Young Adults (CYA)

Healthwatch Hillingdon have seats on the Children and Families Trust Board, Children's Safeguarding Board and SEND Commissioning Board which enables Healthwatch Hillingdon to influence and monitor CYA services. Healthwatch Hillingdon has a close working relationship with CNWL's Children's Development Centre. The projects under this area also overlap our work on CAMHS (see above, 3.2.1) as well as our work on Maternity Services (3.3 above) which enables us to gather and understand the experiences of children and their families of health and social care related services.

4. Key Performance Indicators (KPIs)

Nine Key Performance Indicators (KPIs) have been set to enable measurement of Healthwatch Hillingdon's organisational performance, in relation to the strategic priorities and objectives as set out in Healthwatch Hillingdon Operational Work Plan 2014-15[1]. This document reports on Healthwatch Hillingdon's performance against these KPI's and progress on the project based Operational Priorities set within the work plan.

[1] http://healthwatchhillingdon.org.uk/wp-content/uploads/downloads/2014/07/HWH-Work-Plan-2014-2015-FINAL1.pdf

Key Performance Indicators

KPI no.	Description	2014/15 Quarter 1				Impact this quarter	Relevant Strategic Priority
		Apr	May	Jun	Q1 Totals		
1	Hours contributed by volunteers	165	315	212	692	• Nearly 700 hours contributed. • 4 people were empowered to find full time employment after periods of volunteering. • Over 90 hours of volunteering on hospital assessments. • Maternity Mystery shopper experience was presented to the Hillingdon Hospital Executive as a patient story at the May Trust Board Meeting. THH have agreed to take some actions as a result to improve services.	SP4
2	People directly engaged	6876	7601	6715	21,192	• Over 21,000 people directly engaged. • Evidence and insight gathered for a number of operational priority areas. • Monthly presence at Hillingdon, Mount Vernon and quarterly at Harefield Hospitals. • Broadcast on Hillingdon Hospital Radio.	SP1, SP4
3	New enquiries from the public	31	42	51	124	• Issue highlighted with Continuing Healthcare at Hillingdon Hospital. Escalated to Urgent Care Board. • A GP practice still using 0844 telephone number. We advised the practice manager of NHS England guidance that states no GP surgeries should be using such numbers; however this was not acted upon. Case escalated to NHS England. Surgery agreed to stop the number from June 2014. GP practice no longer using 0844 number (now all 48 GP practices in Hillingdon have ceased use of non-geographic 0844 telephone numbers). • Lady unsuccessful in referring her 2 year old son with locked	SP1, SP5

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						knee to a paediatric physiotherapist as the service had moved and GP didn't know where to refer to. We contacted the Children's Development Centre and expedited referral. • Members of the deaf community raised problems accessing BLS sign language interpreter for GP appointments. Please see summary 2.2.4 for more details. • Gentleman had waited 2 years for shower to be installed by LBH after assessment. We contacted LBH and work was arranged to be carried out immediately. • We were contacted on 2 separate occasions by families with new born babies who had been refused to be registered by the local GP practice. We contacted NHS England and ensured that the families were able to register with the GP practice.	
4	Referrals to complaints or advocacy services	7	4	8	19	• Referrals have been made directly to VoiceAbility for people needing advocacy support to make complaints about NHS services. • We have held a number of meetings with VoiceAbility to enhance the processes of referral and information sharing between the organisations. We have reached an agreement with VoiceAbility to meet on a regular basis to discuss on-going areas of mutual concern which require a joint response. This new approach will be an initial pilot to build partnership working and the outcomes will be shared with Healthwatch England. Additionally, we will be receiving, on a quarterly basis a more detailed set of high-level data from VoiceAbility.	SP5
5	Patient experience feedback and recommendations made to health and social care providers and	KPI not yet fully defined. Further work will need to be undertaken to explore how we can report on this KPI in a meaningful manner.				• See also KPI-3 , KPI-6 and KPI-7. • We supported an elderly patient and their carer to raise their concerns directly with senior representatives from the CCG, health providers and the local authority. We chaired a meeting which allowed the patients story to be told, which set out a number of system failings and lessons to be learnt. We will use the BCF discussions to highlight these failings.	SP3, SP6

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	commissioner						
6	Commissioner / Provider meetings	27	21	20	68	• Meetings enable us to keep abreast of quality and safety issues, e.g.: • We have ensured CAMHS remained red risked on the CCG Board Assurance Framework during this period. • Issues raised around gaps in perinatal mental healthcare in maternity to the Quality Safety and Risk Committee. • Several issues raised with Hillingdon Hospital following patient feedback on elements of maternity services. • Met with Local Authority contracts inspection team to explore a framework/protocol and identify areas of possible joint working for our Enter and View team. • Ensured Better Care Fund Stakeholder meeting set up with a wider level of engagement. • Opportunity to feedback patient experience data and influence service change and delivery.	SP3, SP4, SP5, SP7
7	Consumer group meetings	26	18	18	62	• Members of the deaf community raised problems accessing BLS sign language interpreter for GP appointments. Please see summary 2.2.4 for more details. We have produced a factsheet for those who are hard of hearing which they can take with them to their GP. • Workshop held on GP services at the Older People's Assembly to gather evidence for Operational Priority 6 : Primary Care	SP1, SP7
8	Statutory reviews of service providers	0	0	0	0	• The Hillingdon Healthwatch Board deemed there was no necessity during quarter 1 to invoke its statutory enter and view powers.	SP5, SP4

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9	Non-statutory reviews of service providers	0	5	0	0	• 7 volunteers were involved in Patient Led Assessment of care Environment at Hillingdon Hospital, Mount Vernon Hospital and Central and Northwest London's Acute and Community units at the Hillingdon site. • Mealtime audits being organised for September 2014 as a follow up exercise at Hillingdon and Mount Vernon Hospitals.	SP5, SP4

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UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS

Relevant Board Member(s)	Councillor Ray Puddifoot
Organisation	London Borough of Hillingdon
Report author	Jales Tippell, Residents Services
Papers with report	Appendix 1

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

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

3. UPDATE ON PROGRESS

1. Since the last report to the Health and Wellbeing Board in July 2014, the following progress has been made in moving identified schemes forward.

Approved GP expansion schemes

2. Four GP schemes were approved by the NHS panel in August 2013. These schemes are now largely completed and are as follows;

    - Improvements at King Edward Medical Centre, King Edwards Road, Ruislip – H/12/197B (£11,440) and H/9/184C (£8,560). - The scheme to provide an additional consulting room was satisfactorily completed in February 2014.

- Expansion of the GP practice at 1 Wallasey Crescent, Ickenham - H/19/231G (£193,305) - This scheme to extend the existing GP surgery to provide two GP consulting rooms and a clinical training room was completed in August 2013.

- Expansion of the GP practice at Southcote Clinic, Southcote Rise, Ruislip - H/15/205F (£184,653) – This scheme to extend the current practice premises to provide an additional GP consulting room, clinical training room and increased waiting area is due to be completed in September 2014.

- Additional clinical room at Pine Medical Centre, Fredora Avenue, Hayes – H/18/219C (£1,800). – This project involves the conversion of an existing meeting room into a GP consulting room. NHS Property Services (NHS PS) submitted a formal request to the Council in July, to allocate and release the s106 funds towards the scheme. A Cabinet Member report will therefore be submitted to the Leader and the Cabinet Member for Finance, Property and Business Services in September to formally release the funds.

Hesa Health Centre expansion

3. So far, a total of £264,818 from three s106 health contributions has been allocated and transferred towards this project. Work on site has been progressing well with the first phase (post office conversion) completed in June 2014. Phase 2 of the scheme is now on site and due for completion by the end of September 2014. The project has a total of five phases, with the scheme due to be fully completed and operational by end of January 2015.

4. So far a total of £264,818 from three s106 health contributions has been allocated and transferred towards this project. Work on site has been progressing well with the first phase (post office conversion) completed in June 2014. Phase 2 of the scheme is now on site and due for completion by the end of August 2014. The project has a total of five phases, with the scheme due to be fully completed and operational by December 2014.

5. NHS Property Services has confirmed that the overall budget for the HESA scheme is in excess of £1million and that they have already invested over and above the s106 allocation which has so far been released towards the scheme. They have therefore recently submitted a request to allocate and release a further £251,701 from seven health contributions currently held by the Council towards phases 2-5 of the scheme. If formally approved, this will take the total s106 allocation to £516,519.

6. A Cabinet Member report to request the formal allocation and release of further s106 contributions towards the scheme is currently being drafted and will be submitted to the Leader and the Cabinet Member for Finance, Property and Business Services for a formal decision in September.

Proposed new Yiewsley Health Centre (former Yiewsley Pool site)

7. Tenders for this scheme have been received and construction works are subject to a pre-let agreement with NHS England. A meeting was held in August between the Council and NHS PS to address any outstanding issues regarding the terms of the agreement. This was successful and the Council is now waiting to receive a signed agreement from NHS England before agreeing a timetable to proceed.

8. NHS PS has "earmarked" a total of £401,543 from s106 health contributions currently held by the Council towards the fitting out costs associated with the new health centre. Due to ongoing delays with the scheme, these funds are not likely to be needed until 2015/2016. This may be to be too late to spend one of the contributions held at H/8/186D (£15,549) which has a spend deadline in April 2015. Three contributions (totalling £70,672) with spend deadlines in 2014 have already been utilised by the Council towards the submission of the planning application for the site (Cabinet Member decision 03/03/2014). It may therefore be necessary, with the agreement of NHS Property Services, for the Council to also consider utilising this contribution towards the costs associated with building the health centre.

St Andrews Park

9. The Council has now received the healthcare contribution (£624,507.94) from the developer in accordance with Schedule 6 of the s106 agreement and the developer has therefore been released from their obligation to provide an on-site healthcare facility.

10. The Clinical Commissioning Group (CCG) is in the process of preparing a strategic case for the provision of a health hub in Uxbridge and would like to include the St Andrews Park development site as an option. The Council has received assurances from VSM that they are keen to work with the CCG to provide an onsite facility and the Council remains supportive of this proposal. The onus is, however, now on the CCG to continue to negotiate with VSM to see if a suitable site can be found and also advise the Council of how the financial contribution can best be spent to provide for the future healthcare need of the residents of the development.

Unallocated s106 health contributions

11. Appendix 1 attached to this report details all of the s106 health facilities contributions held by the Council as at 30th June 2014 (This excludes the contribution from St Andrews Park which was received in August and will be reported to Cabinet in December via the S106 Quarterly Monitoring Report). In consultation with NHS PS and the CCG, officers are continuing to explore options to ensure that these are spent to maximum effect to provide viable improvements for the benefit of local communities.

<u>GP expansions in the north of the Borough</u>

12. In line with the process that was agreed with the London wide Medical Committee (LMC) in August 2013, NHS Property Services are preparing to consult with GP practices in the north of the Borough in order to enable them to express an interest in spending unallocated contributions towards eligible expansion schemes. Due to recent organisational change within NHS Property Services, this process has been delayed and is now due to begin in early September.

<u>Possible expansion of NHS "health checks" at Hillingdon pharmacies.</u>

13. Local pharmacies have a key role in providing healthcare in the Borough and in recent years this role has been increasing in line with the demand for healthcare provision. Officers are therefore exploring the scope for using s106 healthcare contributions towards continuing to expand this role.

14. Most of the s106 funding currently held by the Council is earmarked by NHS Property Services towards the expansion/ improvement of GP Services in the Borough (see appendix 1) and as at the 1st August 2014, s106 has now been replaced by Hillingdon's Community Infrastructure Levy (CIL). There may, however, be some further contributions still to be received under existing S106 agreements, which depending on the terms of the individual agreement, might be able to be considered towards expanding the health services provided through pharmacies.

15. The Pharmaceutical Needs Assessment (PNA) for the Borough is currently being reviewed and is required to be in place by 1st April 2015. This will be used to highlight where the Borough's pharmaceutical needs are and the areas to be addressed.

16. One of the areas suggested for consideration is the possibility of further expanding the availability of NHS health checks at pharmacies in the Borough. NHS Health Check is a national prevention programme and is one of the five mandatory Public Health programmes that Local Authorities are required to deliver.

17. The programme aims to identify people at risk of developing heart disease, stroke, diabetes, kidney disease or vascular dementia. The health check is free and available to anyone between the ages of 40 and 74. The test includes checks on cholesterol levels, blood pressure and glucose levels as well as advice on healthy life styles. A print out of the results is given as part of the consultation and in some cases people can then be referred on to their GP if necessary.

18. Health checks are provided primarily through GP surgeries and some local pharmacies. Currently, 19 local pharmacies are contracted to provide an NHS Health Check service for local residents. These are generally in areas of deprivation. Extending the provision of this service to further local pharmacies in targeted areas of the borough where health needs are greatest, may help relieve the pressures on local GP services and increase access to the service outside of traditional GP hours. It is therefore proposed to explore this idea further in consultation with the CCG and NHS PS.

FINANCIAL IMPLICATIONS

As at 30 June 2014, there is £1,295,130 of Social Services, Health and Housing s106 contributions available of which £347,886 has been identified as a contribution for affordable housing and £49,602 towards a social services scheme. The remaining £897,642 is available to be utilised towards the provision of facilities for health. It is worth noting that £493,482 of the health contributions have no time limits attached to them.

The above figures do not include a subsequent contribution of £624,508 in respect of St Andrews Park which was received in August 2014 and will be reported to Cabinet in December via the quarterly S106 monitoring report.

The following tables set out the specific S106 contributions that are earmarked towards Hesa health centre expansion and Yiewsley health centre development.

Earmarked towards Phases 2-5 HESA Scheme (subject to formal allocation)

S106 Funding Reference	Development	Amount	Time Limit to Spend
H/16/210C	Fmr Hayes Stadium, Hayes	£105,044	March 2015
H/25/244C	505-509 Uxbridge Road, Hayes	£20,270	June 2018
H/26/249D	Fmr Glenister Hall. Hayes	£33,219	No time limit
H/29/267D	Fmr Ram PH, Dawley Road, Hayes	£6,069	No time limit
H/30/276G	Fmr Hayes FC, Church Road, Hayes	£68,698	July 2019
H/31/278D	6-12 Clayton Road, Hayes	£4,650	No time limit
H/38/303E	70 Wood End Green Road, Hayes	£13,751	No time limit
Total		**£251,701**	

Earmarked towards fitting out costs associated with Yiewsley Health Centre (subject to formal allocation)

S106 Funding Reference	Development	Amount	Time Limit to Spend
H/8/186D	92-105 High Street, Yiewsley	£15,549	April 2015
H/23/209K	Tesco, Trout Road, Yiewsley	£37,723	March 2016
H/32/284C	Fmr Honeywell site, Yiewsley	£5,280	No time limit
H/33/291C	Fmr Swan PH, West Drayton	£5,417	No time limit
H/42/242G	West Drayton Garden Village	£337,574	No time limit
Total		**£401,543**	

LEGAL IMPLICATIONS

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

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

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

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

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

The monies must not be used for any other purpose other than the purposes provided in the relevant section 106 agreement. Where monies are not spent within the time limits prescribed in those agreements, such monies should be returned to the payee.

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 will review the proposal and the section 106 agreement that secures the funding, to ensure that the Council is permitted to spend the section 106 monies on each proposed scheme. The content of the section 106 agreements in relation to King Edwards Medical Centre, Southcote Medical Centre, Wallasey Medical Centre, Pine Medical Centre referred to in this report have been assessed and approved in line with those procedures prior to release of the capital monies for the schemes.

The use of section 106 monies for future schemes mentioned in the report will need to be assessed against their respective agreements when these are finalised on a case by case basis.

BACKGROUND PAPERS

None.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 30/06/14	AS AT 30/06/14		
H/8/186D *54	Yiewsley	92-105, High St., Yiewsley 59189/APP/2005/3476	15,549.05	15,549.05	2015 (Apr)	Contribution received towards the cost of providing additional primary heath facilities in the Borough. Funds not spent by 20/04/2015 must be returned. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation request and approval.**
H/9/184C *55	West Ruislip	31-46, Pembroke Rd, Ruislip 59816/APP/2006/2896	21,699.53	13,115.10	2015 (Jul)	Contribution received towards primary health care facilities within a 3 mile radius of the development. Funds not spent by 01/07/2015 must be returned to the developer. **£8,560 allocated towards additional consulting room at King Edwards Medical Centre (Cabinet Member Decision 6/12/2013). Funds transferred to NHS PS Feb 14.**
H/10/190D *56	Uxbridge	Armstrong House & The Pavilions. 43742/APP/2006/252	43,395.00	43,395.00	2015 (Jul)	Contribution received towards primary health care facilities in the borough. Funds must be spent within 7 years of receipt. Funds not spent by 29/7/2015 are to be returned to the developer.
H/11/195B *57	Ruislip	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494	3,156.00	3,156.00	No time limits	Funds to be used to support the provision of local healthcare facilities arising from the needs of the development. No time limits.
H13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Funds received towards the provision of healthcare facilities in the Borough. No time limits.
H/16/210C *68	Botwell	Hayes Stadium, Judge Heath Lane, Hayes. 49996/APP/2008/3561	105,044.18	105,044.18	2015 (Mar)	Funds received as the healthcare facilites and places contribution towards the cost of providing; the expansion of health premises to provide additional facilites and services to meet increased patient user numbers or new health premises or services in the local area. Funds to be spent by March 2015. **Earmarked towards HESA extension, subject to request for formal allocation.**
H/18/219C *70	Yeading	Land rear of Sydney Court, Perth Avenue, Hayes. 65936/APP/2009/2629	3,902.00	3,902.00	No time limits	Funds received towards the cost of providing health facilites in the Authorities Area. No time limits. **£1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval.**

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 30/06/14	AS AT 30/06/14		
H/20/238F *72	West Ruislip	Former Mill Works, Bury Street, Ruislip. 6157/APP/2009/2069	31,441.99	31,441.99	2018 (Jun)	Contribution received as the health facilities contribution towards providing health facilities in the Authority's Area. Funds to be spent towards (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at local level or, any new facility required to compensate for loss of health facility caused by the development. First instalment to be spent by February 2018. Second instalment to be spent by June 2018.
H/21/237D *73	Eastcote	Bishop Ramsey School (lower site), Eastcote Road, Ruislip. 19731/APP/2006/1442	22,455.88	22,455.88	2016 (Feb)	Contribution received towards the provision of primary health care facilities in the Uxbridge area. Funds to be spent within 5 years of receipt (February 2016).
H/22/239E *74	Eastcote	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	Funds received towards the cost of providing health faciities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/23/209K *75	Yiewsley	Tesco, Trout Road,Yiewsley. 60929/APP/2007/3744	37,723.04	37,723.04	2016 (Mar)	Contribution received towards the provision of local health service infrastructure in the Yiewsley, West Drayton, Cowley area. Funds to be spent by March 2016. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation request and approval**.
H/25/244C *77	Townfield	505-509 Uxbridge Road, Hayes. 9912/APP/2009/1907	20,269.97	20,269.97	2018 (Jun)	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt (June 2018). **Earmarked towards HESA extension, subject to formal allocation.**
H/26/249D *78	Townfield	Former Glenister Hall, 119 Minet Drive, Hayes. 40169/APP/2011/243	33,219.40	33,219.40	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend. **Earmarked towards HESA extension, subject to formal allocation.**

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 30/06/14	AS AT 30/06/14		
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/29/267D *83	Botwell	Fmr Ram PH, Dawley Rd, Hayes 22769/APP/2010/1239	6,068.93	6,068.93	No time limits	Funds received towards the cost of providing expansion of health premisies to provide additional facilities and services to meet increased patient numbers or new health premisies or services in the local area. No time limits for spend. **Earmarked towards HESA extension, subject to formal allocation.**
H/30/276G * 85	Townfield	Fmr Hayes FC, Church Road, Hayes. 4327/APP/2009/2737	68,698.26	68,698.26	2019 (Jul)	Funds received as the first **and second** instalment towards the cost of providing health facilities in the Authority's area including the expansion of health premises to provide additional facilities, new health premises or services (see legal agreement for details). Funds to be spent within 7 years of receipt (July 2019). **Earmarked towards HESA extension, subject to formal allocation.**
H/31/278D *86	Botwell	6-12 Clayton Road, Hayes. 62528/APP/2009/2502	4,649.84	4,649.84	No time limits	Funds received towards the cost of providing expansion of health premisies to provide additional facilities and services to meet increased patient numbers or new health premisies or services in the local area. No time limits for spend. **Earmarked towards HESA extension, subject to request for formal allocation.**
H/32/284C *89	Yiewsley	Former Honeywell site, Trout Road, West Drayton (live/work units). 335/APP/2010/1615	5,280.23	5,280.23	No time limits	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.**

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 30/06/14	AS AT 30/06/14		
H/33/291C *91	West Drayton	Former Swan PH, Swan Road, West Drayton. 68248/APP/2011/3013	5,416.75	5,416.75	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises at local level. Any new facility required to compensate for loss of a health facility caused by the development. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.**
H/34/282F *92	West Ruislip	Lyon Court, 28-30 Pembroke Road, Ruislip 66985/APP/2011/3049	15,031.25	15,031.25	2019 (estimated)	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 5 years of completion of development. Estimated spend deadline 2019.
H/36/299D *94	Cavendish	161 Elliot Ave (fmr Southbourne Day Centre), Ruislip. 66033/APP/2009/1060	9,001.79	9,001.79	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of of a health facility caused by the development.
H/37/301E *95	Northwood	37-45 Ducks Hill Rd, Northwood 59214/APP/2010/1766	12,958.84	12,958.84	2018 (July)	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/38/303E *96	Botwell	70 Wood End Green Rd, Hayes 5791/APP2012/408	13,750.73	13,750.73	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. **Earmarked towards Hesa extension, subject to formal allocation.**
H/39/304C *97	Yeading	Fmr Tasman House, 111 Maple Road, Hayes 38097/APP/2012/3168	6,448.10	6,448.10	2020 (Aug)	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 30/06/14	AS AT 30/06/14		
H/40/306D *98	Hillingdon East	Fmr Knights of Hillingdon, Uxbridge 15407/APP/2009/1838	4,645.60	4,645.60	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/41/309D *99	Uxbridge South	Fmr Dagenham Motors, junction of St Johns Rd & Cowley Mill Rd, Uxbridge 188/APP/2008/3309	12,030.11	12,030.11	2020 (Oct)	Funds received towards the provision of healthcare services in LBH as necessitated by the development.
H/42/242G *100	West Drayton	West Drayton garden Village off Porters Way West Drayton. 5107/APP/2009/2348	337,574.00	337,574.00	No time limits	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to request for formal allocation.**
H/44/319D *44	Northwood Hills	117 Pinner Road, Northwood 12055/APP/2006/2510	24,312.54	24,312.54	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/46/323G *104	Eastcote	150 Field End Road, (Initial House), Eastcote 25760/APP/2013/323A	14,126.88	14,126.88	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	**906,226.86**	**897,642.43**		

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PHARMACEUTICAL NEEDS ASSESSMENT

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Sharon Daye (Interim Director of Public Health)
Papers with report	None

1. HEADLINE INFORMATION

Summary	From 1 April 2013, the statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area transferred to Health and Wellbeing Boards from Primary Care Trusts. This statement is known as the Pharmaceutical Needs Assessment (PNA). The PNA assists in the commissioning of pharmaceutical services to meet local priorities. NHS England also uses the PNA when making decisions on applications to open new pharmacies. This paper presents to the Hillingdon Health and Wellbeing Board (HWB) the key findings from an update of Hillingdon's PNA and draft recommendations from the updated assessment. The paper seeks permission from the Board to proceed to a statutory 60-day consultation.
Contribution to plans and strategies	An up-to-date pharmaceutical needs assessment contributes to the development of Hillingdon's Health and Wellbeing Strategy.
Financial Cost	There are no direct financial implications arising from the recommendations set out in this report.
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **agree the draft recommendations set out in Hillingdon's Pharmaceutical Needs Assessment (PNA).**
2. **agree the plan to review and publish Hillingdon's PNA by the required deadline, including the statutory requirement to undertake a minimum 60 day consultation.**
3. **agree to delegate the final approval of Hillingdon's PNA consultation document prior to consultation to the Chairman of the Health and Wellbeing Board.**

3. INFORMATION

PNA requirements

1. The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) to improve the health and wellbeing of the local population and to reduce health inequalities. The Act transferred the responsibility to develop and update Pharmaceutical Needs Assessments (PNA) from Primary Care Trusts to HWBs, effective from 1 April 2013.

2. The PNA is a statement of the current provision of needs for pharmaceutical services for the population in the area of the HWB. The PNA allows consideration to be given to applications for new pharmacies or changes to existing services by seeing how the services provided will meet an identified need. The PNA also assists in identifying whether changes to commissioned services are required to ensure that both current and future needs are met.

3. HWBs are required to publish their first PNA by 1 April 2015, and to publish a revised PNA within three years of the first assessment. Non-compliance with the regulations may lead to a legal challenge, for example where a party believes that they have been disadvantaged following the refusal of their application to open a new pharmacy business.

4. For the purpose of the assessment, pharmaceutical services include:

    - **Essential services** - Every community pharmacy providing NHS pharmaceutical services must provide essential services which are set out in their terms of service. This includes the dispensing of medicines (including repeat dispensing), medicines disposal, promotion of healthy lifestyles and support for self-care.
    - **Advanced services** – These are services which community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary. Advanced services include: Medicines Use Reviews (MUR), the New Medicines Service, Appliance Use Reviews and the Stoma Customisation Service, which can be provided by dispensing appliance contracts and community pharmacies.
    - **Locally commissioned services** – These are known as enhanced services. Such services include, but are not restricted to: Patient Group Directions (where specific medicines can be supplied to patients without the need for a doctor to write a prescription), needle and syringe exchange, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.

5. The PNA must align with other plans for local health and social care services, including the Joint Strategic Needs Assessment (JSNA). The pharmaceutical needs assessment should be a statement which has regard to the following:

    - the demography of the area
    - the pharmaceutical services available in the area of the Health and Wellbeing Board
    - whether, in the area, there is sufficient choice with regard to obtaining pharmaceutical services
    - the differing needs of localities within the area
    - the pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Board which affect:
        - the need for pharmaceutical services

- whether further provision of pharmaceutical services in the area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type. This could include for example new services in response to new housing developments.

6. It is expected that the statement will also include information about:

   - How the assessment was carried out – the localities in the area and how these were determined, the different needs across the localities including those people who share particular characteristics and a report on the consultation undertaken.
   - Maps: HWBs are required to include a map in their PNA identifying the premises at which pharmaceutical services are provided. The Health and Wellbeing Board is required to keep the map up to date.

7. When making an assessment of local pharmacy services, each Health and Wellbeing Board must take account of likely future needs having regard to likely changes to the number of people who require pharmaceutical services, the demography, and the risks to the health or well-being of people in the area. Specifically the assessment should identify potential gaps in provision that could be met by providing a greater range of services offered by pharmacies or through opening more pharmacies.

Management of the process

1. The Board agreed at its July 2014 meeting to a 'task and finish' approach to developing the Hillingdon PNA. Good progress has been made. A Task and Finish Group, as well as a Steering Group have been established, to oversee the completion of the PNA. The Board agreed that the Steering Group should be a multi-agency group which includes representation from London Borough of Hillingdon, NHS Hillingdon Clinical Commissioning Group, Healthwatch, the Local Pharmaceutical Committee and the NHS England Area Team.

2. The update of Hillingdon's PNA has involved reviewing and analysing the most up to date health and wellbeing data, population data as well as information about the provision of pharmacies across the Borough and the services they provide. Feedback has been received from all the pharmacies in Hillingdon.

Draft PNA recommendations

1. To recognise that Pharmaceutical services in Hillingdon are well resourced. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.

Reason for recommendation

Pharmacy provision is good across all three localities in Hillingdon. In the pharmacy service survey pharmacists stated their willingness to provide services that may be required in the future.

2. Pharmacy services should be promoted to the local population.

Reason for recommendation

Many residents may require health advice from a health professional when their GP Practice is closed. The pharmacy could be the first port of call due to the high degree of accessibility to pharmaceutical services across Hillingdon.

3. **Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.**

   Reason for recommendation

   This could include local and national public health campaigns (e.g., NHS healthchecks, the stop smoking service, influenza immunisation and sexual health services) to address key local health and wellbeing needs.

4. **Encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).**

   Reason for recommendation

   There are many people on GP disease registers some of whom would have more than one disease who would benefit from a frequent review of their prescription medicines.

5. **Community pharmacists should use the 'Making Every Contact Count' (MECC) approach while dispensing medicines in order to target individuals with public health messages and improve the health of Hillingdon residents.**

   Reason for recommendation

   Earlier intervention through targeted health promotion advice by health professionals would aid positive life style changes. Contact with residents through local pharmacies in Hillingdon is a good opportunity to promote health and wellbeing.

Key findings and background information included in Hillingdon's updated PNA

The London Borough of Hillingdon

- Hillingdon has 22 electoral wards within three localities: Ruislip & Northwood in the northern part of the Borough, Uxbridge & West Drayton in the central part of the Borough and Hayes & Harlington in the south.

Demography

- The population resident in Hillingdon in 2015 is estimated at 295,000 persons. This is split between the three localities of Ruislip & Northwood (32%), Uxbridge & West Drayton (33%) and Hayes & Harlington (35%). The population is expected to rise by 1.4% per annum over the next 5 years which is higher than the rate of both London and England. Most wards in Hillingdon will see a 500-1,000 person increase in their population over the next 5 years. The ward of Uxbridge North is expected to see an increase of 4,500 persons, due to the St Andrews Park development. The main increases in the Borough are expected in the age bands 0-17, 25-39 and 40-64 years. All age groups are expected to see an increase in the proportion of Black and minority ethnic groups between 2015 and 2020.

- The main driver of population growth in Hillingdon over the next 5 years is projected to be natural change (the surfeit of births over deaths). 30% of the population growth is projected to result from net inward migration. The number of births will increase slightly to 4,900. The number of births is higher in Hayes & Harlington, than in Uxbridge & West Drayton, which in turn is higher than Ruislip & Northwood.

- Hillingdon has a mixed socio-economic profile, the deprivation level of which is the same as England. The wards in Ruislip & Northwood tend to have the least deprivation while

those wards in Hayes & Harlington tend to be more deprived than the Hillingdon average. The highest number of older people (age 60+ years) is in Ruislip & Northwood.

- Hillingdon is economically prosperous. The Borough has a lower proportion of economically inactive people than London or England. The proportion of the working age population (age 16-64 years) receiving carers allowance is highest in the ward of West Drayton (1.6%). The number of carers aged 65+ is highest in Ruislip & Northwood and lowest in Hayes & Harlington. Car and van ownership in all wards in Hillingdon is higher than the average for London. 37% of working aged residents (age 16-74) use a car or get a lift to work, 25% use public transport, are on foot or use a bicycle.

Epidemiology (diseases and their cause within populations)

- In general Hillingdon enjoys a higher life expectancy in both males and females than the average for London or England. Botwell has the lowest life expectancy in both males (age 77) and females (age 80).
- Mortality rates from all causes have been falling in Hillingdon in line with London and England, both for all ages and for those aged under 75 years.
- The number of people on GP registers for obesity and diabetes in Hillingdon is highest in Hayes & Harlington. GP register derived prevalence for coronary heart disease, hypertension, chronic kidney disease, cancer, osteoporosis and depression are highest in Ruislip & Northwood. Register derived prevalence of chronic obstructive pulmonary disease is highest in Uxbridge & West Drayton.
- The number of people attempting to quit smoking and the number of people successfully stopping is highest in Hayes & Harlington.
- Influenza immunisation in Hillingdon is comparable to England as a whole at 71%, however, this is below the Chief Medical Officer's (CMO's) target of 75%. Looking at higher risk groups, coverage is 53% which is higher than England, but still below the CMO's target of 60%.
- Teenage pregnancy in Hillingdon has decreased year on year recently and is lower than the England average. The rate of conceptions (age <18 years) in the wards of Harefield and Heathrow Villages, however, was double the England rate in 2011 (the latest available comparative data). The rate of diagnosis of Sexually Transmitted Infections in all ages in Hillingdon (nearly 1.0%) is higher than the England average.
- Drug treatment services achieve more successful outcomes in Hillingdon than across England. Alcohol specific admission rates in Hillingdon are in line with England other than among younger drinkers. Hospital admission rates among those aged under 18 are significantly higher than the England average.

Service Provision (pharmacies)

- The number of pharmacies are evenly geographically distributed across Hillingdon with at least 21 per locality. The number of pharmacies per head of population in Hillingdon exceeds the England and London averages. In Hayes and Harlington provision is just below the England average rate per head of population, however, there are additional 20 or so pharmacies within 1 km, but sited in neighbouring boroughs. There appears to be very good accessibility with 99.7% of households in Hillingdon within a 5 minute drive of a pharmacy.
- Of the 66 pharmacies in Hillingdon:
    - 28 are provided by large multiple providers, 31 are independent pharmacies and 6 are part of chains of fewer than 5 pharmacies.

- 64 provide a Medicines Use Review (MUR) service, helping people to understand and administer their medications appropriately. 19,000 MURs were conducted in 2013/14.
- 64 have offered a new medicines service over the last year.
- 6 pharmacies (2 in each locality) provide a stoma appliance customisation service.
- Most pharmacies across all three localities would be willing to provide services that they do not yet provide.

Next steps

1. The National Health Service Pharmaceutical and Local Pharmaceutical Services Regulations 2013 state that there is a statutory requirement to undertake a minimum 60-day consultation with stakeholders for the updated PNA. Subject to agreement by the Board of these recommendations, it is proposed that the 60-day consultation will run between 24 September 2014 and 23 November 2014.

2. The following stakeholders are required to be invited to comment on the draft PNA:
   - Local Pharmaceutical Committee (LPC)
   - Local Medical Committee (LMC)
   - Representatives from the local Pharmacists
   - Hillingdon Clinical Commissioning Group
   - Healthwatch Hillingdon
   - Hillingdon Hospitals Trust
   - Other hospital trusts used by Hillingdon residents, e.g., Ealing, and Northwest London Hospitals Trust
   - Neighbouring HWBs
   - NHS England Area Office

3. The full PNA consultation document will be placed on the Council website from 24 September for 60 days. The stakeholders will be contacted by e-mail which will contain the web-link directing them to the consultation document and the following suggested questions:
   a. Do you think the purpose of the PNA has been adequately explained?
   b. Do you think the PNA provides an adequate assessment of pharmaceutical services in the London Borough of Hillingdon?
   c. Do you think the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the population of the London Borough of Hillingdon?
   d. Do the recommendations reflect the findings of the PNA?

4. Comments from the consultation will be reviewed and included in the PNA where appropriate. The final PNA will be presented to Hillingdon's Health and Wellbeing Board for consideration and agreement on 5 December 2014. The Health and Wellbeing Board are required to publish the PNA by 1 April 2015.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The recommendations will inform future commissioning decisions to ensure sufficient and effective provision of pharmaceutical services to meet local needs. Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services.

Consultation Carried Out or Required

None at this stage. The PNA action plan and timetable presented to the Health and Wellbeing Board includes consultation with key stakeholders on the draft pharmaceutical needs assessment for a minimum period of 60 days.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

From the 1 April 2013, *The Health and Social Care Act 2012* placed a statutory obligation on local authorities, through Health and Wellbeing Boards (HWBs), to develop and update Pharmaceutical Needs Assessments (PNAs). Pursuant to *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* HWBs are required to produce their first PNAs by 1 April 2015, and reviewed every three years thereafter. Schedule 1 of the *2013 Regulations* sets out matters to be covered in the PNAs.

HWBs are committees of the Local Authority, with non-executive functions, constituted under the *Local Authority 1972 Ac*t, and are subject to local authority scrutiny arrangements.

6. BACKGROUND PAPERS

NIL.

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BOARD PLANNER & FUTURE AGENDA ITEMS

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

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

3. INFORMATION

Supporting Information

Reporting to the Board

The Board Planner, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. 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 but report authors should note the report deadlines detailed within the attached Board Planner. 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 the inclusion of 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 were agreed by Council on 16 January 2014 and will be held at the Civic Centre, Uxbridge:

- Thursday 11 December 2014 at 2.30 pm - Committee Room 6
- Tuesday 17 March 2015 at 2.30 pm - Committee Room 6

Board meeting dates for 2015/2016 will be considered by Council in due course as part of the authority's Programme of Meetings for the new municipal year.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

NIL

APPENDIX 1

BOARD PLANNER

11 Dec 2014 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 21 November 2014 **Agenda Published** 3 December 2014
	Update Report - Joint Health and Wellbeing Strategy / Public Health / BCF	LBH	
	Hillingdon CCG Update Report (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update – Allocation of S106 Health Facilities Contributions (SI)	LBH	
	Hillingdon's Joint Strategic Needs Assessment	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	

17 Mar 2015 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 27 February 2015 **Agenda Published:** 9 March 2015
	Update Report - Joint Health and Wellbeing Strategy / Public Health / BCF	LBH	
	Hillingdon CCG Update Report (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update – Allocation of S106 Health Facilities Contributions (SI)	LBH	
	HCCG 5 Year Strategic Plan and 2 Year Operating Plan	HCCG	
	Local Safeguarding Children's Board (LSCB) Annual Report	LBH	
	Safeguarding Adults Partnership Board (SAPB)	LBH	
	Annual Report Board Planner & Future Agenda Items (SI)	LBH	

** SI = Standing Item*

Other possible business of the Board:

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