



HILLINGDON  
LONDON



# Health and Wellbeing Board

**Date:** THURSDAY, 11 DECEMBER 2014

**Time:** 2.30 PM

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

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

## **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***

Lloyd White  
Head of Democratic Services  
London Borough of Hillingdon,  
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# Agenda

## **CHAIRMAN'S ANNOUNCEMENTS**

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 23 September 2014 1 - 6
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

## **Health and Wellbeing Board Reports - Part I (Public)**

- 5 Board Membership Changes 7 - 10
- 6 Better Care Fund: Update 11 - 14
- 7 Joint Health & Wellbeing Strategy Refresh 2014-17 15 - 64
- 8 Update: Allocation of S106 Health Facilities Contributions 65 - 78
- 9 Pharmaceutical Needs Assessment 2015 79 - 124
- 10 CCG Update Report 125 - 128
- 11 Healthwatch Hillingdon Update 129 - 140
- 12 Board Planner & Future Agenda Items 141 - 144

## **Health and Wellbeing Board Reports - Part II (Private and Not for Publication)**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

23 September 2014

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



HILLINGDON  
LONDON

#### **Statutory Board Members Present:**

Councillor Ray Puddifoot MBE (Chairman)  
Councillor Philip Corthorne (Vice-Chairman)  
Councillor David Simmonds  
Councillor Douglas Mills  
Dr Ian Goodman – Hillingdon Clinical Commissioning Group  
Jeff Maslen – Healthwatch Hillingdon

#### **Statutory Board Members:**

Tony Zaman – Statutory Director of Adult Social Services and Interim Statutory Director of Children and Young People's Services  
Sharon Daye – Statutory Director of Public Health

#### **Co-opted Members Present:**

Jean Palmer – LBH Deputy Chief Executive and Corporate Director of Residents Services  
Nigel Dicker – LBH Deputy Director: Public Safety & Environment  
Dr Reva Gudi – Hillingdon Clinical Commissioning Group (Clinician)  
Ceri Jacob – Hillingdon Clinical Commissioning Group (Officer) (substitute)  
Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute)

#### **LBH Officers Present:**

Kevin Byrne, Glen Egan, Gary Collier, Steve Powell and Mark Braddock

#### **LBH Councillors Present:**

Councillor Phoday Jarjussey

**Press & Public:** 1 public

#### 16. **APOLOGIES FOR ABSENCE** (*Agenda Item 1*)

Apologies were received from:

1. Councillors Jonathan Bianco, Keith Burrows and Scott Seaman-Digby.
2. Co-opted Member Ms Robyn Doran from Central and North West London NHS Foundation and also her substitute member, Ms Maria O'Brien, as their Board meeting clashed with the Health & Wellbeing Board meeting.
3. Co-opted Member Mr Rob Larkman from the Hillingdon Clinical Commissioning Group who was substituted at the meeting by Ms Ceri Jacob.
4. Co-opted Member Mr Robert Bell from the Royal Brompton and Harefield NHS Foundation Trust who was substituted at the meeting by Mr Nick Hunt.

17.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> <i>(Agenda Item 2)</i></p> <p>No interests were declared in matters before the meeting.</p>
18.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 22 JULY 2014</b> <i>(Agenda Item 3)</i></p> <p>The minutes of the meeting held on 22 July 2014 were agreed as a correct record.</p>
19.	<p><b>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</b> <i>(Agenda Item 4)</i></p> <p>Matters to be discussed in both public and private parts of the meeting were agreed as per the agenda.</p>
20.	<p><b>JOINT HEALTH AND WELLBEING STRATEGY 2014-2016</b> <i>(Agenda Item 5)</i></p> <p>The Vice-Chairman of the Board introduced the report and the further work proposed to be undertaken to bring together reporting information for Hillingdon's Joint Health and Wellbeing Strategy, the Public Health Action Plan and the Better Care Fund (BCF) Plan which was welcomed by all.</p> <p>Members noted that supplementary guidance on the Better Care Fund had been issued during July and August, which had required a full rewrite of the Plan. The guidance had not been clear as to how the new burdens imposed on local authorities under the Care Act should be funded. At this stage therefore, Board Members considered they were not in a position to approve the BCF Plan.</p> <p>It was decided by the Board that the Chairman would write to the Secretary of State for Health outlining the outstanding issue and seeking a meeting with him at the earliest opportunity in an attempt to seek a resolution. The Board approved that, should the case arise where the issue regarding new burdens had been resolved, then the BCF Plan could be agreed by all parties and that the necessary delegated authority be given to enable this.</p> <p><b>RESOLVED: That the Board:</b></p> <ol style="list-style-type: none"> <li><b>1) Agrees 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;</b></li> <li><b>2) Agrees that a refreshed action plan is presented to the next Board meeting in December 2014;</b></li> <li><b>3) Notes that the Better Care Fund Plan not be agreed at this point;</b></li> <li><b>4) Requests the Chairman to write to the Secretary of State for Health outlining the Board's issues regarding the Better Care Fund, seeking a meeting with him; and</b></li> <li><b>5) Delegates any final sign-off of the Better Care Fund Plan to both the Chairman of the Board and the Chairman of the Hillingdon Clinical Commissioning Group, in light of the above.</b></li> </ol>

21.	<p><b>HILLINGDON CCG UPDATE</b> (<i>Agenda Item 6</i>)</p> <p>The Chairman of the Hillingdon Clinical Commissioning Group (CCG) introduced the report and provided Members with a useful update on the Primary Care Co-Commissioning proposals to National Health Service England (NHSE) and work to further integrate services.</p> <p>Changes to Accident and Emergency out of the Borough that could have a potential impact were also raised in light of the reclassification of A&amp;E in some hospitals as Urgent Care Centres. An update was also given on CCG commissioning and re-designing of service delivery.</p> <p>The Chairman of the Board indicated his support for the Hillingdon CCG's co-commissioning preferred route with NHSE and sought clarification over how targeted efficiency savings would be met. The Chairman of the Hillingdon CCG indicated that this was laid out in a 3 year plan for savings.</p> <p><b>RESOLVED: That the Board notes the update for information.</b></p>
22.	<p><b>HILLINGDON CCG FINANCE UPDATE</b> (<i>Agenda Item 7</i>)</p> <p>The Chairman of the Hillingdon CCG introduced the report. Clarification was sought by the Board from the CCG's Chief Finance Officer attending the meeting about the organisation's deficit position.</p> <p>Further information was given over the reconciliation between the actual position and one-off budget items during the year. The Chairman of the Board indicated that it would be useful for future updates to the Board to show actual income and expenditure on one hand, with any extraordinary items show separately. The Board welcomed that fact that the CCG's finances were going in the right direction.</p> <p><b>RESOLVED: That the Board notes the update for information.</b></p>
23.	<p><b>HEALTHWATCH HILLINGDON UPDATE</b> (<i>Agenda Item 8</i>)</p> <p>The Chairman of Healthwatch Hillingdon outlined the activity during the first quarter and how the relatively new independent consumer champion was working well with commissioners and providers in the health sphere. It was noted that the organisation was seeking to establish a robust performance management framework.</p> <p>The Board welcomed the good progress made by the organisation.</p> <p><b>RESOLVED: That the Board notes the report received.</b></p>
24.	<p><b>UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS</b> (<i>Agenda Item 9</i>)</p> <p>The Board was provided with an update on the progress being made in allocating and spending planning contributions towards the provision of healthcare facilities in the Borough.</p> <p>Members noted the progress with the new Yiewsley Health Centre, to serve residents in the south of the Borough.</p>

	<p>The Board considered that the proposed St. Andrew's Park Health Centre on the former RAF Uxbridge site, was progressing less satisfactorily due to a number of factors. The Chairman of the Board indicated that the Council would be willing to assist the CCG in this venture and also potentially raise the issue of the slow interaction of NHS Property Services on this with the Secretary of State for Health.</p> <p>Members welcomed the report, but requested that, in future, such reports show the risks associated with planning contributions more clearly.</p> <p><b>RESOLVED: That the Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.</b></p>
25.	<p><b>PHARMACEUTICAL NEEDS ASSESSMENT</b> (<i>Agenda Item 10</i>)</p> <p>The Vice-Chairman of the Board welcomed the report and highlighted how pharmacies could play an even more important role in helping the Board help deliver its strategic health and wellbeing objectives. The Board Chairman agreed that Hillingdon People could be used to assist in this.</p> <p>It was noted that the Pharmaceutical Needs Assessment would go out for the wider statutory consultation exercise before coming back to the Board.</p> <p><b>RESOLVED: That the Board:</b></p> <ol style="list-style-type: none"> <li>1. <b>Agrees the draft recommendations set out in Hillingdon's Pharmaceutical Needs Assessment (PNA);</b></li> <li>2. <b>Agrees the plan to review and publish Hillingdon's PNA by the required deadline, including the statutory requirement to undertake a minimum 60 day consultation; and</b></li> <li>3. <b>Agrees to delegate the final approval of Hillingdon's PNA consultation document prior to consultation to the Chairman of the Health and Wellbeing Board.</b></li> </ol>
26.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (<i>Agenda Item 11</i>)</p> <p>The Board considered its upcoming work programme.</p> <p><b>RESOLVED: That the Board requested that the Pharmaceutical Needs Assessment, following consultation, be added to the December meeting for approval.</b></p>
27.	<p><b>HILLINGDON CCG COMMISSIONING INTENTIONS 2015/16</b> (<i>Agenda Item 12</i>)</p> <p>The Chairman of the CCG and Co-opted Member, Ms Ceri Jacobs outlined the proposed Commissioning Intentions that would set out the health priorities that the CCG needed to focus on in the coming year and noted that consultation with the public would feed into the proposals.</p> <p>In response to a query from the Cabinet Member for Education and Children's Services about how concrete the targets would be for paediatric service objectives, a reassurance was given that there would be more detail on this in the final schedule to be developed.</p> <p>The Vice-Chairman of the Board put forward the importance of mental health services</p>



	<p>and the Chairman of the Board pointed out that the Commissioning Intentions should be linked up with the budget. Confirmation from the CCG was given that this would be the case.</p> <p>The representative from the Royal Brompton &amp; Harefield NHS Foundation Trust, Mr Nick Hunt, queried whether Breathlessness Services would form part of the proposals. Ms Ceri Jacobs assured him that this would be the case.</p> <p><b>RESOLVED: That the Board approves the direction of travel for the draft 2015/16 Commissioning Intentions and delegate authority for final sign off to the Chairmen of both the Board and Hillingdon Clinical Commission Group.</b></p> <p><b>Exempt Information</b></p> <p><i>This report was included in Part II as it contained information relating to the financial or business affairs of any particular person (including the Authority holding that information) and the public interest in withholding the information outweighed the public interest in disclosing it (exempt information under paragraph 3 of Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 as amended.</i></p>
28.	<p><b>ANY OTHER ITEMS THE CHAIRMAN AGREES ARE RELEVANT AND URGENT</b> (Agenda Item 13)</p> <p>No further items were considered by the Board.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.10 pm.</p>

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

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## BOARD MEMBERSHIP CHANGES

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

### 1. HEADLINE INFORMATION

<b>Summary</b>	Board members are asked to agree a change to the membership.
<b>Contribution to plans and strategies</b>	Joint Health & Wellbeing Strategy
<b>Financial Cost</b>	None.
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	N/A
<b>Ward(s) affected</b>	N/A

### 2. RECOMMENDATIONS

**That the Health and Wellbeing Board agree that Mr Richard Sumray be appointed as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted Substitute member on the Board.**

### 3. INFORMATION

#### **Supporting Information**

##### Membership

The Board is chaired by the Leader of the Council. It has Statutory Members, as required by law, which includes officers of the Council, a representative of local Clinical Commissioning Group and a representative of Healthwatch Hillingdon.

Following the Board meeting on 22 July 2014, Council (on 11 September 2014) agreed a change to the named substitute for the Statutory Director of Adult Social Services as detailed in Appendix 1.

The Local Trusts and NHS representatives are invited to attend Board meetings as Co-opted Members. Statutory Members and Co-opted Members are allowed a single nominated/named substitute.

As the Mr Richard Sumray has taken over as the Interim Chair of The Hillingdon Hospitals NHS Foundation Trust Board, a request has been made that he replaces Mr James Reid as the Trust's Non-Voting Co-opted Substitute member on the Hillingdon Health and Wellbeing Board. It should be noted that, as this is a proposed change to the Non-Voting Co-opted membership of the Board, there is no need for it to be ratified by Council and, if agreed by the Board, can be implemented immediately.

### Voting Rights

In addition to Councillors, the statutory representatives from the local Clinical Commissioning Group and Healthwatch Hillingdon (and their substitutes if required) will be entitled to vote at meetings but Co-opted Members and Council officers will not.

The only exception to these voting rights is that the Deputy Chief Executive and Corporate Director of Residents Services, as a Co-opted Member, has voting rights. This is due to her significant corporate and resident facing remit across a whole range of Borough-wide services, including public health.

The national regulations surrounding the Board require that all 'voting' members sign up to the Council's Code of Conduct. The Code of Conduct is a set of golden rules by which Elected Councillors must follow to ensure high standards in public office. It includes a public declaration of any interests. It should be noted that the term "Co-opted Member", so far as the Code of Conduct is concerned, is different to that of a Co-opted Member on the Board.

The Board requires that the confidential nature of reports containing exempt information within the meaning of section 100I of the Local Government Act 1972 (commonly known as Part II reports) is observed at all times and by all members of the Board. As Co-opted non-voting members of Hillingdon's Health and Wellbeing Board are not bound by the Council's Code of Conduct, these members are asked to complete a confidentiality agreement. This agreement notes the confidentiality requirement and the need to refrain from discussing or disclosing any aspect of confidential reports to any individual or body outside of the meeting.

### **Financial Implications**

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

## **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendation?**

N/A

### **Consultation Carried Out or Required**

Consultation with the Chairman of the Board and relevant officers.

## **5. CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance comments**

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

### **Hillingdon Council Legal comments**

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

Sections 195 and 196 of the Health and Social Care Act 2012 specify the functions of the Board. These duties are to encourage persons engaged in the provision of any health or social care services "to work in an integrated manner" and to "provide advice, assistance or other support" to encourage joint working between local authorities and NHS bodies. Section 196 also specifies that the Board is to exercise the Council's functions under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 - assessment of health and social care needs in the Borough and the preparation of the Joint Health and Wellbeing Strategy.

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

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

## **6. BACKGROUND PAPERS**

9 May 2013 Council Meeting Agenda and Decisions

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

11 September 2014 Council Meeting Agenda and Decisions

<http://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CId=117&MId=1954&Ver=4>

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

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

## BETTER CARE FUND: UPDATE

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

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>This report provides an update following the Board's meeting on 23 September 2014, where it was agreed not to submit a final signed Hillingdon BCF plan and for the Chairman to write to the Secretary of State.</p> <p>Since then, clarification has been provided that the money identified for new burdens under the Care Act should come across to the Council under the s.75 agreement. Given this amount now forms part of the pooled fund, it will have consequences for other expenditure identified in the draft plan which falls to the Hillingdon Clinical Commissioning Group (HCCG).</p> <p>At present it is not envisaged that this will impact on the pathway approach identified in the plan, just on which costs fall within and without the shared pot under s.75.</p> <p>Officers are also working with NHS England who has provided feedback on the draft plan which identifies some areas where the plan could usefully be updated. This includes specifying the costs to which the new burdens funding will be allocated and considering the question of whether the 3.5% target for reducing emergency admissions to hospital is realistic.</p> <p>A timeline has been set to aim to complete and sign off an updated plan taking all these points into account for review by NHS England by 9 January 2015. It is suggested that Board approval is sought over this time frame once a final plan is ready, under the delegated powers given to the Chairman of the Board and the Chairman of HCCG.</p>
<b>Contribution to plans and strategies</b>	The Better Care Fund (BCF) is a mandatory process through which existing budgets are pooled and then reallocated based on approved plans for closer integration of health and social care activities.
<b>Financial Cost</b>	

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<b>Ward(s) affected</b>	All
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## **2. RECOMMENDATION**

**That the Health and Wellbeing Board is asked to note the progress so far and agree to officers continuing to work towards a submission date of 9 January 2015 for a final BCF plan to be signed off by the Board under existing delegated powers to the Chairman and Chairman of HCCG.**

## **3. INFORMATION**

### **Supporting Information**

3.1. A Hillingdon Better Care Fund (BCF) plan was initially agreed by the Board in April 2014 and submitted on time to NHS England for review. It set out 11 current schemes, grouped into 4 workstreams and this framework still forms the developing Hillingdon BCF plan.

3.2. New guidance issued in July 2014 required some remodelling of Hillingdon's Better Care Fund plan to meet a new submission date of 19 September 2014. At its meeting on 23 September 2014, the Board agreed not to submit a plan because of ambiguity in the guidance regarding the Care Act new burdens funding for Adult Social Care costs. A sum of £838k was indicated as included in the Fund for this purpose but included in the allocations to the CCG.

3.3. The Board agreed that the Chairman of the Board should write to the Secretary of State and raise this issue directly with the BCF National Director. The Secretary of State has responded and the Chairman of the HCCG has now confirmed that the CCG will allocate £838k of the BCF for implementation of the Care Act.

3.4. Both the Council and the CCG have indicated that only the minimum should be included in the BCF pooled budget in its first year, so providing the new burdens funding of £838k will require the CCG to remove this amount of funding from a scheme currently in the draft BCF plan. This should not, however, undermine the pathway approach taken in the BCF, nor impact on the integrity of the plan, as it is work that has been agreed will be taken forward as part of wider work on integration anyway.

3.5. As expected, formal notification was received from NHS England on 31 October 2014 that the draft unsigned plan had not been approved and a Better Care Advisor has been appointed to support Hillingdon. A number of areas of feedback and clarification have also been provided and an updated plan is in development. One question being explored is whether the plan could justify having a less ambitious target for reducing emergency hospital admissions, given the national given target of 3.5% is for the whole population and Hillingdon BCF is focussed on over 65s.

3.6. NHS England has asked that final approved plans should be sent to them by 9 January 2015. The work currently underway, therefore, entails:

- Updating the financial modelling to reflect the different treatment of the £838k within the BCF.



- Reconsidering the metrics in light of feedback from NHSE.
- Action on feedback from NHSE on draft plan and revising some of the narrative.
- Reassuring the CCG governing body that the Care Act new burdens are robust and contained within the BCF.
- Seeking further endorsement from partners including primary providers and the voluntary sector that the plan adequately reflects plans and targets and is supported.
- Seeking final sign off under delegated powers for submission by 9 January 2015.

#### **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

##### **What will be the effect of the recommendation?**

4.1. The recommendation will provide a way forward to agree a Hillingdon BCF plan in accordance with national guidance.

##### **Consultation Carried Out or Required**

4.2. The draft plan has been developed with key stakeholders in the health and social care sector and through engagement with residents.

##### **Policy Overview Committee comments**

4.3. None at this stage.

#### **5. CORPORATE IMPLICATIONS**

##### **Hillingdon Corporate Finance Comments**

5.1. A summary of the key components in the draft BCF financial plan for 2015/16 is set out below.

<b>Key components of funding 2015/16</b>	<b>£000's</b>
NHS Commissioned Services funding	8,480
Non elective saving/Performance Fund	1,552
Care Act New Burdens Funding	838
Protecting Social Care funding	7,121
<b>Overall BCF Total funding</b>	<b>17,991</b>

5.2. The proposed funding to protect Social Care is estimated to be £7,121k, made up of the current section 256 funding of £4,772k, capital funding for DFG's etc of £2,349k. The contribution of £838k towards the Council's responsibilities under the Care Act is currently reflected separately whilst discussions continue to reassure the CCG governing body that the proposed expenditure on the Care Act new burdens reflect the Council's new responsibilities under the Act.

##### **Hillingdon Council Legal comments**

5.3. The Better Care Fund provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability.

5.4. This report clarifies that the money identified for new burdens should come across to the Council under a section 75 agreement. This accords with the NHS England Planning Guidance [Developing Plans for the Better Care Fund] which states that, in relation to the statutory framework for the Fund, in 2015/16 the Fund will be allocated to local areas, where it will be put into pooled budgets under section 75 joint governance arrangements between CCGs and local authorities. A condition of accessing the money in the Fund is that CCGs and authorities must jointly agree plans for how the money will be spent. Funding will be routed through NHS England to protect the overall level of health spending.

## **6. BACKGROUND PAPERS**

None.

# Agenda Item 7

## JOINT HEALTH & WELLBEING STRATEGY: REFRESH 2014-17

<b>Relevant Board Member(s)</b>	Councillor Ray Puddifoot MBE Councillor Philip Corthorne
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Kevin Byrne, Administration Directorate
<b>Papers with report</b>	Appendix 1 - Refreshed Strategy including delivery plan and indicator scorecard.

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>This report presents a refresh of Hillingdon's Health and Wellbeing Strategy and Action Plan objectives for 2014-17, integrating activity from the Better Care Fund Plan and Public Health Action Plan.</p> <p>The Board instructed officers to produce a draft at its meeting on 23 September 2014.</p>
<b>Contribution to plans and strategies</b>	Hillingdon's Health and Wellbeing Strategy is a statutory requirement of the Health and Social Care Act 2012.
<b>Financial Cost</b>	There are no direct financial implications arising from this report.
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. notes and agrees the refreshed Hillingdon Health and Wellbeing Strategy 2014-17, including an updated delivery plan and scorecard; and
2. instructs officers to provide monitoring reports based on this Strategy to subsequent Health and Wellbeing board meetings.

### 3. INFORMATION

#### Supporting Information

- 3.1 At its meeting on 23 September, the Health and Wellbeing Board agreed to bring together reporting information for the Joint Health and Wellbeing Strategy, the Public Health Action Plan and the Better Care Fund (BCF) plan in the form of a refresh of the Joint and Health and Wellbeing Strategy 2014-17.
- 3.2 The updated strategy takes the BCF workstreams and activities agreed by the Board in April 2014 to form the basis of the current BCF draft plan. Progress regarding the BCF is included separately on the Health and Wellbeing Board agenda. Should the BCF plan, for

whatever reason, not be agreed, then the strategy would need to be adjusted to reflect this.

3.3 The current Joint Health and Wellbeing Strategy was first 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. The Board agreed in September that broadly, the information contained within the earlier plan remained current but should be refreshed to reflect more recent developments.

3.4 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

3.5 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

3.6 The refreshed JHWB Strategy is now set out in four parts:

- Forward, explanation and common principles - setting the scene as to the purpose and coverage of the Strategy.
- The four priority areas - including setting out the current position and progress to date against each priority.
- The more detailed Delivery Plan - setting out the actions proposed to deliver against priorities.
- Scorecard of indicators, taken from the Public Health, Social Care and NHS outcome frameworks and our draft BCF plan metrics to provide outcome measures.

3.7 The last two parts of the Strategy, the delivery plan and the performance indicator scorecard, will form the future monitoring arrangements for the HWB on progress against the Strategy. Where they exist, such as in the BCF, this will include targets for the metrics.

## **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 Joint Health and Wellbeing Strategy supports the Board to see progress being made towards the key priorities for health improvement in the Borough.

### **Consultation Carried Out or Required**

Updates of actions to the plan has involved discussions with partner agencies to provide up to date information.

### **Policy Overview Committee comments**

None at this stage.

## **5. CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance comments**

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

### **Hillingdon Council Legal comments**

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

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**

None.

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HILLINGDON  
LONDON

# Hillingdon Joint Health and Wellbeing Strategy Refresh 2014-17



**NHS**  
**Hillingdon**  
**Clinical Commissioning Group**

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# 1. Foreword

This refresh 2014-17, builds on Hillingdon's existing Health and Wellbeing Strategy, published in 2013. The strategy was produced following extensive consultation with residents and service users and their feedback and views were captured within the existing priorities. It provides the link between the identified needs of the population (in the Joint Strategic Needs Assessment) the agreed priorities and actions and the most important outcomes (as recorded in the statutory outcomes frameworks).

A number of significant changes have taken place since the first strategy was produced. Public Health responsibilities have transferred to Hillingdon Council. The Health and Social Care Act of 2012 is now business as usual with the Health and Wellbeing Board itself now firmly in place. The passage of the Care Act has set out to improve services and support, especially for carers. In addition, closer integration of health and social care has moved further up the agenda with the development of joint work, for example under the Better Care Fund and planned in Mental Health and Children's services.

These developments have been included in this refresh to ensure that it provides a strategic overview of the health, care and wellbeing priorities for Hillingdon and builds on existing work wherever possible.

This strategy also supports the 'Shaping a Healthier Future' vision for NHS services in North West London, which aims to bring as much care as possible nearer to our residents; centralise specialist hospital care onto specific sites; and incorporate all of this into one co-ordinated system of care.

It also links to the CCG 'Out of Hospital Strategy' which aims to put patients in the centre of better health care by intervening earlier, joining up care and supporting patients at home which will improve outcomes and patient satisfaction, whilst delivering greater value for money.

We have a strong track record of partnership working in Hillingdon between Local Government, the NHS and the voluntary/community sector. This strategy sets out our plans to continue to work together with our residents in an attempt to tackle the most pressing health problems in Hillingdon.

Health and wellbeing in Hillingdon is good overall but we are determined to build on our record to date and make it even better for the longer-term.

Signed

Cllr Raymond Puddifoot, MBE  
Chairman of Hillingdon Health and Wellbeing Board

## **2. Health and Wellbeing Board (HWB)**

The HWB in Hillingdon provides strategic oversight for health and care systems in the borough and brings together elected Councillors, the Hillingdon Clinical Commissioning Group, the Directors of Public Health, Adult and Children's services and representatives of Central North West London and The Royal Brompton and Harefield NHS Foundation Trusts and Hillingdon Healthwatch. Together, their expertise delivers a strategic, collaborative and targeted approach to meet the needs of the local population.

The HWB agrees, in consultation with the local community, the health and social care priorities which would make the most difference to improving health and wellbeing and reducing inequalities in the local area. While the priorities are also informed by outcomes set out in a national framework, this represents a move away from centrally driven targets, enabling Hillingdon's HWB to have a very local focus on benefiting the communities and residents it serves.

HWBs must undertake a detailed assessment of local needs, called the Joint Strategic Needs Assessment (JSNA), and then develop a Health and Wellbeing Strategy focussing on how the outcomes which matter most can be achieved or improved. Local people, including the Local Healthwatch, will be fully involved in the development of future JSNAs and the HWB strategy.

These two documents – the supporting JSNA and the Strategy itself - give direction to the two key decision-making bodies (Hillingdon Council and the NHS's Hillingdon Clinical Commissioning Group) to develop and/or purchase the right services locally to deliver on the strategy. Indeed these bodies have a legal duty to have regard to this strategy.

The particular value of the role of the Health and Wellbeing Board is in identifying the issues that this partnership can most influence, for example:

- How working together can bring the most benefit to outcomes for Hillingdon residents.
- How we can address the most important local needs, now and in the future.
- How we can build on the strengths in our communities and what is already working well.
- How we can best protect or include the most vulnerable people in our communities.
- How we can work together at a time of public sector financial restraint to use our resources most efficiently.

### **3. What is the Joint Health and Wellbeing Strategy?**

Everyone has the right to enjoy good health and wellbeing and there are some groups in our society who may need more support than others to achieve this. Our health and wellbeing strategy has been developed to meet the needs of these groups as identified in our Joint Strategic Needs Assessment (JSNA).

The JSNA is the process we use to identify the current and future health and social care needs of the population in the local authority area. It looks at the big picture of the local population over both the short term (three to five years) and the long term. In Hillingdon our JSNA is web based and contains up to date intelligence across a large number of data sets, supported by bespoke analysis as required on specific themes.

Among other things, it describes in detail the health, care and wellbeing needs of the local population, identifying those groups where health and care needs are not being met and those which are experiencing comparatively different outcomes. Once we have a collective understanding of the needs of people in Hillingdon, it is important that we also focus on those that we can most influence, change and improve.

Understanding Hillingdon and the characteristics of its population is critical for the development of our strategy as having this insight allows us to better judge current and future needs, for example for specific services such as maternity and the demand for the treatment of certain conditions which are more prevalent in specific population groups e.g. Type 2 diabetes.

The JSNA looks at the evidence of what works in both the prevention and the treatment of health problems. In some cases there is limited evidence of effective prevention and/or treatment of serious health problems.

The strategy shows how all the key organisations, through the HWB, are working together in a strategic and transparent way to improve outcomes for residents with more collaboration, integrated services and shared targets to meet the priorities identified as important.

## 4. Our common principles

In order for this strategy to work, all partners need to work to an agreed and common set of principles.

We want residents to be able to say:

- "I am helped to take control of my own health and social care provision"
- "It doesn't matter what day of the week it is - as I get the support appropriate to my health and social care needs"
- "Social care and Health Services help me to be proactive. They anticipate my needs before I do and help me to prevent things getting so bad that I need to stay in hospital"
- "If I do need to go to hospital, they start to plan for my social and health care in the community from day one of my stay"
- "I only have to tell my story once and they pass my details on to others with an appropriate role in my care"
- "I am treated with respect and dignity, according to my individual needs"
- "Systems are sustainable and what once might have been spent on hospital care for me is now spent to support me at home in my community"

We are facing unprecedented financial challenges at a time of major organisational change so it is imperative that the HWB is able to balance needs carefully and to influence its constituent organisations to make difficult decisions about priorities.

We will continue to put Hillingdon Residents first by finding ways to build and sustain value for money local services. We want to continue to use available health and social care budgets to focus on delivering improvements to health outcomes for local people. We will look at all services to assess whether they are desirable, affordable and sustainable in order to prioritise our expenditure.

## 5. About Hillingdon

### Our borough

Hillingdon is a diverse, prosperous borough in West London bordered by Hertfordshire, Buckinghamshire, Hounslow, Ealing, and Harrow. It's the second largest of London's 32 boroughs covering an area of 42 square miles (11571 hectares), over half of which is a mosaic of countryside including canals, rivers, parks and woodland. As the home of Heathrow Airport, Hillingdon is London's foremost gateway to the world, and is also home to the largest RAF airport at RAF Northolt.

Hillingdon is a borough of contrasts. The north of the borough is semi-rural with a large proportion protected by green belt regulation with Ruislip as the major centre of population. The south of Hillingdon is more densely populated, urban in character and contains the administrative centre of Uxbridge and towns of Hayes and West Drayton.

Heathrow airport is situated in the south of the borough and is the largest employer offering a range of relatively well-paid skilled and unskilled manual positions. There are a number of major manufacturing and retail organisations with headquarters and sites in Hillingdon. Stockley Park, to the north of Heathrow, is one of Europe's largest business parks. Hillingdon Council, RAF Northolt, Brunel University, Harefield and Hillingdon hospitals are major public sector employers within the area.

Hillingdon is a borough where town and country meet, boasting 800 acres of woodland, country parks, fields and farms, several rivers and the Grand Union Canal. We have more land under prestigious Green Flag status than any other local authority.

There are a range of opportunities to live well including:

- Ruislip Lido, which boasts one of London's few sandy beaches.
- Ruislip Woods National Nature Reserve.
- The Hillingdon Sports and Leisure Complex, a multi-million pound Olympic-sized indoor swimming pool and leisure complex, which includes a restored 1930s open-air pool.
- The country's first playground designed specifically for disabled children.
- The picturesque villages of Harefield and Harmondsworth.
- Four public golf courses.
- Various theatres, arts centres and state of the art libraries.
- Uxbridge shopping centre, one of the top-ten shopping centres in London is also located in Hillingdon.

The Council shares a boundary with the NHS Hillingdon CCG. Hillingdon has 48 GPs; some of whose patients come from surrounding boroughs. The main acute provider is the Hillingdon Hospital and with Central North West London NHS Trust as the main

community and mental health provider, a strong geographical focus on Hillingdon supports closer working.

## Our residents

- The Office for National Statistics estimates the Hillingdon population to be 291,000 in 2014 (2012 based Sub National Population Projections).
- 49.8% of the population is male and 50.2% female. There are more women at the older age groups (age 85+). Source: Office for National Statistics
- The age and gender distribution in Hillingdon is similar to London and higher than England for the 0-4 age group. The proportion of the population in Hillingdon is higher than the proportion in London and England for the 5-10 age groups and similar to England (higher than London) for the 11-18 age groups. Source: Office for National Statistics
- The Greater London Authority 2012 Round Final Ethnic Group projection figures (GLA EGRP 2012) for 2015 estimate that Hillingdon is becoming more diverse with Black and Minority Ethnic (BAME) groups accounting for 45% of the usual resident population and White ethnic groups accounting for 55% of the population in 2015.
- This proportion of BAME groups is lower than across London (55%) and considerably higher than across England (20%). This trend is projected to continue with BAME groups expected to account for 49% of the population in 2020 with an increase across all age groups. Source: Greater London Authority
- The population increase in Hillingdon over the next 5 years is expected to be 7.2% (around 1.4% per annum). This is higher than the anticipated 5 year increases in London (6.4%) and England (4.1%). The main driving force behind the increase in population between 2015 and 2020 is natural change, ie 15,000 more births than deaths. Net migration is expected to account for around 6,300 persons over the 5 year period. Source: Office for National Statistics
- The number of older people in the population is increasing, with a 9% increase in people aged over 65 predicted between 2015 - 2020. People are living longer and we need to make sure that we have services in place to meet these needs. Source: Office for National Statistics
- As of January 2014, the number of pupils with Special Educational Needs in Hillingdon schools was 8,885, 17% of the total school age population. Of these, 3% have a Statement and 14% do not. Source: Department for Education
- The number of residents aged 18-64 who have been predicted to have a moderate or severe physical disability in 2014 is 13,240 and 3,729 respectively. Source: PANSI
- The number of residents aged 18-64 who have been predicted to have a mental health need in 2014 is 45,191. This is predicted to rise to 48,657 by 2020. Source: PANSI

- The number of residents aged 18-64 who have been predicted to have a learning disability in 2014 is 4,519. Source: PANSI
- 144,000 residents (72% of the working age population aged 16-64) in Hillingdon are economically active. This includes those who are employed and self employed. 28% of working age residents are economically inactive, including students, those who are retired and those looking after homes and family. Source: NOMIS
- Hillingdon is ranked 23 out of 33 London boroughs for deprivation in London (including City of London) and 138 out of 326 Local Authorities in England (1 being the most deprived) Source: DCLG 2010 Indices of Multiple Deprivation
- According to the Income Deprivation Affecting Children Index, about 15,300 children aged 0-15 in Hillingdon (27% of the total) were deemed to be living in poverty. Source: DCLG 2010 Indices of Multiple Deprivation

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## 6. Our priority areas for action

This section of the strategy identifies the four priority areas for action with the current position and progress to date for each. Outcome measures from the main statutory frameworks are identified in Appendix B.

### **Priority one: Improve health and wellbeing and reduce**

**inequalities** - we know that people will feel better and be healthier if they are more active and are able to access facilities across Hillingdon.

#### **Current position**

- Hillingdon has a higher birth rate than England as a whole. Between 2006 and 2012 there was an increase of over 800 births per year, an increase of 23%. In 2012 there were 4,600 live births in Hillingdon and this figure is expected to increase to 4,900 births per year over the next 5 years. The future rate of increase is estimated to be much lower than that over the past 10 years. The 7 wards in the Hayes and Harlington locality are in the top 9 wards of highest projected birth rate in Hillingdon. Harefield and Ickenham have the lowest number of births expected per year in the next 5 years. Source: Vital Statistics, GLA & ONS
- Infant mortality rates in Hillingdon are not significantly different to the England average. Source: Office for National Statistics
- In Hillingdon around 2.9% of babies born at term (37 weeks +) are of low birth weight, defined as under 2,500 grams. This is similar to the national rate and lower than the London average. However this varies between wards and the greatest number of low birthweight babies are born in the south of the borough. Source: Public Health Outcomes Framework 2012
- Hillingdon's life expectancy from birth for males for the period (based on 2008-12 data) is 79.4 years, which is similar to London (79.3) and England average (78.8). The female life expectancy for Hillingdon was 83.5 years which is higher than the England average (82.7) and similar to London average (83.5). There are inequalities in health for both men and women within the borough. The gap in male life expectancy between Eastcote and East Ruislip in the north of the borough and Botwell in the south of the borough is 8.5 years. Source: Greater London Authority
- 8% of mothers in Hillingdon smoke at the time of delivery, compared to 13% in England and 6% in London. Source: Health and Social Care Information Centre
- Levels of excess weight and obesity are a growing threat to population health. In 2012/13, over 21% of Reception year and 34.6% of year 6 children in Hillingdon were overweight or obese. These are slightly lower than the levels in London and England. 67% of the adult population in Hillingdon are estimated to be overweight or obese which is close to the national average for England (64%). Source: Public Health England
- During 2013/14, Hillingdon Adult Social Care supported 180 residents aged 18 to 64 with Mental Health needs. Of these 140 received community based packages of



care (i.e. Day Care, Home Care, Meals on Wheels) and 45 were in residential care homes. Source: National Adult Social Care Intelligence Service

- During 2013/14, 3,035 referrals were made to Central North West London NHS Foundation Trust for Mental Health issues with 1,660 accepted into services. Source: CNWL

### Progress to date

- There have been improvements in breastfeeding initiation rates (82% in 2013/14) and continuation of breastfeeding (62% in 2013/14). These are above the England averages for initiation and continuation and close to the London averages. Source: Public Health England
- In Hillingdon the estimated prevalence of smoking is 16.2% of the population aged over 18. This is lower than the England average of 18.4% and the London average of 17.3% of the population aged over 18. Source: PHOF 2013. In surveys of manual workers and workers in routine occupations, the prevalence of smoking is higher, assessed as 21% of the population in Hillingdon and 24.9% in London. Source: PHOF 2013
- In 2013/14, the Hillingdon Stop Smoking Service (HSSS) helped 1,900 people to set a quit date and 1,040 to quit smoking.

**Priority two: Invest in prevention and early intervention** - we need to spend more on preventing disease and illness. The sooner health and social care are delivered, the better the chance of a good outcome.

### Current position

- Circulatory diseases and cancers are the two major causes of death in Hillingdon. Deaths as a consequence of circulatory diseases accounted for an annual average of 570 deaths (31% of all deaths) in the 5 year period 2008-2012. Deaths from all cancers accounted for an average of 530 deaths (29% of the total). Source: National Statistics
- Hypertensive disease is the most prevalent condition recorded on GP registers (13%), followed by obesity (9%) and diabetes (6%) Source: Quality Outcomes Framework
- Dementia presents major challenges for health and social care services. Currently there is a significant gap between the estimated prevalence of dementia and the actual numbers on the GP registers suggesting that there are possible issues with diagnosis with primary care. In 2013/14, 1,150 people in Hillingdon were diagnosed with dementia according to the GP register. Source: Quality Outcomes Framework

During 2013/14, Hillingdon Adult Social Care supported 465 residents aged over 18 with dementia. Of these 280 received community based packages of care (i.e. Day Care, Home Care, Meals on Wheels), 130 were in residential care homes and 90 were in nursing homes. Source: National Adult Social Care Intelligence Service

- During 2013/14, Hillingdon Adult Social Care supported 55 residents aged over 18 with a Sensory Disability with community based services; 15 had a hearing impairment (all aged over 65), 35 had a visual impairment (15 were aged over 65) and 5 had a dual sensory loss (all were aged over 65). Source: National Adult Social Care Intelligence Service
- The early support programme has been embedded locally with a key working model across the local authority and health provider. This empowers parents/carers, co-ordinates the provision of services and produces significantly improved outcomes for children. Work so far has been fully operating with children under school age but this will be extended.

## Progress to date

- A Department of Health funded project HAEDI (Hillingdon Awareness and Early Diagnosis Initiative) was delivered to raise awareness of Bowel Cancer in Hillingdon.
- As part of the physical activity scheme for cancer survivors, a dedicated vegetable garden in Cranford provides the opportunity for exercise and to grow your own fruit and veg. An information day for cancer survivors took place in October 2014 at the Civic Centre, to raise awareness of support available.
- Responsibility for the commissioning of substance misuse services transferred to the Council on 1st April 2013. The Council is currently assessing delivery options for substance misuse services and Identification and Brief Advice (IBA) is being considered as a potential model of delivery for the future.
- Responsibility for the commissioning of sexual health services transferred to the Council on 1st April 2013. Since then transition work has been underway towards service integration. Hillingdon Hospital is the lead provider for genitourinary medicine services and CNWL is the lead provider for community contraceptive, sexual health and Chlamydia screening services.
- During 2013-14 the NHS Health Check programme assessed 5,700 people between age group 40-74 years. Source: PHOF
- The MEND programme, commissioned to tackle the increasing rates of childhood obesity for ages 5-7 years and 7-13 years across geographic areas in Hillingdon continues to work well. The National programme has identified the borough as being particularly good at targeting and directly referring children into the programme.
- The CCG has invested in Memory Assessment Services to improve the diagnosis rates for Dementia and the treatment of individuals and support to their carers. There are currently 386 patients in receipt of this service.
- The CCG has also increased investment in Improving Access to Psychological Therapies Services to improve local provision, in particular these services will expand to those with long term conditions such as diabetes and pain management.
- As part of the Shifting Settings of Care initiative an enhanced primary care mental health service has been developed to support individuals with mental health problems in primary care and help reduce referrals to secondary mental health services.

- A review of diabetes services is underway and a Diabetes Service User Group has been set up and met in November to discuss how diabetes services could be improved. To support patients with Diabetes the CCG has piloted an education programme in Hayes and Harlington to give patients the knowledge to better manage their diabetes. 55 patients attended the sessions and all said that the information provided was very helpful and gave them more confidence to manage their health. The pilot therefore is being rolled out across Hillingdon and a Health Champions scheme is being developed.
- A similar programme of support has been piloted for patients with COPD and is also being rolled out across Hillingdon. A Community based Quality Assured Spirometry service will start in January 2015 to enable patients to have quicker access to this test without having to go to hospital.
- For patients with suspected heart failure and other heart problems GPs are now able to refer directly for diagnostic tests that will speed up diagnosis and ensure they receive the right care more quickly.
- The CCG also ran a pilot education programme in Hayes and Harlington for children with asthma and held interactive demonstrations and activities at 3 schools which reached 1,590 children and 30 teachers. Approximately 60 parents were contacted through workshops held in libraries.

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**Priority three: Develop integrated, high quality social care and health services within the community or at home** - the Care Act 2014 is designed to create a more joined up set of services for our patients, their families and carers. We want to make this the normal experience for the people of Hillingdon.

### **Current position**

- Over the last three years Hillingdon has reduced the number of people aged over 65 living in Residential Care (down by 140 residents per 100,000 (-14%)), Nursing Care (down by 203 residents per 100,000 (-27%)). Source: National Adult Social Care Intelligence Service

During 2013/14, Hillingdon Adult Social Care supported:-

- 2,397 residents aged over 65; 2,095 received community based packages of care (i.e. Day Care, Home Care, Meals on Wheels), 205 were in residential care homes and 190 were in nursing homes.
- 600 residents aged over 18 with a Learning Disability; 395 received community based packages of care, 240 were in residential care homes and 15 were in nursing homes.
- 480 residents aged between 18 and 64 with a Physical Disability (excluding Sensory Disabilities). Of these 430 received community based packages of care, 25 were in residential care homes and 25 were in nursing homes. Source: National Adult Social Care Intelligence Service

### **Progress to date**

- The take-up of personal budgets for social care is increasing which helps people who need care to be in control of the care and support they need.
- Telecareline assistive technology, in combination with the Council's Reablement Service is proving very effective in helping people to feel safe in their own homes and to regain their mobility to live independently. The services are critical in helping to prevent unnecessary admissions to hospital and/or residential / nursing homes. From 7 April 2014, the service is now free of charge to Hillingdon residents aged 80 or over.
- Two extra care schemes for the 55 and over population were opened, one in 2011 and one in 2012. These were Cottesmore House in Ickenham and Triscott House in Hayes.
- Two purpose built supported living schemes for people with learning disabilities have also recently been opened and these are Glenister Gardens, which opened in 2012 and Swan House, which opened in 2014. Two more schemes are due to open in 2015.
- A supported living scheme for people with mental health called Sessile Court is due to open in early 2015.

**Priority four: Creating a positive experience of care** - we will tailor our services in a more personalised way which will be achieved by listening to views and experiences.

### **Current position**

Hillingdon Council and Hillingdon CCG regularly engage with, and seek views from local residents, service users and carers to guide service redesign, maintain quality and safety, and inform commissioning intentions. In developing the Better Care Fund plans, for example, both organisations used this approach to inform the strategic direction. As a first step intelligence was gathered across a two year period, from forums such as the older people's assembly, *meet the CCG* public events, disabled tenants' forum, patient and carer focus groups and public board meetings.

These findings were then cross referenced with intelligence gathered by Healthwatch Hillingdon, evidence from the Hillingdon JSNA and with local and national patient and carer satisfaction surveys to inform the BCF plan. Phase 2 of the BCF engagement plan identifies the need to develop the changes within the workstreams in discussion with service users and to ensure that the voice of the customer is heard in designing outcomes.

The CCGs overarching vision for engagement is that every patient, carer and resident living in Hillingdon is given the opportunity to engage and be involved in the work of the CCG, and where they use a service commissioned by the CCG, they experience a positive outcome.

Central to this is empowering patients and carers to self-care. Where the need arises, the CCG regularly urges patients and carers to have confidence in themselves and that of their local health system, to bring to light via a complaints system and those of providers, instances, where they feel their treatment or level of care has not been satisfactory.

Healthwatch Hillingdon has become established as an effective independent "consumer voice" for users of health and social care services and has developed an advice and guidance signposting function. Healthwatch is also a key partner for commissioners to help understand views of communities and has a seat on the HWB and at other partnership boards.

Since April 2013, the Council has commissioned a NHS complaints advocacy service to enable most vulnerable residents to be supported in making complaints.

The Parent Carers Forum (parents of children and young people with SEND) has been set up to ensure parents are actively involved in all aspects of the SEND reform work. This forum allows real listening and joint working with families, the LA, CCG and CNWL.

A new mediation service has also been set up for families when there is disagreement through the Education, Health and Care (EHC) assessment and planning process.

## Progress to date

The 2013-14 Adult Social Care Survey found that 57.2% of users of care and support services said they were 'extremely satisfied' or 'very satisfied' with their care and support. This relates well to the London average of 60.2%. A combination of responses to the Survey relating to how satisfied or dissatisfied users are with indicators of quality of life, such as personal cleanliness and safety, showed a value of 18.4 out of 24 for Hillingdon service users. This is almost at the same level of the London score of 18.5.

Over the last two years, the CCG engagement team have tested a number of engagement methods. Its first engagement exercise, as early as July 2012, adopted a 'grass roots' style to what is now an established quarterly 'Meet the CCG' event. First hosted in GP practice patient waiting rooms, the Governing Body, then in shadow form, used these meetings as a way to build its 'Friends Network'.

This early identification has meant that the CCG have interacted face to face with more than 3000 residents between April 2013 – April 2014. This is in addition to using the Hillingdon CCG website, leaflets, posters and other mediums such as local newspapers and libraries. This has shaped the way for other projects across 2013 – 14 including, but not limited to: Integrated Care Programme Patient & Carer Consultation, Diabetes Self-Management Education Pilot with South Asian Communities in Hayes & Harlington, Asthma awareness and education pilot and Wheelchair Focus Group.

The richness of the CCGs engagement has influenced a number of key themes that has fed into the 2015/16 commissioning intentions. These themes have also influenced the developing GP networks education proposals. Some examples are: training for GP receptionists, the new Urgent Care Centre and evolving Integrated Care and IT programmes.

One of the CCGs recent successes is that of its musculoskeletal service. Working closely with the Hillingdon Hospital, the CCG explored ways to redesign the existing service to ensure that patients are seen by the right clinician the first time they visit. The redesign has seen a reduction in delays to patients receiving care and increased support to avoid unnecessary trips to the hospital. A patient survey also found that on average 98% of patients would recommend the revised service to their friends and family.

Earlier in the year the CCG piloted 'Pathway Experience' tracking using the Friends and Family patient experience survey test. Over 1500 patients and carers with either a Mental Health or Musculoskeletal condition participated. The data identified areas for improvement for example in the area of pain management, better crisis planning for known conditions and in particular the need for increased access to talking therapies.

## **7. Delivery Plan**

The Delivery Plan at A shows the objectives and activities that will support the delivery of the above priorities. Unless otherwise stated, the deadline for delivery of the objectives will be for the lifetime of the strategy. The comments provide narrative on progress made during the review period.

Appendix B shows the metrics that will be monitored and provided in a scorecard type format as part of the delivery plan update.

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## Appendix A

Priority 1 - Improving Health and Wellbeing and reducing inequalities				
Objective	Task and Metric	Lead	Metric reporting frequency	Evidence of activity against task
<p><b>1.1 Protect resident's health</b></p>	<p><b>1.1.1</b> From conception to year 2, Increase the confidence and participation of parents/women to have healthy babies by delivering the 'Having a Healthy Baby' Project</p>	<p>Public Health &amp; Maternity Services</p>	<p>Annually</p>	<ul style="list-style-type: none"> <li>A working group is assessing areas of action that will support pregnant women in having a healthy baby through action in maternity, children's centres and with health visitors. Recommendations from the rapid assessment process highlighted the need to understand local mother's experiences and perceptions about having a healthy baby. A questionnaire was developed with the members of the multi-agency 'Having a Healthy Baby' group – which is chaired by Public Health.</li> </ul> <p>Over 200 surveys were completed and returned from mothers across the borough. Focus groups with up to 60 mother's are being held to capture mother's experiences and perceptions of having a healthy baby.</p>

				<ul style="list-style-type: none"> <li>The Smoking Cessation Midwife is focussed on reducing smoking in pregnancy and second hand smoking for babies so as to reduce likelihood of childhood mortality.</li> </ul> <p>At October 2014, Smoking at Time of Delivery has declined from 8.35% to below 8% over the year.</p> <ul style="list-style-type: none"> <li>Hillingdon's Breast feeding rates for both 'breast feeding initiation' (82.3%) and 'breast feeding prevalence at 6-8 weeks' (61.9%) continues to be above the rates for England (73.9% and 47.2%).</li> </ul>
	<b>1.1.2</b> Develop a Children's Health Programme Board to agree with partners the strategic direction for children's health provision	CCG		<ul style="list-style-type: none"> <li>The proposed work streams of this group include: <ul style="list-style-type: none"> <li>○ Maternity and the Paediatric shift</li> <li>○ Urgent care management</li> <li>○ Mental and emotional health and wellbeing</li> <li>○ Long term conditions</li> <li>○ Complex care</li> <li>○ Access for vulnerable groups</li> </ul> </li> </ul>
	<b>1.1.3</b> Deliver a mental wellness and resilience programme	Public Health		<p>There is a full programme of activity supporting this work. This includes:</p> <ul style="list-style-type: none"> <li>Three community area-based wellbeing programmes for residents in Harefield, Yiewsley and West Drayton and Hayes.</li> <li>The promotion of 'Five Ways to Wellbeing' messages as an awareness tool through community events, wellbeing publicity and training to frontline</li> </ul>

				<p>staff, community groups, faith groups and service providers.</p> <ul style="list-style-type: none"> <li>• Activities with partners including: delivering wellbeing session to Job Centre Plus staff with CNWL; support Hillingdon Mind's 'Our Voice, Our Mind Conference'; delivered a wellbeing event with Age UK Hillingdon for an Asian women's group and organised a Health and Wellbeing Grant Launch Event with the theme 'Feeling Good, Living Well' with Hillingdon Community Trust.</li> <li>• Training continues for Library Service staff to support the 'Wellbeing with Libraries' scheme.</li> </ul>
	<p><b>1.1.4</b> Deliver a smoking cessation service including supporting the further roll out of Smoke Free Homes in Hillingdon</p>	Public Health	Annually	<ul style="list-style-type: none"> <li>• Hillingdon's smoking prevalence rate is 16.2%. Those who attend the smoking service receive high quality evidence-based behaviour change intervention and medication – which is 4-5 times more effective than going 'cold turkey'.</li> <li>• Hillingdon Stop Smoking Service continues to perform well in terms of its quit rate (i.e. smokers who join the service have some of the best chances in London to quit)</li> <li>• <u>No Smoking Day</u>: During 'No Smoking Day', over 200 + residents across the borough were given</li> </ul>

				<p>advice on stopping smoking and where they can access help. There were 40+ direct referrals to the service.</p> <ul style="list-style-type: none"> <li>• <u>Training</u>: The service provided x2, two-day training programmes to skill up additional one to one stop smoking advisors across the Borough. In total there were over 40 participants. There were x2 smokefree homes and basic awareness courses delivered to children centres with around 20 staff trained.</li> </ul>
	<p><b>1.1.5</b> Reduce prevalence of obesity through a variety of initiatives including the delivery of the Child Measurement Programme, and raising awareness of the importance of physical activity across the life course</p>	<p>Community Sport and Physical Activity Network &amp; Obesity Strategy Working Group</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> <li>• The height and weight measurement of Reception and Year 6 children is delivered via the local School Nursing Service contract. By October 2014, 7208 children had been weighed and measured from Reception and Y6, participation rate was 98.8% and 98% respectively.</li> <li>• A stakeholder's workshop was held in June 2014 on the topic 'Addressing excess weight in Hillingdon'. The main aim of this workshop was to consult local professionals with vested interest in reducing excess weight in Hillingdon and to share ideas about future priorities. Actions identified included 'Healthy Catering Commitment', the Adults weight management programme, Healthy messages and Green Gyms.</li> </ul>

				<ul style="list-style-type: none"> <li>• A variety of projects are being delivered to raise awareness of good nutrition include: 'Feed my Family', 'Get up and go', 'Healthy Schools', 'Young Chef Award' and 'Food blog'. These work on all aspects of nutrition to ensure residents have access to accurate, evidence based obesity interventions and weight management programmes.</li> <li>• There are many schemes to encourage physical activity for Hillingdon residents. These include: Universal Walk Hillingdon which has seen 1800 people take part from January to September; Walking programmes at 3 Children Centres where on average 10 families per month engage in 60mins activity; the Older People's Dance programme which has seen a 7% increase on the number of people attending dances since last year; and Chair Based exercise for the less able which is now being delivered at Triscott house, Cottesmore House, Drayton Court and ASHA day centre.</li> </ul>
<b>1.2 Support adults with learning disabilities to lead healthy and fulfilling lives</b>	<b>1.2.1</b> Increase the number of adults with a Learning Disability in paid employment	LBH	Quarterly	<ul style="list-style-type: none"> <li>• In 2013/14, in-house day services reported 9 service users with learning and physical disabilities had received 41 payments for paid employment. 340 work experience opportunities were taken up and these included: support with mailshots, UPWARD group presentations to different</li> </ul>

departments, partners and schools (talking about their disabilities to raise awareness and understanding) and Genuine Dining roles.

- The combination of work opportunities and support plans leave these service users well placed to apply for vacancies in the borough or with our partner organisations.
- The Rural Activities Garden Centre (RAGC) works with 25 service users with learning disabilities. They sell plants outside the Oasis cafe. The plants they grow are also used in the planters outside the Civic.
- Woodside Day Centre and the Phoenix Day Centres have been recently closed. On 02 September 2014 the Queens Walk Resource Centre opened. The Centre offers services to people with complex learning needs and physical disabilities. The centre offers many facilities, including hydro pool, gym, interactive room, teaching kitchen and snoozelum. An Employment Activities and Education Officer is scheduled to be recruited. The centre is there to help people to achieve their aspirations and have greater independence.

				<ul style="list-style-type: none"> <li>The Council works with 'Dimension' an Outreach Service for people with low to moderate needs. They offer support with getting into college, employment etc. for those who are not eligible for social care.</li> </ul>
	<b>1.2.2</b> Increase the number of eligible adults with a learning disability having a GP Health Check	NHS England	Annually	<ul style="list-style-type: none"> <li>Adults with learning disabilities who are known to their local authority social services, and who are registered with a GP who knows their medical history, should be invited by their GP practice to come for an Annual Health Check. This scheme is separate to the National Scheme for adults aged 40-75.</li> </ul>
<b>1.3 Develop Hillingdon as an autism friendly borough</b>	<b>1.3.1</b> Develop and implement an all age autism strategy	LBH	Quarterly	<ul style="list-style-type: none"> <li>The strategy is in development and will be presented to the Board for consideration if required.</li> </ul>

<b>Priority 2 - Prevention and early intervention</b>				
<b>Objective</b>	<b>Task and Metric</b>	<b>Lead</b>	<b>Metric reporting frequency</b>	<b>Evidence of activity against task</b>
<b>2.1 Deliver the BCF workstream 2 - Intermediate Care under Strategy</b>	<b>2.1.1</b> Deliver scheme six: Rapid response and joined up Intermediate Care	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>• A multi-agency project group has been meeting on a monthly basis and a proposed model of care will be presented in the New Year. The intention is that issues such as the following will also be addressed:               <ul style="list-style-type: none"> <li>○ Patients who will be non-weight bearing for longer than 3 weeks and who have future rehab needs and need a bed based service.</li> <li>○ Patients who have rehab needs but a mental health condition which can't currently be managed on HICU.</li> <li>○ Neuro rehabilitation in the community</li> <li>○ Clarity about 'step up' from the community, i.e. crisis response</li> </ul> </li> <li>• HICU/Beaconsfield East alignment, i.e. flexible working between providers to identify patients' care needs and to best address them</li> </ul>
	<b>2.1.2</b> Deliver scheme seven: early supported discharge	LBH/CCG	Quarterly	
<b>2.2 Deliver Public Health Statutory Obligations</b>	<b>2.2.1</b> Deliver the National NHS Health Checks Programme	Public Health	Annually	<ul style="list-style-type: none"> <li>• The aim of the programme is the early identification of individuals at moderate to high risk of cardiovascular disease, diabetes, stroke, kidney disease and related metabolic risk.</li> </ul>



				<ul style="list-style-type: none"> <li>• During the first six months of 2014/15, 4,940 Hillingdon residents received a first offer of an NHS Health Check and, of these, 2,680 people went on to receive an assessment. Source: NHS England October 2014</li> <li>• 37 GP practices and 19 pharmacies were providing a NHS Health Check service in the first half of the year. The number of active GP practices should rise during the second half of the year as nearly all of the 48 sites have now signed up to the new Local Primary Care Contract. This should result in increased activity.</li> <li>• Public Health will be working with the Communications Team to raise the profile of the NHS Health Check locally, e.g. through articles in the Hillingdon People and local Gazettes, poster campaigns etc.</li> <li>• In September, a training day was held for 25 general practice and pharmacy staff. Evaluation questionnaires show that this training was well received and a further session is planned for December.</li> </ul>
	<b>2.2.2 Deliver Open Access Sexual Health</b>	Public Health	Quarterly	<ul style="list-style-type: none"> <li>• Teenage pregnancy (TP) was at its lowest in 2012. There were 139 conceptions recorded with a conception rate of 27.7.</li> </ul>

- The Maternity rate (those who choose to keep their baby) rose to 12.6 from 7.8 in 2011, along with the lowest Abortion rate of 15.2 that Hillingdon had experienced. The percentage of conceptions leading to an Abortion in 2012 was 54.7% a significant reduction from 2011 when it was at its highest at 72%. The number of under 16 years conceptions in 2010-2012 in Hillingdon was 85 conceptions with a 6.1 conception rate and 81% of conceptions opting for an Abortion. The high percentage of abortions in the under 16yrs for the last two consecutive three year periods is a concern. Approximately 28 under 16yrs may be getting pregnant annually with three quarters of them (21) choosing to have an Abortion and a quarter (7) having the baby.
- A range of evidenced based interventions provided by GPs, Pharmacists and Community Nursing and LBH early intervention and prevention services are in place with a focus on reducing both teenage pregnancies and the incidence of STIs in this age group.
- Young People Friendly Contraceptive services; Clinic in a Box outreach – to identify at risk individuals including those who may be at risk of a second teenage pregnancy; Emergency Hormonal Contraception and advice on prevention of STIs; Chlamydia Screening; Self Esteem Raising Project for young women

				<ul style="list-style-type: none"> <li>Performance demonstrates that many young people were being screened in 2013, however, the commissioned service was not reaching those who are infected with Chlamydia. Therefore in year 2013/14, we worked with providers to change direction to a more targeted outreach based programme aimed at testing the "seldom seen" in services – ie. also known as vulnerable groups who do not ordinarily access main stream services and those most often experiencing the most inequalities.</li> </ul>
	<b>2.2.3</b> Delivery of information to protect the health of the population against infection or environmental hazards and extreme weather events	Public Health		<ul style="list-style-type: none"> <li>Ebola: During the summer at the request of Public Health England, guidance containing advice and risk assessment for educational, early years, childcare and young persons' settings, colleges and universities were disseminated.</li> <li>Avian influenza (bird flu) H5N8 outbreak in Yorkshire: PHE have requested that local authority Directors of Public Health assure themselves that the local health economy is prepared and able to respond to a similar situation in their own patch. Information disseminated to the relevant officers and feedback received.</li> </ul>
<b>2.3 Prevent premature mortality</b>	<b>2.3.1</b> Ensure effective secondary prevention for people with Long Term Conditions including cancer, diabetes and dementia	NHS	Quarterly	<ul style="list-style-type: none"> <li>In 2012, the GP-recorded prevalence of diabetes was 14,514 people while in the same year, Hillingdon was estimated to have 18,790 GP patients who should have diabetes (modelled prevalence) This means over 4,000 people in Hillingdon do not know that they have diabetes.</li> <li>Currently, consideration is being given to how to</li> </ul>

				<p>address early intervention and prevention programmes for those with pre-diabetes, and weight loss programmes for obese adults.</p> <ul style="list-style-type: none"> <li>• Hillingdon CCG is working on a business case regarding remodelling of cardiology services, The CCG, as part of the 'Core Offer' arrangement, has asked for assistance from Public Health. The initial review, based on demographic information and national data, has been discussed with the CCG. This is an ongoing piece of work.</li> <li>• Hillingdon is currently achieving lower rates of coverage for Breast Cancer Screening (70.8%) and Cervical Screening (67.1%), than the average for England (Breast 76.3% and Cervical 73.9%).</li> <li>• Geographical coverage data and details of improvement activity have been requested of NHS England. This information will inform local activity.</li> </ul>
	<p><b>2.3.2</b> Reduce the risk factors for premature mortality and increase survival across care pathways</p>	PH/CCG	Quarterly	<ul style="list-style-type: none"> <li>• There is improvement in recording of cancer staging and diagnosis data at The Hillingdon Hospital, from around 30% to 52%, however, it remains a long way away from some of the Trusts in the London Cancer Alliance, which are above 80% .</li> <li>• Public health team is working with HCCG on the new CHD integrated model of care and diabetes</li> </ul>

				<p>care pathway.</p> <ul style="list-style-type: none"> <li>• A Survivorship event for cancer sufferers was held on 14 October at the Civic Centre. The event was attended by over 65 people, where support on surviving cancer and leading a healthy lifestyle for patients and carers was highlighted. Participants were also made aware of the Council's new Exercise Referral Programme, as well as its walk schemes. There were also various displays by agencies such as the Red Cross and Hillingdon Carers</li> <li>• Alcohol Misuse             <ul style="list-style-type: none"> <li>(a) A question on alcohol use has been included in the NHS Health Checks</li> <li>(b) It is essential that Substance Misuse services are commissioned robustly, as currently they are accessed by approximately 1,000 residents, in various stages of drug and alcohol recovery. An outcome based service model with greater levels of integration, based on all levels of need, has been developed with existing providers, service users and support from Public Health England. The service is currently out to tender.</li> </ul> </li> </ul>
	<p><b>2.3.3</b> Reduce excess winter deaths</p>	<p>Public Health/NHS</p>		<ul style="list-style-type: none"> <li>• There are a number of activities that aim to reduce excess winter deaths in the borough. These include:             <ul style="list-style-type: none"> <li>○ Providing Flu immunisation to people at risk</li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>○ Screening for Chronic Obstructive Pulmonary Disease screening as part of smoking cessation project to identify smokers at high risk</li> <li>○ Monitoring Inferior Wall Myocardial Infarction over Coronary Heart Disease remodelling of services</li> <li>○ Age UK providing a 'Getting ready for Winter' scheme that works towards reducing the number of older people becoming ill, being admitted to hospital or dying as a result of the winter conditions. This includes offering older people a free winter warmth check by the handyperson service. This will cover safety (home security and the environment generally), warmth (heating, insulation etc) and energy efficiency with referrals on to appropriate agencies where issues are identified. They will also have a range of winter warmth items available – draught excluders, blankets, thermal items and room thermometers together with emergency food parcels.</li> </ul>
	<p><b>2.3.4</b> Reduce the number of children with one or more decayed, missing or filled teeth</p>	<p>Public Health &amp; NHS England</p>		<ul style="list-style-type: none"> <li>● Dental caries is one of the top causes for hospital admissions in under 4's in Hillingdon. Public Health will be reviewing this issue with NHS England to determine how access to dentists can be improved and what preventative action can be undertaken eg: <ul style="list-style-type: none"> <li>○ Commissioning of fluoride varnish for all children above age 3 twice a year</li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>○ Raising awareness about the importance of registering with dentist</li> <li>○ Raising awareness about improvements in diet, action against sugary drinks in nurseries, early year settings and schools.</li> <li>● The 'Brush for Life' scheme in Children's centres is the main route to inform parents on good oral health. An update on this work will be provided in the next report.</li> </ul>
	<b>2.3.5</b> Deliver a project to make Hillingdon a Dementia Friendly borough	Mental Health Delivery Group	Quarterly	<ul style="list-style-type: none"> <li>● Since January 2014, 345 people have been trained to be 'Dementia Friends'. This includes front line council staff, police officers, faith leaders and GP staff.</li> <li>● The Drummunity project continues to enable older people with dementia to take part in an activity which allows them to communicate creatively, fully participate, works on their short term memory skills, increases their relaxation and helps to develop strength and coordination. Since January 2014, Drummunity Sessions have continued at Grassy meadows, Triscott House and Asha Day centre with a regular 30 service users taking part.</li> </ul>
	<b>2.3.6</b> Improve pathways and response for individuals with mental health needs across the life course including the	CCG	Annually	<ul style="list-style-type: none"> <li>● The CCG Commissioning Intentions for 2015/16 include the commitment to improve transition arrangements for service users between CAMHs and adult services, and adult services and services</li> </ul>

	provision of Child and Adolescent Mental Health Services (CAMHS)			<p>for older adults.</p> <ul style="list-style-type: none"> <li>• In addition, the development of a single point of access and streamlined care pathway for those requiring access to urgent care is being reviewed.</li> <li>• We have also increased the provision of Liaison Psychiatry services to improve access to specialist mental health services for those patients presenting at A+E and receiving clinical services for other conditions in an Acute Hospital setting.</li> <li>• Finally, following additional investment the CCG is achieving its national target for access to Improving Access to Psychological Therapies (IAPT) Services.</li> </ul>
Page 52	<b>2.3.7</b> Develop a Vision Strategy for Hillingdon	Vision Strategy Working Group	Annually	<ul style="list-style-type: none"> <li>• A Needs Assessment is being produced which will inform the strategy.</li> </ul>
<b>2.4 Ensure young people are in Education, Employment or Training</b>	<b>2.4.1</b> Identify those at risk of becoming Not in Education, Employment or Training (NEET) and implementing appropriate action to prevent it	LBH	Quarterly	<ul style="list-style-type: none"> <li>• There is a range of activity to identify those at risk of becoming NEET and action to prevent it. This includes: <ul style="list-style-type: none"> <li>○ SWEET event: support with education, employment and training. It was held in early September at the Civic Centre and brought together 20+ education and training providers and 60 young people.</li> <li>○ Targeted programmes: Unique Swagga (young women aged 13-19 identified as at risk through social health and economic outcomes); ichoose (boys and young men,</li> </ul> </li> </ul>



				<p>aged 11-15 - identified as above).</p> <ul style="list-style-type: none"><li>○ Access Point: drop-in sessions for young people to receive information, advice and guidance available at Fountain's Mill and Harlington Young People's Centres.</li><li>○ SIAG Team: 121 support for those at risk of becoming NEET. Youth Support Advisers are placed in the YOS Team, LACE team 16+ and generic advisers based at Fountain's Mill.</li><li>○ A Risk of NEET Indicator has been created to identify students in Years 9-12 at risk of NEET.</li></ul>
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**Priority 3 - Developing integrated, high quality social care and health services within the community or at home**

Objective	Task and Metric	Lead	Metric reporting frequency	Evidence of activity against task
<p><b>3.1 Deliver the BCF Workstream 1 - Integrated Case Management</b></p>	<p><b>3.1.1</b> Deliver scheme one: joined up tool for health and social care risk stratification</p>	<p>LBH/CCG</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> <li>• Reporting on the assumptions in the CLARHC tool will take place in Q4.</li> <li>• GP practices are actively identifying vulnerable patients through production of a practice based risk registry, which includes identifying those likely to be susceptible to falls, suffering from dementia and social isolation, using local practice intelligence.</li> <li>• As at 30<sup>th</sup> September 2014, 45% of care plans in GP practices were undertaken using BIRT 2 information in addition to practice based intelligence, which means the use of BIRT 2 is being used consistently.</li> </ul>
	<p><b>3.1.2</b> Deliver scheme two: early identification of people susceptible to falls, social isolation and dementia</p>	<p>LBH/CCG</p>	<p>Annually</p>	<ul style="list-style-type: none"> <li>• Adult Social Care lead now identified for this scheme and scoping workshop to take place in Q3. This will bring together the following work strands:                             <ul style="list-style-type: none"> <li>○ Work being led by the five organisations within the third sector consortium Hillingdon4All (Age UK, DASH, Harlington Hospice, Hillingdon Carers and Mind), to develop a model that provides a single point of access to voluntary and community organisations based in the north of the borough for the 65 + population.</li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>○ Drawing together the results of research into the support required by smaller third sector organisations in order to develop sustainable community capacity to enable the 65+ population with low or moderate needs to remain at home in the community.</li> <li>○ Falls prevention</li> <li>○ Early identification of people living with dementia and providing suitable support to them and their families.</li> <li>○ Mapping of services across the economy undertaking key working activities and/or who are visiting residents in their own homes and making available training in how to identify people susceptible to falls, dementia and/or social isolation and how to respond.</li> <li>● Work is in progress to develop a screening tool that could be used by partners to identify older residents at risk of a loss of independence and avoidable demand on statutory services.</li> </ul>
	<p><b>3.1.3</b> Deliver scheme three: further development of care plans that are shared, agreed and implemented jointly</p>	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>● A care planning tool was implemented in August and completed care plans will be reviewed based on trigger events and updated accordingly. Further discussions are taking place about the care planning tool with the intention that this is capable with the requirements of organisations across the health and social care economy and workshops will be taking place over the next two weeks to take this forward.</li> </ul>

				<ul style="list-style-type: none"> <li>An information sharing agreement has been signed off by the CCG which will provide the framework to facilitate greater sharing of information, which will prevent the need for residents to tell their story more than once. The Council is currently exploring the scope for this to be used as a template that will permit information to be shared between Social Care and local NHS and third sector partners.</li> </ul>
	<p><b>3.1.4</b> Deliver scheme four: integrated case management and care coordination</p>	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>Six Health and Social Care Coordinators (HSCC) have been appointed to work with GP practices to support care planning for people identified through risk stratification as being at risk. A key role for the HSCC is to actively support the delivery of care plans. One of the HSCC posts has recently become vacant.</li> <li>Support for the HSCC is being provided by Prof David Sines (Emeritus Professor and Associate at Buckinghamshire New University/Health Care Consultant), which includes monthly action learning sets of issues identified</li> <li>At the end of M6 practices had achieved 48.5% of the 6,560 care plans against targets.</li> <li>The appointment of 6 Primary Care Navigators (PCNs) by Age UK is intended to support people with lower level needs in order to prevent deterioration in need leading to loss of independence and increased demand on statutory services. The PCNs will work closely with the HSCCs.</li> </ul>

	<b>3.1.5</b> Deliver scheme eight: better care for people at the end of their life (EoL)	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>• A sub-group of the EoL Forum is being formed to refine the scheme 8 action plan with the intention of directly linking it to the benefits. It is intended that this will meet late in November.</li> <li>• Options for a fast track end of life service are currently being explored by Adult Social Care with the intention of having proposals in December.</li> <li>• The CCG will be making interim arrangements following the retirement of the current EoL lead at the end of November.</li> </ul>
	<b>3.1.6</b> Deliver scheme eleven: development of IT systems across health and social care with enhanced interoperability	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>• Development of interoperability between IT systems across health and social care has been moved into the broader ICT project to reflect that it should not be considered as a model of care scheme but rather an enable for the delivery of other schemes.</li> </ul>
<b>3.2 Deliver the BCF Workstreams 3 &amp; 4 - Seven day working and Seamless Community Services</b>	<b>3.2.1</b> Deliver scheme ten: seven day working	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>• Review of services being provided 7- days has revealed some gaps, e.g. GP cover, community equipment referrals, CNWL Contact Centre, specialist nursing to cover wound dressing.</li> <li>• Perfect Week will be taking place between the 10<sup>th</sup> and 18<sup>th</sup> November 2014 that will provide useful intelligence on how well the health and social care system is working. Learning points from Perfect Week to be considered by the 7-day working project group.</li> </ul>

	<b>3.2.2</b> Deliver scheme nine: Care homes initiative	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>The Care Home Delivery Group will finalise the action plan for this scheme at its meeting on the 13<sup>th</sup> November 2014. The trajectory of this project is to support a change in culture that will prevent unnecessary non-elective admissions and provide early intelligence of where a home is at risk of this happening.</li> </ul>
	<b>3.2.3</b> Deliver scheme five: Review and realignment of community services to emerging GP networks	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>Discussions are taking place between the CCG and CNWL regarding the alignment of the District Nursing Service with the GP Networks.</li> </ul>
Page 58	<b>3.2.4</b> Provide adaptations to homes to promote safe, independent living including the Disabled Facilities Grant	LBH	Quarterly	<ul style="list-style-type: none"> <li>From April to September, a total of 44 homes have had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 30 older people, of which 20 were in the private sector.</li> </ul>
	<b>3.2.5</b> Increase the number of target population who sign up to TeleCareLine service which is free for over 80's	LBH	Quarterly	<ul style="list-style-type: none"> <li>TeleCareline technology continues to help people to live safely and independently at home. To date there are 5443 users and 119 new clients over the age of 80.</li> </ul>
<b>3.3 Implement requirements of the Care Act 2014</b>	<b>3.3.1</b> Develop the prevention agenda including Info and Advice Duty	LBH	Quarterly	<ul style="list-style-type: none"> <li>The Care Act Implementation team are at the final stages of selecting a provider for an online solution to support ASC to meet the requirements of the Care Act. The tool will enable more dynamic use of</li> </ul>

				advice and information, supporting residents to make informed decisions and access preventative services. The system will facilitate the provision of personalised advice following on-line assessment, or assisted self assessment accessible to all residents and carers with the ability to progress through an e-marketplace to purchase support or to ASC services if required.
	<b>3.3.2</b> Develop a Carers Strategy that reflects the new responsibilities and implementation of the Care Act 2014	LBH	Biennially	<ul style="list-style-type: none"> <li>A working group has been established to develop a new strategy. Consultation will take place with key stakeholders in January 2015. Feedback from consultation will inform activity to deliver on priorities.</li> </ul>
	<b>3.3.3</b> Engage with providers through the development of the Market Position Statement to maintain a diverse market of quality providers that offers residents choice	LBH	Quarterly	<ul style="list-style-type: none"> <li>The first draft of the Market Position Statement is being developed. Once approval is sought, there will be a launch to promote the statement to local suppliers and the voluntary sector. The markets will then be developed by Category Management.</li> </ul>
<b>3.4 Implement requirements of the Children and Families Act 2014</b>	<b>3.4.1</b> Implement the SEND reforms including introducing a single assessment process and Education, Health and Care (EHC) Plans and joint commissioning and service	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>The new Education, Health and Care (EHC) assessment process has been implemented and EHC Plans are being produced. This is an outcome focussed and person centred process and is providing an improved experience for families. The new approaches need to be fully embedded in all services and there remain opportunities for greater integration.</li> </ul>

	planning for children, young people and families			<ul style="list-style-type: none"> <li>• The Local Offer was published in September and ongoing development work is taking place.</li> <li>• The joint commissioning activity has seen a draft strategy prepared which will require approval from the Health and Wellbeing Board. There will be an initial focus on provision for children and young people with speech, language and communication needs as the JSNA indicates this is an area of unmet need.</li> <li>• Personal budgets for children and young people with EHC Plans are being rolled out and where families are eligible for these services they can now take a direct payment for home to school transport, care packages and continuing health care using the same systems as adult service users.</li> </ul>
<b>3.5 Enable children and young people with SEND to live at home and be educated as close to home as possible</b>	<b>3.5.1</b> Develop a strategy to identify local educational priorities supported by specialist services across education, health and care	LBH	Quarterly	<ul style="list-style-type: none"> <li>• The strategy is in development and will be presented to the Board for consideration.</li> </ul>
	<b>3.5.2</b> Develop a short breaks strategy for carers of children and young people with disabilities	LBH	Quarterly	<ul style="list-style-type: none"> <li>• The strategy is in development and will be presented to the Board for consideration.</li> </ul>
<b>3.6 Assist</b>	<b>3.5.1</b> Provide extra care and	LBH	Quarterly	<ul style="list-style-type: none"> <li>• Two extra care schemes for the 55 and over</li> </ul>



<p><b><i>vulnerable people to secure and maintain their independence by developing extra care and supported housing as an alternative to residential and nursing care</i></b></p>	<p>supported accommodation to reduce reliance on residential care</p>			<p>population were opened, one in 2011 and one in 2012. These were Cottesmore House in Ickenham and Triscott House in Hayes.</p> <ul style="list-style-type: none"> <li>• Two purpose built supported living schemes for people with learning disabilities have also recently been opened and these are Glenister Gardens, which opened in 2012 and Swan House, which opened in 2014. Two more schemes are due to open in 2015.</li> <li>• A supported living scheme for people with mental health called Sessile Court is due to open in early 2015.</li> </ul>
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**Priority 4 - A positive experience of care**

Objective	Task and Metric	Lead	Metric reporting frequency	Evidence of activity against task
<b>4.1 Ensure that residents are engaged in the BCF scheme implementation</b>	<b>4.1.1</b> Improve service user experience by 1%	LBH/CCG	Annually	<ul style="list-style-type: none"> <li>Development of the Stakeholder Communication and Engagement Strategy will be undertaken in January following the submission of the revised plan.</li> </ul>
	<b>4.1.2</b> Improve social care related quality of life by 2%	LBH/CCG	Annually	
	<b>4.1.3</b> Increase the overall satisfaction of people who use services with their care and support	LBH/CCG	Annually	
<b>4.2 Ensure parents of children and young people with SEND are actively involved in their care</b>	<b>4.2.1</b> Develop a more robust ongoing approach to participation and engagement of Children and Young People (C&YP) with SEND	LBH	Quarterly	<ul style="list-style-type: none"> <li>Work is underway with a company 'Headliners' who will provide recommendations on how to develop a programme to actively listen to and engage with C&amp;YP with SEND.</li> </ul>

APPENDIX B - DRAFT

Joint Health and Wellbeing Strategy Indicators - baseline data in year as available

Priority One			
	CCG 1.13 Women having an antenatal assessments <13 weeks	April 2013-Sept2013	92.9%
	PHOF 2.03 Smoking status at time of delivery	2013/14	8%
	PHOF 2.01 Low birth weight term babies	2012	2.9%
	PHOF 2.02i Breastfeeding initiation	2013/14	82%
	PHOF 2.02ii Breastfeeding at 6-8 weeks	2013/14	62%
	PHOF 2.06i Excess weight in 4-5 year olds	2012/13	21%
	PHOF 2.06ii Excess weight in 10-11 year olds	2012/13	36%
	PHOF 2.14 Smoking prevalence: age 18+	2013	16.2%
	PHOF 2.14 Smoking prevalence (age 18+ routine and manual)	2013	21%
	PHOF 2.12 Excess weight in adults	2013	67%
	PHOF 2.13i Proportion of active adults	2013	55%
	PHOF 2.13ii Proportion of inactive adults	2013	31%
	PHOF 1.16 Utilisation of outdoor space for exercise/health reasons	March 2013-Feb 2014	5.5%
	PHE LD Profile Eligible adults with a learning disability having a GP healthcheck (per 1000)	2011/12	20.15
	ASCOF 1e % of LD clients in paid employment	2013/14	1.4%
	PHOF 4.10 Suicide rate persons (rate per 100,000 population)	2011-13	7.8

Priority Two			
	PHOF 4.02 Tooth decay in children aged 5 years (mean dmft per child)	2011/12	1.51
	PHOF 1.05 Number of 16-18 year olds who are NEET	2013	3.5%
	PHOF 1.06ii % of adults in contact with secondary mental health services who live in stable and appropriate accommodation	2012/13	81.3%
	CNWL Number of people accessing long term support (MH): referrals/acceptances	2013/14	3,035/1660
	PHOF 2.22iii Cumulative % of eligible population aged 40-74 offered an NHS Health Check	2013/14	11.2%
	PHOF 2.22iv Cumulative % eligible population aged 40-74 offered a NHS Health Check who receive an NHS Health Check	2013/14	72.0%
	PHOF 2.22v Cumulative % of eligible population aged 40-74 who receive an NHS Health Check	2013/14	8.1%
	PHOF 2.04 Under 18 conceptions (rate per 1,000 women in age group)	2012	27.7
	PHOF 3.02ii Chlamydia detection rate in 15-24 year olds (crude rate per 100,000 population)	2013	1,485
	LAPE: Alcohol specific hospital admissions in under 18s (crude rate per 100,000 population aged <18 years)	2010/11 - 2012/13	46.4
	PHOF 2.18 Alcohol related admissions to hospital	2012/13	597
	PHOF 2.20i Cancer screening (breast)	2014	71%
	PHOF 2.20ii Cancer screening (cervical)	2014	69%
	QOF: Number of people with dementia on GP register	2013/14	1,150
	PHOF 2.15i Successful completion of drug treatment (opiate users)	2013	10.7%
	PHOF 2.15ii Successful completion of drug treatment (non opiate users)	2013	39.7%
	PHOF 4.12i Preventable sight loss (age related macular degeneration) crude rate per 100,000 population age 65+	2012/13	62.7
	PHOF 4.12ii Preventable sight loss (glaucoma) crude rate per 100,000 population age 40+	2012/13	12.50
	PHOF 4.12iii Preventable sight loss (diabetic eye disease) crude rate per 100,000 age 12+	2012/13	12.50
	PHOF 4.12v Preventable sight loss (sight loss certifications): crude rate per 100,000 population	2012/13	24.80
	PHOF 4.15i Excess winter deaths index (all ages, single year)	Aug 11 - Jul 12	18.70%
	PHOF 4.04i Under 75 mortality rate from cardiovascular diseases (rate per 100,000 population)	2011/13	78.3
	PHOF 4.05i Under 75 mortality rate from cancer (rate per 100,000 population)	2011-13	139.3
	PHOF 4.06i Under 75 mortality rate from liver disease (rate per 100,000 population)	2011-13	17.8

Priority Three			
	PHOF 2.24i Injuries due to falls in people aged 65 and over (per 100,000 population)	2012/13	2,376
	LBH Number of adaptations to homes to promote safe, independent living	Apr-Sept 2014	44
	LBH Number of target population who sign up to TeleCareLine service	Total	5443 users 116 new over 80
	ASCOF 3d Proportion of people who use services who find it easy to find information about services	2013/14	71.7%
	ASCOF 3b Overall satisfaction of carers with social services	2012/13	34%
	ASCOF 3c Proportion of carers who report that they have been included or consulted in discussions about the person they care for	2012/13	66.3%

Priority Four			
	Improve service user experience by 1%	2014/15	New
	Improve social care related quality of life by 2% (score out of 24 points)	2013/14	18.1
	ASCOF 3a The overall satisfaction of people who use services with their care and support	2013/14	57.2%

Better Care Fund Indicators - these will be reconfirmed one the BCF Plan is signed off

Perm admissions			
	Number of permanent admissions	2014/15 2013/14 YE	40 100
	Number of residents (aged 65+)	2014/15 2013/14	38,169 36,655
	ASCOF 2a (ii) Perm Admissions per 100,000	2014/15 2013/14	104.8 272.8
	Annual Target for number of permanent admissions	2014/15 2013/14	104 not set

Reablement			
	Number of people still at home	2014/15 2013/14 F Yr	TBC 98
	Number of people through reablement (following hospital discharge)	2014/15 2013/14 F Yr	TBC 120
	ASCOF 2b (i) % of people still at home 91 days later	2014/15 2013/14	- 81.8%
	Annual Target for people still at home	2014/15 2013/14 F Yr	86.7% not set

Delayed transfers of care			
	Total number of days	2014/15 2013/14	626 954
	Number of residents (aged 18+)	2014/15 2013/14	222,521 219,259
	BCF - DToC per 100,000	2014/15 2013/14	281 435
	Quarterly target for number of delayed transfers	2014/15 2013/14	758 not set

The indicators have been taken from a variety of sources including the Public Health, Adult Social Care and NHS Outcome frameworks  
The indicators will be reviewed with partners to ensure they meet the needs of the strategy

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# Agenda Item 8

## UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS

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

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

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

### 3. UPDATE ON PROGRESS

1. Since the last report to the Health and Wellbeing Board in September 2014, progress has been slow. This is due to the disruption caused by the structural changes currently taking place within NHS Property Services (NHS PS), which has inevitably resulted in changes to staff roles and responsibilities and the need to recruit new personnel. NHS PS has advised that it is currently recruiting a Strategic Estates Planner, whose remit will be to lead on local authority liaison for the North West London area, including s106 matters. It is therefore anticipated that, once this post has been filled, officers will be able to continue to build on the good working relationship which has now been established with NHS PS and continue to move schemes forward.

## Approved GP expansion schemes

2. NHS PS has confirmed that three of the four GP schemes which were approved by the NHS panel in August 2013 have been completed. The three completed schemes relate to the provision of an additional consulting room at King Edwards Medical Centre and extensions to the GP surgeries at Wallasey Crescent and Southcote Rise. There has been no further update with regard to the progress of the scheme at Pine Medical Centre. Details of the four schemes are outlined below:

- 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 was 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 has been drafted and will be submitted to the Leader and the Cabinet Member for Finance, Property and Business Services for a formal decision, subject to confirmation from NHS PS that the scheme is still valid.

## 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) which was completed in June 2014. Phase 2 of the scheme has now also been completed with phase 3 due to be completed in November/December. The project has a total of five phases, with the scheme due to be fully completed and operational by January 2015.
4. NHS PS 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.
5. A Cabinet Member report to request the formal allocation and release of further s106 contributions towards the scheme has now been submitted to the Leader and the Cabinet Member for Finance, Property and Business Services for a formal decision in November.

## **Proposed new Yiewsley Health Centre (former Yiewsley Pool site)**

6. Further progress with this scheme has been slow, primarily due to the structural/personnel changes taking place within NHS PS. In light of this, a further meeting was held in October between the Council and NHS PS to revisit the heads of terms of the letting agreement. The meeting was largely successful in reaffirming most of the terms (subject to formal agreement on both sides). The revised heads of terms have therefore been sent to NHS PS and the Council is awaiting a response.
7. At the meeting, NHS PS advised that, as a consequence of the recent structural changes within the organisation, the business case for the scheme would also need to be revisited and that the process for obtaining formal approval from NHS England would effectively need to be started again. They advised that this was likely to take at least 8-10 weeks, thus further delaying the scheme.
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 will be too late to spend one of the contributions held at H/8/186D (£15,549) which has a spend deadline in April 2015. It will therefore be necessary, with the agreement of NHS Property Services, for the Council to consider utilising this contribution towards the costs associated with HESA scheme.

## **St Andrews Park**

9. The Council received the healthcare contribution (£624,507.94) from the developer (VSM) in August 2014, in accordance with Schedule 6 of the s106 agreement. VSM has therefore been released from its obligation to provide an on-site healthcare facility. Notwithstanding this, VSM is keen, with the support of the Council, to try to reach agreement with the CCG for the inclusion of a health facility within the town centre extension area of the site. Discussions are therefore taking place to progress proposals for a larger health facility than that which was originally anticipated, which would be co-located in the area where a care home was approved as part of the master plan.

## **Unallocated s106 health contributions**

10. Appendix 1 (which is attached to this report) details all of the s106 health facilities contributions held by the Council as at 30 September 2014. New contributions received since the last report to the Board are highlighted in bold. Officers will continue to explore options in consultation with NHS PS and the CCG to ensure that these are spent to maximum effect to provide viable improvements for the benefit of local communities.
11. The table below details the s106 health contributions which have spend deadlines in 2015. The contribution held at H/16/210C is earmarked towards the HESA scheme which is currently on site (see paragraphs 3 - 5 above). A Cabinet Member report to request the formal allocation of this contribution towards the scheme has now been submitted. The contribution held at H/8/186D is currently earmarked towards the Yiewsley Health Centre Scheme. However, as this scheme has been further delayed, it is proposed that these funds should now also be allocated towards the HESA scheme to ensure that they are fully utilised before the spend deadline (see paragraph 8). Eligible schemes have not yet

come forward to utilise the contributions held at H/9/184C and H/10/90D. These contributions must be spent before July 2015 or may be at risk of having to be returned.

Contributions with spend deadlines in 2015

<b>S106 Funding Reference</b>	<b>Development</b>	<b>Amount</b>	<b>Time Limit to Spend</b>	<b>Earmarked towards</b>
H/8/186D	92-105 High Street, Yiewsley	£15,549	April 2015	Yiewsley health centre
H/16/210C	Former Hayes Stadium, Hayes	£105,044	March 2015	Hesa extension
H/9/184C	31-34 Pembroke Road, Ruislip	£13,115	July 2015	Scheme to be identified
H/10/190D	Armstrong House, Uxbridge	£43,395	July 2015	Scheme to be identified
<b>Total</b>		<b>£177,103</b>		

GP expansions in the north of the Borough

12. In line with the process that was agreed with the Londonwide Medical Committee (LMC) in August 2013, NHS Property Services is 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 the recent organisational change within NHS Property Services, this process has been delayed until the new Strategic Planner is in post.

Possible spend of s106 health contributions towards expansion of NHS 'health checks' at Hillingdon pharmacies.

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 have therefore been exploring the scope for using s106 healthcare contributions towards continuing to expand the role of pharmacies in providing health checks in the Borough.

14. Health checks are primarily provided through GP surgeries, although currently there are 19 local pharmacies within the Borough which are also contracted to provide an NHS Health Check service for local residents. It is envisaged that 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.

15. 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 1 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, may be able to be considered towards expanding the health services provided through pharmacies.



16. Officers from Public Health Services are working to identify additional pharmacies within the Borough which could be supported to provide this service. This will largely be informed by the Pharmaceutical Needs Assessment (PNA) for the Borough which is currently being reviewed and is expected to be in place by 1 April 2015. This will highlight where the Borough's pharmaceutical needs are and the areas to be addressed. Any proposals for the expansion of the health checks service will be brought forward in consultation with NHS PS and the CCG.
17. In addition to extending the provision of health checks through existing pharmacies in the Borough, officers are also exploring other possibilities for extending this service. One possibility might be to provide standalone health screening equipment such as height, weight and blood pressure machines in community buildings such as libraries or health centres. This equipment would be free to use and a contact number provided for advice or further referral if users were concerned by their results. Again any proposals will be brought forward in consultation with NHS PS and the CCG.

## FINANCIAL IMPLICATIONS

As at 30 September 2014, there is £1,950,469 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 £1,552,981 is available to be utilised towards the provision of facilities for health. It is worth noting that £1,146,785 of the health contributions have no time limits attached to them, and £624,508 of this has been received in respect of St Andrews Park. This 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)

<b>S106 Funding Reference</b>	<b>Development</b>	<b>Amount</b>	<b>Time Limit to Spend</b>
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
<b>Total</b>		<b>£251,701</b>	

A report has recently been submitted to formally allocate and release the s106 contributions held in the above table towards the HESA Scheme for £251,701 and a decision is due shortly.

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

<b>S106 Funding Reference</b>	<b>Development</b>	<b>Amount</b>	<b>Time Limit to Spend</b>
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
<b>Total</b>		<b>£401,543</b>	

Due to the structural changes taking place in the NHS and slow progress of the Yiewsley Health Centre scheme, the s106 contributions in the above table for £401,543 are not likely to be utilised until 2015/16. It is therefore advisable to allocate the contribution held at H/8/186D of £15,549 towards the HESA scheme in order to ensure that this is fully utilised before the spend deadline of April 2015, subject to agreement from NHS Property Services and the Council.

## **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 and HESA 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.

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## SECTION 106 HEALTHCARE FACILITIES CONTRIBUTIONS (September 2014)

## APPENDIX 1

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
H/8/186D *54	Yiewsley	92-105, High St., Yiewsley 59189/APP/2005/3476	AS AT 30/09/14 15,549.05	AS AT 30/09/14 15,549.05	2015 (Apr)	Contribution received towards the cost of providing additional primary health facilities in the Borough. Funds not spent by 20/04/2015 must be returned. <b>Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation request and approval.</b>
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. <b>£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.</b>
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, Eascope 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 facilities and places contribution towards the cost of providing; the expansion of health premises to provide additional facilities and services to meet increased patient user numbers or new health premises or services in the local area. Funds to be spent by March 2015. <b>Earmarked towards HESA extension, subject to request for formal allocation.</b>
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 facilities in the Authorities Area. No time limits. <b>£1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval.</b>
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.

## SECTION 106 HEALTHCARE FACILITIES CONTRIBUTIONS (September 2014)

## APPENDIX 1

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
H/21/237D *73	Eastcote	Bishop Ramsey School (lower site), Eastcote Road, Ruislip. 19731/APP/2006/1442	AS AT 30/09/14 22,455.88	AS AT 30/09/14 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, Eastcote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	Funds received towards the cost of providing health facilities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/23/209K *75	Yiewsley	Tesco, Trout Road, Yiewsley. 60929/APP/2007/3744	37,723.04	37,723.04	2016 (Mar)	Contribution received towards the provision of local health service infrastructure in the Yiewsley, West Drayton, Cowley area. Funds to be spent by March 2016. <b>Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation request and approval.</b>
H/25/244C *77	Townfield	505-509 Uxbridge Road, Hayes. 9912/APP/2009/1907	20,269.97	20,269.97	2018 (Jun)	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt (June 2018). <b>Earmarked towards HESA extension, subject to formal allocation.</b>
H/26/249D *78	Townfield	Former Glenister Hall, 119 Minnet Drive, Hayes. 40169/APP/2011/243	33,219.40	33,219.40	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend. <b>Earmarked towards HESA extension, subject to formal allocation.</b>
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	AS AT 30/09/14 3,353.86	AS AT 30/09/14 3,353.86	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/29/267D *83	Botwell	Fmr Ram PH, Dawley Rd, Hayes 22769/APP/2010/1239	6,068.93	6,068.93	No time limits	Funds received towards the cost of providing expansion of health premises to provide additional facilities and services to meet increased patient numbers or new health premises or services in the local area. No time limits for spend. <b>Earmarked towards HESA extension, subject to formal allocation.</b>
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). <b>Earmarked towards HESA extension, subject to formal allocation.</b>
H/31/278D *86	Botwell	6-12 Clayton Road, Hayes. 62528/APP/2009/2502	4,649.84	4,649.84	No time limits	Funds received towards the cost of providing expansion of health premises to provide additional facilities and services to meet increased patient numbers or new health premises or services in the local area. No time limits for spend. <b>Earmarked towards HESA extension, subject to request for formal allocation.</b>
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. <b>Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.</b>
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 facilities and services to meet increased patient or user numbers or, new health premises at local level. Any new facility required to compensate for loss of a health facility caused by the development. <b>Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.</b>

## SECTION 106 HEALTHCARE FACILITIES CONTRIBUTIONS (September 2014)

## APPENDIX 1

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
H/34/282F *92	West Ruislip	Lyon Court, 28-30 Pembroke Road, Ruislip 66985/APP/2011/3049	AS AT 30/09/14 15,031.25	AS AT 30/09/14 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 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. <b>Earmarked towards Hesa extension, subject to formal allocation.</b>
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.
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.



## SECTION 106 HEALTHCARE FACILITIES CONTRIBUTIONS (September 2014)

## APPENDIX 1

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
HI/42/242G *100	West Drayton	West Drayton garden Village off Porters Way West Drayton. 5107/APP/2009/2348	AS AT 30/09/14 337,574.00	AS AT 30/09/14 337,574.00	No time limits	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . <b>Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to request for formal allocation.</b>
HI/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.
HI/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.
HI/47/329E	Townfield	Land at Pronto Industrial Estate, 585-591 Uxbridge Road, Hayes 4404/APP/2013/1650	14,066.23	14,066.23	2024 (July)	Funds received the cost of providing healthcare facilities within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.
HI/48/331E	Eastcote	216 Field End Road, Eastcote 6331/APP/2010/2411	4,320.40	4,320.40	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.
HI/49/283B	Uxbridge North	Former RAF Uxbridge, Hillingdon Road, Uxbridge 585/APP/2009/2752	624,507.94	624,507.94	No time limits	Funds to be used towards the provision of healthcare facilities serving the development in line with the Council's S106 Planning Obligations SPD 2008.
HI/50/333F	Yiewsley	39,High Street, Yiewsley 24485/APP/2013/138	12,444.41	12,444.41	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.
		<b>TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES</b>	<b>1,561,565.84</b>	<b>1,552,981.41</b>		

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## PHARMACEUTICAL NEEDS ASSESSMENT 2015

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Sharon Daye - Interim Director of Public Health
<b>Papers with report</b>	Appendix 1 - Hillingdon Pharmaceutical Needs Assessment 2015 - Draft

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>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.</p> <p>This paper presents to the Hillingdon Health and Wellbeing Board (HWB) the key findings from the conclusion of the statutory 60-day consultation. The paper seeks permission from the Board to publish the updated PNA on the Council website, ahead of the statutory deadline of 1 April 2015.</p>
<b>Contribution to plans and strategies</b>	An up-to-date pharmaceutical needs assessment contributes to the development of Hillingdon's Health and Wellbeing Strategy.
<b>Financial Cost</b>	There are no direct financial implications arising from the recommendations set out in this report.
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1. agree the final version of the Hillingdon's Pharmaceutical Needs Assessment (PNA) including the recommendations and inclusion of summarised comments from the statutory 60 day consultation.**
- 2. agree that the PNA be published in January 2015.**

3. **agree to delegate further amendments to Hillingdon's PNA 2015 prior to publication to the Chairman of the Health and Wellbeing Board, should further changes be required.**

### **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. 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 HWB 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
5. 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 HWB is required to keep the map up to date.
6. When making an assessment of local pharmacy services, each HWB 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**

7. 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. This process has been agreed by a multi-agency steering group.
8. 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. The 60-day consultation took place between 24 September 2014 and 23 November 2014.
9. The following stakeholders were 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
10. The full PNA consultation document was placed on the Council website from 24 September 2014 for 60 days. The stakeholders were contacted by e-mail which contained the web-link directing them to the consultation document. A reminder of the 60 day consultation was sent out to all stakeholders.

### **Response to 60 Day Statutory Consultation**

11. Comments from the consultation have been reviewed and included in the PNA where relevant and appropriate.
12. Six pharmacies responded to the consultation. The main theme of these responses was in connection with the promotion of pharmacy services and their willingness to be commissioned to provide further services. These comments have been addressed in the following recommendations provided in the draft PNA:
  - **PNA Recommendation 2** - Pharmacy services should be promoted to the local population.
  - **PNA Recommendation 3** - Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.

13. Comments from other stakeholders, NHS, LPC and LMC, were received and as a result the following amendments were made:
- Essential Small Pharmacies are now indicated on the pharmaceutical services map
  - Detailed listing of necessary and relevant services can be found in Appendix 3.
14. Two members of the public responded to the consultation. The theme from both of these respondents was regarding the pharmacy provision in Heathrow Villages. The residents voiced concerns regarding the need for more local provision, raising awareness of pharmacies and increasing the services provided by the pharmacy.
15. The PNA acknowledges in the main report, page 9, that the provision in the Hayes and Harlington locality which includes Heathrow Villages is slightly lower than in the other two localities. The following statement is made:
- 'In Hayes & Harlington provision is just below the England average rate per head of population, however, there are an additional 20 or so pharmacies within 1 km, but sited in neighbouring boroughs.'*
16. The Chief Executive Officer of Healthwatch Hillingdon attended the Councillor's monthly meeting, on 15 November 2014, with residents of Harmondsworth, Sipson and Longford. The draft PNA was discussed at this meeting and the following comments have been sent to the Interim Director of Public Health:
- A number of different pharmacies are being accessed by residents both within Hillingdon and in neighbouring boroughs mainly for the use of prescription services.
  - Most residents are happy with their current services.
  - The majority of residents stated that it would be convenient to have a pharmacy within the villages but many advised they would not change from their current pharmacy.
  - Since the pharmacy had closed in the villages, residents have had to make other arrangements for their pharmacy services and have become accustomed to these new arrangements.
17. The comments raised about the provision of pharmacy services in the Heathrow Villages are therefore satisfactorily addressed by the following recommendations in the PNA:
- **PNA Recommendation 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.
  - **PNA Recommendation 2** - Pharmacy services should be promoted to the local population.
  - **PNA Recommendation 3** - Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.
18. **PNA Recommendations** - Following careful consideration of the consultation findings there is not a need to amend the draft recommendations of the PNA. The Health and Wellbeing Board is therefore asked to consider and approve the recommendations as follows:
- **Recommendation 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.

- **Recommendation 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.

- **Recommendation 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.

- **Recommendation 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.

- **Recommendation 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.

## **Next steps**

19. The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 came into force on 1 April 2013. Regulation 5 states that the HWB's first PNA must be published by 1 April 2015. However, this does not preclude HWBs from publishing their first PNA earlier.
20. In accordance with Regulation 5, it is proposed that, with agreement from the Board, the PNA be published in January 2015, 3 months before the statutory deadline date.

## **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**

A statutory 60-day consultation was carried out between 24 September 2014 and 23 November 2014. The consultation was open to stakeholders – see the list detailed in paragraph 9 above.

### **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 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 Act, and are subject to local authority scrutiny arrangements.

## **6. BACKGROUND PAPERS**

NIL.





# Hillingdon Pharmaceutical Needs Assessment 2015

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**Draft**

December 2014

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## **Executive Summary**

The Health and Social Care Act 2012 transferred the responsibility for public health to local Councils. This role includes taking the lead on three new interrelated functions:

- 1.Undertaking Pharmaceutical Needs Assessments on behalf of the Health and Wellbeing Board
- 2.Commissioning certain public health services from community pharmacies
- 3.Providing a broader strategic role in supporting the development of community pharmacies with an increased role in public health and health improvement.

This Pharmaceutical Needs Assessment describes the needs related to pharmaceutical services for the population of Hillingdon.

### **Demographic and Epidemiological Analysis**

Information from Hillingdon's Joint Strategic Needs Assessment was reviewed alongside priorities set by the Hillingdon Health and Wellbeing Board in the JHWS. Demographic data for Hillingdon was considered and an epidemiological needs assessment undertaken to ascertain the current health status of the population, past trends and future projections. Distribution of various illnesses and their risk factors is crucial for understanding the health needs in a population. Hillingdon's geography, population diversity are described in Appendix 1 and the epidemiological data are described in Appendix 2.

### **Analysis of existing services**

Pharmaceutical services include essential services, advanced services, and locally commissioned services (known as enhanced services). These include the provision of dispensing services, services to support patients in appropriate use of medicines, 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; and delivery of public health services. Appendix 3 and Appendix 4 describe the location of community pharmacies, types of pharmacies based on opening hours, travel distances and services provided by local pharmacies. This information includes pharmaceutical services provided in Hillingdon. The analysis took into account future changes predicted in the population within localities and the impact of any housing developments.

A survey of the existing 66 pharmacies in Hillingdon along with those in neighbouring areas was completed, with the support of the Local Pharmaceutical Committee. The 100% response rate from those pharmacies in Hillingdon secured a robust and up to date collection of information to support the assessment of need. Appendix 5 shows the survey used.

Maps are included in the PNA identifying the premises at which pharmaceutical services are provided.

### **Management of the development of the PNA**

A Steering Group was set up (Appendix 6) which included representatives from Hillingdon Council, Hillingdon Clinical Commissioning Group, Healthwatch Hillingdon, the Local Pharmaceutical Committee and NHS England Area Team. Other partners consulted include the Local Medical Committee, the Hillingdon Hospital NHS Foundation Trust, CNWL NHS Trust, local community pharmacies, the voluntary sector and neighbouring Health and Wellbeing Boards.

**Consultation:** The statutory 60-day consultation took place between September 24<sup>th</sup> 2014 and November 23<sup>rd</sup> 2014. The draft PNA was available on the Hillingdon Council website during the consultation period.

### **[DRAFT] Recommendations: subject to the outcomes of the consultation**

- 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.**
  - 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.**
  - 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.**
  - This could include local and national public health campaigns (e.g. NHS health checks, 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).**
  - There are many people on GP disease registers some of whom would have more than one condition 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.**
- 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.

DRAFT

## 1. Introduction

### Local government's new role in relation to pharmaceutical services

The Health and Social Care Act 2012 also transferred the responsibility for public health to councils, which has included leading on three new interrelated functions:

- Undertaking pharmaceutical needs assessments on behalf of Hillingdon's Health and Wellbeing Board
- Commissioning certain public health services from community pharmacies
- Providing a broader strategic role in supporting the development of community pharmacies with an increased role in public health and health improvement.

This Pharmaceutical Needs Assessment describes the needs related to pharmaceutical services for the population of Hillingdon. The NHS Act (the "2006" Act), amended by the Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs) in each local area and transferred responsibility to develop and update Pharmaceutical Needs Assessments (PNAs) from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from April 1<sup>st</sup> 2013. This means that the decisions on whether to open new pharmacies are not made by the HWB. However, the PNA will help in the commissioning of pharmaceutical services in the context of local priorities.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, which set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

## 2. Pharmaceutical Needs Assessment (PNA)

A Pharmaceutical Needs Assessment, as defined in the Regulations, is the statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (Pharmaceutical Needs Assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a Pharmaceutical Needs Assessment. The contents of the PNA as defined by the Regulations are:

- All the pharmaceutical services provided by pharmacies in Hillingdon under arrangements made by the NHS England. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users
- Other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in Hillingdon

- Demographics of Hillingdon, Borough wide population in different localities and wards, and their needs
- Identification of gaps that could be met by providing more pharmacy services, or through opening more pharmacies, taking into account likely future needs
- Relevant maps relating to Hillingdon and its pharmacies
- Alignment with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA).

The content of this PNA was developed in accordance to regulations 3-9 Schedule 1 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The findings and recommendations of the report regarding the potential opportunities for pharmaceutical services to provide support in meeting the health needs of the population of Hillingdon are based upon a comprehensive analysis and review of the data and information that has been considered in the following pages, including:

- demographic review, in particular the current population and population projections, including key groups such as children, older people and those living in deprivation
- epidemiological review, in particular those identified by GPs with diseases and with long term conditions
- community pharmacy locations, including information about 100 hour opening times per week
- pharmaceutical services provided at each location
- local priorities arising from the JSNA and those highlighted in the H&WB strategy 2013-16.

### **3. Key findings and background information**

#### **The London Borough of Hillingdon**

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11,571 hectares), over half of which is countryside and woodland. Hillingdon has always been a transport hub and home to Heathrow Airport - the world's busiest international airport. It is also the home of RAF Northolt, and shares its borders with Hertfordshire, Buckinghamshire, Surrey, Hounslow, Ealing, and Harrow. 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 southern part of Hillingdon. Ruislip & Northwood consists of eight wards, and Uxbridge & West Drayton and Hayes & Harlington both consist of seven wards.

Hillingdon is traversed by the Grand Union Canal, the M4 motorway, the A40, the A4020 and the Great Western Railway. With all those road networks and three of London's underground lines (Piccadilly, Metropolitan and Central lines) starting and

ending in the Borough, Hillingdon is a major transport hub. The south of the Borough is home to the world's busiest international airport Heathrow, which occupies 1,227 hectares land, and handled 72.3 million passengers in 2013. The arrival of Crossrail in 2018, with new stations at West Drayton and Hayes will open up access to central London even further.

## **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% of the population of the Borough), Uxbridge & West Drayton (33%) and Hayes & Harlington (35%). There are higher numbers of younger people in Hayes and Harlington and higher numbers of older people (60+) in Ruislip and Northwood.

GLA ethnic group projection (2013) estimate that Hillingdon is becoming more diverse with Black and Minority Ethnic (BAME) groups accounting for 45% of the 2015 resident population and white ethnic groups accounting for 55% of the 2015 resident population. This proportion of BAME groups is lower than across London but considerably higher than the England average.

The population increase in Hillingdon over the next 5 years is expected to be 7.2%, around 1.4% per annum which is higher than the rate of both London and England. 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 BAME groups between 2015 and 2020, with BAME groups likely to account for 49% of the population by 2020. 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 driver of population growth in Hillingdon over the next 5 years is projected to be natural change (the greater number of births than deaths). 30% of population growth is projected to result from net inward migration. The number of births is expected to 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 2010 English Index of Deprivation ranks Hillingdon as 138<sup>th</sup> most deprived out of 326 Local Authority areas in England and 11<sup>th</sup> least deprived in London. The average deprivation score masks the differences at ward level - 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.

Hillingdon is economically prosperous. The Borough has a lower proportion of economically inactive people than London or England. In 2014 Hillingdon the Job Seekers Allowance claimant level was at its lowest level since December 2008 and has dropped 27% over the past 12 months.

9.6% of residents of Hillingdon provide unpaid care to family or friends. 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 residents enjoy a higher life expectancy in both males and females than the average for London and England, 79.4 years and 83.5 years respectively. There is some variation by ward and by locality within the Borough – in terms of wards Botwell has the lowest life expectancy in both males (age 77) and females (age 80).

Analysis of numbers on GP registers show some differences in ward and locality disease prevalence generally relating to the age profiles of the areas within the Boroughs.

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 on GP registers for obesity and diabetes in Hillingdon is highest in Hayes & Harlington.

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. Circulatory disease and cancers are the two major causes of death in Hillingdon.

Smoking is identified as a major risk factor for many diseases. In Hillingdon the estimated prevalence of smoking is 17.5% of the population aged over 18 which is close to the London average and lower than the England average. 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) target of 75%. Looking at higher risk groups, coverage is 53% which is higher than England, but still below the CMO 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).

Sexually transmitted infections represent an important public health issue in London which has the highest rate of STIs in England. In comparison with other London boroughs however, Hillingdon has a relatively low rate of sexually transmitted infections. Age data shows that younger people experience higher rates of infection and account for higher proportions of treatments.

Drug treatment services in Hillingdon achieve proportionately more successful outcomes in Hillingdon than across London and England.

Around 25% of the drinking population in Hillingdon are assessed as at higher risk or increasing risk. Alcohol specific hospital admission rates for adults in Hillingdon are in line with the England average and lower than in other London Borough, with the exception of among younger drinkers. Hospital admission rates among those aged under 18 are higher than the London average.

Hillingdon will liaise with other boroughs in North West London and NHS England with the aim to agree themes for the six local campaigns which community pharmacies can deliver on an annual basis.

### **Service Provision (pharmacies)**

There are 66 community pharmacies in Hillingdon. The numbers 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 & 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.

Access to pharmacy services is very good for Hillingdon residents. 99.7% of households in Hillingdon are 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.

The Pharmaceutical Needs Assessment survey received a 100% response rate from Hillingdon pharmacies with details of their services provided.

Residents across the Hillingdon localities have access to a range of services from the essential dispensing services to screening and monitoring, vaccination and disease specific services.

Most pharmacies across all three localities would be willing to provide services that they do not yet provide if they were commissioned to do so.

## 4. Recommendations

On the basis of these findings, the report makes the following recommendations:

- **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.**
  - 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.
- **Pharmacy services should be promoted to the local population.**
  - 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.
- **Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.**
  - This could include local and national public health campaigns (e.g. NHS health checks, the stop smoking service, influenza immunisation and sexual health services) to address key local health and wellbeing needs.
- **Encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).**
  - 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.
- **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.**
  - 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.

## 5. Community pharmacy provision within Hillingdon

NHS England North West London Area Team commissions 66 community pharmacies in Hillingdon to provide pharmaceutical services.

### Provision of community pharmacies in Hillingdon by ward and locality

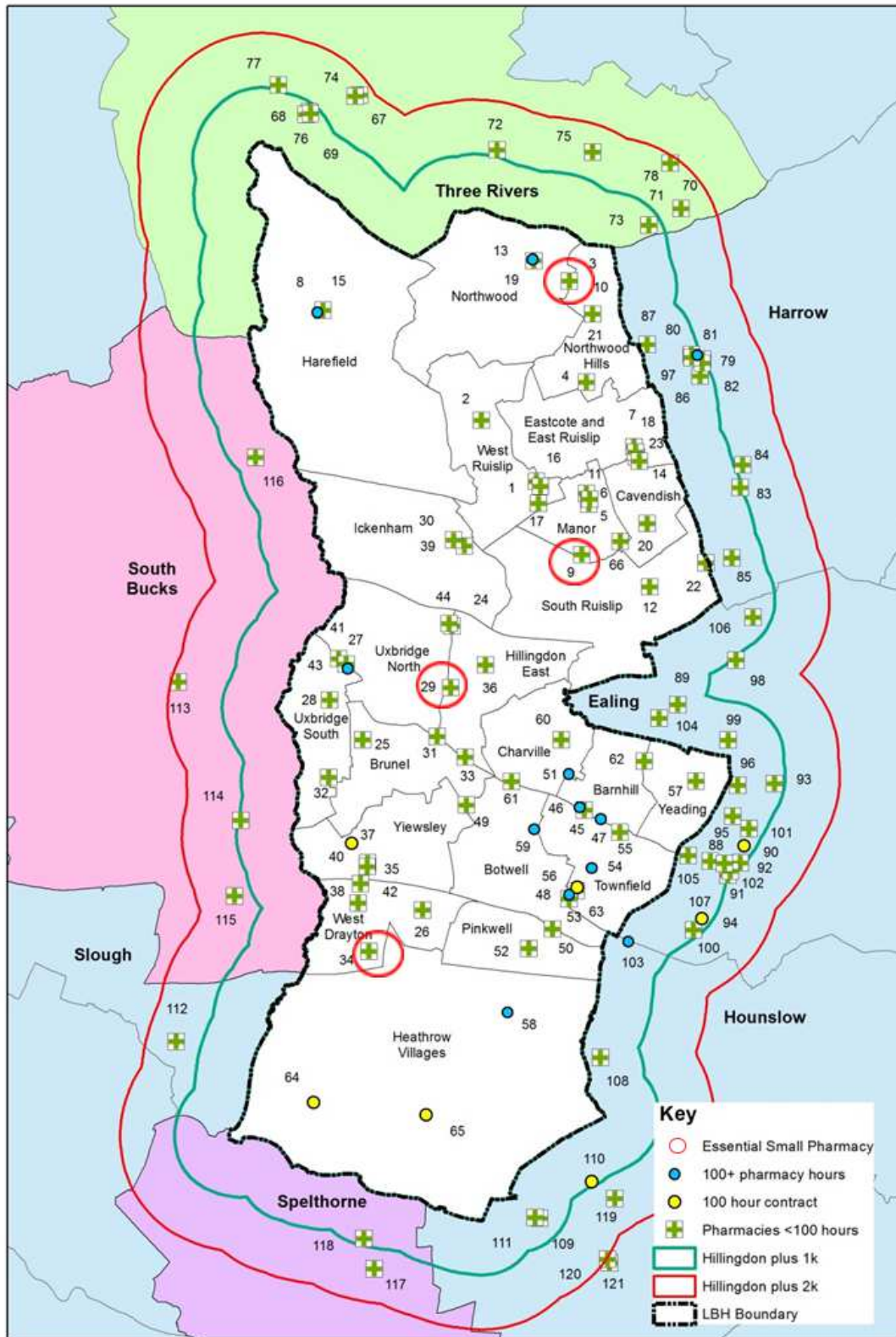
Locality / ward	Population in 2015 (GLA ward projections, 2013)	Number of pharmacies
<b>Ruislip &amp; Northwood</b>	<b>Total = 94,140</b>	<b>Total = 24</b>
Cavendish	12,420	<b>Rate per 100,000 population = 25.5</b> population = 94,140 number of pharmacies = 24
Eastcote & East Ruislip	12,910	
Harefield	7,955	
Manor	12,175	
Northwood	11,130	
Northwood Hills	12,340	
South Ruislip	13,290	
West Ruislip	11,920	
<b>Uxbridge &amp; West Drayton</b>	<b>Total = 99,020</b>	<b>Total = 21</b>
Brunel	15,205	<b>Rate per 100,000 population = 21.2</b> population = 99,020 number of pharmacies = 21
Hillingdon East	14,035	
Ickenham	11,025	
Uxbridge North	13,475	
Uxbridge South	15,500	
West Drayton	15,645	
Yiewsley	14,135	
<b>Hayes &amp; Harlington</b>	<b>Total = 103,975</b>	<b>Total = 21</b>
Barnhill	14,410	<b>Rate per 100,000 population = 20.2</b> population = 103,975 number of pharmacies = 21
Botwell	16,370	
Charville	13,550	
Heathrow Villages	13,585	
Pinkwell	16,170	
Townfield	15,290	
Yeading	14,600	
<b>22 wards</b>	<b>297,135 population</b>	<b>66 pharmacies</b>

**Hillingdon rate per 100,000 population = 22.2**

(population = 297,135 number of pharmacies = 66)

## Access to pharmaceutical services: in Borough and out of Borough

**Map:** Pharmacies in Hillingdon, and those within 2km of the boundary (Three Rivers, South Bucks, Slough and Spelthorne) and 1km of the boundary (London Boroughs of Harrow, Ealing and Hounslow):



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## Hillingdon pharmacies:

Key	Pharmacy name	Location
1	Ashworths Pharmacy	Ruislip
2	Bouticare Pharmacy	Ruislip
3	Carter Chemist & Ability 	Northwood
4	Carters Pharmacy	Eastcote
5	Chimsons Ltd	Ruislip Manor
6	Dana Pharmacy	Ruislip Manor
7	Eastcote Pharmacy	Eastcote
8	Harefield Pharmacy	Harefield
9	Nu-Ways Pharmacy 	Ruislip
10	Ross Pharmacy	Northwood
11	Ruislip Manor Pharmacy	Ruislip Manor
12	Sainsbury's Pharmacy	South Ruislip
13	Sharman's Chemist	Northwood
14	Superdrug	Eastcote
15	The Malthouse Pharmacy	Harefield
16	Boots, 67 High Street	Ruislip
17	Boots, Wood Lane Medical Centre	Ruislip
18	Boots	Eastcote
19	Boots	Northwood
20	Boots, Whitby Road	Ruislip
21	Boots	Northwood Hills
22	Boots	South Ruislip
23	Boots	Eastcote
24	Adell Pharmacy	Hillingdon
25	Brunel Pharmacy	Uxbridge
26	Carewell Chemists	West Drayton
27	Flora Fountain Ltd	Uxbridge
28	H A McParland Ltd	Uxbridge
29	Hillingdon Pharmacy 	Hillingdon
30	Hopkins Pharmacy	Ickenham
31	Lawtons Pharmacy	Hillingdon
32	Mango Pharmacy	Cowley
33	Oakleigh Pharmacy	Hillingdon
34	Orchards Pharmacy 	West Drayton

Key	Pharmacy name	Location
35	Phillips Pharmacy/PillBox	Yiewsley
36	Puri Pharmacy	Hillingdon
37	Tesco In-Store Pharmacy ◉	West Drayton
38	Winchester Pharmacy	West Drayton
39	Winchester Pharmacy	Ickenham
40	Yiewsley Pharmacy	Yiewsley
41	Boots, Intu Shopping Centre	Uxbridge
42	Boots	West Drayton
43	Boots, High Street	Uxbridge
44	Boots	Hillingdon
45	Daya Ltd	Hayes
46	Grosvenor Pharmacy	Hayes
47	H A McParland Ltd	Hayes
48	Hayes Town Pharmacy ◉	Hayes
49	Joshi Pharmacy	Hayes
50	Kasmani Pharmacy	Hayes
51	Lansbury Pharmacy	Hayes
52	Medics Pharmacy	Hayes
53	NuChem Pharmacy	Hayes
54	Pickups Chemist	Hayes
55	Sainsbury's Pharmacy	Hayes
56	Superdrug	Hayes
57	Tesco In-Store Pharmacy	Yeading
58	The Village Pharmacy	Harlington
59	Vantage Chemists	Hayes
60	Vantage Pharmacy	Hayes
61	Boots, 1266 Uxbridge Road	Hayes
62	Boots, 236 Yeading Lane	Hayes
63	Boots	Hayes
64	Boots, Terminal 5 ◉	Heathrow Airport
65	Boots, Terminal 3 ◉	Heathrow Airport
66	Boots, Waitrose	Ruislip

◉ = 100 hour contract

○ = Essential Small Pharmacy (ESP)

### **Pharmacy opening hours**

The national framework for pharmaceutical services requires every pharmacy to open for 40 hours minimum and provide essential services which are necessary services. Maps above show the distribution of pharmacies that are open less than 100 hours per week, those that are contracted to open 100 hours a week and those that have over 100+ pharmacist hours; but these do not necessarily open for 100+ hours.

Also, pharmacies 64 and 65 (Boots) located in Heathrow terminals might not be as accessible to local residents due to parking charges for airport car parks even though these are open for 100+ hours.

### **Compliance with the Equalities Act**

Community pharmacies must make reasonable provision for access by patients who have disabilities. Out of 66 community pharmacists, 65 stated they had wheelchair access and were compliant with the Equalities Act. 30 pharmacies (45%) had patient toilet facilities and 58 (87%) had consultations room / area accessible via wheelchair. 26 pharmacies reported that they provide consultations in patients' homes or other suitable sites for greater accessibility.

Further analysis of responses to the community pharmacy survey is illustrated in Appendix 4.



### Out of Borough pharmacies:

Key	Pharmacy name	Location
67	Boots	Rickmansworth
68	Dave Pharmacy	Rickmansworth
69	Delite Chemist	Rickmansworth
70	Esom Chemist	South Oxhey
71	Lex Pharmacy	South Oxhey
72	Loomrose Pharmacy	Moor Park
73	Prestwick Pharmacy	South Oxhey
74	Riverside Pharmacy	Rickmansworth
75	S S Bandher Chemist	South Oxhey
76	The Chief Cornerstone	Rickmansworth
77	Tudor Pharmacy	Rickmansworth
78	Viks Pharmacy	South Oxhey
79	Angie's Chemist	Pinner
80	Carters Chemist	Pinner
81	Gor Pharmacy, Pin Medical Centre	Pinner
82	Gor Pharmacy	Pinner
83	Jade Pharmacy	Harrow
84	Jade Pharmacy	Harrow
85	Kings Pharmacy	South Harrow
86	Sainsbury's Pharmacy	Pinner
87	Tesco Pharmacy	Pinner
88	Alchem Pharmacy	Southall
89	Alpha Chemist	Northolt
90	Anmol Pharmacy	Southall
91	Chana Chemist	Southall
92	Chana Chemist	Southall
93	Chana Chemist	Southall

Key	Pharmacy name	Location
96	Lady Margaret Pharmacy	Southall
97	Boots	Pinner
98	M Gokani Chemist	Northolt
99	Northolt Pharmacy	Northolt
100	Puri Pharmacy	Southall
101	Shah Pharmacy	Southall
102	Sherrys Chemist	Southall
103	Tesco In-Store Pharmacy	Southall
104	Touchwood Pharmacy	Northolt
105	Woodland Pharmacy	Southall
106	Boots	Northolt
107	Boots	Southall
108	Dunns Chemist	Cranford
109	Edwards & Taylor	Bedfont
110	Tesco Pharmacy	Feltham
111	Boots	Bedfont
112	Colnbrook Pharmacy	Colnbrook
113	Jeeves Pharmacy	Iver Heath
114	Lloyds Pharmacy	Iver
115	Saleys Chemist	Iver
116	Boots	Denham
117	Tesco	Stanwell
118	Hermans	Stanwell
119	Boots	Feltham
120	Boots	Feltham
121	Boots	Feltham

## Borough pharmacy opening hours

Pharmacy Name	Address	Map Ref	Postcode	Monday - Friday	Saturday	Sunday
<b>Ruislip &amp; Northwood</b>						
Ashworths Pharmacy	64 High Street, Ruislip	1	HA4 7AA	09:00 - 18:00	09:00 - 17:00	Closed
Bouticare Pharmacy	81 Howletts Lane, Ruislip	2	HA4 7YG	09:00 - 18:00	09:00 - 13:00	Closed
Carter Chemist & Ability	112-114 High Street, Northwood	3	HA6 1BJ	09:00 - 19:00	09:00 - 13:00	Closed
Carters Pharmacy	41 Salisbury Road, Eastcote	4	HA5 2NJ	09:00 - 17:00	Closed	Closed
Chimsons Ltd	29 Victoria Road, Ruislip Manor	5	HA4 9AB	09:00 - 18:30	09:00 - 17:00	Closed
Dana Pharmacy	100 Victoria Road, Ruislip Manor	6	HA4 0AL	09:00 - 18:00	09:00 - 13:00	Closed
Eastcote Pharmacy	111 Field End Road, Eastcote	7	HA5 1QG	09:00 - 18:00	09:00 - 17:00	Closed
Harefield Pharmacy	12e High Street, Harefield	8	UB9 6BU	09:00 - 18:30	09:00 - 13:00	Closed
Nu-Ways Pharmacy	292 West End Road, Ruislip Gardens	9	HA4 6LS	09:00 - 18:00	09:00 - 14:00	Closed
Ross Pharmacy	28 Joel Street, Northwood	10	HA6 1PF	09:00 - 18:30	09:00 - 17:30	Closed
Ruislip Manor Pharmacy	53 Victoria Road, Ruislip Manor	11	HA4 9BH	09:00 - 18:00	09:00 - 17:00	Closed
Sainsbury's Pharmacy	Sainsbury's Store, 11 Long Drive, South Ruislip	12	HA4 0HQ	08:00 - 22:00	08:00 - 22:00	08:00 - 22:00
Sharman's Chemist	3 Clive Parade Maxwell Road, Northwood	13	HA6 2QF	09:00 - 19:00	09:00 - 17:30	10:00 - 14:00
Superdrug	143 Field End Road, Eastcote	14	HA5 1QL	09:00 - 18:30	09:00 - 18:30	Closed

Pharmacy Name	Address	Map Ref	Postcode	Monday - Friday	Saturday	Sunday
<b>Ruislip &amp; Northwood</b>						
The Malthouse Pharmacy	The Malthouse, Breakspear Road North Harefield	15	UB9 6NF	09:00 - 18:30	09:00 - 13:00	Closed
Boots	67 High Street, Ruislip	16	HA4 8LS	09:00 - 18:00	09:00 - 18:00	11:00 - 17:00
Boots	Wood Lane Medical Centre, 2A Wood Lane, Ruislip	17	HA4 6ER	M, F 08:30-19:00 Tu, W 08:30-20:00 Th 08:30-16:00	08:30 - 13:00	Closed
Boots	123 Field End Road, Eastcote	18	HA5 1QH	09:00 - 19:00	09:00 - 17:30	Closed
Boots	11 Maxwell Road, Northwood	19	HA6 2XY	09:00 - 18:00	09:00 - 18:00	10:00 - 16:00
Boots	212 Whitby Road, Ruislip	20	HA4 9DY	09:00 - 18:00	09:00 - 17:30	Closed
Boots	32 Joel Street, Northwood Hills	21	HA6 1PF	09:00 - 18:30	09:00 - 17:30	Closed
Boots	716 Field End Road, South Ruislip	22	HA4 0QP	09:00 - 19:00	09:00 - 13:00	Closed
Boots	169-171 Field End Road, Eastcote	23	HA5 1QR	09:00 - 18:00	09:00 - 18:00	Closed
Boots	Waitrose, 9 Kingsend, West Ruislip	66	HA4 7DS	08:30 - 20:00	08:30 - 18:00	10:00 - 16:00
<b>Uxbridge &amp; West Drayton</b>						
Adell Pharmacy	392 Long Lane, Hillingdon	24	UB10 9PG	09:00 - 19:00	09:00 - 17:00	Closed
Brunel Pharmacy	Unit 3a Hamilton Centre, Cleveland Rd	25	UB8 3PH	09:00 - 17:30	Closed	Closed
Carewell Chemists	10 Mulberry Parade, West Drayton	26	UB7 9AE	09:00 - 18:00	09:00 - 13:00	Closed
Flora Fountain Ltd	283 High Street, Uxbridge	27	UB8 1LQ	09:00 - 17:30	09:00 - 16:00	Closed

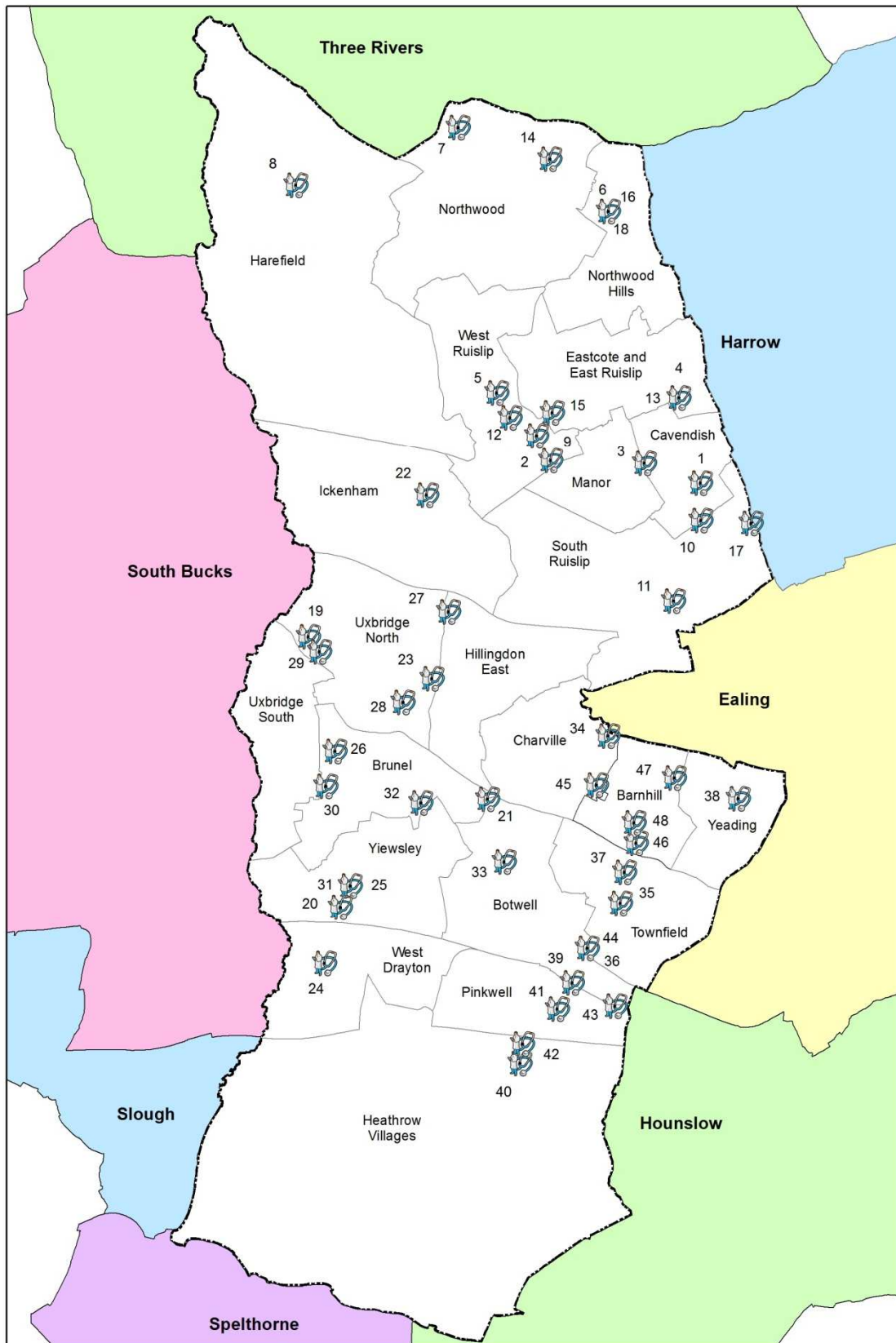
Pharmacy Name	Address	Map Ref	Postcode	Monday - Friday	Saturday	Sunday
<b>Uxbridge &amp; West Drayton</b>						
H A McParland Ltd	118/120 Cowley Road, Uxbridge	28	UB8 2LX	08:45 - 18:00	09:00 - 17:30	Closed
Hillingdon Pharmacy	4 Sutton Court Road, Hillingdon	29	UB10 9HP	09:00 - 18:00	Closed	Closed
Hopkins Pharmacy	1 Swakeleys Road, Ickenham	30	UB10 8DF	09:00 - 17:30	09:00 - 16:00	Closed
Lawtons Pharmacy	8-9 Crescent Parade, Uxbridge Road Hillingdon	31	UB10 0LG	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00
Mango Pharmacy	3 The Parade, High Street, Cowley	32	UB8 2EP	09:00 - 18:00	09:00 - 13:00	Closed
Oakleigh Pharmacy	Uxbridge Road, Hillingdon	33	UB10 0LU	09:00 - 18:00	09:00 - 13:00	Closed
Orchards Pharmacy	6 Laurel Lane, West Drayton	34	UB7 7TU	09:00 - 18:00	Closed	Closed
Phillips Pharmacy/Pill Box	84 High Street, Yiewsley	35	UB7 7DS	09:00 - 18:30	09:00 - 18:00	10:00 - 16:00
Puri Pharmacy	165 Ryefield Avenue, Hillingdon	36	UB10 9DA	08:30 - 17:30	08:30 - 17:30	Closed
Tesco Pharmacy	Yiewsley High Street, West Drayton	37	UB7 7SX	07:00 - 23:00	07:00 - 22:00	11:00 - 17:00
Winchester Pharmacy	64 Swan Road, West Drayton	38	UB7 7JZ	09:00 - 18:15	09:00 - 13:00	Closed
Winchester Pharmacy	79 Swakeleys Road, Ickenham	39	UB10 8DQ	09:00 - 18:00	09:00 - 17:00	Closed
Yiewsley Pharmacy	28 High Street, Yiewsley	40	UB7 7DP	08:30 - 18:30	09:00 - 13:00	Closed
Boots	163 High Street, Uxbridge	43	UB8 1JZ	08:00 - 18:30	09:00 - 18:00	10:30 - 17:30
Boots	14/16 Station Road, West Drayton	42	UB7 7BY	09:00 - 18:30	09:00 - 17:30	Closed
Boots	128 Intu Shopping Centre, Uxbridge	41	UB8 1GA	09:00 - 19:00	09:00 - 19:00	11:00 - 17:00

Pharmacy Name	Address	Map Ref	Postcode	Monday - Friday	Saturday	Sunday
<b>Hayes &amp; Harlington</b>						
Boots	380 Long Lane, Hillingdon	44	UB10 9PG	08:30 - 18:30	09:00 - 17:30	Closed
Daya Ltd	750 Uxbridge Road, Hayes	45	UB4 0RU	09:00 - 19:30	09:00 - 18:00	Closed
Grosvenor Pharmacy	788 Uxbridge Road, Hayes	46	UB4 0RS	09:30 - 19:00	09:30 - 18:00	Closed
H A McParland Ltd	522 Uxbridge Road, Hayes	47	UB4 0SA	08:45 - 18:30	09:00 - 14:00	Closed
Hayes Town Pharmacy	11 Coldharbour Lane, Hayes	48	UB3 3EA	08:00 - 23:00	08:00 - 23:00	08:00 - 23:00
Joshi Pharmacy	315 Harlington Road, Hillingdon	49	UB8 3JD	09:00 - 19:00	09:00 - 13:00	Closed
Kasmani Pharmacy	6 Northfield Parade, Station Road Hayes	50	UB3 4JA	09:00 - 19:00	09:00 - 13:00	Closed
Lansbury Pharmacy	102 Lansbury Drive, Hayes	51	UB4 8SE	09:00 - 19:00	09:00 - 13:30	Closed
Medics Pharmacy	11 Dawley Road, Harlington	52	UB3 1LS	09:00 - 18:30	09:00 - 13:00	Closed
NuChem Pharmacy	24 Coldharbour Lane, Hayes	53	UB3 3EW	09:00 - 19:00	09:00 - 18:00	Closed
Pickups Chemist	20-21 Broadway Parade, Coldharbour Lane, Hayes	54	UB3 3HF	08:30 - 21:00	09:00 - 20:00	10:00 - 18:00
Sainsbury's Pharmacy	Lombardy Retail Park, Coldharbour Lane Hayes	55	UB3 3EX	08:00 - 22:00	08:00 - 22:00	11:00 - 17:00
Superdrug	2-8 Station Road, Hayes	56	UB3 4DA	08:30 - 17:30	09:00 - 17:30	Closed
Tesco Pharmacy	Glencoe Road, Hayes	57	UB4 9SQ	08:00 - 20:00	08:00 - 20:00	10:00 - 16:00
The Village Pharmacy	218 High Street, Harlington	58	UB3 5DS	09:00 - 18:30	09:00 - 17:30	Closed

Pharmacy Name	Address	Map Ref	Postcode	Monday - Friday	Saturday	Sunday
Vantage Chemists	1 Park Parade, Barra Hall Circus, Hayes	59	UB3 2NU	09:00 - 18:30	09:00 - 14:00	Closed
Vantage Pharmacy	252 Kingshill Avenue, Hayes	60	UB4 8BZ	09:00 - 18:00	09:00 - 14:00	Closed
Boots	1266 Uxbridge Road, Hayes	61	UB4 8JF	09:00 - 18:00	09:00 - 17:30	Closed
Boots	236 Yeading Lane, Hayes	62	UB4 9AX	09:00 - 19:00	09:00 - 17:30	Closed
Boots	T5, Unit 24 Departures Level (Check in) Heathrow Airport	64	TW6 2GA	05:30 - 21:30	05:30 - 21:30	05:30 - 21:30
Boots	28-30 Station Road, Hayes	63	UB3 4DD	09:00 - 18:30	09:00 - 17:30	Closed
Boots	T3 Landside, Departures, Heathrow Airport	65	TW6 1QG	05:30 - 21:30	05:30 - 21:30	05:30 - 21:30

# Location of general practices (GPs) in Hillingdon

## Map: GP surgeries in Hillingdon



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### GP surgeries in Hillingdon:

Key	Practice name
1	Oxford Drive Medical Centre
2	Wood Lane Medical Centre
3	Cedars Medical Centre
4	The Abbotsbury Practice
5	Dr A Karim's Practice
6	The Evergreen Practice
7	The Mountwood Surgery
8	The Harefield Practice
9	Dr MK Mashru's Practice
10	Dr Solomon Practice
11	Dr MLR Siddiqui's Practice
12	Southcote Clinic
13	Devonshire Lodge
14	Eastbury Surgery
15	St Martin's Medical Centre
16	Acre Surgery
17	Acrefield Surgery
18	Carepoint Practice
19	The Belmont Medical Centre
20	Yiewsley Family Practice
21	Parkview Surgery
22	Wallasey Medical Centre
23	Acorn Medical Centre
24	The Medical Centre

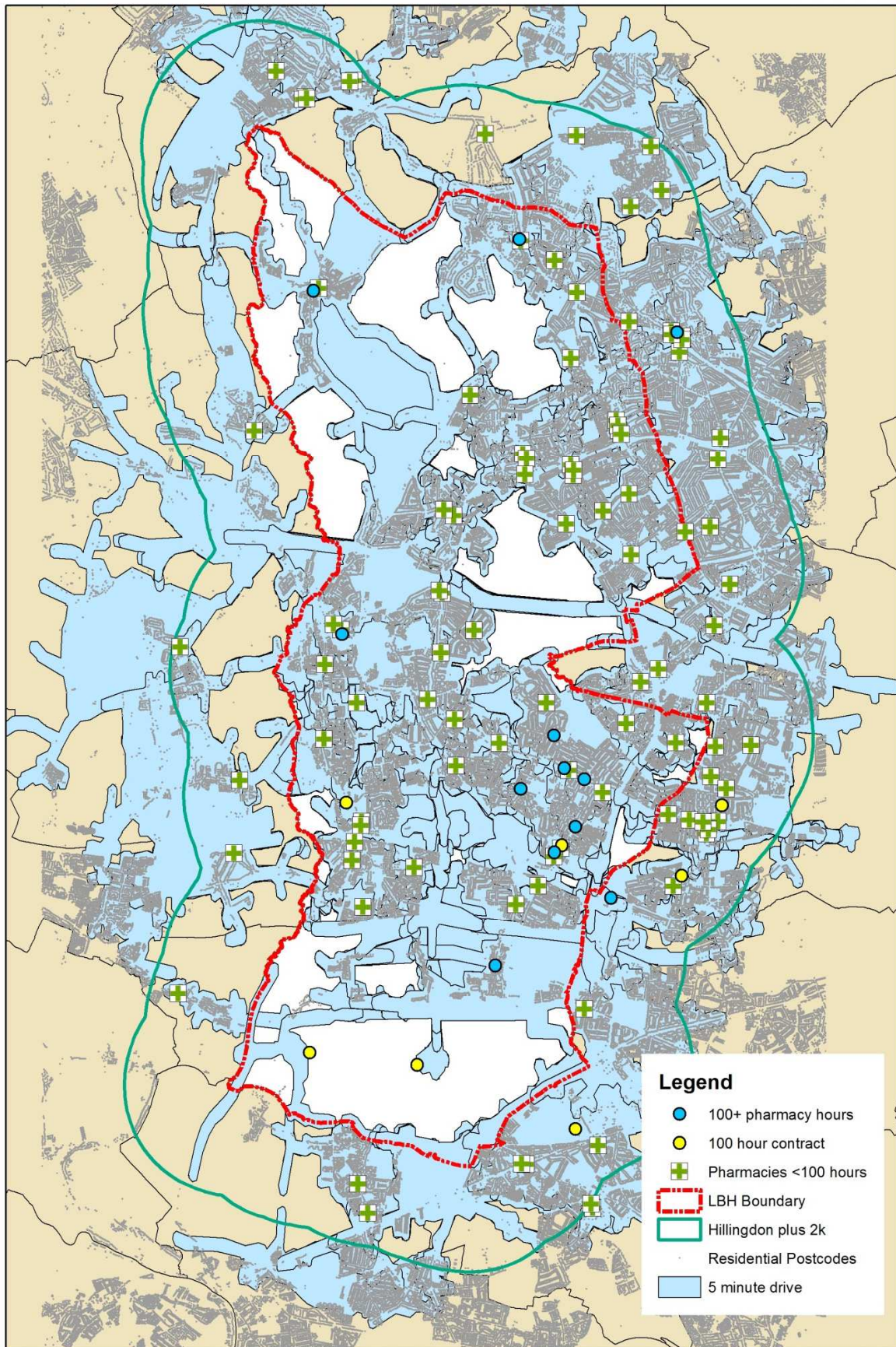
Key	Practice name
25	Otterfield Medical Centre
26	Brunel Medical Centre
27	Hillingdon Health Centre
28	Oakland Medical Centre
29	Uxbridge Health Centre
30	Church Road Surgery
31	The High Street Practice
32	West London Medical Centre
33	Kingsway Surgery
34	Cedar Brook Practice
35	Kincora Doctor's Surgery
36	Hayes Town Medical Centre
37	Townfield Doctors Surgery
38	Willow Tree Surgery
39	Hayes Medical Centre
40	Glendale House Surgery
41	Bedwell Medical Practice
42	Heathrow Medical Centre
43	North Hyde Practice
44	Orchard Practice
45	The Pine Medical Centre
46	The Warren Practice
47	Yeading Court Surgery
48	Shakespeare Surgery

### Hospital services

NHS hospital trusts and private hospitals do not provide pharmaceutical services as defined for the purposes of the PNA however, as part of the integrated services for patients being discharged from acute and secondary care into community, liaison between hospital pharmacy and community pharmacies is important for providing seamless discharge of patients.



Map: Access by car. Pharmacies within a 5 minute drive time, by residential postcodes



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Geographic Information System (GIS) drive time layers at 1 minute intervals were commissioned; the number of Borough households found to be within and not within the following drive times to pharmacies are:

Drive time	Within drive time:		Outside drive time:	
	Number of households	Percentage	Number of households	Percentage
1 minute	44,831	43.2%	59,038	56.8%
2 minutes	88,031	84.8%	15,838	15.2%
3 minutes	100,787	97%	3,082	3%
4 minutes	103,428	99.6%	441	0.4%
5 minutes	103,596	99.7%	273	0.3%
6 minutes	103,854	100.0%	15	<0.1%

\*based on 103,869 households

Driving in light urban traffic and keeping within the posted speed limits, 97% of households are within a 3 minute drive or within a 30 minute walk away from a community pharmacy.

## 6. Definition of pharmaceutical services

Section 126 of the 2006 Act places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section also makes provision for the types of healthcare professionals that are authorised to order drugs, medicines and listed appliances on an NHS prescription.

Therefore, *pharmaceutical services* in relation to PNAs include:

**Essential services:** Every community pharmacy providing NHS pharmaceutical services must provide (as set out in their terms of service) the dispensing of medicines, dispensing appliances, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles and signposting and support for self-care.

**Advanced services:** These are the services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary based on premises, training or notification to the NHS England (NHSE) Area Team – these are Medicines Use Reviews (MURs), the New Medicines Service (NMS) for community pharmacists and Appliance Use Reviews (AURs) and the Stoma Appliance Customisation Service (SACS) for dispensing appliance contractors. At this time a pharmacy may undertake up to 400 MURs per annum if they have informed NHS England of their intention to provide the service. Pharmacy staff may also undertake a limited number of AURs linked to the dispensing of appliances and as many SACS as required.

**Locally commissioned services (known as enhanced services):** Only NHS England can commission the enhanced services. However, community pharmacy can provide services commissioned by local authorities and CCGs (through NHS England) which mirror enhanced services. Therefore to give a complete picture of the local provision, these need to be considered alongside pharmaceutical service provision.

Enhanced Services - Only those contractors directly commissioned by NHS England can provide these services in line with the PNAs produced by Health and Wellbeing Boards.

The National Health Service Act 2006, The Pharmaceutical Services (Advanced & Enhanced Services) (England) Directions 2013, Part 4 14 (1) - list the enhanced services as:

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service

- Medicines Assessment and Compliance Support Service (this is more clinical than MURs)
- Minor Ailments Service
- Needle and Syringe Exchange Service
- On Demand Availability of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction Service (this would include supply of any Prescription Only Medicine via PGD)
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service
- Supervised Administration Service
- Supplementary Prescribing Service.

## **7. Public health services**

Alongside their more traditional role, community pharmacies are increasingly delivering a wide range of locally commissioned services like smoking cessation, emergency hormonal contraception, needle and syringe exchange schemes, influenza immunisations and more. Commissioning of such public health services transferred to local authorities with effect from 1 April 2013. The following Enhanced Services were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012:

- Needle and syringe exchange
- Screening services such as Chlamydia screening
- Stop smoking
- Supervised administration service
- Emergency hormonal contraception services through patient group directions.

Where such services are commissioned by local authorities, they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

A recent progress report from the Pharmacy and Public Health Forum outlined why community pharmacies are considered an ideal setting for the provision of public health services:

- Community pharmacies offer easy access, including for people from deprived communities who may not access other conventional NHS services
- Many provide long opening hours
- They are a health resource on high street, in supermarkets, in every shopping centre
- They provide anonymity and confidentiality, where appropriate in a flexible setting within an informal environment

- They have a workforce that tends to reflect the social and ethnic backgrounds of the population they serve, making it easier to provide health promoting interventions.

## 8. Pharmaceutical lists and NHS market entry

The legislative framework in England is set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 regulations). Part 6 of the 2013 regulations provides a framework for ensuring the suitability of contractors who provide pharmaceutical services. Regulations in Part 6 make provisions for NHS England to manage admission, suspension and removal from their lists on fitness grounds. Under the Medicines Act 1968, a registered pharmacist must be in charge of each community pharmacy, which can be owned by a pharmacist sole trader, a limited liability partnership (where all partners are pharmacists) or bodies corporate (where a superintendent pharmacist must be appointed). These are collectively called *pharmacy contractors*.

## 9. Purpose of the PNA and its content

Based on the Department of Health (DH) guidance, this PNA will serve the following key purposes:

- It will be used by NHS England Area Team to make decisions about applications for opening new pharmacies in Hillingdon and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements
- Include a statement of the pharmaceutical services that the HWB has identified as services which are provided (within or outside Hillingdon) and are *necessary* to meet the need for pharmaceutical services in Hillingdon
- A statement of the other (*relevant*) services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services
- An explanation of how the assessment has been carried out (including how the consultation was carried out)
- A map of providers of pharmaceutical services and other relevant maps that explain the scope of pharmaceutical services provided in Hillingdon and neighbouring boroughs, which impact on pharmaceutical need in Hillingdon.

The following are included in a pharmaceutical list for the purpose of PNA:

- **Pharmacy contractors** are healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use
- **Dispensing appliance contractors** - appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.; they cannot supply medicines. However, some pharmacy contractors can choose to dispense appliances, provide AURs and SACS as part of the essential and advanced services
- In addition, there are two other types of pharmaceutical contractor - **dispensing doctors**, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as *controlled localities*, and **local pharmaceutical services (LPS) contractors** who provide a level of pharmaceutical services in some HWB areas. A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.

## 10. Context for the Pharmaceutical Needs Assessment

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013; and forms the basis for commissioners of pharmaceutical services to consider the current provision and identify gaps in relation to local health needs and local priorities. Detailed analysis of the local health needs including demographic, epidemiological and survey based assessment can be found in Appendices 1 - 3; while local priorities stem from the Joint Strategic Needs Assessment (JSNA) and described in the Joint Health and Wellbeing Strategy (JHWS).

## 11. Links with other strategies and plans

The PNA draws on and takes into account a range of other relevant plans and strategies prepared by the Council and its strategic partners in order to prevent duplication of work and multiple consultations with health groups, patients and the public. These include:

### a) The Joint Strategic Needs Assessment

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to JSNAs. The aim of the JSNA is to improve the health and wellbeing of the local

community and reduce inequalities for all ages, identifying those groups where health and care needs are not being met and those which are experiencing comparatively different outcomes. Hillingdon JSNA is a continuous, ongoing and iterative process, which is used to determine what actions Hillingdon Council, the NHS and other partners need to take to meet health and social care needs and to improve health outcomes and address health inequalities. The JSNA pulls together all local needs assessments, strategies, and plans which can be found on <https://www.hillingdon.gov.uk/jsna>.

The development of PNA is a separate task to that of developing JSNA, as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs). Therefore JSNA provides a starting point for the PNA, but once produced it will inform the JSNA as well as the Joint Health and Wellbeing Strategy.

### **b) Joint Health and Wellbeing Strategy (JHWS)**

JHWSs are strategies for meeting the needs identified in JSNAs. As with JSNAs, they are produced by Health and Wellbeing Boards, and are unique to each local area. JHWS set a small number of key strategic priorities for action that will make a real impact on people's lives. JHWSs aim to translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning leading to effective and locally led initiatives that meet those outcomes and address the needs.

Hillingdon JHWS identifies the following priorities which are used to inform commissioning and design local programmes, including commissioning of public health services via local community pharmacies:

- Children engaged in risky behaviour
- 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.

### **c) Hillingdon Health and Wellbeing Board**

The Health and Wellbeing Board has a statutory requirement to improve the health and wellbeing of residents. Hillingdon HWB is a multi-agency group. It aims to make Hillingdon *a Borough with excellent health, social care and housing, where all residents can enjoy fulfilling and happy lives*. The Board provides strategic leadership for health and wellbeing and ensures that plans are in place and action is

taken to achieve this. The Board meets no less than quarterly and is chaired by the Leader of the Council. Statutory members of the HWBB include Hillingdon Council Cabinet members, Chairman of the Hillingdon Clinical Commissioning Group, a representative of Healthwatch Hillingdon, Statutory Directors of Adults Social Care, Children, and Public Health. The main objectives include:

- a) Lead on the duty to assess and publish information about the needs of the local population via the JSNA
- b) Deliver the duty to prepare and publish a Joint Health and Wellbeing Strategy (JHWS) based on the JSNA, to consider Health and Social Care Act flexibilities in developing the strategy and involve local residents and others as appropriate
- c) Promote integrated and partnership working across areas, including through the promotion of joined up commissioning plans across the NHS, social care and public health; and
- d) Support, be involved in and provide opinion on joint commissioning plans and the review of how well the JHWS is meeting needs. This includes providing an opinion on how well the CCG contributes to the delivery of the JHWS.

The HWB receives a performance monitoring report on joint priorities for health and social care on a quarterly basis, highlighting areas of good performance and areas for further action. The current priorities of the board are outlined in the JHWS as above.

#### **d) Hillingdon Clinical Commissioning Group (HCCG) and Community Pharmacy**

The CCG recognises that community pharmacists provide comprehensive and valuable services and support to patients, carers and residents. They are trusted as highly qualified professionals whether located in a busy high street or at the heart of a community. GPs provide high quality and cost-effective diagnostic, support, referral and prescribing services. They share a common purpose with community pharmacists in ensuring that patients optimise the use of their medicines.

CCG Pharmaceutical Advisors in the Medicines Management Team support GPs by providing evidence-based information to ensure patients receive safe and effective medicines, improve compliance and reduce wasteful prescribing. They understand the importance of harnessing the expertise and experience of community pharmacy in optimising medicines use and improving patient safety.

There are many areas of joint working between community pharmacists and the CCG Medicines Management Team, such as:

- Attending each organisations' medicines-related committees
- Working jointly on specific projects e.g. promotion of low acquisition cost blood glucose testing strips



- Setting up and implementing a Support with Medicines Use Pathway across the hospital, community, CCG, social care and primary care (GP and community pharmacy) interfaces.

The CCG no longer commissions NHS Pharmaceutical Services as this is the responsibility of NHSE. However the CCG can and does commission local services using the NHS Standard Contract. Currently these include:

1. An extended minor ailments service
2. An out-of-hours palliative care service
3. A sharps bin collection service
4. A medicines use pathway across all health and social care interfaces which is managed by LBG alongside the other community pharmacy public health services

The CCG will continue to work closely with local community pharmacists and commission further services to meet the needs of the local population. Further opportunities will arise when community pharmacists take on a wider role in improving medicines optimisation by ensuring patients get the best outcomes from the medicines they are prescribed and as a result of relevant public health initiatives.

### **e) Healthwatch Hillingdon**

Healthwatch Hillingdon was established by the Health and Social Care Act 2012 and replaced Hillingdon Local Involvements Networks (LINK) on April 1<sup>st</sup> 2013. It is a part of the national network of 152 local Healthwatch organisations led and supported by Healthwatch England. Although it is commissioned by Hillingdon Council, Healthwatch Hillingdon is independent of the NHS and the local Council. As a health watchdog run by and for local people, it aims to help Hillingdon residents get the best out of the health and care services, and give them a voice for influencing and challenging health and care services provision throughout Hillingdon. Healthwatch Hillingdon is a volunteer led organisation with 40 volunteers who contribute as Board members, administrators and as workers who signpost, provide information, engage with residents and speak to commissioners and providers of services about quality improvement based on patient experience. They can also support residents to resolve complaints about NHS treatment or Social Care.

Healthwatch Hillingdon is a statutory member of Hillingdon Health and Wellbeing Board, and a member of HCCG's Governing Body. It is a valued ally of The Hillingdon Hospitals NHS Foundation Trust and other local providers. Healthwatch Hillingdon has built important relationships with the Care Quality Commission, Healthwatch England, VoiceAbility and NHS England. One of the prime examples of their work is being involved with Individual Funding Requests (IFR) and Planned Procedures with a Threshold (PPwT).

## 11. Outcomes frameworks for public health, NHS and social care

The Department of Health (DH) has produced three outcome frameworks for the NHS, Social Care and for Public Health. The Public Health Outcomes Framework (PHOF) for England 2013-2016 sets the overall vision for health improvement at population level, *to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.*

This vision is underpinned by two outcome measures:

- Outcome 1: Increased healthy life expectancy
- Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities through greater improvements in more disadvantaged communities.

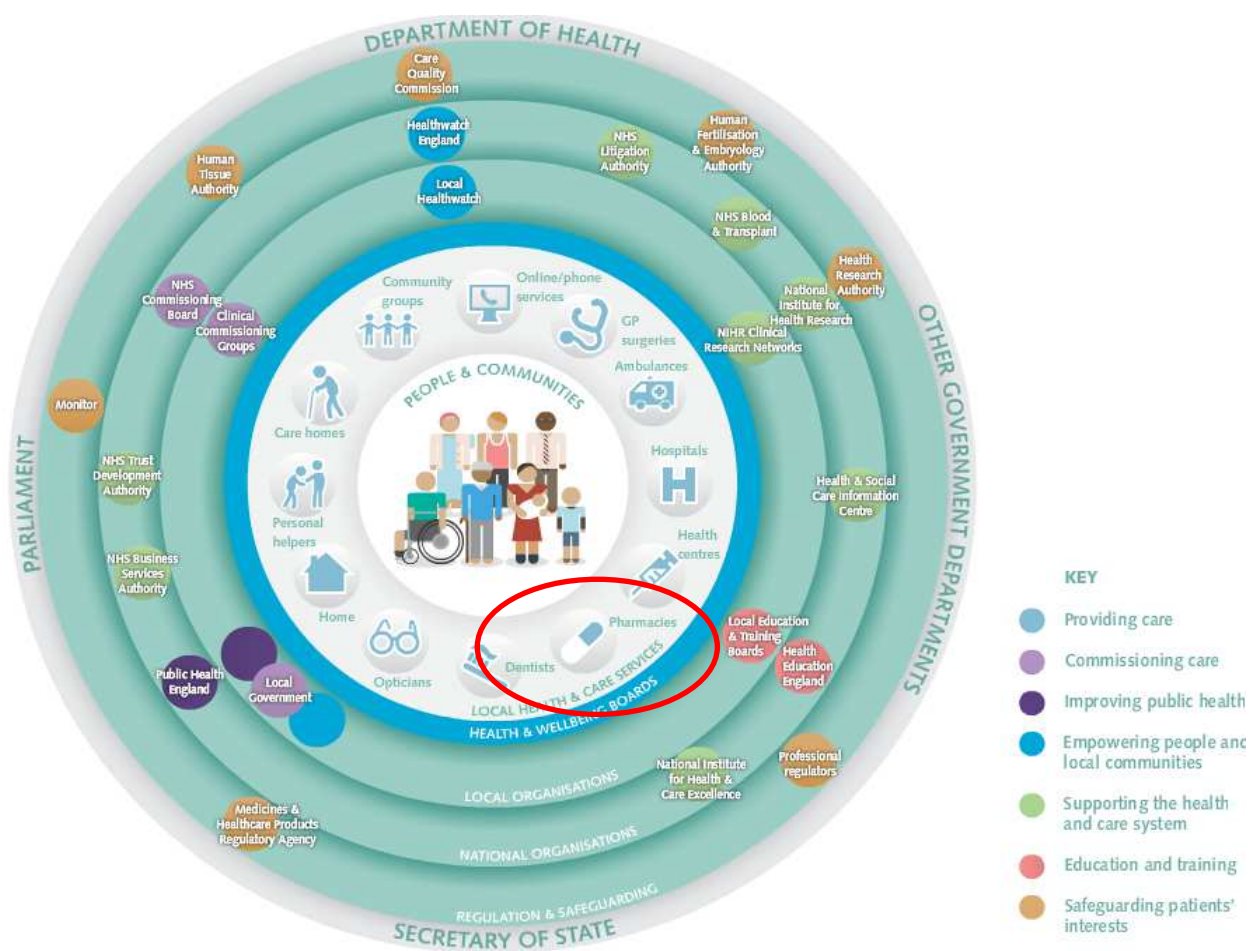
These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences.

A set of supporting public health indicators that help focus our understanding of how well we are doing year by year nationally and locally on those things that matter most to public health, which we know will help improve the outcomes stated above. These indicators are grouped into four domains:

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality.

Surveillance of public health data and quarterly monitoring of public health indicators is undertaken by the public health team supported by the performance & intelligence team.

## 12. Pharmaceutical services within the national and local context



The picture above shows the role community pharmacy has in relation to the other stakeholders such as:

- Residents (the innermost white circle)
- Other local health and care services communities (in the grey ring alongside pharmacies)
- Health and Wellbeing Board (bright blue circle)
- The other local and national organisations in the outer rings.

Over the last two years, the health system has undergone a radical restructuring. NHS allocations for 2013/14 show that local CCGs received £65.6 billion for commissioning hospital care, drugs and treatment for patients, and £1.8 billion was allocated for NHS England's public health responsibilities on behalf of Public Health England, for mainly immunisation, screening and health visiting (which will be transferring to local authorities in 2015).

The responsibility and funding for public health transferred from NHS to local authorities, which means that local authorities commission public health services such as smoking cessation as part of their duty to improve public health. Local authorities received over £2.5 billion from the DH in ring fenced funds in 2013/14, and will receive a similar amount in 2015/16. HWBs have the responsibility for

encouraging integrated working between commissioners of services across health, social care, public health and children's services. This provides an opportunity for HWBs to work closely with health and care providers and local residents to tackle challenges such as smoking, obesity, alcohol and drug misuse and teenage conceptions. Healthwatch Hillingdon also has a role to become an effective voice of the public, to influence commissioning intentions and to hold services to account.

### **13. Hillingdon Pharmaceutical Needs Assessment 2011**

Prior to starting work on this PNA, the previous PNA for Hillingdon (produced by Hillingdon PCT in 2011) was reviewed alongside feedback received from NHS England Area Office for London.

Hillingdon Primary Care Trust (NHS Hillingdon) produced a Pharmaceutical Needs Assessment in 2011, which concluded:

- The distribution and access to essential pharmaceutical services met the needs of the residents
- Advanced services could be further expanded to include directed Medicines Use Reviews (MURs) in line with NHS Hillingdon's health priorities, e.g. diabetes, dementia and chronic obstructive pulmonary disease (COPD). For specific communities, community pharmacists' language skills while conducting MURs could improve patients understanding of their medicine use
- A variety of enhanced services at pharmacies across Hillingdon localities were highlighted, with commitment to improve access, equity and quality of the available services alongside any proposed expansion
- The intention to integrate community pharmacies into provider networks to improve services for patients suffering from long term conditions was outlined, specifically information sharing on discharge medication between hospital and community pharmacists
- Recommendations on basic service requirements for any new pharmacy applications, especially in relation to fully functional IT interface, broadband facilities, enhanced services and opening hours
- Commitment to planned transition for pharmaceutical services for any future demands arisen due to regeneration and new developments.

The 2014 PNA has been further developed since the 2011 PNA and is compliant with the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services regulations) 2013.

## **14. Process for developing the PNA**

An internal working group was set up by the Interim Director of Public Health to start the process for developing the Hillingdon PNA in April 2014. This group devised methodology based on the new legislation and the information pack, and a timeline (Appendix 6) was agreed. A briefing was prepared for HWB to seek approval for the process at its meeting on 22 July 2014. Key steps included:

- a) Agree the dataset required for reviewing epidemiological and demographic need at borough level, and review of the JSNA and JHWS
- b) Agree localities, and having assessed information about population characteristics and health status, assess the needs for pharmaceutical services at locality level, considering ward and super output area level local intelligence where available
- c) Consider the different needs of different localities in Hillingdon, based on population age, disability, gender, pregnancy and maternity rates, race and ethnicity, deprivation, distribution of illness and underlying factors e.g. lifestyle and living conditions (wider determinants), and provision of health services (e.g. hospitals, primary care) and other services
- d) Review and revisit maps for community pharmacies in Hillingdon and in neighbouring areas. Conduct a survey of community pharmacy within Hillingdon and neighbouring areas
- e) Consultation with stakeholders throughout the process, and a statutory 60 day consultation.

## **15. Stakeholder involvement in the PNA**

In order to ensure full involvement of the local stakeholders, the following committees and organisations were invited to comment on the analysis and emerging recommendations:

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- Representatives from the local Pharmacists (LPS)
- Hillingdon Clinical Commissioning Group (HCCG)
- Healthwatch Hillingdon
- Hillingdon Hospitals Trust
- Other hospital trusts used by Hillingdon residents e.g. Ealing, and North West London Hospitals Trust
- Neighbouring HWBs
- Local Patient, Consumer, and Community Groups
- NHS England Area Office
- Local Voluntary Sector partners

## **How stakeholders were involved**

Hillingdon HWB established a steering group early in the process to establish methodology, structure and design of PNA. The LPC, Hillingdon CCG, Hillingdon LMC and Healthwatch Hillingdon are members of the steering group.

A survey was sent out to all of the 66 community pharmacies in Hillingdon, and to a further 55 community pharmacies identified in the neighbouring boroughs which are within 1km of the Hillingdon boundary on the London side and within 2km of the Hillingdon boundary on the Home Counties sides. Hillingdon Council with the help of the Local Pharmaceutical Committee maintained regular contact with community pharmacists in Hillingdon to achieve a 100% response rate.

The statutory consultation was undertaken from late September to end November 2014 to seek the views of wider stakeholders and members of the public, on whether they agreed with the analysis in this PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services.

Should further information (including survey responses from out of Borough pharmacies) become available during the period of consultation then this may be included if helpful.

## **Response to 60 Day Statutory Consultation**

The Consultation was open from 24th September to 23rd November inclusive. Comments from the Consultation have been reviewed and included in the PNA where relevant and appropriate. The full PNA consultation document was placed on the Council website from 24 September for 60 days. The stakeholders were contacted by e-mail which contained the web-link directing them to the consultation document. A reminder of the 60 day consultation was sent out to all stakeholders.

Six pharmacies responded to the Consultation. The main theme of these responses was in connection with the promotion of pharmacy services and their willingness to be commissioned to provide further services. These comments have been addressed in the following recommendations:

- **PNA Recommendation 2** - Pharmacy services should be promoted to the local population.
- **PNA Recommendation 3** - Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.

Comments from other stakeholders, NHS, LPC and LMC, were received and, as a result the following amendments were made:

- Essential Small Pharmacies are now indicated on the pharmaceutical services map.
- Detailed listing of necessary and relevant services can be found in Appendix 3.

Two members of the public responded to the Consultation. The theme from both of these respondents was regarding the pharmacy provision in Heathrow Villages. The residents voiced concerns regarding the need for more local provision, raising awareness of pharmacies and increasing the services provided by the pharmacy.

The PNA acknowledges in the main report, page 9, that the provision in the Hayes and Harlington locality which includes Heathrow Villages is slightly lower than in the other two localities. The following statement is made:

‘In Hayes & Harlington provision is just below the England average rate per head of population, however, there are an additional 20 or so pharmacies within 1 km, but sited in neighbouring boroughs.’

The Chief Executive Officer of Healthwatch Hillingdon attended the Councillor’s monthly meeting, on the 15th November, with residents of Harmondsworth, Sipson and Longford. The draft PNA was discussed at this meeting and the following comments have been sent to the Interim Director of Public Health:

- A number of different pharmacies are being accessed by residents both within Hillingdon and in neighbouring boroughs mainly for the use of prescription services.
- Most residents are happy with their current services.
- The majority of residents stated that it would be convenient to have a pharmacy within the villages but many advised they would not change from their current pharmacy.
- Since the pharmacy had closed in the villages, residents have had to make other arrangements for their pharmacy services and have become accustomed to these new arrangements.

The comments raised about the provision of pharmacy services in the Heathrow Villages are therefore satisfactorily addressed by the following recommendations in the PNA:

- **PNA Recommendation 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.
- **PNA Recommendation 2** - Pharmacy services should be promoted to the local population.
- **PNA Recommendation 3** - Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.

**PNA Recommendations** - Following careful consideration of the consultation findings there is not a need to amend the draft recommendations of the PNA.

### **Acknowledgements**

This Pharmaceutical Needs Assessment has been compiled by the London Borough of Hillingdon (Public Health, Policy and Partnerships, Performance and Intelligence). Hillingdon Council is grateful to the PNA Steering Group and to the Local Pharmaceutical Committee Chairman for their time and expertise in developing this document.

## **Glossary**

AUR – Appliance Use Review	LPC – Local Pharmaceutical Committee
BAME – Black and Minority Ethnic	LPS – Local Pharmaceutical Service
BNF – British National Formulary	LSOA – Lower Super Output Area
CCG – Clinical Commissioning Group	MECC – Making Every Contact Count
CMO – Chief Medical Officer	MUR – Medicines Use Review
CNWL – Central & North West London	NHS – National Health Service
COPD – Chronic Obstructive Pulmonary Disease	NHSE – National Health Service (NHS) England
CVD – Cardiovascular Disease	NIC – Net Ingredient Cost
DH – Department of Health	NMS – New Medicines Services
EHC - Emergency Hormonal Contraception	NOMIS – Official Labour Market Statistics from the ONS
ESA – Employment Support Allowance	ONS – Office for National Statistics
ESP – Essential Small Pharmacy	PCT – Primary Care Trust
GLA – Greater London Authority	PDU – Problematic Drug Users
GIS – Geographical Information System	PGD – Patient Group Direction
GP – General Practitioner	PHE – Public Health England
H&H – Hayes and Harlington Locality	PHOF – Public Health Outcomes Framework
HCCG – Hillingdon Clinical Commissioning Group	PNA – Pharmaceutical Needs Assessment
HSCIC – Health & Social Care Information Centre	QOF - Quality Outcomes Framework
HSSS - Hillingdon Stop Smoking Service	PPwT – Planned Procedures with a Threshold
HWB – Health and Wellbeing Board	R&N – Ruislip and Northwood Locality
IFR – Individual Funding Requests	SACS – Stoma Appliance Customisation Services
JHWS – Joint Health and Wellbeing Strategy	SMR – Standardised Mortality Ratio
JSNA – Joint Strategic Needs Assessment	STI – Sexually Transmitted Infection
LA – Local Authority	TB – Tuberculosis
LINK – Local Involvement Network	U&WD – Uxbridge and West Drayton Locality
LMC – Local Medical Committee	



## HILLINGDON CCG UPDATE

<b>Relevant Board Member(s)</b>	Dr Ian Goodman
<b>Organisation</b>	Hillingdon Clinical Commissioning Group
<b>Report author</b>	Joan Veysey, Jonathan Tymms and Mark Eaton
<b>Papers with report</b>	None

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses:</p> <ul style="list-style-type: none"> <li>• Integration of services</li> <li>• Non-Elective Pressures</li> <li>• QIPP</li> <li>• Financial update</li> </ul>
<b>Contribution to plans and strategies</b>	<p>The items above relate to the HCCG's:</p> <ul style="list-style-type: none"> <li>• 5 year strategic plan</li> <li>• Out of hospital strategy</li> <li>• Financial strategy</li> </ul>
<b>Financial Cost</b>	Not applicable to this paper.
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	External Services Overview and Scrutiny Committee
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATION

**That the Health and Wellbeing Board to note this update.**

### 3. INFORMATION

#### **3.1 Non-elective pressures**

The Hillingdon Health economy has seen unprecedented levels of demand for non-elective services throughout the year which appear to be higher than those seen in other areas. This includes an increase of 31% in Blue Light Attendances and an increase of walk in patients to the A&E department, also by 31%. This is despite the fact that the Urgent Care Centre is seeing approximately 55% of all patients that attend the A&E department. As a result, The Hillingdon Hospital (THH) is struggling to meet the 4 hour standard for patients being seen treated and discharged from A&E.

Working together, the CCG and THH have instigated a number of actions to try and address this rise in demand in advance of the seasonal pressures expected over the winter period. The plan is divided into three key areas:

- Reducing demand at the front door
- Managing flows within the Trust as effectively as possible
- Supporting timely discharge and support outside of hospital

Local monitoring and governance arrangements have been put in place to ensure these plans deliver the anticipated impact. This includes:

- Weekly operational meetings with daily contact when needed
- Fortnightly senior management / Chief Operating Officers level
- Oversight by HCCG AO and THH CEO monthly
- Oversight by NHSE as required

These actions will only be successful if we are able to stem the flow patients using urgent care for non-urgent needs. To address this, Hillingdon CCG will be leading on a wide ranging public advertising and awareness campaign starting in December. The CCG hopes all local partners will engage in this work to educate the public in appropriate use of emergency services and prepare for the winter months ahead.

### **3.2 Integration of services**

As previously reported to the HWBB, Hillingdon CCG included in its 2012 Out of Hospital Strategy the intention to improve integration between health services in order to improve the experience of care people receive and 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.

A steering group, chaired by a Governing Body Lay Member, is in place with representation from across the local system. The population focus for this work is people over 65 years of age with one or more long term condition living in the north of the Borough. If this programme of work is successful, it will be rolled out across the Borough and may be extended to other population groups such as those with mental ill health.

Progress since the last Health and Wellbeing Board includes sign off of the Integrated Model of Care for Hillingdon in October which represents a big step forward. The next phase of the project includes:

- Developing the operational model including: the measurable outcomes; determining the categories for varying intensity of care; shared access using a care planning process and costs of the model;
- Determining the potential provider model with providers; and
- Calculating the capitated budget.

Further progress reports will be provided at each Health and Wellbeing Board and the CCG would welcome the opportunity to provide more detailed briefings to interested parties.

### **3.3 QIPP (Quality, Innovation, Productivity, Prevention)**

All CCGs are required to set out annual QIPP plans that are designed to lever change within the system through quality and innovation and to deliver efficiency savings to the local health economy through productivity and prevention. The original target for the Hillingdon CCG 2014/15 QIPP was £10.37m. However, significant changes in the demand for non-elective activity have put the achievement of this target under pressure and the projected forecast outturn is £8.1m. A QIPP recovery plan has been agreed by the Governing Body and submitted to NHS England. Progress against this plan is monitored weekly through the Performance Management Office (PMO).

The major actions that we are taking to improve the forecast outturn overlap significantly with actions to reduce and manage more effectively non-elective activity. They include:

- Increasing the number of patients that can be referred to our admission avoidance schemes (Intermediate Care and Ambulatory Emergency Care Pathways).
- Diverting more patients arriving via ambulance into the Urgent Care Centre and/or Rapid Response Service.
- Increasing the number of patients taken home in a safe and timely manner via the Home Safe programme.
- Working with GP practices to reduce GP heralded non-elective activity.
- Ensuring that there is a senior decision maker at the front door of ED during peak periods during the week.

It should be noted that achievement of savings associated with QIPP plans are only one of the drivers of the overall financial position of the CCG.

We have established with THH a Joint Recovery Group for Unplanned Care and another for Planned Care that is focused on the 'critical few' actions that will have the biggest impact on delivery of the CCGs QIPP objectives.

It is noted that the Public Health Team is carrying out a Health Impact Assessment across all savings plans in local health and social care economy to provide assurance that the quality of services is not impacted negatively by the collective impact of our schemes.

### **3.4 Financial position**

Hillingdon CCG inherited a deficit from the predecessor PCT and is recognised as an underfunded CCG. In November 2012, a three year recovery plan was agreed. This plan was updated in November 2013.

Overall, at month 6, the CCG is reporting a break even position at year to date and is forecasting to break even at the year-end on both its Programme and Running Cost budgets.

There is a forecast over-performance on Acute contracts of £5m which has not changed significantly from last month. This is the position after the benefit of the 2014/15 THH transitional support of £5.5m and the marginal rate (45% above the Guaranteed Minimum Sum) has been applied to the THH contract. Without this benefit, the forecast outturn for acute contracts based on month 5 data would increase to an overspend of £12.1m. Over-performance in the acute contracts is largely driven by unexpected levels of non-elective activity.

Overall, the forecast acute over-performance is offset by £1.7m of the Acute risk reserve and FOT under spends in other budgets for example NHS Property Services and High Cost Drugs.

## **4. FINANCIAL IMPLICATIONS**

### **4.1 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 North West London (NWL) have been allocated non-recurrent funding of £250,000 to support implementation of this programme in 2014/15 under the NWL Financial Strategy.

### **4.2 NEL pressures**

Non-elective pressures are generating the majority of underperformance against QIPP and over performance on Acute contracts.

## **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

## HEALTHWATCH HILLINGDON UPDATE

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

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

That the Health and Wellbeing 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 Q2 Report to the Hillingdon Health & Wellbeing Board

Period: Quarter 2, July 2014 -September 2014

Date: 21<sup>st</sup> November 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. In August 2014 Healthwatch Hillingdon moved premises. We are still within the Pavilions Shopping Centre, Uxbridge, but now located within Chequers Square. We have secured a 12 month lease on favourable terms. Of the 152 local Healthwatch in England, we remain one of two, who have a shop in a prime location, giving members of the public direct access to our services.
- 2.3. We have recruited a Children's and Young Peoples Engagement Officer, to concentrate our efforts on building a greater understanding of the experience of children and their families. Their main attention will be on expanding our work on Children and Adolescent Mental Health Services (CAMHS) and working with the local authority to carry out engagement in Children's Social Services.

### 3. OUTCOMES

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

#### 3.1. Individual Funding Request (IFR) and Planned Procedures With A Threshold (PPwT)

Through our seat on the NWL Policy Development Group (PDG) we continue to challenge the equity of the thresholds laid down by the 8 NWL CCGs which determines which patients receive certain procedures.

In July 2014 we brought to the attention of the PDG a report published by the Royal College of Surgeons which highlighted unsafe referral criteria for hernias of the groin. The PDG agreed to

our recommendation to review the policy and agreed to recommend the removal of the unsafe hernia referral criteria.

We have recommended to the PDG that the In Vitro Fertilisation (IVF) policy requires a thorough review even though it was recently approved by the 8 NWL CCGs. It does not meet current NICE guidelines and generates a postcode lottery in IVF treatment. The PDG has now accepted our recommendation to review the IVF policy as a priority.

As previously documented our recommendation for the removal of weight limits for knee operations was accepted by the PDG and this was presented to the 8 NWL CCGs Collaborative for ratification. Further clarification has been sought by the CCG's on the financial implications this policy change will have and it is due for resubmission soon.

This work will continue throughout the year, as we look to ensure these and other PPWT's are equitable and meet current NICE guidelines, so that the residents of Hillingdon receive fair and appropriate access to procedures.

We are pleased that this work is also being highlighted by Healthwatch England to other local Healthwatch who are also starting to challenge their CCG's on the PPWT policies in their area.

### 3.2. Discharge from Hospital

We have supported a number of people this quarter through varying elements of discharge from hospital. These experiences emphasise how all organisations have a role to play in the discharge process and really highlights the importance of the appropriate packages of care being in place when a person is discharged. This is such a key element for the success of initiatives such as, Shaping A Healthier Future, Whole Systems integration and the Better Care Fund.

Mr D reported that a "great deal of pressure was being applied to his wife over recent years to be released from hospital before she is actually properly fit and well and fully rehabilitated". The net result is that this has caused major impacts, to not only Mrs D health causing relapses of ill health, but also to Mr D as her primary care (both Mr & Mrs D are elderly (80s)). Mrs D is due to have another operation at Mount Vernon, and both are extremely concerned that Mrs D will again be forced to be discharged too early. Healthwatch Hillingdon raised this case (with client's permission) with the Director of Nursing at THH. We have received assurances that the matron and assistant director of nursing for surgery have been advised of the situation. It is planned that discussions will start immediately Mrs D is admitted and a full assessment of need and an appropriate care plan put in place as part of the discharge process.

A carer contacted Healthwatch Hillingdon (HWH) to share her experience of her elderly, frail mother's discharge from Hillingdon Hospital. The Mother was discharged from THH without assessing her mother's care needs and THH assumed that the family would care for her. However, following discharge, the Mother was readmitted to THH and again discharged 4-5 days later without an assessment of her care needs. The family informed HWH that they were struggling to provide adequate care for their ill mother at home. HWH contacted LBH ASS and requested that they visit the family to assess her mother's care needs. LBH agreed to do this. HWH checked with the family and they confirmed that they were now getting appropriate help from LBH to care for their mother at home and thanked us for helping them. They did not know how they could have got this help without our intervention.



We were contacted by a family whose mother had been an inpatient at Hillingdon Hospital for several months following a stroke. There were a number of complexities around the discharge process which needed to be addressed by both Hillingdon Hospital and LBH Social Services. This included a Best Interest Meeting set up to determine the appropriate care to be put in place to enable discharge. We supported the family at this meeting which helped to overcome some of the complexities and ensured that the patient could be discharged to the appropriate setting with the right package of care in place.

From the evidence we gather, Healthwatch have a significant level of concern about discharge from both acute hospital and mental health settings. The examples of patient experience outlined above are symptomatic of a wider problem of unsafe discharge and issues of supporting people in their homes, which is seeing readmissions to hospital and pressure being brought upon urgent care services.

### **3.3. Children and Adolescent Mental Health Services (CAMHS) and Learning Difficulties Children and Adolescent Mental Health Services (LD CAMHS)**

CAMHS and LD CAMHS remains a big focus for Healthwatch and we have continued to raise these concerns with both commissioners and providers. We have major concerns about the current services within the Borough, this is due to the identified gaps in service provision, long delays in accessing treatment and a number of posts within children's learning disability services in Hillingdon remaining vacant. In CAMHS the current waiting list to treatment for some children is now almost 12 months and in LD CAMHS there are a large cohort of children, especially those with Autistic Spectrum Disorder, who are receiving little or no service. Both LBH and the CCG have recently approved business plans to look to address some of the issues in LD CAMHS but to date posts remain vacant.

This quarter we have been engaging with children, young people and their families and a report of our initial findings will be published before the Health and Well Being Board sits.

During this engagement we were approached by a family who told us their story about their child. We felt that this was a story which needed to be shared with commissioners. The family were happy to do this as they wanted to highlight the issues families currently face in the borough and the effect their child's condition has on all family members. We accompanied them as they told their story to senior commissioners of Hillingdon CCG and London Borough of Hillingdon.

Between now and the end of March 2015 we will be carrying out an enhanced engagement programme which will look at how we can improve the mental wellbeing of Hillingdon's children through giving them a platform to influence service change.

### **3.4. Working with VoiceAbility**

We have strengthened our relationship with VoiceAbility and in addition to referring people to their service, we are now in regular communication with advocates and managers. This is allowing us to discuss emerging themes and trends and look to how we can challenge and improve services through a joint approach.

This quarter we have made 14 referrals to VoiceAbility. One case being where a lady, whose mother had unfortunately passed away recently in a nursing home, had raised some major

concerns with us about her mother's care. VoiceAbility are now supporting the lady with 3 complaints against NHS organisations in this matter.

### 3.5. Strategic Involvement

Through the large number of strategic meetings that Healthwatch attend we are able to feedback the information that we gather through our engagement programme, to commissioners and providers. This ensures that the quality of health and social care services in Hillingdon is monitored and challenged through the real experiences of patients and that change programmes can be influenced by Hillingdon's residents.

In Urgent Care patients continue to attend UCC and A&E in high numbers, and bed capacity at Hillingdon Hospital and readmission rates continue to be a challenge. We are able to highlight what patients are telling us to help bring focus to issues, , which enables providers to look at putting right current failures which is relieving pressure on the system.

Under the Shaping a Healthier Future Programme, Hillingdon Hospital is expected to receive additional births when Ealing Hospital's maternity closes in early 2015. As part of this change programme mothers in Ealing will also receive their post natal care from Hillingdon midwives. The information we have received from engaging with new mothers in Hillingdon, which indicates a low satisfaction rate for post natal care in the community, is allowing us to challenge service quality and is driving improvements before this change is implemented. (See also 4.3)

### 3.6. Engagement

During this quarter we have directly engaged with over 37,000 people through events, website and social media. Through a number of methods our team are continuing to inform the public about services available in Hillingdon and how to access them. Our website in particular has been a focus for the general public to download relevant information.

Our engagement is enabling us to gather lots of evidence on the issues facing Hillingdon's residents and feed these back to decision makers. We have summarised a number of these in this report, and although the other areas of experience described to us are varied, the more frequent ones are, GP services, especially delays in getting appointments, domiciliary care and communication issues, both with patients and between organisations. We have also escalated a number of safeguarding issues to the Local Authority.

We also share our engagement evidence with regulators; having provided information to the Care Quality Commission for the recent inspection of The Hillingdon Hospitals NHS FT and will be doing similar for the inspection of Central north West London NHS FT in early 2015.

One of the highlights of our recent engagement was in September when we entertained 13 young volunteers to carry out a number of different engagement activities as part of their activities on National Citizens Service 'Challenge Day'. The NCS volunteers spent the morning 'Befriending' and organising activities for young carers at the Young Carers Club in Harlington; and in the afternoon, they took to the streets of Hayes Town centre to interview their peers (young people aged 12-24) about their wellbeing. In September we also introduced, chaired and closed the first patient and public day at the 8th Annual Harefield Angioplasty Live Day at Harefield Hospital. In addition to being able to promote Healthwatch to raise our profile, there

was lots of interaction with over 150 patients, public and medical staff, a chance to listen to experiences and see a fascinating insight into 'live' heart surgery.

## 4. PROJECT UPDATES

### 4.1. GP Networks

One of the biggest concerns Healthwatch has had around GP Networks has been how the CCG and the Networks will engage with residents to ensure that the needs and aspirations of the public are met. We had not seen any engagement so invited Ceri Jacob the COO of NHS Hillingdon CCG to meet with the Healthwatch Hillingdon Board to discuss the GP Networks and express our concerns.

Following this meeting NHS Hillingdon CCG provided a written response to the questions Healthwatch Hillingdon had posed around the patient involvement for GP Networks and Healthwatch Hillingdon have been provided with further detailed information regarding the GP Networks including incorporation status, funding levels from Prime Minister's Challenge Fund (PMCF) and outline plans of which service areas the individual GP Networks would like to focus on.

We still have our concerns about engagement of the public but have been invited by the CCG to address the GP Networks and influence their public engagement plans at a meeting scheduled for 3rd Dec 2014.

Additionally, Healthwatch Hillingdon have been offered a seat on the Transformation Board which will cover GP Networks.

We will maintain an oversight on how the GP Networks develop in Hillingdon including appropriate governance arrangements and improved outcomes for patients and the public.

### 4.2. North West London CCG Collaboration Board

The 8 CCGs in North West London have formed a Collaboration Board under new legislation which came into effect in October. We are working closely with the other Healthwatch in NWL to monitor the formation of the board and its governance to ensure that decision making remains transparent and localised.

### 4.3. Shaping a Healthier Future (SaHF) Reconfiguration

Healthwatch Hillingdon is actively engaged monitoring SaHF reconfiguration programme as a member of the Patient & Public Representative Group (PPRG). We are ensuring the best interests of Hillingdon residents and ensuring the evidence we gather is influencing the programme.

The effect of the closures of Central Middlesex and Hammersmith emergency departments on Hillingdon Hospital is still being evaluated. One point to note is that although there was an extensive publicity campaign by the SaHF team, there was a significant shift in activity from the Urgent Care Centres at these hospitals following the closures, with 30% of patients going to Northwick Park Hospital UCC instead of Central Middlesex. We want to make sure this learning

is taken into consideration when Ealing's emergency department closes to ensure Hillingdon's UCC and A&E are not put under unnecessary pressure.

As previously stated in this report (see 3.5) we are also closely monitoring the changes in maternity services and the introduction of a North West London booking system. We are working to ensure Hillingdon's women are not disadvantaged by this system which is being implemented to share the births displaced from Ealing across the maternity units of NWL.

#### 4.4 Domiciliary Care

We are working with Hillingdon Carers and Age UK to monitor the implementation of the new domiciliary care services in Hillingdon which starts in early November. We have agreed a process which will include the gathering of patient experience and liaising and signposting to each other to ensure residents are supported during this period of change.

We are also closely working with the London Borough of Hillingdon and will be meeting in December to discuss an engagement programme with users of the service to gain an early indication of their experiences of the newly commissioned service.

#### 4.5 Children Social Care Services

In September the Healthwatch Board wrote to the London Borough Of Hillingdon to express our desire to work in partnership with the Council to engage with children, young people and their families who were in receipt of children's social services. We received a positive response to this request and have initiated meetings and dialogue as to how this can be achieved and where Healthwatch can contribute towards improvements in the service.

This engagement has also been discussed at the Children and Families Trust Board and Children's Safeguarding Board and further exploration will also be made as to how the engagement could also meet the needs of these Boards.

### 5. 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's Operational Work Plan 2014-15<sup>1</sup>. 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.

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<sup>1</sup> <http://healthwatchhillington.org.uk/wp-content/uploads/downloads/2014/07/HWH-Work-Plan-2014-2015-FINAL1.pdf>

### Key Performance Indicators

KPI no.	Description	2014/15 Quarter 2					Impact this quarter	Relevant Strategic Priority
		July	Aug	Sept	Q2 Totals	Q2 Target		
1	Hours contributed by volunteers	285	151	296	732	625	<ul style="list-style-type: none"> <li>7 enter and view volunteers are undergoing a programme of equalities, safeguarding and confidentiality training which started in September and will be concluded in October</li> <li>In September 13 young volunteers carried out a number of different engagement activities as part of the National Citizens Service (NCS) 'Challenge Day'</li> </ul>	SP4
2	People directly engaged	14979	11691	10445	37115	18750	<ul style="list-style-type: none"> <li>Over 37,000 people directly engaged.</li> <li>Evidence and insight gathered for a number of operational priority areas.</li> <li>2 articles published in Hillingdon People</li> <li>Chaired the first patient and public day at the 8th Annual Harefield Angioplasty Live Day at Harefield Hospital.</li> <li>Broadcast on Hayes FM</li> </ul>	SP1, SP4
3	New enquiries from the public	31	55	40	126	100	<ul style="list-style-type: none"> <li>A lady concerned about care at a nursing home was accompanied to a safeguarding meeting attended at LBH. Referred to VoiceAbility to deal with the complaint and another resident has now stepped forward about the same home.</li> <li>A man with a hearing impairment contacted us requesting our help in getting a BSL sign language interpreter. Uxbridge Health Centre had up until this point declined his requests stating he was not entitled to one. Our intervention ensured he had an interpreter at his next</li> </ul>	SP1, SP5

							<p>appointment.</p> <ul style="list-style-type: none"> <li>Brain Tumour Group came to us with a number of concerns and issues including delays in diagnosis and numerous pathway issues. A meeting was set with NHS England.</li> <li>Brunel University student approached our stall at THH as he had been waiting for over 18 weeks for an urgent kidney stone operation. Following our enquiries with THH he was sent a letter offering an operation date.</li> </ul>		
4	Referrals to complaints or advocacy services	5	6	3	14	N/A	<ul style="list-style-type: none"> <li>VoiceAbility Referrals during this period included support for a young mother that experienced poor maternity care; support for a family whose mother allegedly experienced appalling care &amp; neglect at a nursing home; a case of potential mis-diagnosis and non-referral by a GP leading to hospitalisation.</li> </ul>	SP5	
5	Patient experience feedback and recommendations made to health and social care providers and commissioner	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.					<ul style="list-style-type: none"> <li>See also KPI-3, KPI-6 and KPI-7.</li> <li>Influencing Shaping a Healthier Future Maternity Changes through engaging with young mothers.</li> <li>Fed back issues to all stakeholders involved in patient discharge from hospital.</li> <li>Sharing family's experience of CAMHS with commissioners at CCG and LBH.</li> <li>A number of safeguarding concerns were sent to LBH.</li> </ul>	SP3, SP6	
6	Commissioner / Provider meetings	20	19	29	68	44	<ul style="list-style-type: none"> <li>We have ensured CAMHS remained red risked on the CCG Board Assurance Framework during this period.</li> <li>Issues raised around gaps in perinatal mental healthcare in maternity to the Quality Safety and Risk Committee.</li> <li>Several issues raised with Hillingdon Hospital following patient feedback on elements of in-patient care and discharge.</li> <li>Opportunity to feedback patient experience data and</li> </ul>	SP3, SP4, SP5, SP7	

								influence service change and delivery.	
7	Consumer group meetings	15	16	17	48	44	<ul style="list-style-type: none"> <li>Working with Hillingdon Carers and Age UK to monitor the implementation of the new domiciliary care services in Hillingdon which start in early November.</li> </ul>	SP1, SP7	
8	Statutory reviews of service providers	0	0	0	0	N/A	<ul style="list-style-type: none"> <li>The Hillingdon Healthwatch Board deemed there was no necessity during quarter 2 to invoke its statutory enter and view powers.</li> </ul>	SP5, SP4	
9	Non-statutory reviews of service providers	0	0	2	2	N/A	<ul style="list-style-type: none"> <li>Mealtime audits being organised for September 2014 at Hillingdon and Mount Vernon Hospitals have been delayed until November due to the hospitals CQC visit.</li> <li>2 Patient Led Assessments carried out at Hillingdon Hospital</li> </ul>	SP5, SP4	

**KPI Dash Board 2014-2015**

KPI	Description	SPs	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD Target	YTD Totals
1	Hours contributed by volunteers	SP4	165	315	212	285	151	296							1250	1424
2	People directly engaged	SP1 SP4	6876	7601	6715	14979	11691	10445							37500	58307
3	New enquiries from the public	SP1 SP5	31	42	51	31	55	40							200	250
4	Referrals to complaints or advocacy services	SP5	7	4	8	5	6	3							N/A*	33
5	Patient experience feedback and recommendations made to health and social care providers and commissioner	SP3 SP6	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, KPI-7													
6	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	27	21	20	20	19	29							88	136
7	Consumer group meetings	SP1 SP7	26	18	18	15	16	17							88	110
8	Statutory reviews of service providers	SP5 SP4	0	0	0	0	0	0							N/A*	0
9	Non-statutory reviews of service providers	SP5 SP4	0	5	0	0	0	2							N/A*	7

\*Targets for these KPI's as not set as they are reactive to determining factors. They are included for measurement only.



## BOARD PLANNER & FUTURE AGENDA ITEMS

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

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

**That the Health and Wellbeing 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:

- 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

# BOARD PLANNER

<b>17 Mar 2015</b>	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Friday 27 February 2015  <b>Agenda Published:</b> 9 March 2015
	Update Report - Joint Health and Wellbeing Strategy / Public Health / BCF	LBH	
	Hillingdon CCG Update Report (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update – Allocation of S106 Health Facilities Contributions (SI)	LBH	
	Primary Care Contraception Service	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:

1.

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