



HILLINGDON
LONDON



Health and Wellbeing Board

Date: TUESDAY, 21 JULY 2015

Time: 2.30 PM

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

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

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Statutory Members (Voting)

Councillor Raymond Puddifoot MBE (Chairman)
Councillor Philip Corthorne MCIPD (Vice-Chairman)
Councillor Jonathan Bianco
Councillor Keith Burrows
Councillor Douglas Mills
Councillor Scott Seaman-Digby
Councillor David Simmonds CBE
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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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 17 March 2015 1 - 8
- 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 Health & Wellbeing Strategy: Performance Report 9 - 42
- 6 Better Care Fund: Performance Report (April-May 2015) 43 - 58
- 7 Hillingdon CCG Update 59 - 64
- 8 Healthwatch Hillingdon Update 65 - 106
- 9 Update - Allocation of S106 Health Facilities Contributions 107 - 122
- 10 Changes to Adult Mental Health Services 123 - 130
- 11 Special Educational Needs and Disabilities (SEND) Reforms 131 - 158
- 12 Board Planner & Future Agenda Items 159 - 162

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)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

17 March 2015

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



HILLINGDON
LONDON

	<p>Statutory Board Members Present: Councillor Ray Puddifoot MBE (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Keith Burrows Councillor Douglas Mills Dr Ian Goodman – Hillingdon Clinical Commissioning Group Jeff Maslen – Healthwatch Hillingdon</p> <p>Statutory Board Members: Sharon Daye – Statutory Director of Public Health Tony Zaman – Statutory Director of Adult Social Services</p> <p>Co-opted Members Present: Jean Palmer OBE - LBH Deputy Chief Executive and Corporate Director of Residents Services Nigel Dicker – LBH Deputy Director Residents Services Maria O'Brien – Central and North West London NHS Foundation Trust (substitute) Dr Reva Gudi – Hillingdon Clinical Commissioning Group (Clinician) Rob Larkman – Hillingdon Clinical Commissioning Group (Officer) Shane DeGaris – The Hillingdon Hospitals NHS Foundation Trust Nick Hunt – Royal Brompton and Harefield NHS Foundation Trust (substitute)</p> <p>LBH Officers Present: Kevin Byrne, Gary Collier, Lynda Crellin, Vicky Trott, Sarah White and Nikki O'Halloran</p> <p>LBH Councillors Present: Councillor Beulah East</p> <p>Press & Public: 1 public</p>
40.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Scott Seaman-Digby and David Simmonds, Ms Robyn Doran (Ms Maria O'Brien was present as her substitute) and Mr Robert Bell (Mr Nick Hunt was present at his substitute).</p>
	<p>The Chairman noted that this would be Ms Sharon Daye's last meeting of the Health and Wellbeing Board before she left the Council. He thanked her for the work that she had undertaken as Interim Director of Public Health and wished her well.</p>
41.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 11 DECEMBER 2014 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 11 December 2014 be agreed as a correct record.</p>

42.	<p>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 (<i>Agenda Item 4</i>)</p> <p>It was confirmed that all items would be considered in public.</p>
43.	<p>HEALTH AND WELLBEING BOARD STRATEGY: PERFORMANCE REPORT (<i>Agenda Item 5</i>)</p> <p>It was noted that the report had brought together reporting information for the Health and Wellbeing Strategy, the Public Health Action Plan and the Better Care Fund plan. The report included a new scorecard highlighting performance which would be included in future reports to the Board.</p> <p>The Board noted that the successful completion of drug treatment for non opiate users had exceeded the national performance. However, although there had been steady improvement in tackling the issue, excess weight remained a challenge.</p> <p>Councillor Corthorne advised that he had liaised with staff at partner organisations in relation to the Better Care Fund work streams,. A screening tool was being developed to identify frailty and susceptibility to falls, dementia and/or social isolation and that the Care Home Initiative had resulted in a 7% reduction in the number of admissions to hospital at exactly the time when winter pressure-related issues would be expected to see an increase. Councillor Corthorne commended the partnership working that had been undertaken and was enthused by the user friendly Connect2Support portal which would be launched at the end of the month.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. notes the updates in the report and delivery plan; and 2. notes the performance indicators in the quarterly dashboard.
44.	<p>BETTER CARE FUND: UPDATE (<i>Agenda Item 6</i>)</p> <p>It was noted that, with regard to the governance arrangements mentioned on page 41 of the agenda, the Health and Wellbeing Board was responsible for monitoring the delivery of the Better Care Fund (BCF) and officers responsible for the management arrangements.</p> <p>It was agreed that, prior to the Board's next meeting on 21 July 2015, a report template to monitor the BCF performance and budget be drafted and agreed by the Board Chairman and the HCCG Chair.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. notes the final Hillingdon BCF plan as submitted and now approved; and 2. requests that a report template for monitoring the performance and financial aspects of the Better Care Fund Plan be provided to the Chairman and the HCCG Chair by 31 May 2015.
45.	<p>HILLINGDON CCG UPDATE (<i>Agenda Item 7</i>)</p> <p>It was noted that HCCG had embarked on a wide ranging transformation programme that encompassed six key areas with a Transformation Group established for each. These Groups reported to the overall CCG Transformation Group and were accountable to the Whole System Transformation Board which met every two months.</p>

Although HCCG was commended for embarking on a transformation programme, concern was expressed there were effectively 7 Groups reporting to the CCG Board (rather than having one Group reporting to the CCG Chair). It was also suggested that IT transformation should be incorporated into all of the areas that were being considered rather than as a separate entity. HCCG would provide the Health and Wellbeing Board with an update on the progress of the transformation programme in due course.

The Board was advised that individual GP practices in the Borough had been forming networks to move towards providing whole pathways of care rather than individual elements. The integration of services project that was taking place in the north of the Borough formed part of the Whole System Pioneer programme which would eventually be rolled out across the rest of Hillingdon.

Dr Ian Goodman stated that achieving the original QIPP target of £10.37m for 2014/15 was an ongoing challenge that would not be met. However, it was anticipated that HCCG would achieve £8.3m and would continue to work with partners to identify sustainable solutions to address acute emergency admissions during 2015/16.

In addition, the Board was advised that HCCG was forecasting a £2.7m surplus at year end on programme budgets and a £0.5m surplus on running cost budgets (a total surplus of £3.2m) which would be carried forward into 2015/16. This surplus had been achieved through a range of improvements such as better accounting, increased integrated work and improved planning.

Concern was expressed that the financial information contained within the report did not provide sufficient context or consistency. It was suggested that consideration be given to the format of this standing item to ensure that the information could be tracked from one report to the next (starting from the deficit and plotting progress towards the target).

RESOLVED: That the Health and Wellbeing Board notes the update.

46. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 8*)

It was noted that the report provided a summary of the work that had been undertaken by Healthwatch Hillingdon (HH) during quarter 3. As part of its usual mix of activity, HH had been engaging at a policy level to ensure that it stayed in touch with what was happening strategically in the local area whilst also providing user input.

Mr Jeff Maslen advised that, now that HH had been practicing for two years, it was a good time to reflect and identify the impact that its work had had on services, providers and commissioners. It was likely that this would mean that fewer, more in-depth projects would be undertaken over the coming year. Further detail in relation to HH plans would be reported to the Health and Wellbeing Board at a future meeting.

RESOLVED: That the Health and Wellbeing Board notes the report.

47. **UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS** (*Agenda Item 9*)

It was noted that there had been some progress with regard to St Andrews Park. However, issues had been raised with regard to the proposed new Yiewsley Health

	<p>Centre and, due to the increase in costs over the last five years, the viability of the proposition would require further consideration by the Council's Strategic Property Group. It was agreed that this proposal be brought back to the next Health and Wellbeing Board meeting.</p> <p>Progress in relation to The Pine Medical Centre scheme had been slow. It was suggested consideration be given to the lessons learnt from this scheme to ensure that GPs were provided with sufficient support in future. To this end, it was also suggested that consideration be given to the possibility of viring developer contributions to where the capacity was needed and to HCCG establishing the possibility of residents attending GP practices a little further away from their homes.</p> <p>RESOLVED: That the Health and Wellbeing Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.</p>
48.	<p>PRIMARY CARE CONTRACEPTION SERVICE (<i>Agenda Item 10</i>)</p> <p>It was noted that, although it was recognised that responsibility for the commissioning of primary care contraception services (IUCD or IUS) had transferred to the Council, there was no audit trail to support the transfer of funding to the authority for the provision of these services. Councillor Corthorne was aware that there was no requirement for GPs to provide the IUCD/IUS services and that consideration could be given to using family planning clinics if the funding issues were not resolved.</p> <p>It was agreed that recommendation 3 be deleted and that, as an alternative, officers be asked to draft a letter for the Chairman to send to Hillingdon CCG and NHS England NWL (NHSE NWL) to request the provision of documentary evidence that the funding for IUCD/IUS services had passed to the Council. In the meantime, it was agreed that the Council would provide temporary funding for the provision of these services, pending a response from NHSE.</p> <p>RESOLVED: The Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. notes the information in this report; 2. notes the interim funding measure put in place for 2014/15 to ensure that services to Hillingdon residents were not disrupted by the failure to transfer adequate funding to the Council in April 2013 for primary care contraception services provided through GP's surgeries; 3. agrees that officers draft a letter for the Chairman to send to Hillingdon CCG and NHS England North West London to request documentary evidence of receipt of funds and delegate on receipt of information; 4. approves further temporary funding of up to 3 months in 2015/16, pending a response from NHSE to the letter detailed in resolution 3; and 5. instructs officers to further challenge the failure of NHS England to transfer funding for the disputed services to the Council.
49.	<p>HILLINGDON CCG OPERATING PLAN 2015/16 (<i>Agenda Item 11</i>)</p> <p>Consideration was given to the report which provided a summary of the work that had been undertaken during the year with regard to the operating plan, as well as the operating standards and how HCCG planned to achieve them. It was noted that the HCCG Operating Plan 2015/16 fulfilled the requirements of NHS England.</p> <p>Mr Rob Larkman advised that, with regard to the majority of its key performance</p>

	<p>standards, HCCG had performed well. However, it was noted that the achievement of the 4 hour standard in A&E was proving challenging given recent increases in activity. Dementia diagnosis and access to psychological therapy was a high priority and would require investment to ensure that it was delivered effectively in 2015/16.</p> <p>The Chairman noted that there was insufficient information within the report for the Board to be able to note and agree the proposed performance for the Operating Plan for 2015/16. As the information provided focussed on outlining some of HCCG's objectives, it was suggested that HCCG provide more in-depth supporting information at the Board's next meeting. For example, the report noted that HCCG had made provision for a 3% growth in activity across the board, but had not explained how this percentage was arrived at.</p> <p>No resolution was agreed for this item.</p>
50.	<p>PRIMARY CARE CO-COMMISSIONING: UPDATE (<i>Agenda Item 12</i>)</p> <p>The Health and Social Care Act 2012 transferred responsibility for the commissioning a range of primary care, community care and mental health services to CCGs. However, although commissioning responsibility for optometry, GPs, pharmacy and dentistry had remained with NHS England (NHSE), CCGs were now being encouraged to take control of the primary care contracting responsibility for GPs through <i>primary care co-commissioning</i> (either jointly with NHSE or delegated). It was anticipated that the transformation programme being undertaken by HCCG would be assisted by it having greater control through joint commissioning. Once the measures were in place, consideration could also be given to planning primary care provision around the changing local demographics.</p> <p>It was noted that, although GP practices would still be working to a core contract, joint commissioning would enable HCCG to fashion wrap-around contracts for GPs to encourage innovative developments.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. notes progress and intentions regarding Primary Care Co-commissioning; 2. notes that a local authority representative from the Health and Wellbeing Board and a Healthwatch representative will have a right to join the specific committees established to undertake primary care co-commissioning as non-voting attendees; 3. notes that the specific committees must have a lay and executive majority and a lay chairman which the Health and Wellbeing Board may wish to discuss; and 4. delegates authority to the Chairman and Vice Chairman of the Health and Wellbeing Board to appoint a representative to join specific CCG committees and consider how the Board should be engaged in this topic.
51.	<p>CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE (<i>Agenda Item 13</i>)</p> <p>Following the Board's meeting on 11 December 2014, the Vice Chairman had explored issues in relation to the CAMHS service provision within Hillingdon. A comprehensive review of CAMHS undertaken by the Council and Central North West London NHS Foundation Trust (CNWL), which was completed during 2012/13, had highlighted a number of shortfalls. Since then, there had been limited progress in tackling the gaps identified and consideration needed to be given to how progress could be made.</p>

It was noted that joint stakeholder work had been undertaken and had resulted in a detailed assessment. Progress would be reported back to the Health and Wellbeing Board at its next meeting. The Board was advised that progress had also been made in relation to the development of an Intensive Support (Crisis Management) service and LD CAMHS service and HCCG had invested additional resources to develop specialist perinatal mental health provision.

Healthwatch Hillingdon (HH) welcomed the report but expressed concern with regard to reflecting the degree of urgency required and the wider community involvement. Mr Maslen noted that the role of HH was to test the services provided for effectiveness and to establish how well young people were being supported. HH would continue to do this and would report back to the Health and Wellbeing Board in relation to the outcomes in due course.

RESOLVED: That the Health and Wellbeing Board:

- 1. notes the report and the joint work across the Council, Health and other key stakeholders to develop a joint commissioning strategy for social and emotional wellbeing and CAMHS in Hillingdon.**
- 2. receives the joint commissioning strategy for social and emotional wellbeing and CAMHS at the next Board.**

52. **ANNUAL REPORT OF THE LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) 2013-2014** (*Agenda Item 14*)

It was noted that some of the information contained within the Local Safeguarding Children Board report was the best part of a year old but that work was underway to have the 2013/2014 report ready for consideration by autumn in future.

RESOLVED: That the Health and Wellbeing Board:

- 1. receives and notes the annual report and notes the actions identified that are being taken by the LSCB and its constituent agencies to improve the safeguarding of Hillingdon's children and young people, and the concerns raised about the risks to future safeguarding.**
- 2. as per the agreed protocol, ensures that the Health and Wellbeing Strategy gives a high priority to safeguarding and promoting the wellbeing of children and young people, and that particular attention is given to improving support for children who experience neglect and emotional harm.**

53. **ANNUAL REPORT OF THE SAFER ADULTS PARTNERSHIP BOARD (SAPB) 2013-2014** (*Agenda Item 15*)

The Board thanked the Chairman of the Local Safeguarding Children Board (LSCB) and Safeguarding Adults Programme Board (SAPB) for all of her hard work in producing the Annual Reports.

It was noted that, with regard to the SAPB, an independent review had been undertaken and, following receipt of the resultant report, future working arrangements were being determined. In response to the Care Act 2014, a recruitment process was underway to appoint a new SAPB Chairman. Furthermore, good progress had been made in the development of the Board and the wider multi agency safeguarding arrangements in the Borough.

	<p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. receives and notes this report, and actions identified that are being taken by the SAPB and its constituent agencies to improve the safeguarding of vulnerable adults in Hillingdon; 2. notes the implications of the statutory requirements of the Care Act 2014; and 3. agrees to receive an update following the completion of the review currently underway in order to be notified of any relevant recommendations from the review.
54.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 16</i>)</p> <p>Consideration was given to the Board Planner report. It was noted that, once clarity in relation to the Health and Wellbeing Board's responsibilities had been provided after May 2015, consideration might need to be given to the Board meeting more frequently.</p> <p>Board Members were reminded that the deadline for reports for the next meeting was 3pm on Friday 3 July 2015.</p> <p>RESOLVED: That the Health and Wellbeing Board agrees the Board Planner.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.25 pm.</p>

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

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Agenda Item 5

HEALTH AND WELLBEING STRATEGY: PERFORMANCE REPORT

Relevant Board Member(s)	Councillor Ray Puddifoot MBE Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Policy and Partnerships
Papers with report	Appendix A) Health and Wellbeing Delivery Plan - progress update Appendix B) Latest Indicator Scorecard

HEADLINE INFORMATION

Summary	This report provides an update on progress against Hillingdon's Joint Health and Wellbeing Strategy Delivery Plan objectives (appendix A). It also sets out the outcome metrics (appendix B)
Contribution to plans and strategies	Hillingdon's Joint Health and Wellbeing Strategy is a statutory requirement of the Health and Social Care Act 2012.
Financial Cost	There are no direct financial implications arising directly from this report.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) notes the updates in the report and delivery plan (Appendix A); and**
- 2) notes the outcome performance indicators in the quarterly dashboard (Appendix B).**

INFORMATION

Supporting Information

In December 2014, the Health and Wellbeing Board agreed to a refresh of the Joint Health and Wellbeing Strategy which brought together reporting information for the Strategy, the Public Health Action Plan and the Better Care Fund plan. It was noted that all partners had had the opportunity to contribute to the Strategy and that it had been produced through partnership working that would see a collective effort to make a change to residents' lives.

Four priority areas had been identified though the Joint Strategic Needs Assessment (JSNA). A more detailed delivery plan and a scorecard of performance indicators was agreed to form the future monitoring arrangements for the Health and Wellbeing Board on progress against the Strategy.

The Better Care Fund (BCF), whilst an integral part of Hillingdon's Health and Wellbeing Strategy, also provides the test bed for our partnership and work on integration. A separate report on Health and Wellbeing Board agenda on 21 July 2015 provides a detailed monitoring report on the operation of the new pooled budget and progress on the plan. Some of that information is replicated in the delivery plan to ensure that a full report, covering all the key health and social care issues in the Borough, is presented to the Board.

It is also worth the Board noting that new annual general and child health profile reports were published in June 2015 by Public Health England and can be found using the following links:

General

<http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=hillingdon®ION=50156&SPEAR=>

Child

http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES_STATIC_RES&SEARCH=H*

Some of the key highlights (note: this does not include all BCF progress - see separate report) from the Delivery Plan under each of the priority areas are detailed below:

1. Priority one: Improving Health and Wellbeing and reducing inequalities

1.1 Smoking cessation. Smoking prevalence in Hillingdon has come down from 17.5% to 16.2% in line with the national decrease. The number of women smoking at time of delivery also continues to decline with recent local figures showing a decrease from 8% in 2013-14 to 6.5% as of end Quarter 3 2014-15. During 'Stoptober', there were approximately 1,050 sign ups from residents, the third highest sign up to the campaign in London.

1.2 Childhood Obesity. The overall proportion of children carrying excess weight (overweight + obese) in Reception and Year 6 seems to be stabilising, although a slight increase in the Reception Year obesity rate (9.4% to 10.1%) points to a need for maintaining focus on prevention through early years. There is a full programme of activity to try and reduce this. Activities include universal led walks programme and targeted programme in Children Centres, all Hillingdon Children's Centres joining maternity and health visiting teams to achieve 'Baby Friendly Initiative' status and universal healthy lifestyle programme for families with children aged 2-4 years. The Healthy Schools Programme is a set of standards that schools self evaluate against and has a focus on healthy eating and physical activity. Locally within Hillingdon, there has been a focus on reducing childhood obesity.

2. Priority 2 - Prevention and early intervention

2.1 NHS Health Checks. During 2014/15, 9,351 Hillingdon residents received a first offer of an NHS Health Check and, of these, 6,547 people went on to receive an assessment. This is an increase on the previous year's performance by 858 residents, a take up rate of 70%, ahead of the 66% target.

2.2 Chlamydia Screening. Performance against the indicator: 'Rate of Chlamydia detection per 100,000 young people aged 15-24 years' is low at 1,485 for the year 2013 when compared to London at 2,179 per 100,000. Service providers (CNWL) are working to improve Chlamydia positivity rates by increasing outreach work to more targeted groups/areas.

2.3 Long Term Conditions. Discussions with the Hillingdon Hospital, the Royal Brompton,

CNWL and Public Health have led to the development of a robust Integrated Cardiology Service that is due to be approved in July for a service starting in October 2015. The Integrated Service for Respiratory Services has been approved and work is starting on mobilisation of the scheme with the aim of having the service in place by September 2015.

2.4 Dementia Action Alliance. On 19 May 2015, in partnership with the Alzheimer's Society, the Council launched the 'Hillingdon Dementia Action Alliance', part of a National campaign, the aim of which is to act as a vehicle for Hillingdon to becoming a dementia friendly borough. 12 organisations have committed to three actions each which promote awareness of dementia, include training for their staff and working towards developing dementia friendly environments.

Part of this commitment is the delivery of the 'Dementia Friends Scheme' which continues to be very popular. From April to June 2015, over 100 people have attending the training, including staff from the Council and the Pavillions shopping centre as well as Uxbridge College students and care home staff.

2.5 Children's Dental Care. The prevalence of tooth decay at age five and age three in Hillingdon remains above the London and England averages. A protocol has been developed with Children's Centres detailing the delivery of a brief intervention on 'Brush for Life' as part of the new parent registration to ensure full coverage of all new families. This is an addition to group sessions and special events and a targeted drop-in by the CDS in 3 Children's Centres. Two new dental practices to be commissioned in Hillingdon and a Schools Project will be delivered in the autumn where dentists will deliver fluoride varnish to 10 schools in Hillingdon identified as 'high need'.

2.6 CAMHS. A joint working group has been established to agree an integrated emotional and mental health and wellbeing service for children locally and a strategy and delivery plan is being developed.

A Child and Adolescent Mental Health Service (CAMHS) health and care needs assessment is also being developed. 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 for older adults.

Improving Access to Psychological Therapies (IAPT) - a business case has been approved to expand IAPT Services to target hard to reach groups and those with Long Term Health conditions such as Diabetes. Additional substantive staff are being recruited to expand the service to ensure 15% access target is achieved throughout 2015/16.

2.7 Not in Education Employment or Training (NEET). There have been changes to the way that the NEET service is provided by the Local Authority. The newly formed participation team now wraps school attendance and subsequent EET work into one function, thereby promoting the concept of early intervention for Not in EET (NEET) outcomes and seamless provision for children from the age of 5 to 18 (25 with SEND).

There are now regular drop ins at the Civic Centre for young people to receive information and advice, with sessions at Fountains Mill and Harlington Young People's Centre available by appointment. Current in year data, as at the end of April 2015, shows that the number of 16-18 year old NEETs is 258 young people or 2.6% of the 16-18 year old population, a -10.3% change over the last 12 months.

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

3.1 Home adaptations. From April 2014 to March 2015, a total of 223 homes had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 140 older people, of which 82 were in the private sector.

From 1 April 2015 to 30 June 2015, a total of 146 homes have had adaptations completed to the homes of 91 older people, of which 42 were in the private sector.

3.2 TeleCareLine. As at end April 2015, 4,144 service users were in receipt of a TeleCareLine equipment service, of which 3,192 people were aged 80 years or older. There have been 108 new service users in the month of April 2015.

3.3 Carers Strategy. Council Cabinet and the HCCG Governing Body approved the new Carers Strategy in April 2015 and detail in the Carers Delivery Plan has been finalised with task and finish working groups being set up to deliver on actions. The Delivery Plan will be monitored on a quarterly basis with the first update being taken to the Carers Strategy Group in July. Updates will be provided to Council Cabinet and HCCG Governing Body in November 2015.

3.4 Care Act Implementation. 'Connect to Support' was launched on 1 April with the completed information and advice pages. The number of private and voluntary sector providers registered on the resident portal has increased from 85 at 31/03/15 to 135 at 17/06/15.

A new independent chairman has been appointed for the statutory Adults' Safeguarding Board as well as the Children's Board.

3.5 SEND reforms. The new Education, Health and Care (EHC) assessment process has been implemented and approx 170 EHC plans are in place. Full consultation will take place in July with comments and feedback being published by 31 August. A full launch will take place in September 2015. The number of children with SEND attending independent and non-maintained schools has decreased from 145 in 2014 to 130, thus reducing our reliance on out of area schools.

3.6 Mental Health. Sessile Court opened in mid March. To date, all units are taken, with the majority of placements stepping down from higher need settings. The 6 week placement review showed the majority of placements are progressing well. The two LD schemes, Honeycroft Hill (16 units) and Church Road (6 units) are expected to open late July and early August 2015.

4. Priority 4 - A positive experience of care

4.1 Integration. A new communications plan will be developed in Q1 to engage residents and other stakeholders in shaping the next stage of integration of Health and Social Care in Hillingdon. This will be delivered in Q2 and Q3 and will help to inform recommendations for consideration by the Council and HCCG. Six awareness raising events took place for GPs, GP practice staff and clinical staff at Hillingdon Hospital about the BCF and the Integration Programme in Hillingdon.

4.2. Children and Young People and families. Work with 'Headliners' resulted in a film being produced with children, young people and their families. An initial screening has taken place

and a workshop to build on the actions and develop a model for ongoing, meaningful participation has been set up. Short films, with CYP, are being planned explaining various key points of the SEND Reforms to support and enrich the Local Offer.

Financial Implications

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

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 have involved discussions with partner agencies to provide up to date information.

Policy Overview Committee comments

None at this stage.

CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed this report and concurs with the financial implications set out above

Hillingdon Council Legal comments

The Borough Solicitor confirms that there are no specific legal implications arising from this report.

BACKGROUND PAPERS

Nil.

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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
<i>1.1 Protect resident's health</i>	1.1.1 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	Public Health & Maternity Services	Annually	<ul style="list-style-type: none"> Interviews will be completed with older mothers from BME communities to establish what advice and information is passed onto their daughters, nieces and relatives about having a healthy baby. Interviews are to be conducted in Children's Centre's in late summer. For Quarter 3 the local figures for Smoking at Time of Delivery is at 6.5%, lower than the previous year's prevalence of 8%. In 2014/15, a total of 76 pregnant smokers were supported over the year.
	1.1.2 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"> The Programme Board have met and work is progressing on agreeing strategic direction and actions across the work streams. A joint CAMHs action plan was agreed with partners in May 2015. A new children's asthma pathway has been agreed so that children can receive seamless support across schools, primary and secondary care. Work has commenced on the development of the urgent care and long term conditions plans following a scoping workshop in June 2015.
	1.1.3 Deliver a mental wellness and resilience	Public Health		<p>The programme of activity includes:</p> <ul style="list-style-type: none"> The 'Five Ways to Wellbeing' message is being rolled out to council staff (so far mainly in the library service)

Appendix A

	programme			<p>with training planned from July for Housing staff, NHS staff and residents.</p> <ul style="list-style-type: none"> • 507 residents have attended Wellbeing community sessions and events across the borough. • Children and Young people's emotional health and wellbeing needs assessment finalised with 74 young people participating directly in the universal/targeted engagement. Data was also drawn from a survey conducted with Year 8 pupils at one secondary school as part of the Healthy Schools Wellbeing Pilot (112 respondents). • The 'Seasons for Growth', loss and bereavement programme maintained in Hillingdon. 33 active schools and 12 Children's Centre staff trained, Training held for 10 further companions to deliver the programme in schools and children's centres. • Older People Wellbeing Projects aimed at reducing social isolation and increasing levels of physical activity and wellbeing which include the popular tea dances and wellbeing events. • From April-June 2015, there have been two wellbeing days; one during Dementia Awareness Week aimed at older people living with dementia and one 'Eating Well Event' for older people aimed to give information and advice on eating and diabetes, food and dementia and food and dental health. • Since April there have been three Tea Dances with a total of 376 people taking part.
	1.1.4 Deliver a smoking cessation service including supporting the further roll	Public Health	Annually	<ul style="list-style-type: none"> • 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

Appendix A

	out of Smoke Free Homes in Hillingdon			<p>quit) - with a rate of 57.5%.</p> <ul style="list-style-type: none"> • The service reported 1048 successful quitters to HSCIC for 2014/15, an improvement on the previous year of 1039. • Prevalence is estimated to be 16.5%, a significant drop on previous year. • During Stoptober, there were approximately 1050 sign ups from residents. This was the third highest sign up to the campaign in London. • No Smoking Day saw activity across supermarkets, Hospital, local colleges and the Pavilions. Over 100 residents were met on the day with a further 80 young people, the majority of whom were smokers receiving Carbon Monoxide testing and prevention messages.
Page 17	1.1.5 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	Community Sport and Physical Activity Network (CSPAN) & Obesity Strategy Working Group	Quarterly	<ul style="list-style-type: none"> • The overall proportion of children carrying excess weight (overweight + obese) in Reception and Year 6 seems to be stabilising. Although slight increase in the Reception Year obesity rate (9.4% to 10.1%) points to a need for maintaining focus on prevention through early years (despite this increase being similar to the increase in the national average) • Public Health and Early Years Group has plans for improving diets and reducing inactivity levels in families with young children. • The Physical Activity Needs Assessment has been completed and agreed. • A workplace physical activity programme for the council and other large organisations in the borough e.g. THH, Coca Cola, Glaxo, focussing on walking and reducing sedentary behaviour has been agreed by the Cabinet Member responsible for Health. Workplace

Appendix A

				<p>packs are being developed to include advice on walking meetings, standing, stair use, use of pedometers etc.</p> <ul style="list-style-type: none"> • The adult CSPAN group will be working with the Occupational Health team at Hillingdon Hospital on how to promote workplace physical activity. • In response to requests from The Orchard Practice on how to engage the Somali community in physical activity, a programme has been developed and shared. A meeting is scheduled for the 15 July with the lead GP and members of the Somali community. • The programme of activity includes: <ul style="list-style-type: none"> ○ Universal led walks programme and targeted programme in Children Centres ○ All Hillingdon Children's Centres are joining maternity and health visiting teams to achieve 'Baby Friendly Initiative' status. ○ Universal healthy lifestyle programme for families with children aged 2-4 years. ○ Healthy Early Years accreditation for early years settings, e.g. children's centres, nurseries. 6 settings have achieved healthy status under this new scheme. ○ Lifestyle weight management programme for families with children aged 5-7 years and 7-13 years. A locally designed lifestyle change programmes for teenage children ○ A new Pharmacy based 12 week multi-component weight management programme (Weight Action Hillingdon) to be piloted from July for adults aged 18+
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Appendix A

				<ul style="list-style-type: none"> ○ The 'Ready Steady Groove' programme across the children's centres of which 373 adults have taken part with 76% showing an increase in fitness levels and 69% self reported an increase in the recognition that physical activity is important for their family. ○ 6 early years settings have achieved the new 'Hillingdon Healthy Early Years Award' which has aspects of food and physical activity moderation. ○ 197 Parent Physical activity bags loaned through children's centres to promote families being active.
<p>1.2 Support adults with learning disabilities to lead healthy and fulfilling lives</p>	<p>1.2.1 Increase the number of adults with a Learning Disability in paid employment</p>	<p>LBH</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> ● Of the 5,393 adults with a learning disability (2015 PANSI predictions from 2011 Census), at the end of 2014/15 there were 473 in receipt of long term services provided by Adult Social Care and of these 2.1% are in paid employment. This is a slight increase on the position at the end of 2013/14 of 1.4%. ● To end April 2015, 3 service users have received payment for the UPWARD presentation given at St Andrew's school. ● Queens Walk Resource Centre staff are exploring work experience development opportunities within the service to develop people's skills. ● Service users will be having a yearly review of their support plans to ensure work and education opportunities are discussed and included where appropriate. From these, review goals for the coming year will be identified and plans put in place to support individuals to achieve their aims and aspirations to

Appendix A

Page 20				<p>access work, whether it be paid/ unpaid and education to increase their skills.</p> <ul style="list-style-type: none"> • An open day will be also be facilitated at Queens Walk to support the provision of enrolment of college courses. This is expected to help increase uptake. • 'Project Search' an initiative to give young people with a learning disability the skills to gain competitive paid employment, is being implemented from September 2015. This has approx 60% success rate in securing paid employment as a result of the programme. A further 'Project Search' site is planned for September 2016. • The Rural Activities Garden Centre continues to support adults with learning disabilities, many of whom now access the RAGC on a voluntary basis and there are constant requests from people trying to access the RAGC, either to volunteer or for work experience. • Since April 2015 3 young adults with learning disabilities have accessed the RAGC. The aim is for the young adults to gain skills, experience, and knowledge and to build confidence. It is hoped that this will give opportunity for the young adults to gain employment.
1.3 Develop Hillingdon as an autism friendly borough	1.3.1 Develop and implement an all age autism strategy	LBH	Quarterly	<ul style="list-style-type: none"> • An Autism Partnership Board has been established and will take responsibility for overseeing the completion of the Autism Strategy. • The strategy is being developed but more work is required prior to sign off.

Appendix A

Priority 2 - Prevention and early intervention				
Objective	Task and Metric	Lead	Metric reporting frequency	Evidence of activity against task
2.1 Deliver the BCF workstream 2 - Intermediate Care under Strategy	2.1.1 Deliver scheme three: Rapid response and joined up Intermediate Care	LBH/CCG	Quarterly	<ul style="list-style-type: none"> • In Q4 the CCG approved a business case to secure additional consultant geriatrician capacity to support the management of the needs of frail older residents in the community. Hillingdon Hospital is now in the process of recruiting to this post. It is likely to be late autumn before the recruitment process is completed. • It was mutually agreed between the Council and the CCG that direct referrals from Reablement to Rapid Response would be inappropriate due to clinical risk issues, e.g. staff being qualified to identify when a resident is suitable for a referral to Rapid Response rather than to A & E. Reablement will either refer people to the appropriate GP practice or to A & E depending on the nature of the problem faced by the resident. • 5 beds were commissioned in Franklin House to support residents who are likely to be non-weight bearing for at least 3 weeks. In-reach is provided from the Community Rehab Team to support them with the intention of them either going home or to the Hawthorn Intermediate Care Unit (HICU). This new service helps to avoid hospital admission or an increased length of stay in hospital.

Appendix A

<p>2.2 Deliver Public Health Statutory Obligations</p>	<p>2.2.1 Deliver the National NHS Health Checks Programme</p>	<p>Public Health</p>	<p>Annually</p>	<p>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.</p> <ul style="list-style-type: none"> • During 2014/15, 9,351 Hillingdon residents received a first offer of an NHS Health Check and, of these, 6,547 people went on to receive an assessment. This is an increase on the previous year's performance by 858 residents. • Take up rate was 70% which is ahead of the 66% target. • The local EMIS (GP data system) support is no longer in place which may affect quality of future returns. • In May, a training day was held for 20 general practice and pharmacy staff. Evaluation questionnaires show that this training was well received.
	<p>2.2.2 Deliver Open Access Sexual Health</p>	<p>Public Health</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> • <u>HIV</u>: An HIV health and care needs assessment is in progress. The outputs of the needs assessment will be used to inform future sexual health and disabilities commissioning/procurement decisions post October 2015. • <u>Emergency Hormonal Contraception (EHC)/Chlamydia Screening and treatment in Community Pharmacies</u>: Two new Community Pharmacists have been trained which adds to the complement of existing providers. Brunel University continues to be the location with the highest level of activity, followed by Boots in Uxbridge. Regular

Appendix A

				<p>training continues for Pharmacists as part of the wider public health offer. Next training session due 29th June 2015.</p> <ul style="list-style-type: none"> • The new data system for recording activity and raising payments went live on the 1st May 2015, this will enable robust monitoring of activity and claims. • <u>Chlamydia Screening</u>: Performance against the indicator: 'Rate of Chlamydia detection per 100,000 young people aged 15-24 years' is low at 1485 for the year 2013 when compared to London at 2179 per 100,000. Service providers (CNWL) have been informed and are working to improve Chlamydia positivity rates by increasing outreach work to more targeted groups/areas. No new data available – the 2013 data remains the latest data reported.
Page 23	2.2.3 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"> • The final Ebola top line brief was issued in April 2015. Should the situation deteriorate, the Cabinet Office may restart the briefings. • The National Heatwave Plan for England 2015 was published in May 2015. The Met Office will issue Heatwave Alerts from 1 June to 15 September 2015. The Plan is a key component of emergency planning. It provides advice for professionals, organisations to enable them to plan for and respond to heatwaves. It contains advice for local authorities, including Directors of Housing and Planning, Adult Social Services and Children Social Services. The Plan has been disseminated to the aforementioned directors

Appendix A

<p>2.3 Prevent premature mortality</p>	<p>2.3.1 Ensure effective secondary prevention for people with Long Term Conditions including cancer, diabetes and dementia</p>	<p>CCG</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> • Having undertaken a review of the current state of Risk Stratified Cancer Pathways at THH and discovered that Hillingdon is already doing well in this area, the CCG is under-taking research into how we might support patients with Cancer in other areas. • The first phase of the diabetes project has been successfully implemented (movement of patients from secondary care to community and primary care). The second phase of this project consists of the development of an Integrated Diabetes Service. The service has been designed through collaboration of hospital, community and primary care clinicians and managers. The business case is expected to complete CCG governance processes in August 2015 with the new service live in quarter 4 of 2015/16. • The first phase of the cardiology project has been successfully implemented (includes direct access by GPs to key diagnostic tests at The Hillingdon Hospital and Harefield Hospital. The second phase consists of the development of an integrated service with a particular focus on heart failure and cardiac rehabilitation. Collaboration with The Hillingdon Hospital, the Royal Brompton, CNWL and Public Health have led to the development of an Integrated Cardiology Service that is due to receive final approval in July with the service starting in October 2015. • The Integrated Service for Respiratory Care has been approved and work has commenced on
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Appendix A

				<p>mobilisation of the scheme with the service expected to be in place by September 2015.</p>
Page 25	2.3.2 Reduce the risk factors for premature mortality and increase survival across care pathways	PH/CCG	Quarterly	<ul style="list-style-type: none"> • Reducing the levels of overweight and obesity in Hillingdon through the introduction of Adults Weight Management Care Pathway which will be approved in July 2015 and is designed to support a reduction in levels of obesity in Hillingdon. • Increasing the levels of Physical Activity in the borough amongst those suffering from chronic conditions is being taken forward through the inclusion of 'Let's get Moving' programme in disease care pathways. From October 2014, when the programme started, until mid June 2015, there were 142 referrals made by health professionals with a 68% uptake in having an initial assessment, with 55% going on to complete a 12 week fitness programme. • Alcohol Misuse <ul style="list-style-type: none"> (a) A question on alcohol use has been included in the NHS Health Checks (b) Substance Misuse: An outcome based service model with greater levels of integration, based on all levels of need, has been commissioned. The new service will 'go live' on 1st August 2015.
	2.3.3 Reduce excess winter deaths	Public Health/NHS England		<p>There are a number of activities that aim to reduce excess winter deaths in the borough. These include:</p> <ul style="list-style-type: none"> • Providing Flu immunisation to people at risk • Screening for Chronic Obstructive Pulmonary Disease as part of smoking cessation project to identify smokers at high risk

Appendix A

				<ul style="list-style-type: none"> • Monitoring Inferior Wall Myocardial Infarction over Coronary Heart Disease remodelling of services • Age UK is working with the council to provide 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.
Page 26	2.3.4 Reduce the number of children with one or more decayed, missing or filled teeth	Public Health & NHS England		<ul style="list-style-type: none"> • NHS England and Hillingdon Public Health Team are working on a joint project to improve access to preventative dental care in Hillingdon. As part of this initiative <ul style="list-style-type: none"> ○ Publicity events were held in The Pavillions shopping centre during March which targeted young families (over 3,900 people) to encourage registration of children with an NHS dentist; ○ Two new dental practices to be commissioned in Hillingdon ○ Schools Project will be delivered in Autumn where dentists will deliver fluoride varnish in 10 schools in Hillingdon identified as 'high

Appendix A

				<p style="text-align: center;">need'</p> <ul style="list-style-type: none"> • The Policy and Overview Committee for Internal Services conducted a review of dental services for children 0-5. Members considered the report and made a recommendation for the outcomes of the above project to be reviewed by the Health and Wellbeing Board in 2016. • A protocol has been developed with Children's Centres detailing the delivery of a brief intervention on 'Brush for Life' as part of the new parent registration to ensure full coverage of all new families. This is an addition to group sessions and special events and a targeted drop-in by the CDS in 3 Children's Centres.
Page 27	2.3.5 Deliver a project to make Hillingdon a Dementia Friendly borough	Mental Health Delivery Group	Quarterly	<ul style="list-style-type: none"> • 19 May 2015, in partnership with the Alzheimer's Society, the council launched the 'Hillingdon Dementia Action Alliance', part of a National campaign, the aim of which is to act as a vehicle for Hillingdon to becoming a dementia friendly borough. • 12 organisations have committed to three actions each which promote awareness of dementia, include training for their staff and working towards developing dementia friendly environments. • Part of this commitment is the delivery of the 'Dementia Friends Scheme' which continues to be very popular. From April to June 2015, over 100 people have attending the training, including staff from the council and the Pavillions shopping centre as well as Uxbridge College students and care home staff. • A weekly 'Friends Coffee Morning' in Uxbridge

Appendix A

				<p>library was launched as part of Dementia Awareness Week, offering support and activities for people in the early stages of dementia and their families. So far a total of 36 people have taken part with several referrals being made to the Alzheimer Society which have led to home visits. Many of the people taking part had not had any contact with services so far.</p> <ul style="list-style-type: none"> • The Drummunity project continues to enable older people with dementia to take part in an activity which allows them to communicate creatively, work on their short term memory skills, increase relaxation and develop strength and coordination.
Page 28	<p>2.3.6 Improve pathways and response for individuals with mental health needs across the life course including the provision of Child and Adolescent Mental Health Services (CAMHS)</p>	<p>CCG</p>	<p>Annually</p>	<ul style="list-style-type: none"> • Single Point of Access - a Business Case has now been completed to develop a single point of access in the mental health urgent care pathway. It will be taken to the August Governing Body for approval. • Improving Access to Psychological Therapies - a Business Case has been approved to expand IAPT Services to target hard to reach groups and those with Long Term Health conditions such as Diabetes. CNWL is recruiting additional substantive staff to expand the service to ensure 15% access target is maintained throughout 2015/16. • A Children Adolescent Mental Health Service (CAMHS) health and care needs assessment is also being developed. 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 for older adults.

Appendix A

				<ul style="list-style-type: none"> • A joint working group has been established to agree an integrated emotional and mental health and wellbeing service for children locally. A strategy and delivery plan is being developed. • Additional resources for specialist MH provision for children and young people with LD were agreed with an integrated pathway with LBH disability team • HCCG also invested in specialist perinatal MH provision. Service implemented January 2015 • The provision of Liaison Psychiatry services has been expanded 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. 	
Page 29	2.3.7 Develop a Vision Strategy for Hillingdon	Vision Strategy Working Group	Annually	<ul style="list-style-type: none"> • The Vision Needs Assessment is being reviewed to include further local information which will inform the strategic plan. 	
	2.4 <i>Ensure young people are in Education, Employment or Training</i>	2.4.1 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"> • There have been changes to the way that the NEET service is provided by the Local Authority. The newly formed participation team now wraps school attendance and subsequent EET work into one function, thereby promoting the concept of early intervention for Not in EET (NEET) outcomes and seamless provision for children from the age of 5 to 18 (25 with SEND). • There are now regular drop ins at the Civic Centre for young people to receive information and advice, with sessions at Fountains Mill and Harlington Young People's Centre available by appointment.

Appendix A

				<ul style="list-style-type: none">• During the school holidays this summer, the whole of the key working service will focus on the existing NEET cohort to ensure there is something in place for them in September.• The 'Pan London Leaver Notification Process', a monthly return made by schools, colleges and other post-16 training providers, informs the local authority of any young person who has 'dropped out' of their course early. In the return, there is a 'wobbler' column, in which young people who could be on the verge of dropping out are identified and are provided with additional support to prevent them becoming NEET.• Current in year data to end April 2015, shows that the number of 16-18 year old NEETs is 258 young people or 2.6%, a -10.3% change over the last 12 months.
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Appendix A

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
3.1 Deliver the BCF Workstream 1 - Integrated Case Management	3.1.1 Deliver scheme one: early identification of people susceptible to falls, social isolation and dementia	LBH/CCG	Annually	<ul style="list-style-type: none"> • A proposal has been developed by the local third sector consortium Hillingdon4All (H4A) for a Health and Wellbeing Gateway which would be the referral point for residents identified as being at risk of falls, dementia and/or social isolation. A funding decision on the proposal is expected from HCCG in July. • Pending the outcome of this funding decision training will be provided in Q3 with the intention of empowering key staff who visit people in their homes to identify risks and make appropriate referrals. This is intended to assist in improving the wellbeing of residents by preventing or delaying a loss of independence. • Part of the H4A proposal includes the use of an assessment tool that looks at how motivated residents are to manage their own health and wellbeing. People who are less motivated run a high risk of escalating needs and would be provided with higher levels of support to prevent this.
	3.1.2 Deliver scheme two: better care for people at the end of their life (EoL)	LBH/CCG	Quarterly	<ul style="list-style-type: none"> • A mapping exercise of services available to people at the end of their life is currently in progress and gaps will be reported to the End of Life Forum in July. • Adult Social Care has put specialist care arrangements in place with a third sector provider to

Appendix A

				address the care needs of people at end of life. This service will be reviewed later in 2015/16 and longer term service provision options to meet the needs of people at end of life in all parts of the borough will be considered by the Council in Q4.	
Page 32	3.2 Deliver the BCF Workstreams 3 & 4 - Seven day working and Seamless Community Services	3.2.1 Deliver scheme four: seven day working	LBH/CCG	Quarterly	<ul style="list-style-type: none"> • 7-day working priorities were agreed and these include: <ul style="list-style-type: none"> - earlier in the day confirmation of a package of care being identified; - GP practice cover; - being able to discharge to nursing care homes on a Saturday and Sunday; - being able to discharge patients with wound care needs following planned hospital procedures. • Approval was given by the Council and the CCG to establish an integrated appraisal team comprising of social work, Hospital and CCG staff. This team will be working in the Acute Medical Unit (AMU) at the Hospital to speed up the discharge process. This team will be operational by October 2015.
		3.2.2 Deliver scheme six: Care homes initiative	LBH/CCG	Quarterly	<ul style="list-style-type: none"> • Medical support for care homes is being considered by individual GP networks. Exactly what this will look like across the borough will vary from network to network, depending on the number of care homes within the respective network. Current models of support will be evaluated in July to inform discussions with the networks in Q3. • Most actions within the scope of this scheme have now been completed including implementation of community matron support to selected care homes.

Appendix A

	<p>3.2.3 Deliver scheme five: Review and realignment of community services to emerging GP networks</p>	<p>LBH/CCG</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> • The Integrated Care Programme (ICP) has been procured from all four GP networks and service will be live from 1st July. • Work on developing a care planning template, running multi-disciplinary team (MDTs) meetings to consider complex cases and secure better outcomes for residents has continued Q1. This is an iterative process and will develop as more practical experience is gained. • This activity is supported by work that is in progress to join up IT systems to share information and limit the number of times residents have to tell their story. This work is also intended to free up staff capacity to provide better care and support. All partners across the system are proactively engaged in this work.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 33</p>	<p>3.2.4 Provide adaptations to homes to promote safe, independent living including the Disabled Facilities Grant</p>	<p>LBH</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> • From April 2014 to March 2015 a total of 223 homes had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 140 older people, of which 82 were in the private sector. • From 1 April 2015 to 30 June 2015, a total of 146 homes have had adaptations completed which includes adaptations to the homes of 91 older people, of which 42 were in the private sector.
	<p>3.2.5 Increase the number of target population who sign up to TeleCareLine service which is free for over 80's</p>	<p>LBH</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> • As at end April 2015, 4,144 service users were in receipt of a TeleCareLine equipment service, of which 3,192 people were aged 80 years or older. There have been 108 new service users in the month of April 2015.

Appendix A

<p>3.3 Implement requirements of the Care Act 2014</p>	<p>3.3.1 Develop the prevention agenda including Info and Advice Duty</p>	<p>LBH</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> • Connect to Support Hillingdon launched on 1st April 2015 with information/advice and the marketplace. On-line assessments will go live in Q2 2015, there is a comprehensive communications plan in place to promote the site to staff, residents and providers and to continue developing the content.
	<p>3.3.2 Develop a Carers Strategy that reflects the new responsibilities and implementation of the Care Act 2014</p>	<p>LBH/CCG</p>	<p>Biennially</p>	<ul style="list-style-type: none"> • Council Cabinet and the HCCG Governing Body approved the new Carers Strategy in April 2015. • Detail in the Delivery Plan has been finalised with task and finish working groups being set up to deliver on actions. • The Delivery Plan will be monitored on a quarterly basis with the first update being taken to the Carers Strategy Group in July. • Updates will be provided to Council Cabinet and HCCG Governing Body in November.
	<p>3.3.3 Deliver BCF scheme seven: Care Act Implementation</p> <p>Task: To implement the following aspects of new duties under the Care Act, primarily in respect of Carers: a) increasing preventative services; b) developing integration and partnerships with other bodies; c) providing quality</p>	<p>LBH/CCG</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> • The number of private and voluntary sector providers registered on the resident portal Connect to Support increased from 85 at 31/03/15 to 135 at 17/06/15. • Connect to Support was launched on the 1st April with the completed information and advice pages. • Work was undertaken to develop an online social care and financial assessment facility on Connect to Support. This will go live on the 30th June 2015. An online assessment facility for carers will go live at the end of July. • A contract with Hillingdon Carers for them to complete carers' assessments on behalf of the Council in compliance with Care Act requirements was put in place.

Appendix A

	information, advice and advocacy to residents; d) ensuring market oversight and diversity of provision; and e) strengthening the approach to safeguarding adults.			<ul style="list-style-type: none"> • Staff training on new policies and procedures continued, including tailored sessions for mental health staff. Training will continue until the end of June 2015. • A new independent chairman for the statutory Adults' Safeguarding Board was appointed.
	3.3.4 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"> • The Market Position Statement is in the final stages of approval and engagement has started with selected providers.
Page 35	3.4 Implement requirements of the Children and Families Act 2014			
	3.4.1 Implement the SEND reforms including introducing a single assessment process and Education, Health and Care (EHC) Plans and joint commissioning and service planning for children, young people and families	LBH/CCG	Quarterly	<ul style="list-style-type: none"> • The new Education, Health and Care (EHC) assessment process has been implemented and EHC Plans are being produced. There are approx 170 EHC Plans in place. • The Local Offer was published in September 2014 and ongoing development work is taking place. Full consultation will take place in July with comments and feedback being published by 31st August in line with requirements. A full launch will take place in September 2015. • The joint commissioning activity has seen a draft strategy prepared which will come to the Health and Wellbeing Board for consideration. There will be an initial focus on provision for children and young

Appendix A

				people with speech, language and communication needs as the JSNA indicates this is an area of unmet need.	
Page 36	3.5 Enable children and young people with SEND to live at home and be educated as close to home as possible	3.5.1 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"> • The strategy has been approved and published. More detailed development work is taking place. • Pentland Fields School opened in January and will take additional children from September. Three specialist resource provisions (SRPs) - one already open with two to follow - are in place to increase the capacity for children with autism and complex needs. One secondary SRP is expanding in September and another is widening its remit. • A new SEND banded funding model is in place for education settings in relation to funding for children with Statements or Education, Health and Care Plans. SRPs now have service level agreements and new admission criteria. • The number of children with SEND attending independent and non-maintained schools has decreased from 145 in 2014 to 130, thus reducing our reliance on out of area schools.
		3.5.2 Develop a short breaks strategy for carers of children and young people with disabilities	LBH	Quarterly	<ul style="list-style-type: none"> • The short break statement has been approved and published. Work is taking place on developing an improved strategy for 2016 which better meets the needs of carers and will result in an updated statement.
	3.6 Assist vulnerable people to secure and maintain their independence	3.5.1 Provide extra care and supported accommodation to reduce reliance on residential care	LBH	Quarterly	<ul style="list-style-type: none"> • Sessile Court opened in mid March. To date, all units are taken, with the majority of placements stepping down from higher need settings. The 6 week placement review showed the majority of placements are progressing well.

Appendix A

<i>by developing extra care and supported housing as an alternative to residential and nursing care</i>				<ul style="list-style-type: none">• The two LD schemes, Church Road (6 units) and Honeycroft Hill (16 units) are expected to open early August and December 2015 respectively.
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Appendix A

Priority 4 - A positive experience of care				
Objective	Task and Metric	Lead	Metric reporting frequency	Evidence of activity against task
4.1 Ensure that residents are engaged in the BCF scheme implementation	4.1.1 Improve service user experience by 1%	LBH/CCG	Annually	<ul style="list-style-type: none"> • Six awareness raising events took place for GPs, GP practice staff and clinical staff at Hillingdon Hospital about the BCF and the Integration Programme in Hillingdon. • A new communications plan will be developed in Q1 to engage residents and other stakeholders in shaping the next stage of integration in Hillingdon. This will be delivered in Q2 and Q3 and will help to inform recommendations for consideration by the Council and HCCG.
	4.1.2 Improve social care related quality of life by 2%	LBH/CCG	Annually	
	4.1.3 Increase the overall satisfaction of people who use services with their care and support	LBH/CCG	Annually	
	4.1.4 Improve social care quality of life of carers	LBH/CCG	Annually	<ul style="list-style-type: none"> • The Council will undertake a survey in Q3 2015/16 to test improvements against the results of the 2014 Carers Survey. This will provide an opportunity to ask additional questions suggested by partners such as Healthwatch.

Appendix A

<p>4.2 Ensure parents of children and young people with SEND are actively involved in their care</p>	<p>4.2.1 Develop a more robust ongoing approach to participation and engagement of Children and Young People (C&YP) with SEND</p>	<p>LBH</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> • Work with ' Headliners' resulted in a film being produced with children, young people and their families. An initial screening has taken place and a workshop to build on the actions and develop a model for ongoing, meaningful participation has been set up. • CYP with SEND have been involved in the development of information for their peers in relation to Preparation for Adulthood. • Short films, with CYP, are being planned explaining various key points of the SEND Reforms to support and enrich the Local Offer.
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Health & Wellbeing Board - 21 July 2015

PRIORITY ONE

CCG 413	Women having antenatal assessments within 13 weeks	Q4 2013/14	91.6%
		Q3 2013/14	93.2%

Q4 - the number of maternities at CCG does not meet validation criteria

PHE

LD Profile Eligible adults with a learning disability having a GP healthcheck (per 1000)	2013/14	47.4%
	2012/13	55.7%

2008/09 - 2013/14 data collected at 10% level, 2013/14 data collected at GP level

PHOF 2.03

CGG 1.14 Maternal smoking at delivery	Q2 2014/15	7.8%
	Q1 2014/15	7.0%

PRIORITY ONE

ASCOF 1e	1e - % of LD clients in paid employment	2015/16 (May)	1.9%
		2014/15 (YE)	2.1%

PRIORITY TWO

PHOF 2.16 (LOCAL)	Successful completion of drug treatment (opioid users) (Rolling 12 months - 6 months after treatment completion)	As at Oct 2014	9.7%
		2013	10.7%

PHOF 2.16 (LOCAL)	Successful completion of drug treatment (non-opioid users) (Rolling 12 months - 6 months after treatment completion)	As at Oct 2014	36.0%
		2013	39.7%

Local	Number of 16-18 year olds who are Not in Education, Employment or Training (NEET)	2014	2.4%
		2013	3.5%

PRIORITY THREE

LBH (Local Measure)	Number of major adaptations to homes to promote safe, independent living	Q1 2015/16	146
		2014/15	223
LBH (Local Measure)	Number of people in receipt of TeleCare Line (All ages)	April 15 2014/15	4,144
		April 15 2014/15	4,033
LBH (Local Measure)	Number of people in receipt of TeleCare Line (65+)	April 15 2014/15	3,192
		April 15 2014/15	3,044
LBH (Local Measure)	Number of people in sign ups to TeleCare Line	April 15 2014/15	108
		2013/14	833
PHOF 2.20i	Injuries due to falls in people aged 65 and over (per 100,000 population)	2013/14	2,308
		2012/13	2,376

BETTER CARE FUND METRICS

Perm admissions	Perm admissions per 100,000 (per 100k residents aged 65+)	2015/16 (Apr)	23.0
		2014/15 (FY1)	398.50

Delayed transfer of care	Total number of days in quarter	2015/16 (Apr)	59.3
		2014/15 (Q4)	413.1

Perm admissions	Number of permanent admissions to residential / nursing care for residents aged 65+	Apr 2015/16	23
		2014/15	155
Perm admissions	Annual target for number of perm admissions	2015/16	104
		2014/15	104
Perm admissions	Target for number of permanent admissions to residential / nursing care per 100,000 residents aged 65+	2015/16	267.4
		2014/15	272.5
Delayed transfer of care	Total number of days in quarter	2015/16 (Apr)	134
		2014/15 (Q4)	933
Delayed transfer of care	DTrC per 100,000 (Qtrly target)	2015/16 (Q1)	533.6
		2014/15 (Q4)	660.2
Delayed transfer of care	Quarterly target for delayed discharges (total number of days)	2015/16 (Q1)	1,205
		2014/15 (Q4)	1,491

Values	↓	✓
Definition	The lower the outcomes the better the performance	

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Agenda Item 6

BETTER CARE FUND: PERFORMANCE REPORT (APRIL - MAY 2015)

Relevant Board Member(s)	Councillor Ray Puddifoot MBE Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon
Report author	Paul Whaymand, Finance Tony Zaman, Adult Social Care Kevin Byrne, Policy and Partnerships
Papers with report	Appendix 1) BCF Monitoring report - Month 1 - 2: April - May 2015 Appendix 2) BCF metrics scorecard

HEADLINE INFORMATION

Summary	This report provides the Board with the first update on the delivery of Hillingdon's 2015/16 Better Care Fund.
Contribution to plans and strategies	The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act 2012.
Financial Cost	This report sets out a proposed monitoring approach to managing the BCF pooled funds of £17,991k for 2015/16.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- a. notes the content of the report; and
- b. instructs officers on any future reporting requirements.

INFORMATION

1. In March 2015, Cabinet and Hillingdon Clinical Commissioning Group's (HCCG) Governing Body approved the agreement under section 75 of the National Health Service Act, 2006, that formally established the financial arrangements for Hillingdon's Better Care Fund (BCF) Plan for 2015/16, which is focused on delivering better outcomes for older people. Under this agreement the Council hosts the BCF pooled budget.

2. **Appendix 1** of this report describes progress against the agreed plan, including expenditure. **Appendix 2** is the BCF performance dashboard which provides the Board with a progress update against the six key performance indicators (KPIs).

3. The key headlines from the monitoring report are:

- The month 2 budget monitoring for the BCF has been undertaken jointly by the partners in accordance with the requirements set out in the S75 for the management of the pooled funds. There is currently a pressure against both the Council and CCG's shares of the pooled funds which relates to the supply of equipment and adaptations to residents. This is a reflection that more people with complex needs are being supported in the community in line with agreed priorities. Both the Council and CCG are working together to look at ways of improving efficiency and effectiveness that will enable the existing equipment budget to go further and potentially reduce the pressure.
- The Q4 2014/15 emergency admissions target was not achieved but April activity (896) was slightly below the ceiling of 906. May and June's data is required in order to identify the extent to which admissions avoidance initiatives are having an effect.
- The delayed transfer of care target for Q4 was achieved and the data for M1 indicates that it is on track.
- The measure for testing the ease with which residents managed to access information and advice was also achieved in Q4. This will be re-tested in Q4 2015/16.
- There is evidence of much closer working between partners across health and social care to produce better outcomes for residents, e.g., the multi-disciplinary team (MDT) process. This entails staff across professions and voluntary sector partners meeting together to identify ways of improving or maintaining the independence of older residents with complex needs.
- There has been considerable progress towards joining up IT systems in order to reduce the number of times residents with care needs have to repeat their information.
- Tasks within the scope of scheme 3: *rapid response and joined up intermediate care* and scheme 6: *care home initiative* are near completion.

Financial Implications

4. The budget monitoring report, attached as Appendix 1, sets out the financial position on each scheme within the BCF for 2015/16. As at Month 2, there is a variance of £201k against expenditure profiles which are analysed in the monitoring report. It is currently forecast that outturn will be on budget.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

5. The monitoring of the BCF will ensure effective governance of delivery via the Health and Wellbeing Board.

Consultation Carried Out or Required

6. None.

Policy Overview Committee comments

7. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance comments

8. The Director of Finance at the London Borough of Hillingdon confirms that the financial forecasts for the Council's expenditure against the approved BCF pooled budget are produced on the same basis as the Council's other expenditure reported to Cabinet each month. They take into account a detailed analysis of the actual expenditure incurred to date and an informed estimate of likely expenditure to the financial year end.

9. The Deputy Chief Financial Officer at Hillingdon CCG confirms that the majority of the CCG's BCF contributions relate to fixed contract payments as part of their block contract with CNWL, which is why there are no expected variances from plan. There are some potential variable amounts, e.g., Community Equipment, Integrated Care Programme (ICP), but there is no basis yet for anticipating any variances from plan so early in the financial year.

Hillingdon Council Legal comments

10. As is indicated in the body of the report, the statutory framework for Hillingdon's Better Care Fund is Section 75 of the National Health Service Act 2006. This allows for the Fund to be put into a pooled budget and for joint governance arrangements between the Governing Body of Hillingdon's CCG and the Council. A condition of accessing the money in the Fund is that the CCG and the Council must jointly agree a plan for how the money will be spent. This report provides the Board with progress in relation to the plan.

BACKGROUND PAPERS

NIL.

BCF Monitoring Report

Programme: Hillingdon Better Care Fund	
Date: 25 th June 2015	Period covered: April - May 2015 - Month 2
Core Group Sponsors: Ceri Jacob /Tony Zaman /Paul Whaymand/Jonathan Timms/ Kevin Byrne	
Programme Lead:	Gary Collier

1. Summary and Overview	Plan RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green
	c) Impact	Green

A. Financials

Key components of BCF Pooled Fund 2015/16 (Revenue Funding unless classified as Capital)	Approved Pooled Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	10,032	1,718	0	0	0	10,032
Care Act New Burdens Funding	838	139	0	0	0	838
LBH - Protecting Social Care Funding	4,712	785	(35)	0	(35)	4,712
LBH - Protecting Social Care Capital Funding	2,349	225	(166)	0	(166)	2,349
BCF Programme management	60	10	0	0	0	60
Overall BCF Total funding	17,991	2,867	(201)	0	(201)	17,991

- The Council hosts the management of the pooled funds with the Corporate Director of Finance undertaking the financial duties and responsibilities as set out in the Section 75 agreement.

- Detailed budget monitoring of each scheme will be undertaken and reported monthly to the Core Group of officers responsible for the implementation of the BCF plan with quarterly reports to the HWBB. The HCCG financial contributions set out above are nearly all commissioned from a range of providers including CNWL, Age UK, GP networks, Medequip etc. The Council's financial input includes contributions to the funding of the reablement service, hospital and mental health social workers, the running costs of telecare service, the provision disabled facilities grants to support major adaptations to help residents remain in their homes and the costs of implementing the new responsibilities under the Care Act.

B. Plan Delivery Headlines

- The month 2 budget monitoring for the BCF has been undertaken jointly by the partners in accordance with the requirements set out in the S75 for the management of the pooled funds. There is currently a pressure against both the Council and CCG's shares of the pooled funds which relates to the supply of equipment and adaptations to residents. This is a reflection that more people with complex needs are being supported in the community in line with agreed priorities. Both the Council and CCG are working together to look at ways of improving efficiency and effectiveness that will enable the existing equipment budget to go further and potentially reduce the pressure.
- The Q4 2014/15 emergency admissions target was not achieved but April activity (896) was slightly below the ceiling of 906. May and June's data is required in order to identify the extent to which admissions avoidance initiatives are having an effect.
- The delayed transfer of care target for Q4 was achieved and the data for M1 indicates that it is on track.
- The measure for testing the ease with which residents managed to access information and advice was also achieved in Q4. This will be re-tested in Q4 2015/16.
- There is evidence of much closer working between partners across health and social care to produce better outcomes for residents, e.g. the multi-disciplinary team (MDT) process. This entails staff across professions and voluntary sector partners working together to identify ways of improving or maintaining the independence of older residents with complex needs.
- There has been considerable progress towards joining up IT systems in order to reduce the number of times residents with care needs have to repeat their information.
- Tasks within the scope of scheme 3: *rapid response and joined up intermediate care* and scheme 6: *care home initiative* are near completion.

C. Outcomes for Residents: Performance Metrics

This section comments on the information summarised in the Better Care Fund Dashboard.

- **Emergency admissions target (known as non-elective admissions)** - The target or maximum for Q4 2014/15, which was used by NHSE to set the baseline for 2015/16, was 2,616 admissions but there were 2,755 emergency admissions, which means that the target was missed. There has been an improvement in performance and in April 2015 there were 896 emergency admissions against the ceiling of 906. Once May and June's data is available it will be possible to identify the extent to which admissions avoidance initiatives are having the desired effect.
- **Delayed transfers of care (DTC) target** - This is an all adults target rather than it being restricted to the 65 and over population. Good performance means that there is a low number of DTCs. The 2014/15 target or maximum was achieved as the actual number of days that people who were medically fit for discharge were delayed in hospital was 234 below the target. The DTC ceiling for Q1 is 533 days and in April there 134 delayed transfers. If this level was maintained during Q1 this would result in a DTC level of 402 days (134 x 3), which would be 131 days below the ceiling figure and suggest that Hillingdon was on track to achieve the 2015/16 target.
- **Care home admission target** - The 2014/15 outturn shows 155 admissions against a target or maximum of 104, which means that the target was missed. Factors that have contributed to this include:
 - Number of new referrals of older with complex needs, e.g. people with multiple conditions, which accounts for approximately 35% of new placements;
 - Number of short-term placements that have been converted into permanent placements due to frailty and complexity of need issues;
 - Current lack of alternative options for people with high levels of frailty and multiple needs (this will be addressed through proposals for the more effective use of existing extra care provision and new supply when this comes on stream); and
 - Target was predicated on delivery of 50 unit extra care scheme provided by a housing association in Yiewsley, which did not happen.

The target for 2015/16 is 104 permanent placements. April and May data shows that 23 permanent placements have been made and if this trend continued then it would suggest that the annual target would be missed by 34. Although this would be an improvement on 2014/15, it would mean that the 2015/16 ceiling would be exceeded. The possibility of revising the target has been explored with NHSE and a response is awaited.

- **Reablement proportion of older people still at home 91 days after discharge target** - The target was 91.2% and 85.6% was achieved. The sample taken was of people referred to Reablement between 1/10/14 and 31/12/14, which reflects national practice. The factors that have contributed to the target being missed include:
 - Readmissions during the 91 day period, including those due to premature discharge or other medical reasons (25);
 - People dying before the 91 days post discharge (2);
 - The target was actually increased at the request of NHSE.

This metric will be retested in Q4 with a sample of people referred to Reablement between 1/10/15 and 31/12/15. The level of frailty of the client group means that this is a challenging target.

- **Resident experience metric** - The Adult Social Care Survey tested whether survey users found it easy or difficult to find information and advice about support services or benefits. 74% of service users completing the appropriate survey question responded positively against a target of 72.4%, which means that the target was exceeded.
- **Social care quality of life target** - The target was 18.7% responding positively to the quality of life questions but the outturn was 18.1%. A contributing factor to the outturn is likely to be that the survey, which is a national survey, was undertaken at a time when the transfer of home care providers was in progress and some service users were unhappy with this.

2. Scheme Delivery

Scheme 1: Early identification of people susceptible to falls, dementia and/or social isolation.	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 1 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	180	30	0	0	0	180
Total Scheme 1	180	30	0	0	0	180

- Current spent is in line with CCG profiled budget.
- Hillingdon4All Health and Wellbeing Gateway business case finalised to be considered by HCCG Governing Body in August 2015. The Gateway proposal is intended to provide support to older people with one or more long-term conditions with a lower level of need with the intention of preventing deterioration leading to loss of independence requiring increased intervention from the statutory agencies. The Gateway would be the referral point for people identified as being at risk.
- Dementia Working Group undertook an analysis of the current dementia pathway compared to the ideal and identified gaps. The gaps identified that come within the remit of the BCF plan include:
 - Unclear referral routes for people who may be showing signs of dementia and their carers.
 - Fragmented interface across health and social care.

An action plan to address these issues has been developed by the Dementia Working Group, which is a multi-agency task and finish group.

- Work to develop a workforce development plan being led by Public Health with the intention of delivering the principle of 'making every contact count' (MECC) is being brought together with BCF scheme 1. The plan will lead to staff who visit people in their own homes being trained in how to identify risk factors that can lead to hospital admission and loss of independence. Priorities for staff training will be decided in consultation with stakeholders and is subject to referral points being clarified. It is proposed that the plan will be delivered in Q3 and Q4 2015/16.

Scheme Issues

- Progress in delivering this scheme is dependent on having a referral point for staff visiting people in their own home who identify that they may be at risk. Should the Hillingdon4All Gateway proposal not be approved by HCCG then an alternative referral point (or points) will need to be identified. Once there is clarity about this, training for appropriate staff can be undertaken.
- The HCCG Governing Body may only consider funding an initial pilot in the north of the borough as a test of concept. The timing of the Gateway funding decision means that it is unlikely that it will be possible to undertake any meaningful evaluation during 2015/16 and any decision about rolling out the model to the rest of the borough may be delayed into 2016/17 as a consequence.

Scheme 2: Better care at the end of life	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 2 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	100	17	0	0	0	100
Total Scheme 2	100	17	0	0	0	100

- Current spend is in line with CCG profiled budget.
- A contract has been put in place for 2015/16 with a local third sector provider to provide a specialist care service for people at end of life. This service will be evaluated over a six month period and procurement options will then be developed for consideration by the Council.
- Mapping of services for people at end of life is in progress and will be completed in June 2015.

Scheme 3: Rapid response and joined up intermediate care.	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 3 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	4,099	683	0	0	0	4,099
LBH - Protecting Social Care funding	686	114	0	0	0	686
Total Scheme 3	4,785	797	0	0	0	4,785

- The Council's share of the funding of this scheme relates mainly to the cost of placements in particular bed based intermediate care. This is currently forecast to be on target.
- CCG spend is in line with planned activity.
- In Q4 the CCG approved a business case to secure additional consultant geriatrician capacity to support the management of the needs of frail older residents in the community. Hillingdon Hospital is now in the process of recruiting to this post. It is likely to be late autumn before the recruitment process is completed.
- It was mutually agreed between the Council and the CCG that direct referrals from Reablement to Rapid Response would be inappropriate due to clinical risk issues, e.g. staff being qualified to identify when a resident is suitable for a referral to Rapid Response rather than to A & E. Reablement will either refer people to the appropriate GP practice or to A & E depending on the nature of the problem faced by the resident. The Rapid Response Team is able to make referrals direct to the Reablement Team.
- 5 beds were commissioned by the CCG in Franklin House to support residents who are likely to be non-weight bearing for at least 3 weeks. In-reach is provided from the Community Rehab Team to support residents with the intention of them either going home or to the Hawthorn Intermediate Care Unit (HICU). This new service helps to avoid hospital admission or an increased length of stay in hospital for a person already admitted.

Scheme 4: Seven day working.	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 4 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
LBH - Protecting Social Care funding	754	124	(1)	0	(1)	754
Total Scheme 4	754	125	(1)	0	(1)	754

- The list of 7-day working priorities have been agreed and these include, for example, earlier in the day confirmation of a package of care being identified; being able to discharge to nursing care homes on a Saturday and Sunday; having 7-day GP practice cover; being able to discharge patients with wound care needs following planned hospital procedures; and an improved fast track discharge process.
- Residential and Nursing Care Home Provider Forum on 26/05/15 asked to identify factors inhibiting seven day admission. Factors identified included GP cover, availability of discharge summary information, provision of medication and late notice discharge. These are issues being addressed by the Seven Day Working Group.
- Approval was given by the Council and the CCG to establish an integrated appraisal team comprising of social work, Hospital and CCG staff. This team will be working in the Acute Medical Unit (AMU) at the Hospital to speed up the discharge process. Recruitment of staff is currently in progress and the team will be fully operational by October 2015.

Scheme 5: Review and realignment of community services to emerging GP networks	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 5 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	5,605	934	0	0	0	5,605
LBH - Protecting Social Care funding	3,272	511	(34)	0	(34)	3,272
Total Scheme 5	8,877	1,445	(34)	0	(34)	8,877

- The key LBH variance for the scheme relates to a forecast underspend on the TeleCareLine service. Work is underway to review the current service and identify opportunities to expand the service for use by other client groups other than the over 80's and identify any innovations which would allow residents to remain in the community for a longer period.

- CCG expenditure is in line with planned activity.
- Work on transitioning the Integrated Care Pilot to the GP networks continued, including care planning and care coordination and an initial pilot comprising of six practices in the north of the borough started on 1st April. This will be rolled out to the rest of the borough from the 1st July 2015.
- Work on developing a care planning template (known as the Integrated Care Record), running multi-disciplinary team (MDTs) meetings to consider complex cases and secure better outcomes for residents has continued into Q1. This is an iterative process and will evolve as more practical experience is gained.
- This scheme includes the CCG's community equipment budget. Apart from £125k included in this scheme, the Council's community equipment budget (£486k) is outside of the BCF section 75. Subject to Cabinet and HCCG Governing Body approval, it is the intention of officers to bring all of the Council's community equipment budget into the BCF later in the year.

Scheme 6: Care home initiative	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 6 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	48	8	0	0	0	48
Total Scheme 6	48	8	0	0	0	48

- CCG expenditure is in line with planned activity.
- The Council's Inspection Team and the Community Matrons and Rapid Response Team employed by CNWL have continued to provide support to care homes. Feedback from the Residential and Nursing Care Home Provider Forum on 26/05/15 showed how much this support is valued by providers.
- Medical support for care homes is being considered by individual GP networks. Exactly what this will look like across the borough will vary from network to network depending on the number of care homes in the area of the respective network. Evaluation of the models of support currently in place will take place in July with the intention of informing discussions with other networks in Q3.

- A new chairman from Coppermill Care Home was identified to provide leadership for the Older People's Residential and Nursing Care Provider Forum. This will help to improve communication between providers and the statutory agencies and also between providers with the intention of improving standards for care home residents.

Scheme Risks/Issues

- The implications of expanding the scope of this scheme could be considered in-year as actions within its current scope are nearing completion. Additions to the scope could include the following:
 - mapping the need for bed based services for older people across health and social care as part of the development of a three year older people care home plan that would also include identification of GP cover;
 - developing options to address the need for care home provision to address the needs of older people with challenging behaviours; and
 - supporting people in extra care to prevent A & E attendance and admission that is avoidable.

Scheme 7: Care Act implementation	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 7 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
Care Act New Burdens Funding	838	139	0	0	0	838
Total Scheme 7	838	139	0	0	0	838

- The expenditure on delivering the responsibilities under the Care Act is currently on target supporting the implementation of a strengthened Adult Safeguarding structure, providing carers' assessments and funding their resultant care and support needs and IT development.
- The number of private and voluntary sector providers registered on the resident portal Connect to Support increased from 85 at 31/03/15 to 135 at 17/06/15.
- Connect to Support was launched on the 1st April with the completed information and advice pages.
- Work was undertaken to develop an online social care and financial assessment facility on Connect to Support. This will go live on the 30th June 2015. An online assessment facility for carers will go live at the end of July.

- A contract with Hillingdon Carers for them to complete carers' assessments on behalf of the Council in compliance with Care Act requirements was put in place.
- Staff training on new policies and procedures continued, including tailored sessions for mental health staff. Training will continue until the end of June 2015.
- A new independent chairman for the statutory Adults' Safeguarding Board was appointed.

Financial Costs not in schemes						
	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
Disabled Facilities Grant (Capital)	1,769	225	(70)	0	(70)	1,769
Social Care Grant (Capital)	580	0	(97)	0	(97)	580
BCF Programme Management	60	10	0	0	0	60
Total	2,409	235	(167)	0	(167)	2,409

- There is currently an underspend in month 2 pending the award of Disabled Facilities Grants, although for the year this is forecast to be on target. There is also a capital grant of £580k within the pooled fund which has been held to contribute to the funding of a dementia resource centre in the borough.

3. Key Risks or Issues

- *IT interoperability* - IT interoperability is a key enabler to delivering integrated care. This will be developed incrementally, with the ultimate goal of each partner involved in a resident's care being able to update individual care plans to reflect their intervention, realistically, being some way into the future. M1 and 2 has seen the following progress:
 - A list of information to be shared between ASC and GPs has been developed following consultation with social care managers and GPs. The next steps are to identify what is technically possible in the short-term and to complete the information sharing agreement (ISA).
 - The Council's social care database provider, Liquidlogic, has identified Oct 2015 as completion date for implementation of live access to the NHS spine, which will permit near real time verification of NHS numbers as the universal identifier. Electronic transfer of hospital discharge notices should also be achievable from October 2015.
 - Involvement of the Council in the development of the Care Information Exchange, which will join up IT systems across different organisations, should enable Hillingdon to reach the point where residents only have to give their information once within approximately two years. External funding has been given to Hillingdon for a pilot project starting with six GP practices which will link up IT systems across partners. The pilot is due to start in September.

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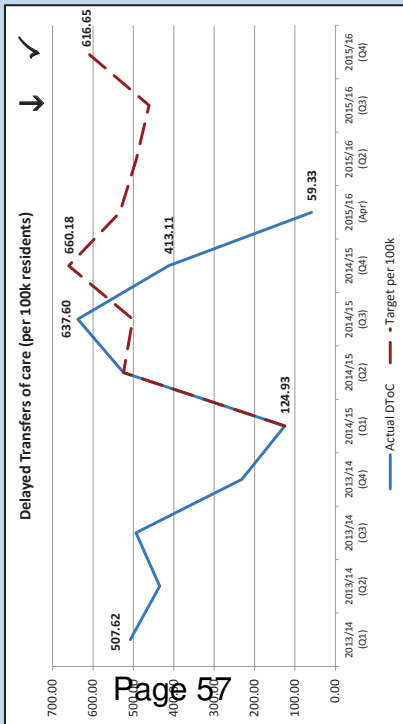
Better Care Fund

Period: 01/04/2015 to 31/05/2015
 Month Number: 2

High Level Summary

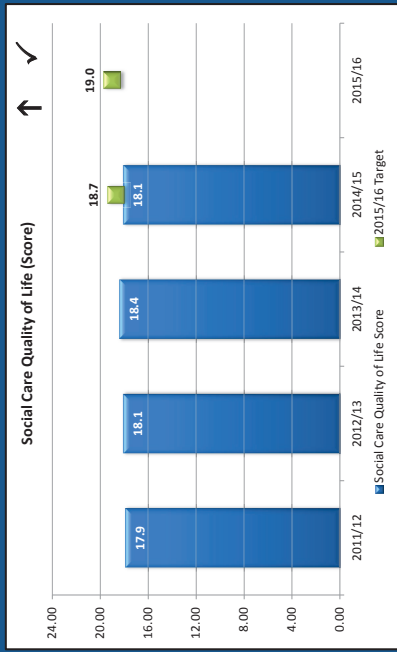
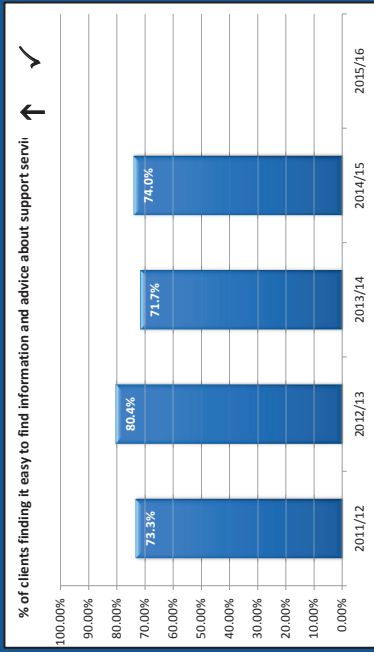
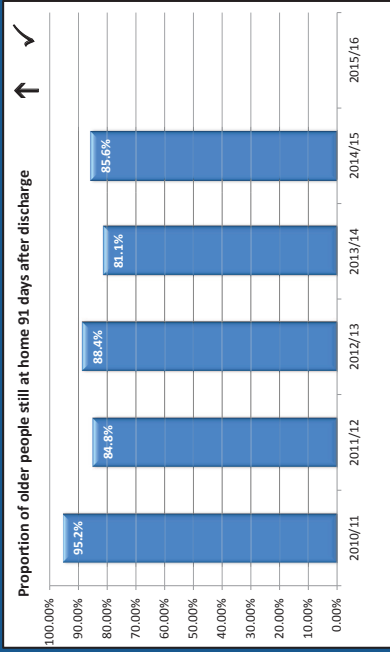
Non-Selective Admissions	Pay for performance period			
	Q4 (Jan - Mar)	Q1 (Apr) (May-Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)
2014 Actual	2,711	1,878	2,786	2,815
Req. Reduction for 2015	95	33	96	98
Target for 2015	2,616	1,812	2,680	2,717
Actual 2015	2,754	896		
Difference from Target	+138	-10		
Target	P4P annual change in admissions -388			
	P4P annual change in admissions (%) -3.5%			
	P4P annual saving £578,598			
Projected (Based on available and target)	P4P annual change in admissions -260			
	P4P annual change in admissions (%) -2.3%			
	P4P annual saving £387,379			

Non-selective admissions in hospital (general & acute), 65+.

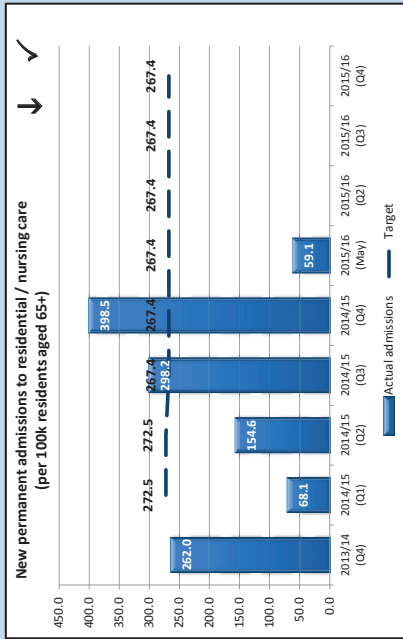


LBH CCG
 Tony Zaman - 01895 250506
 Gary Collier
 Ceri Jacob

Annual Measures



Key components of BCF funding 2016/16	Budget	Actual Spend to Date (M2)	Forecast
	£000's	£000's	£000's
HCCG Commissioned services funding (including non elective performance fund)	10,032	1,718	10,032
Care Act New Burdens Funding	838	140	838
LBH - Protecting Social Care Funding	4,712	750	4,712
LBH - Protecting Social Care Capital Funding	2,349	225	2,349
BCF Programme Management	60	10	60
Overall BCF Total funding	17,991	2,843	17,991



To the end of period	Number (Cum)	Residents	Per 100k
Baseline (2013/14)	100	36,655	272.8
2014/15 (Q1)	26	38,169	68.1
2014/15 (Q2)	56	38,169	146.7
2014/15 (Q3)	116	38,895	298.2
2014/15 (Q4)	155	38,895	398.5
2014/15 (Target)	104	38,895	267.4
Variance from Target	+51	38,895	131.1
2015/16 (May)	23	38,895	59.1
2015/16 (Q2)	0.0	38,895	0.0
2015/16 (Q3)	0.0	39,500	0.0
2015/16 (Q4)	0.0	39,500	0.0

To the end of period	Number (1/4ly)	Residents	Per 100k
Baseline (2013/14)	3,666	219,259	1,672.0
2014/15 (Q1)	278	222,521	124.9
2014/15 (Q2)	1,168	222,521	524.9
2014/15 (Q3)	1,440	225,846	637.6
2014/15 (Q4)	933	225,846	413.1
2014/15 (Full Year)	3,819	225,847	1,661.0
2014/15 (Target)	4,053	225,847	1,794.6
Variance from Target	-234	225,847	-103.61
2015/16 (Apr)	134	225,847	59.3
2015/16 (Q2)	0.0	225,847	0.0
2015/16 (Q3)	0.0	229,303	0.0
2015/16 (Q4)	0.0	229,303	0.0
2015/16 (Full Year)	134	229,303	58.4
2015/16 (Target)	1,635	225,847	723.9
Variance from Target	-1,501	229,303	-654.57

Delayed Transfers of Care (There is a 1 month time lag on the availability of the data)

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HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Ceri Jacob, Mark Eaton, Jonathan Tymms
Papers with report	Update Paper

1. HEADLINE INFORMATION

Summary	<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"> • Integration of services • QIPP • Financial update • Primary Care Co-Commissioning
Contribution to plans and strategies	<p>The items above relate to the HCCGs:</p> <ul style="list-style-type: none"> • 5 year strategic plan • Out of hospital strategy • Financial strategy
Financial Cost	Not applicable to this paper.
Relevant Policy Overview & Scrutiny Committee	External Services
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board to note this update.

3. INFORMATION

3.1 Integration of services for older people (Hillingdon Integration Project)

The CCG continues to progress its plans for integrated services. Currently the focus is on services for older people aged 65 years or over with one or more long term condition. Plans are fully aligned with integration plans set out in the Better Care Fund (BCF).

The model of care for older people set out in the integration plan recognises two levels of need; complex and moderate/simple needs. Procurement of the moderate/simple needs element of

the model has been completed with practices with service commencement across all GP networks scheduled for July 1st. This element is known as the Integrated Care Programme service (ICP).

Prior to full roll out of the ICP six GP practices in the north of the borough have been holding fortnightly multi-disciplinary teams (MDTs) to pro-actively manage selected patients. They are identified as patients who would benefit from an integrated approach and may be escalating into an unstable position. The MDTs comprise: clinical, voluntary and community personnel and social care is represented. The MDTs are organised and managed by a dedicated coordinator who ensures that actions are carried out and the patient is kept informed. All Practices in Hillingdon will be running MDTs as part of the ICP service from 1st July, utilising learning from the experience of the six practices referred to above. It is anticipated the complex element of the Older People's model of care will be tested in the north of the borough from October 2015.

In addition to befitting patients, MDTs enable testing of components of the whole integrated older people model of care including care coordination and patient tracking to review the outcomes of the interventions.

The CCG is working with the local voluntary sector consortium, Hillingdon 4 All, to develop a service that aims to increase and maintain people's wellbeing, motivation and ability to self-manage their own health needs thereby reducing future hospital admissions and admission to residential care. This will include a single point of access and assessment process. Further detail will be shared as the service is developed and progresses through CCG governance processes.

Local providers (THH, CNWL, Metrohealth GP Network and Hillingdon 4 All) are working together to develop an Accountable Care Partnership (ACP). The ACP will become the integrated provider organisation through which the CCG will commission the older people service model set out in appendix 1. There is an expectation that over time the ACP could expand the range of integrated services it provides.

3.2 QIPP (Quality, Innovation, Productivity, Prevention)

The CCG's QIPP plan for 2015/16 is valued at £7.746m. Service redesign associated with QIPP is clinically led via Clinical Working Groups which include clinicians from the CCG and providers. Delivery of QIPP plans is monitored through the weekly Programme Management Office (PMO). At month 1 the CCG still anticipates fully delivery.

The top three schemes in terms of financial value are:

- **Intermediate Care:** This scheme aims to avoid admissions to hospital where alternative and more appropriate alternatives exist. The CCG has agreed a revised tariff structure with THH that enables the Rapid Response element of our Intermediate Care programme to take patients home who have been within the hospital for up to 28 hours (4 hours in the Emergency Department and 24 hours post-Emergency Department) and avoid an admission tariff. The CCG and Trust are working toward achieving 7 patients per day taken home. Work is also underway with both THH and CNWL to reduce drop-out rates between referral and patients taken home. This scheme will benefit patients by enabling them to stay in their normal home, reduce costs in health and support the Trust with internal work to close escalation beds.

- **Musculo-Skeletal Service (MSK):** This is a 3 year programme that has over-delivered in Years 1 and 2. The focus in years 1 and 2 had been on ensuring patients saw the correct clinician first time via a triage service thereby reducing unnecessary out patient appointments and length of time to treatment. The savings in 2015/16 are expected to come from revisions to the way spinal activity is coded and from implementation of a new Pain Service. In addition there will be residual activity reductions associated with the main MSK activities in years 1 and 2 of the programme.
- **Primary Care Prescribing:** This scheme relates to prescribing in General Practice by GPs and seeks to reduce costs through optimising medicines use. This includes for example, reducing use of high cost medicines where cheaper but equally effective alternatives exist and reducing medicines waste. GPs are supported to make these changes by the CCG Medicines Management Team.

3.3 Financial position

The CCG finished the year 2014/15 with a £3.3m in-year surplus and delivered £8m of QIPP savings. However, there remains an underlying deficit of £7.7m. This reflects that the deficit was off set by non-recurrent benefits in 2014/15. Nonetheless this represents a significant achievement for the CCG.

The financial plan for 2015/16 is to deliver a 1% surplus (c£3.5m) and to remove the underlying deficit. This means that Hillingdon CCG is compliant with NHS business rules in this year. The plan is based on the following key assumptions:

- Funding from NWL Strategy of c£10m plus THH Transitional Support of £3m (TBC)
- Local QIPP Plan delivery of £7.7m (£8m in 14/15)
- Delivery of 15/16 Acute Activity Plan

Overall, at month 2, the CCG is reporting a £0.539m surplus position against a £0.58m planned surplus YTD. The CCG is forecasting a £3.482m surplus at year end on Programme Budgets and break even on Running cost budgets in line with the plan. (See summary below).

	Forecast Outturn			YTD Month 2		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Programme Costs:						
Revenue Resource Limit	342,624	342,624	0	55,536	55,536	0
Net Programme Costs	(339,142)	(339,142)	0	(54,955)	(54,997)	(41)
Surplus / (Deficit)	3,482	3,482	0	580	539	(41)
Running Costs:						
Revenue Resource Limit	6,194	6,194	0	950	950	0
Net Running Costs	(6,194)	(6,194)	0	(950)	(950)	0
Surplus / (Deficit)	0	0	0	0	(0)	0
CCG Surplus / (Deficit)	3,482	3,482	0	580	539	(41)

3.4 Primary Care Co-Commissioning

Hillingdon CCG formally entered Joint Commissioning of Primary Care services (GP services only) with NHS England on 1st April 2015. Each CCG Joint Commissioning Committee is

individual to the CCG with the eight NWL committees choosing to meet in common. This will ensure the CCGs can benefit from aligning strategies and effort where helpful whilst maintaining local sovereignty and decision making. The first Hillingdon Joint Committee included participants from Hillingdon CCG, NHS England, alongside representatives from Healthwatch and Londonwide LMC (Local Medical Committee). Hillingdon CCG will work with the London Borough Hillingdon to agree how the Hillingdon Health and Wellbeing Board wishes to be involved in co-commissioning and represented at future meetings. This could be as part of the Hillingdon Primary Care Joint Commissioning Sub-Group which will take work forward at a local level and inform agendas of the Joint Commissioning Committee.

Two meetings of the Hillingdon CCG and NHS England Joint Committees have been held. The scope of the committees' work has the potential to drive forward radical change in local primary care, in terms both of service improvement to benefit patients and support of other transformational work. Future committees will be held in public.

To ensure good governance in relation to co-commissioning of primary care, the CCG approved an updated Conflict of Interest Policy at its March 2015 Governing Body.

As part of its work on Co-Commissioning, Hillingdon CCG is developing a new "offer" to general practice to support delivery of sustainable services now and in future. This will include development of "wrap around" contracts to enable GPs to deliver services as individual practices and in networks of GP practices.

3.5 Shaping a Healthier Future update

The 'Shaping a Healthier Future (SaHF) programme, led by local clinicians, proposed changes to services in North West London (NW London) that would safeguard high quality care and services for the local population. The principles behind this are: putting the patient at the centre of the NHS; providing more accessible care; and establishing centres of excellence so that more expertise is available more of the time.

Under SaHF, maternity, neonatal and paediatric in-patient services will be consolidated at fewer sites, resulting in the closure of some services at Ealing Hospital. These changes have the unanimous support from all medical directors in NW London, who have written to the Health Secretary setting out that 'there is a very high level of clinical support for this programme across NW London' and that these changes will 'save many lives each year and significantly improve patients' care and experience of the NHS.'

The changes will improve maternity services by:

- Having more senior consultant cover in maternity units and moving towards 24/7 consultant cover on the labour ward
- Improving the midwife-to-birth ratio
- Upgrading facilities at all six hospital sites – Northwick Park, Hillingdon, West Middlesex, St Mary's, Queen Charlottes and Chelsea and Westminster.
- Continuing to deliver antenatal and postnatal care locally in Ealing
- Ensuring that for most women the care they receive before and after the birth is provided by a midwife from the same hospital as where they give birth.
- Expanding the number of community midwives and investing in the home birth team
- Providing a midwife-led unit alongside every maternity unit in North West London

Most women from the borough of Ealing who choose to give birth at Hillingdon, West Middlesex, Northwick Park, Queen Charlotte's and Queen Mary's Hospitals will still be able to have the majority of their antenatal and postnatal appointments at Ealing Hospital.

These plans were subject to public consultation and reviews by the Independent Reconfiguration Panel (IRP), a group of national healthcare experts, and the London Clinical Senate. The IRP supported the proposals and the Secretary of State subsequently committed the programme to proceeding with the changes. Update to the Hillingdon Council External Services Overview and Scrutiny Committee have been provided at regular intervals.

The Hillingdon CCG Governing Body delegated the final decision on the timing of changes to the Ealing Maternity Unit to Ealing CCG. At its Governing Body meeting on 20 May 2015 the Ealing CCG reviewed the outcomes of the assurance process undertaken with providers of maternity services across NWL. They concluded that proposals to close Ealing Hospital Maternity Unit should be implemented from 1 July 2015. When making this decision the CCG considered findings from an assurance process carried out earlier in the year with all providers affected by the change. All of the papers for this meeting are available to view on the Ealing CCG website at: www.ealingccg.nhs.uk

Capacity for an additional 3000 births has been created in the receiving Trusts. The annual number of births in Ealing Hospital is 2500. Therefore capacity for future population growth has been factored in to planning assumptions. Closure of the Ealing unit will lead to an additional 800 births per year at Hillingdon Hospital and a new centralised booking service for North West London has been put in place to support women when booking at their preferred location. To support this transfer of patients the Hillingdon Hospitals Foundation Trust (THH) have created 12 additional beds, a new triage area and an additional 24 midwives will be recruited. 10 of these midwives have already transferred from Ealing Hospital and agency staff will be utilised whilst the Trust completes its recruitment process for the remaining 14. The ratio of midwives to patients will be 1:30.

Expectant mothers in Hillingdon will continue to have their babies at Hillingdon Hospital if that is their preferred location and they will not be disadvantaged as a result of these changes.

As the maternity unit is closing it is also necessary to close the neo-natal unit on 1 July 2015. Again a full assurance process has been carried out to ensure providers affected by the change are fully prepared and capable of providing additional capacity.

At the Ealing CCG Governing Body meeting on 20 May 2015 it was agreed that the date paediatric services should close is 30 June 2016. A programme of work to ensure affected providers have the necessary capacity in place will take place over the coming months and further updates provided to the Health and Wellbeing Board nearer the time.

4. FINANCIAL IMPLICATIONS

There is a QIPP financial target of £7.7m in 2015/16.

The CCG will develop a Capitated Budget to underpin delivery of the integrated older people model of care (complex and non-complex) from April 2016. Whilst integrated services work is not expected to generate any cost pressures it is expected to address the challenges of future costs of demographic change.

The CCG benefits from a transfer of funds of £10m in this financial year as part of the NWL Financial Strategy.

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
- Hillingdon CCG Operating Plan 2015/16

HEALTHWATCH HILLINGDON UPDATE

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

HEADLINE INFORMATION

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

RECOMMENDATION

That the Health and Wellbeing Board note the report received.

1. INFORMATION

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.

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

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/>)

2.1 Annual Report 2014-15

In addition to reporting on quarter four this report also outlines Healthwatch Hillingdon's annual performance against its key performance indicators for 2014-15.

We also appendix our Annual Report for submission to the Health and Wellbeing Board which encapsulates the key elements of our activities and financial position for 2014-15.

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 fourth quarter.

3.1 Enquiries

This period we received 98 enquiries through the shop and at engagement events. There have been a number of issues and areas which we have covered, which have produced some very positive outcomes for Hillingdon residents.

These include a number of residents in receipt of domiciliary care services. There are capacity issues within the service which have led to carers not turning up, or arriving very late. We have been able to work closely with LBH and the new care providers to monitor service provision and overcome many issues positively for residents.

We would also highlight the case of a 75 year-old mother whose daughter (51 years old) has Multiple Sclerosis (MS) and is currently in a nursing home. The initial placement in nursing home was meant to be a short-term (3 month) temporary placement, however, her daughter has been in the nursing home for 3 years. We were also surprised to discover that no one had requested a NHS Continuing Health Care (CHC) eligibility assessment.

Healthwatch Hillingdon requested an NHS CHC checklist assessment on behalf of the family. Initial indications is that the daughter will qualify for NHS CHC funding, be provided with a Personal Health Budget, which will give the family the option to consider a more suitable MS-appropriate setting for the ongoing care needs of the daughter.

During our investigations into the issues surrounding this individual case, and another case brought to our attention by a family who did not agree with the assessment carried out on their mother, it became clear to us that there was a gap in provision of NHS CHC advocacy support. As there may be significant financial consequences for individuals and their families if they are found not eligible for NHS CHC, we felt it to be vital that people are adequately supported with robust and appropriately trained CHC advocates.

We brought this to the attention of NHS England and escalated it to Healthwatch England to challenge this on a national level. In response to the issues we raised, Healthwatch England have informed us that NHS England have initiated a pilot CHC advocacy support solution in Hertfordshire, which could be rolled out nationally.

We are continuing to press NHS England (supported by Healthwatch England) for more rapid national rollout of the CHC advocacy support offer to address this unmet need as a matter of urgency.

3.2 Strategic Involvement

Through reports, direct feedback and 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.

3.3 Children's and Adolescent Mental Health Services (CAMHS)

The publication of 'Listen to Me!' our first report on children's mental health in Hillingdon, which was presented the Health and Wellbeing Board in December 2014, has been a catalyst for marked change.

We are encouraged to see a renewed commitment to improve services for children experiencing mental health problems. A Children and Young People's Mental Health and Wellbeing multi-stake holder group has been formed by commissioners to oversee improvements to services, at which we have a seat. The first milestone of this group was informing the new Joint Social, Emotional Wellbeing and Mental Health Strategy 2015-2018 that has been developed by Hillingdon Clinical Commissioning Group and the London Borough of Hillingdon. This incorporates a number of the recommendations made in our 'Listen to Me!' report.

A second phase of in-depth engagement and evidence gathering has been undertaken since the December report and the findings from this work will be published in our second CAMHS report (due for publication in July 2015). This report will give insight into the experiences of children, young people and their families which we hope will influence and inform how future services are developed and designed.

We look forward to working together with all partners to implement the new strategy and improve the outcomes for the children and young people of Hillingdon.

3.4 Care Quality Commission (CQC) Report on the Inspection of The Hillingdon Hospitals NHS Foundation Trust (THH).

The inspection report on THH published by the CQC in early February rated the Trust as 'requires improvement'. The CQC issued the Trust with a number of improvement notices and an action plan was put in place to address those issues raised by the CQC.

We have met with the CEO, Chair and Director of Patient Experience & Nursing to seek assurances from the Trust. A number of the issues raised by the CQC, such as cleanliness and long delays in sending results of outpatient appointment to GPs, are areas in which Healthwatch had already informed the Trust either directly or through the meetings we attend at the hospitals. Part of the conversation we have had with the executive team is how the information provided by Healthwatch is considered within the Trust. We are working with them to look at the different methods that could be implemented to ensure the information we provide is most effective.

Significant progress has been made on the action plan and we will continue to monitor this directly through our work with the Trust and as member of the Hillingdon CCG Quality Safety Risk Committee.

3.5 Procedures With a Threshold

Healthwatch Hillingdon has continued to act as a strong independent advocate for the implementation of National Institute of Clinical Excellence (NICE) clinical guidelines as a way of improving service quality and ensuring equality of access to NHS treatments.

Our representations at the North West London Policy Development Group has culminated in the eight Clinical Commissioning Groups (CCGs) across North West London agreeing to remove the clinically unjustified weight criteria for knee replacement operations from 2015/16. This is estimated to benefit 156 patients a year across North West London, including around 42 in Hillingdon.

We have also pressed the case for changes to the referral criteria for inguinal hernias, identified by the Royal College of Surgeons (RCS) as clinically unjustified and unsafe. Our intervention led to a recommendation by the North West London Policy Development Group that the referral policy should be changed to reflect the standpoints of the RCS and NICE. This is a major step forward for the safety and quality of care for hernia patients across North West London.

3.6 Engagement and Promotion

During this quarter we have directly engaged with 16,907 people; 12,500 through our website and over 4000 through our other contact including social media and activities.

We continue to 'Walk the Patch' through our volunteers attendance at Children's Centres to gather new mums experience of maternity care. 90% of women said their experience at Hillingdon Hospital was positive, with staff providing good and friendly care. When asked how they would like to see the service improved many highlighted reducing the long waits in antenatal and for appointments to be longer, as they felt rushed and sometimes left anxious. Another theme raised was the impersonal attitude of staff, which some women excused due to a perceived shortage of staff.

We worked with the Urgent Care Centre at Hillingdon Hospital (UCC) during this period to get a better understanding of why residents are attending. One of the areas highlighted was the number of people who had attended because an ambulance they had called had not turned up, or the wait for the ambulance would be too long. We also heard a number of dignity concerns related to waiting in main areas in gowns and no facilities to change babies. Our findings have all been fed back to the UCC and are part of a wider piece of work looking at people accessing primary care services.

We have enhanced the way in which we collect experiences during our monthly presence at Hillingdon Hospital by introducing new comment boards, which are attracting greater feedback. Most feedback remains positive with people telling us of the good care they receive. The most common complaint is poor communication; either not feeling informed, or poor communication skills of staff.

One of the highlights of our engagement was attendance at a wellbeing event for the elderly among the Nepalese Ghurkha community concentrated in the south of the borough.

We discovered that some struggled to access GP services because of language difficulties and problems with obtaining interpreters. We worked with the CRI London Gurkha Settlement Service to produce a bilingual factsheet explaining how to access an interpreter for medical purposes, which was distributed throughout this community.

4. PROJECT UPDATES

4.1. GP Networks

Some of the GP Networks in Hillingdon have merged. As these develop and look to deliver services in a different way, Healthwatch Hillingdon will continue to work with them and Hillingdon CCG to ensure that patients are involved in the decisions taken and that services meet the needs of the local population.

4.2. Shaping a Healthier Future (SaHF) Reconfiguration

Healthwatch Hillingdon is actively engaged in monitoring the SaHF reconfiguration programme.

Our Chairman, Jeff Maslen, and Vice Chairman, Stephen Otter, sit on the Patient Participation Reference Group for SaHF and continue to be sighted on the reconfiguration programme and are able to be informed and challenge proposals.

By the time this report is presented to the Health and Wellbeing Board, Ealing Hospital's maternity department would have been closed and we will anticipate that more women will be presenting at Hillingdon Hospital to give birth. We will be working with Healthwatch Ealing to monitor experience of this change.

4.3. Enter and View – Meal Time Assessments

Working with The Hillingdon Hospitals Trust we have concluded the audit at Hillingdon and Mount Vernon Hospitals to assess the patient experience of mealtime provision and the quality of the food.

There were a number of areas of good practice identified and the quality of the food provided scored quite high. A comprehensive plan has been formulated to help the Trust and the Director of Nursing and Patient Engagement, take the appropriate actions to address those areas judged to require improvement.

5. FUTURE PLANS

March 2015 marked the end of the first 2 years of Healthwatch in Hillingdon. We are taking a time to reflect on this period and review our operations. Drawing on our own experiences and methodologies, we will be looking at how we can be smarter in proactively seeking out the opinions and experiences of people using care services in the borough, particularly from seldom-heard groups. Our focus will also be on how we use this evidence base to challenge care provision in more innovative ways.

We recognise that there are significant challenges ahead of us to make sure that the residents of Hillingdon have a voice, in what will be a changing health and social care environment, where care will be delivered in new ways and different locations, through programmes such as:

- Shaping a Healthier Future
- Primary care Co-commissioning
- GP Networks
- Out of Hospital Services
- The Better Care Fund
- Whole Systems Integration
- Care Act

These programmes will potentially have far reaching impact upon Hillingdon's residents. Our intention will be to work strategically to hold commissioners and providers to account during these changes; To firstly ensure that they carry out robust engagement with the public to allow residents to influence and shape future care services; and secondly, that the quality of care is not negatively affected.

6. 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 2014-15¹. This document reports on Healthwatch Hillingdon's performance against these KPI's and progress on the project based Operational Priorities set within the work plan.

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

Key Performance Indicators

KPI no.	Description	2014/15 Quarter 4				Impact this quarter	Relevant Strategic Priority
		Jan	Feb	Mar	Q4 Totals		
1	Hours contributed by volunteers	198	195	244	637	<ul style="list-style-type: none"> 'Walking the Patch' maternity survey Children's Centres Meal Audits Hillingdon Hospitals Trust 	SP4
2	People directly engaged	4695	5803	6409	16907	<ul style="list-style-type: none"> Directly engaged with 16,907 people; 12,500 through our website and over 4000 through social media and other activities Engaged with residents of Gurkha community to improve their access to primary care 	SP1, SP4
3	New enquiries from the public	32	37	29	98	<ul style="list-style-type: none"> Received serious complaints about a provider which have been escalated to commissioners Increased volume of experiences recorded that have involved domiciliary care. Reported to LBH as newly commissioned providers of service Number of issues of new residents unable to register at a GP. All patients registered with our assistance 	SP1, SP5
4	Referrals to complaints or advocacy services	5	4	3	12	<ul style="list-style-type: none"> 2 Referral to the GMC (General Medical Council). 6 Referrals made to NHS Complaints Advocacy Service, VoiceAbility. 1 Referral to Middlesex Deaf Association advocacy service – for visually impaired lady looking for someone to take her to her Central London Hospital appointments. 	SP5

						<ul style="list-style-type: none"> • 2 Referrals to Age UK Falls service. • 1 Referral to Hillingdon Carers. 	
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"> • Positively impacting on the experiences of residents in receipt of domiciliary care services • Family of 51 years old lady with Multiple Sclerosis (MS), currently in a nursing home helped through NHS Continuing Health Care (CHC) eligibility assessment to obtain more appropriate care. 	SP3, SP6
6	Commissioner / Provider meetings	23	39	25	97	<ul style="list-style-type: none"> • Monitoring improvements in service provision at Hillingdon Hospitals Trust following Care Quality Commission inspection. • Changed CCG commissioning policy for knee operations increasing number of residents eligibility to care. 	SP3, SP4, SP5, SP7
7	Consumer group meetings	14	17	11	42	<ul style="list-style-type: none"> • Worked with Hillingdon Carers, schools, police and other stakeholders to engage residents for CAMHS report • Attendance at wellbeing event for residents of Gurkha community improving GP access 	SP1, SP7
8	Statutory reviews of service providers	0	0	0	0	<ul style="list-style-type: none"> • None 	SP5, SP4
9	Non-statutory reviews of service providers	0	1	3	3	<ul style="list-style-type: none"> • Members of our Enter & view team joined staff from the Trust to carry out 12 unannounced visits at Hillingdon Hospital to audit mealtime provision. 	SP5, SP4

KPI Dash Board 2014-2015

KPI	Description	S P S	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	159	243	181	198	195	244	1875	2644
2	People directly engaged	SP1 SP4	6876	7601	6715	14979	11691	10445	4257	4232	5569	4695	5803	6409	56250	89272
3	New enquiries from the public	SP1 SP5	31	42	51	31	55	40	38	30	28	32	37	29	300	444
4	Referrals to complaints or advocacy services	SP5	7	4	8	5	6	3	6	8	4	5	4	3	N/A*	63
5	Patient experience feedback and recommendations made to health and social care providers and commissioners	SP3 SP6	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 Evidenced by Reports to Board and the Annual Report													
Page 73	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	27	21	20	20	19	29	23	39	25	43	40	29	198	335
	Consumer group meetings	SP1 SP7	26	18	18	15	16	17	14	17	11	33	29	27	132	152
	Statutory reviews of service providers	SP5 SP4	0	0	0	0	0	0	0	0	0	0	0	0	N/A*	0
	Non-statutory reviews of service providers	SP5 SP4	0	5	0	0	0	2	0	1	3	0	0	2	N/A*	13

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

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Healthwatch Hillingdon

Annual
Report

2014/2015





Contents

Contents	3
Note from the Chair	4
Note from Councillor Philip Corthorne, Hillingdon Council	6
About Healthwatch Hillingdon	7
Our vision	7
What we do	7
About Hillingdon	7
Engaging with people who use health and social care services	9
Overview	9
Raising awareness of our role	9
Understanding people's experiences	10
Enter & View.....	13
Providing information and signposting for people who use health and social care services	14
Helping people get what they need from local health and social care services.....	14
Signposting and support - our impact	15
Influencing decision makers with evidence from local people	17
Producing reports and recommendations to effect change.....	17
Putting people at the heart of improving services	19
Working with others to improve local services	20
Impact stories	23
Stakeholder statements	25
Our plans for 2015/16	27
Our governance and decision-making	29
Our Board	29
How we involve lay people and volunteers	29
Financial information	30
Contact us	31



Note from the Chair



Welcome to the second Annual Report from Healthwatch Hillingdon. We made real progress in 2014/15. There is no doubt that the people of Hillingdon now have a stronger voice to influence the health and social care services that matter to them.

One of the most pleasing things about the past year is the extent to which we made a difference to the quality of care services in the borough. Thanks to our intervention, healthcare agencies have improved the way they work in the treatment of individual cases, and also more generally by improving standards in some services. Details of some of the changes we have helped to bring about with the help of local feedback are set out in this report, but there is still much to be done. Healthwatch Hillingdon must use its limited resources carefully to achieve maximum impact.

Much of our work is carried out behind the scenes by engaging with local health and social care agencies on issues where improvement is needed. Working in this cooperative, partnership-based way has worked well in most cases. But there were exceptions that demanded a different approach - for example, we publicly highlighted the serious deficiencies in mental health services for children and adolescents. Some of the issues raised for these services called for immediate improvements and concerted action by all relevant partners.

Our achievements this past year have only been possible as a result of the tireless work and effort of our Chief Executive Officer, Graham Hawkes, his staff, our hard working volunteers and helpers and the Members of our Board. I would like to express my appreciation here for all those who have contributed.

Significant challenges lie ahead of us. We need to be even more proactive in seeking out the opinions and experiences of people using care services in the borough, particularly from seldom-heard groups. Young people with mental health and similar problems will certainly continue to be one of our priorities. We will also look at the problems faced by older people living in care homes or receiving care in their own homes.

A big issue for all residents of the borough is the reconfiguration of health services across the whole of North West London. This could have significant implications for patients, in terms of both how and where services can be accessed and their quality and effectiveness. These changes have had a relatively low public profile so far, but we will monitor them closely, gather local views and raise public awareness as appropriate.

The activities of Healthwatch can only be successful if local agencies listen to us and act upon our concerns. This report sets

out some of the successes we have had in this respect, and we aim to build on this in the coming year. Above all else, our job is to give people more opportunity to shape services to meet local needs. The Board, Healthwatch Hillingdon's staff and

volunteers will put this at the heart of everything we do.

Jeff Maslen
Chairman
Healthwatch Hillingdon





Note from Councillor Philip Corthorne, Hillingdon Council



I congratulate Healthwatch Hillingdon for the work it has undertaken on behalf of residents and as set out in this annual report.

Healthwatch has developed into a key partner on the borough's Health and Wellbeing Board and as a critical friend in the development of more integrated health and social care in the borough.

As we move towards further pressure on services and budgets, it will be as important as ever that the "voice of the customer" is heard loud and clear in the changes ahead and as we seek further improvement with our health partners.

I'm also delighted that we were able to secure ongoing support for Healthwatch for 2015/16 and 2016/17 to enable it to continue its good work. My thanks go to the staff, the voluntary Board of Trustees

and the extensive support network and volunteers who have supported Healthwatch to thrive in Hillingdon.

**Cllr Philip Corthorne MCIPD
Cabinet Member for Social Services,
Health and Housing
London Borough of Hillingdon**



HILLINGDON
LONDON



About Healthwatch Hillingdon

Healthwatch Hillingdon is an independent organisation that represents the views of everyone who uses health and social care services in the London Borough of Hillingdon. We make sure that these views are gathered, analysed and acted upon, making services better now and in the future.

We give local people the platform to improve the delivery of their health and social care services. We monitor local services to ensure they reflect the needs of the community, and where necessary, use statutory powers to hold those services to account.

We are completely separate from the NHS and the local authority, from commissioners and providers of services. Healthwatch Hillingdon is part of the Healthwatch network in England, one of 152 community-focused organisations nationally led by Healthwatch England.

Our vision

Our vision is to become the influential and effective voice of the public. We want to give adults, young people, children and communities a greater say in - and the power to challenge - how health and social care services are run in Hillingdon. This vision is founded on the belief that services work best when they are designed around the needs and experiences of the people who use them.

What we do

- We listen to patients, their families and friends and tell health and

social care commissioners and providers about their views and experiences of services.

- We ensure that the voices of everybody in Hillingdon are heard and that no person or community is disadvantaged.
- We review, monitor, challenge, influence and shape how health and social care services are commissioned and provided in Hillingdon.
- We recruit, train and develop the skills of volunteers to help with our work.
- We give local people and communities the opportunity to be involved in the planning, development and delivery of local care services.
- We support and empower people to make informed choices and decisions about their care.
- We help people when they want to raise a concern, or a complaint about a service they or their family and friends have experienced.
- We recommend investigations or special reviews of services to Healthwatch England or directly to the Care Quality Commission.
- For everything we do, our Board, staff and volunteers strive to be fully inclusive and reflect the diversity of the community we serve.



Healthwatch Hillingdon Shop

The generosity of the Pavilions Shopping Centre enables us to run the Healthwatch Hillingdon shop in a busy central location in Uxbridge. The shop provides a fantastic opportunity to engage with local people and promote Healthwatch and the wider voluntary sector. We advertise numerous events in our shop and on our notice boards and offer a full range of information on health and social care issues and services.

This local hub is vital to our work and we look forward to continuing our excellent relationship with the Pavilions in the coming year.



Making our presence felt on the high street - the Healthwatch Hillingdon shop

About Hillingdon

The London Borough of Hillingdon is the westernmost borough in Greater London and is the second largest of the 33 London boroughs. The population is 274,000 according to the 2011 Census. This is expected to rise above 300,000 by 2016.

It is home to a diverse population, representing a vast range of cultures and nationalities - 40% are from Black and Minority Ethnic groups, with 25% who are Asian.

The borough is home to Hillingdon, Mount Vernon and Harefield hospitals, Heathrow Airport, RAF Northolt, and both Brunel and Buckinghamshire New Universities.



Engaging with people who use health and social care services

Overview

2014/15 saw Healthwatch Hillingdon building on its success at engaging with the people of Hillingdon by expanding our activity to learn about residents' experiences of health and social care services. We used diverse methods to raise awareness of our role to encourage as many people as possible to share their views with us. Our strong presence in key public places enabled a broad cross-section of the community to express their views, while tailored outreach activity gave seldom-heard and vulnerable groups the chance to share their experiences.

Raising awareness of our role

We can only get local people to share their views and experiences with us by reaching out into the community, gaining trust and raising our profile. Our staff and volunteers threw themselves at this with a passion in 2014/15. We made contact with thousands of Hillingdon residents through attending community events, workshops and fairs, our presence at the borough's three hospitals and by presenting to the public and community organisations.

Examples of our communications activity include:

- a strong web presence - our site had over 68,000 unique visits over the year, with 20,000 documents downloaded

- guest appearances on Hillingdon Hospital Radio and Hayes FM
- a bus advertising campaign run in partnership with Healthwatch Ealing & Hounslow
- building our social media profile; our Facebook friend numbers rose by over 50% to 350, Twitter followers more than doubled to 725 and our interim report on children's mental health received over 1,000 retweets
- the delivery of 55,000 annual report summaries to residents in the south of the borough by the London Borough of Hillingdon Youth Offending Team
- advertising in the local press, hospital radio magazines and the borough care directory
- distributing 10,000 promotional book marks in partnership with Hillingdon's libraries
- extensive local press coverage of our stories and calls for evidence
- promoting our role through our shop in the Pavilions Shopping Centre in Uxbridge.

Although difficult to quantify, we estimate that our media exposure, attendance at



public events and location within the Pavilions shopping centre in Uxbridge allows us to indirectly engage with more than 100,000 Hillingdon residents.

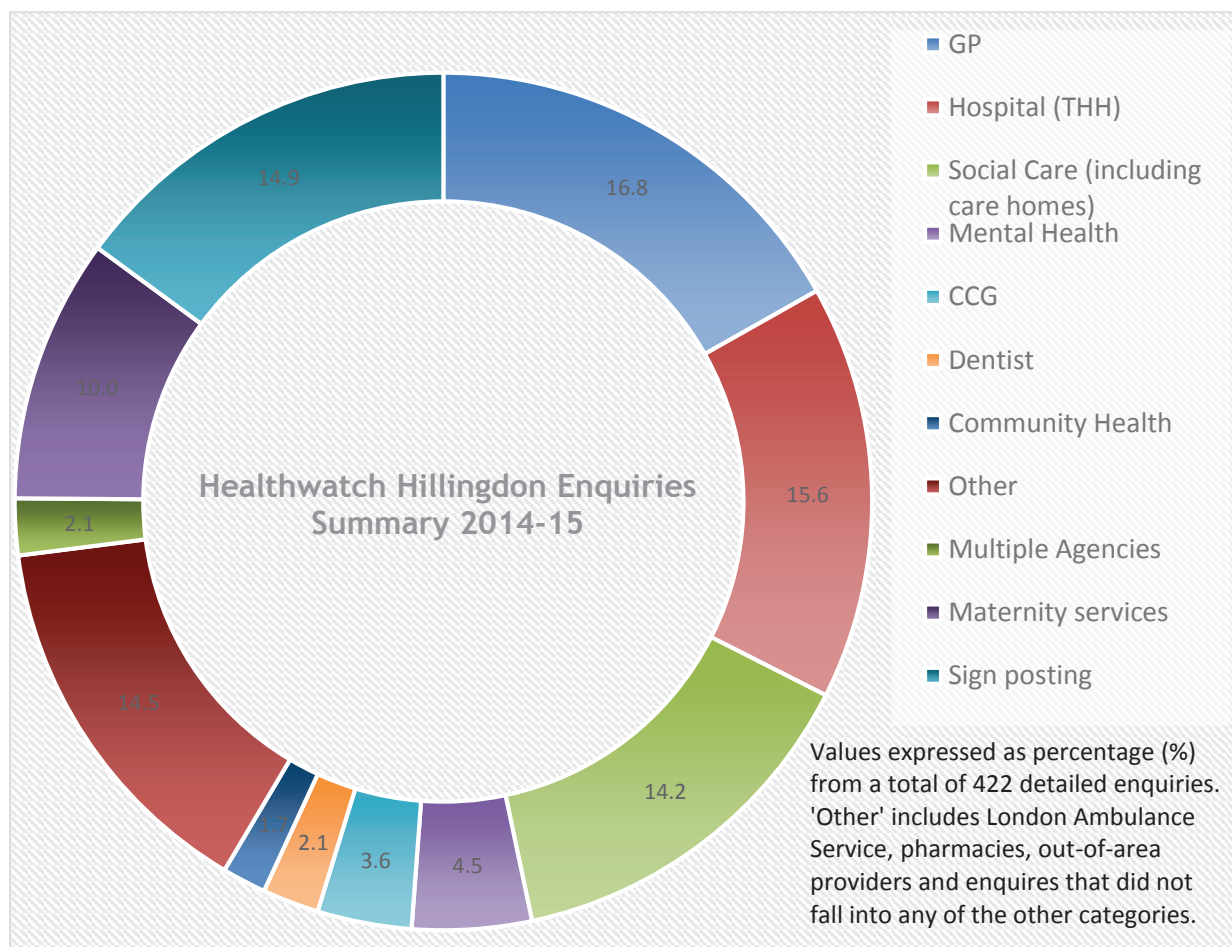
Understanding people's experiences

Healthwatch Hillingdon's staff and volunteers engaged widely across the borough to gather residents' feedback on health and social care. This included targeted work with a number of seldom-heard groups, including young carers, the Gurkha Community, Hillingdon Traveller Forum and the deaf community. The information from this engagement work feeds into our patient experience data, a rich mix of information that helps us monitor service performance and identify where improvements are needed.

During 2015 we:

- actively sought the views of 1,826 people through our outreach activity
- gathered 784 instances of feedback (including complaints, compliments, information requests and patients' views) from all the methods we use to stay in touch with Hillingdon's residents.

Of these 784 enquiries/views, we analysed 422 in detail. The chart below breaks these down by type/subject of enquiry.





Hillingdon hosts three major hospitals and borders on to four counties and three other London boroughs. It is inevitable therefore that we also attract comments from service users, staff and volunteers from outside of the borough. As our contract with the London Borough of Hillingdon stipulates that we support borough residents, we direct these people to their local Healthwatch or NHS Complaints Advocacy provider as appropriate.

Gathering views at Hillingdon's hospitals

Our community outreach programme includes a regular presence in the reception area of all three of the borough's hospitals. All manner of patient experiences are captured at these stalls, and in early 2015 we enhanced this opportunity by introducing comment boards. This enables people to use Post-it Notes to write comments, visible to all, under two headings:

- What I like about the NHS and Social Care Services
- If I could change anything it would be....

Collating these views enabled us to take forward issues with the hospitals. In one case we worked with Mount Vernon Hospital on communication to ease staff concerns about the issue of parking tickets.

The Healthwatch Hillingdon shop

Healthwatch Hillingdon is one of the few local Healthwatch organisations that has a prominent high street presence. Our office and shop is located in the Pavilions shopping centre in Uxbridge near a busy underground tube station. As well as serving as a thriving information hub, it also provides a great opportunity for

visitors to tell us about their experiences of care.



Gathering views at Hillingdon's hospitals

We are keen to share our shop facilities with other organisations. This makes the most of a valuable community resource and helps to strengthen our links with vulnerable/seldom-heard groups and other partners. Organisations that have benefitted from this facility include:

- Hillingdon Action Group for Addiction Management
- Refugees In Effective & Active Partnerships
- EACH Counselling & Support's Pukaar Project for women experiencing domestic violence
- the Hillingdon Clinical Commissioning Group.

Listening to young people

Partnering with the National Citizens Service (NCS) was an excellent way of engaging with young people. Our work with a group of 15-16 year olds culminated



in them volunteering for Healthwatch Hillingdon as part of an NCS 'Challenge Day'. After a morning spent befriending and organising activities at the Young Carers Club in Harlington, our volunteers took to the streets of Hayes to carry out peer-to-peer wellbeing surveys with young people aged 12-24. The 32 completed surveys formed a vital part of our work on children and adolescent mental health.

Listening to people with poor mental health

We identified a number of issues in our investigation of unsafe hospital discharge for mental health patients, conducted via interviews and workshops. The patient experiences we obtained were passed to Central and North West London NHS Foundation Trust, who decided that they warranted an internal investigation.

Anonymised data was also passed to the Care Quality Commission and Healthwatch England as part of a wider Special Enquiry into unsafe discharge. We sent submissions representing the views of 20 individuals to this enquiry, more than most other London-based Healthwatch organisations.

Listening to people over 65

Healthwatch Hillingdon engaged widely with the borough's older generation in 2014/15.

- We worked with local organisations and projects such as the Live at Home Scheme, the Pensioners Alliance, the Older Residents' Forum, Community Voice Health, Residents' Associations and Hillingdon and Mount Vernon Hospitals.
- We arranged/participated in activities such as Older Persons' Assemblies (three events),

dementia cafés, coffee mornings and a wellbeing event for housebound older people.

Healthwatch Hillingdon also worked closely with the Hillingdon branches of Age UK, Alzheimer's Trust and Hillingdon Carers. Work is ongoing with these groups to identify better ways of gathering feedback on people's experiences of care.



Listening to the Gurkha community

Healthwatch Hillingdon was one of a number of organisations invited to participate in a wellbeing event for the elderly among the Nepalese Gurkha community concentrated in the south of the borough. We discovered that some struggled to access GP services because of language difficulties and problems with obtaining interpreters.

We worked with the CRI London Gurkha Settlement Service to produce a bilingual factsheet explaining how to access an interpreter for medical purposes. Gurkha group HGNC distributed two hundred copies throughout this community.

Listening to the deaf community

We acted when feedback from the deaf community alerted us to the refusal by some GP surgeries to arrange for sign language interpreters to attend



appointments. A ‘speed dating’ session at a Disability Forum event, organised jointly with Hillingdon Council, gave us further insight into the difficulties this was causing. We informed the Clinical Commissioning Group of the need to raise awareness among GPs of their obligations, and produced a factsheet for deaf residents to present to their GP practice. Reports of this problem continued to surface for GP and hospital appointments; including a case where a ten-year-old child was asked to act as a translator. The feedback we gathered enabled us to submit evidence on this London-wide issue to the North West London Quality Safety Surveillance Group.

We encountered a similar lack of awareness among other primary local care providers. Problems with NHS England’s commissioning of interpreting services for dentists and opticians were highlighted when we helped an optician to establish the invoicing process for interpreter services after a request for payment had failed.

Enter & View

As an independent consumer champion, Healthwatch Hillingdon has the power to ‘Enter and View’ health and social care services. These visits can be used to identify good practice and areas for improvement by talking to service users, relatives, carers and staff.

We prefer wherever possible to work closely with our statutory partners as a means of gaining a comprehensive overview of care quality. This approach worked well last year, and Healthwatch

Hillingdon did not need to exercise its formal powers of Enter and View in 2014/15.

We will not hesitate however, to use these powers if necessary, or to direct the Care Quality Commission to further investigate any concerns we uncover. Our Decision Making Policy, published on our website, sets out how Healthwatch Hillingdon can use its formal Enter and View powers.

Other approaches to viewing care quality

Healthwatch Hillingdon leads on PLACE assessments (patient-led assessments of the care environment) in the borough. Seven volunteers helped with PLACE assessments at the Hillingdon Hospitals Foundation Trust and the Central North West London Foundation Trust in May 2014. It was a positive experience for our team and a number of improvements were logged for the Trusts’ Improvement Programme action plans.

We also conducted a meal audit at Hillingdon and Mount Vernon Hospitals to assess meal quality. Our comprehensive improvement plan helped the Trust and the Director of Nursing and Patient Engagement take appropriate action.





Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

Healthwatch Hillingdon provides information and signposting in diverse ways to reach as many residents as possible. We have excellent links to and knowledge of service providers in the borough, enabling us to empower people to make choices about their care.

Key methods used to provide information and signposting include:

- our shop within the Pavilions shopping centre in Uxbridge
- attendance at community events and fairs
- our stalls in the reception areas of the borough's three hospitals
- our user-friendly website
- prompt replies to email and telephone queries

Although Healthwatch Hillingdon has not been commissioned to provide direct support for individual complaints about health and social care services, we strive to inform people about complaint or feedback processes. This can include referring people directly to the independent NHS Complaints Advocacy service (provided by VoiceAbility), to

DASH (for social care services) or other agencies. In 2014/15 we made:

- 43 direct referrals to VoiceAbility
- 5 referrals to DASH
- 2 referrals to SEAP (NHS Complaints Advocacy service provider for non-London Borough of Hillingdon residents)
- 1 referral to the General Medical Council.



Pointing the way at the Ruislip Fun Day

Our staff and volunteers try to help individuals resolve local issues wherever possible. This approach has worked well; it helps us connect with our local community and allows us to work co-operatively with providers to improve the quality of care. This approach can only work through strong partnership working, and we thank those organisations, such as Hillingdon Hospital and CNWL, that have embraced and supported this approach.



Signposting and support - our impact

Here are just a few examples from the many residents of Hillingdon who have benefitted from our help to find and access local services.

We succeeded in stopping GP surgeries using expensive 0844 phone numbers in 2013/14 in accordance with NHS England guidelines. The last practice in the borough using such a number was brought to our attention by a patient, understandably frustrated at the cost of making appointments on her mobile and the lack of an online booking system. After the surgery repeatedly failed to act on our request to stop using their 0844 number, we escalated the issue to NHS England. The surgery finally agreed to change their number after NHS England's intervention. This has benefitted the practice as well as patients, as fewer people now walk in to make an appointment.

A carer contacted us after her elderly, frail mother was discharged from hospital, twice in quick succession, without an assessment of her care needs. With the family struggling to provide adequate care at home, we contacted the London Borough of Hillingdon Adult Social Services to request a proper assessment. The family subsequently got the help they needed - an outcome they feel was impossible without our intervention.

We supported a family at a Best Interest Meeting to discuss the discharge process for the mother who had been hospitalised for several months following a stroke. Our presence helped the family, social services and the hospital address the

complex set of needs, and the patient was discharged to the appropriate setting with the right package of care in place.

A carer contacted us after struggling to arrange a home visit by a community dentist for her mother with dementia. We discovered that the community dentist contract had been awarded to a private dental provider, and after attempts to contact the new provider failed, the issue was escalated to NHS England. The home visit was subsequently arranged.

A Chinese engineering student at Brunel University was experiencing severe pain from kidney stones. After unacceptable delays while waiting for an operation, alongside months of absence from his studies, he contacted Healthwatch Hillingdon. Our advice and intervention with the hospital helped him get the treatment he needed.

'I hate to think what would have happened if I hadn't met Healthwatch Hillingdon. Maybe I would still be waiting for the operation.'

Mr L, Chinese student

Helping our partners to improve their information services

As well as constantly trying to improve our own signposting and information services, we use evidence from local people to encourage partners across the health and social care network to do the same.

For example - our analysis of enquiries and feedback to Healthwatch Hillingdon



identified an interest in the right to be referred to a hospital of choice. Further investigation revealed the lack of local information on the public's rights and obligations under the NHS Constitution - even though the NHS Hillingdon Clinical Commissioning Group (HCCG) are duty bound to promote awareness of this.

As a result of Healthwatch Hillingdon's recommendations, the HCCG website now provides clear information on this issue. This information is also available on our own website and that of Hillingdon Council. We will continue to press for more action to raise public awareness of the NHS Constitution.



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Our mission to become the influential and effective voice of the public will only be realised if our work results in tangible improvements to services.

Each year Healthwatch Hillingdon provides a written response with recommendations to feed into the Quality Accounts for the four NHS Foundation Trusts that operate in the borough. Our role in influencing service quality, however, is a year-round responsibility, not just an annual focus. We hold regular meetings with providers, using patient experience data to challenge service quality and recommend improvements on an ongoing basis.

In this section we provide examples of how we used evidence from local people to influence decisions on health and social care in Hillingdon in 2014/15.

Improving children and adolescent mental health services (CAMHS)

CAMHS was a big focus for Healthwatch Hillingdon in 2014/15, demonstrated by our employment of a Children's Engagement Officer. We worked very closely with Hillingdon Mind to gather evidence from young people. In December 2014 we published '*Listen to me!*' an interim report with far reaching recommendations, and presented it to the Hillingdon Health & Wellbeing Board.



This report has been a catalyst for change. A Children and Young People's Mental Health and Wellbeing multi-stake holder group has been formed to oversee improvements to services. A number of our recommendations were incorporated into the *Joint Social, Emotional Wellbeing and Mental Health Strategy 2015-2018* developed by Hillingdon Clinical Commissioning Group and London Borough of Hillingdon commissioning colleagues. These included:

- conducting children's mental health needs assessments
- more involvement of young people, parents and a wider group of



professionals (including the voluntary sector) in the development of services

- closer collaboration with schools
- a clearer focus on prevention and early intervention
- more universal support services for children and their families.

A second phase of in-depth engagement and evidence gathering has been undertaken during 2014/2015 and the findings from this work will be published in our second CAMHS report (due for publication in July 2015).

Improving domiciliary care

When the London Borough of Hillingdon (LBH) wrote to recipients of domiciliary services to advise them of a change in service provider, we persuaded them of the value of adding Healthwatch Hillingdon's details to the letter. This enabled residents to feed back any concerns about the change and their experiences of care in general - valuable insights that we fed back to LBH. Residents continued to contact us about issues they experienced during the transition. Our recommendations helped LBH and the new providers to tackle teething problems and improve services.

Improving access to NHS Continuing Health Care

Feedback gathered by Healthwatch Hillingdon indicated that many residents were not being told about or getting appropriate access to NHS-funded Continuing Health Care (NHS CHC). Not even NHS Hillingdon Clinical Commissioning Group's (HCCG) own website provided relevant information -

requiring us to request CHC checklist assessments directly on behalf of individuals.

Our recommendations led directly to HCCG making additional funds available to the Hillingdon Hospital to support assessment for NHS CHC prior to patient discharge. Information on access to this service was also placed on the HCCG website. We feel there is still scope for further improvement, including the training of frontline NHS and social care staff on NHS CHC eligibility and assessment processes.



Improving the equality of access to services

Healthwatch Hillingdon has continued to act as a strong independent advocate for the implementation of National Institute of Clinical Excellence (NICE) clinical guidelines as a way of improving service quality and ensuring equality of access to NHS treatments. Our representations on the unfair provision of knee replacement operations led to the eight Clinical Commissioning Groups (CCGs) across North West London agreeing to remove the clinically unjustified weight criteria in 2015/16.



We also pressed the case for changes to the referral criteria for inguinal hernias, identified by the Royal College of Surgeons (RCS) as clinically unjustified and unsafe. Our intervention led to a recommendation by the North West London Policy Development Group (on which we have a non-voting seat) that the referral policy should be changed to reflect the standpoints of the RCS and NICE. This is a major step forward for the safety and quality of care for hernia patients across North West London.

Not all of our efforts to improve the equality of access to care have been rewarded. Women across North West London continue to face a postcode lottery for access to life-changing in vitro fertilisation (IVF) treatment. Our proposals for the staged implementation of NICE guidelines have not been fully explored by the CCGs. We will continue to highlight the injustice of this situation to commissioners, Healthwatch England and NHS England.



Putting local people at the heart of improving services

Healthwatch Hillingdon continued to champion the full and effective involvement of local people in the commissioning, provision and management of services in 2014/15. We used our seat on the NHS Hillingdon CCG's Patient and Public Involvement Committee to push for robust processes for involving local people

in the full commissioning cycle. Examples of local people influencing services with our support in 2014/15 are set out below.

Improving maternity services

The Hillingdon Maternity Services Liaison Committee (MSLC) oversees local maternity services by bringing together midwives, clinicians, commissioners, public health, Children's Centres and local mothers. The Committee's ability to recommend service improvements based on women's experiences is enhanced by having a Healthwatch Hillingdon volunteer, a local mother, as its Chair. We provide the Chair with advice and administrative support to help her play a full and equal role on the Committee. Crucially, the intelligence we gather from new mothers in the area helps to inform the MSLC's work. This input is making a real difference to services. One example is the new perinatal service set up at Hillingdon Hospital - see the impact story on page 24.

Procuring a wheelchair service

As part of the planning for the procurement of a joint wheelchair service, Harrow and Hillingdon Clinical Commissioning Groups held informal workshops to learn about the experiences of wheelchair users. We invited four wheelchair users to attend, along with our Board Member (and wheelchair user), Allen Bergson. These contributors felt their input helped to shape the proposed contract, and a further meeting enabled them to improve the draft contract. The group also has the opportunity to get involved in the procurement process when the specification goes out to tender in 2015.



The mystery shopper

A Hillingdon resident volunteered to act as a ‘mystery shopper’ and keep a diary throughout her pregnancy journey, from antenatal stages to the birth of her child. She provided valuable insights into the maternity services at Hillingdon Hospital, a mix of positives and areas for improvement. Her experience was presented as a patient story at the Hillingdon Hospitals NHS Trust board meeting, and the Trust agreed to act to improve services.

Membership of the Health & Wellbeing Board

Our Chair, himself a volunteer, represents Healthwatch Hillingdon on the Health and Wellbeing Board. He fulfils his role as an influential and valued Board member by drawing on support from Healthwatch Hillingdon which includes:

- briefings, reports and advice
- training and experience sharing opportunities
- national good practice guidance on the role of the Board.

Working with others to improve local services

2014/15 saw Healthwatch Hillingdon continue to build on its strong operational relationships with organisations within the NHS, Local Authority and the voluntary sector. These relationships see us take the role of “critical friend” and valued partner for Hillingdon’s health and social care providers. Our partnership working and stakeholder engagement gives us considerable strategic input into the shaping of services, ensuring that the experiences of patients and the public are not only heard, but are influencing

decisions and improving health and social care in the borough.

We represent residents on a number of multi-stakeholder, provider and commissioner groups in the borough, making the most of these opportunities to use local feedback to inform and influence service change. Initiatives covered by these groups include integrated care, Better Care Fund and Access to London Ambulance Service, GPs, Urgent Care Centre and Accident and Emergency.



Turning complaints into action

Our work with VoiceAbility, the NHS Complaints Advocacy service, alerted us to the potential for using complaints data more effectively to influence care quality. We piloted a series of regular meetings with VoiceAbility to identify mutual concerns based on complaints and our own local intelligence. Joint work is ongoing to turn these insights into recommendations for service improvement, and our



relationship with VoiceAbility is stronger as a result.

“Healthwatch Hillingdon remains one of the CCG’s key strategic partners”

Ceri Jacob, Chief Operating Officer, NHS Hillingdon CCG

Joint co-commissioning of GP services

We feel one important issue should be highlighted that needed more input from local Healthwatch. The development of joint co-commissioning of GP services was one of biggest changes to NHS commissioning processes during 2014. There are widely accepted benefits to this change, but questions remain about the risks. These arise mainly from actual or perceived conflicts of interest arising because local Clinical Commissioning Groups (led by independent GP contractors) will be able to buy NHS services from themselves as independent, private providers.

We believe that NHS England could do more to address this issue. Although the local Healthwatch network had an opportunity to share their views with NHS England, it was disappointing that these discussions occurred near the end of the implementation process. We will continue to monitor and engage with the development of the new commissioning arrangements, and do our utmost to ensure that the needs and views of local people are reflected in any proposed plans.

Working with the Care Quality Commission and Healthwatch England

Healthwatch Hillingdon did not make any formal recommendations to the Care

Quality Commission (CQC) in 2014/15 to undertake special reviews - either via Healthwatch England or directly.

Healthwatch Hillingdon values our growing relationship with the CQC. We have shared the feedback we have gathered with the CQC prior to their inspections of local GP practises, The Hillingdon Hospitals NHS Trust and Central North West London NHS Foundation Trust (CNWL). As well as submitting a large volume of feedback, we also publicised and attended listening events prior to the inspections and took part in Quality Summit meetings when the reports were published (for the NHS Trusts).



We have also passed on intelligence and patient feedback to the CQC on other local health and social care providers in the London Borough of Hillingdon, including identifying potential providers not registered with the CQC. Regular meetings with our local CQC team are also a valuable opportunity to discuss areas of mutual interest. We look forward to strengthening our relationship with the CQC during 2015/16.

We continued to develop our strong relationship with Healthwatch England and regularly shared relevant local information with them, including our contribution to their Unsafe Discharge Special Enquiry. We have a particularly strong relationship with Healthwatch England’s London Development and Policy teams, and value the contributions they make to our work. Our regular attendance at the London Healthwatch Network meetings provides a



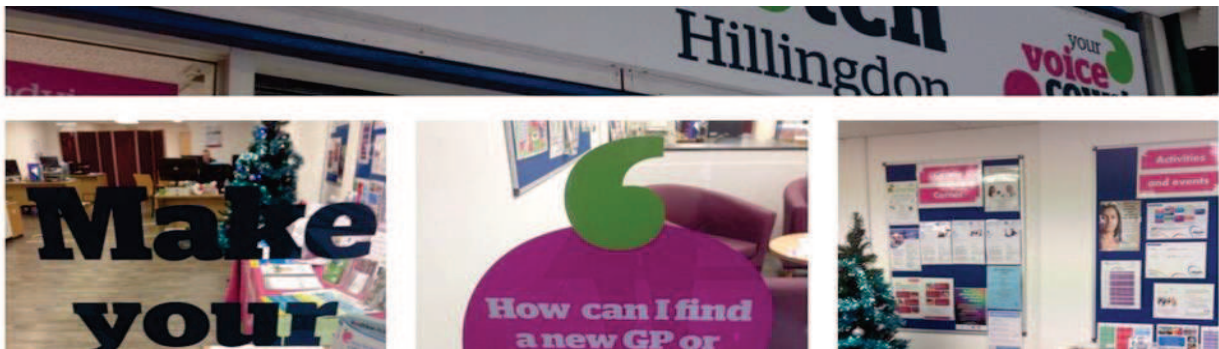
valuable opportunity to share intelligence and good practice with others in the London Healthwatch network.

Responses to requests for information

The stakeholder statements in this report are testimony to the strength of our relationships with local commissioners and major providers, and the value they place on us as a trusted ‘critical friend’. This appreciation of our role helped to facilitate satisfactory responses to our information requests. On occasions where the initial response was inadequate, strong working links helped to resolve any issues quickly. We therefore had no cause to resort to the formal Freedom of

Information route. The success of the cooperative approach, however, was no doubt encouraged by making partners aware that we have this tool at our disposal.

Healthwatch Hillingdon has continued to champion full public openness and transparency from all statutory partners as recommended in the Francis Report. This change requires a culture shift in the system, but we are seeing positive signs of this in the NHS. There is still room for improvement and we look forward to working with local health and social care partners to drive this forward.





Impact stories

Case study one

Exposing the need for change when services fail

Angela Kelley was convinced that her mother had been neglected in a Hillingdon nursing home. But her quest to discover the truth would run for three years before she was finally vindicated.

An independent judgement by the Local Government Ombudsman (LGO) and Parliamentary & Health Service Ombudsman finally revealed the failings of the many organisations involved. The findings highlighted the unnecessary delays faced by complainants and the lack of support for individuals when faced with large organisations.



Angela Kelley

Healthwatch Hillingdon supported Angela in the latter stages of her campaign. The case shows the role that local Healthwatch organisations can play in highlighting the lessons to be learned from bad practice. We reported Angela's shocking experience to Healthwatch England. Our work with Healthwatch England saw the story featured in the national and local media. Healthwatch

“As the complainant, the odds are stacked against you. You're up against the professionals.”

England's CEO, Dr Katherine Rake, also used this case as part of evidence submitted to the Public Administration Select Committee to highlight the need for improvements to the complaints system and the impact on families when it fails.

“I wish I had known of Healthwatch Hillingdon when my complaint was ongoing. I am glad they are there now for other people.”

We will continue to work with both the local NHS and social services to ensure that lessons are learnt from the LGO judgement and that complaints about the care people receive meet the key principles set out in Healthwatch England's report *“My expectations for raising concerns and complaints”* (2014).





Case study two

A new perinatal service for Hillingdon

Healthwatch Hillingdon has continued to support the Hillingdon Maternity Services Liaison Committee (MSLC), the group which oversees the quality of maternity services in the borough. Based on the feedback we collected from women using maternity services, we highlighted the lack of a perinatal mental health services for local women.



The future is bright - a new service for mothers and children

We worked with the MSLC to alert commissioners to this service gap. The NHS Hillingdon Clinical Care Commissioning Group (CCG) accepted this need, and agreed to fund an intermediate perinatal service at Hillingdon Hospital. This service went live in December 2014, and we anticipate that this service model will be fully developed on a more permanent basis.

This has been a great achievement for both Healthwatch Hillingdon and NHS Hillingdon CCG. We are among the first regions in London to commission a dedicated perinatal service. The additional support during and following childbirth will be a huge benefit to Hillingdon mothers. We will continue to support the development of this service across North West London so that it meets NICE national guidelines.



Stakeholder statements

Central and North West London NHS Foundation Trust (CNWL)

Maria O'Brien, Divisional Director of Operations

“CNWL continued to build a mature and constructive relationship with Healthwatch Hillingdon in 2014/15. We seek regular feedback from our service users to help shape our services and improve quality. The feedback we receive from Healthwatch Hillingdon is an important component of this.

As a Trust we embrace a model of co-production with our patients and their carers. We look to Healthwatch Hillingdon to help us achieve this, whether this involves informing our Trust-wide quality priorities or helping redesigning services at a local borough level.

There are regular meetings in place between Healthwatch senior officers and the CNWL Borough Director and Divisional Director of Operations. We recognise the valuable contribution of our local Healthwatch as the voice for our service users and as a critical friend to the organisation to drive improvements. We welcome their visits to our sites and value their regular feedback - dialogue between us is open and transparent, enabling early intervention to address any concerns.

Healthwatch Hillingdon has worked with the Trust on a variety of issues. We thank them for their contribution in 2014/15, including informing our model for redesigning our community mental health services and CAMHS commissioning, and their proactive membership of the Hillingdon in-patient PLACE inspection teams.

We look forward to working with Healthwatch Hillingdon in 2015/16 and the continuation of their challenge function that has become such an important part of our drive for continuous improvement.”

NHS Hillingdon Clinical Commissioning Group (CCG)

Ceri Jacob, Chief Operating Officer

“Healthwatch Hillingdon remains one of the CCG’s key strategic partners. They play a full part on many of our committees and our Governing Body, contributing to discussions on priorities within the CCG and key strategic plans. Healthwatch Hillingdon is also a member of our Conflict of Interest





Panel, working with us to manage potential conflicts of interest arising from Primary Care Co-Commissioning robustly and transparently.

In addition to input at a strategic level, Healthwatch Hillingdon provides a valuable link to our local population. Local concerns and compliments are shared with the CCG on an ongoing basis, supporting service redesign and evaluation. In the past year this has included work with children and young people accessing local Child and Adolescent Mental Health services (CAMHS) and meeting with our emerging GP Networks to raise awareness of patient engagement at a network level.

Hillingdon CCG looks forward to continuing this constructive dialogue in the coming year.”



The Hillingdon Hospitals NHS Foundation Trust

Shane Degaris, Chief Executive Officer

“The Trust has continued to work in close partnership with Healthwatch Hillingdon and appreciates the valuable contribution they provide to the organisation. Representatives from Healthwatch Hillingdon have regularly attended focus groups and committees and have attended meetings of the Trust Board, Council of Governors and People in Partnership.

This year the Trust has worked closely with Healthwatch Hillingdon on the consultation for the priorities for the quality report, PLACE inspections and follow up action. Healthwatch Hillingdon and Healthwatch Ealing attend a quarterly quality meeting, to check progress and gain insights into how the Trust is performing against a number of quality indicators. The Trust has benefitted from the involvement of Healthwatch Hillingdon in Executive appointments at the Trust.

The Trust has provided facilities on a regular basis at both Hillingdon and Mount Vernon Hospital to enable Healthwatch Hillingdon to speak to and capture feedback from patients and the public about their experiences.

Healthwatch Hillingdon has direct access to the Chief Executive and meets bi-monthly with the Chief Executive and Director of Nursing to provide feedback from patients and local residents who are in receipt of services provided by the Trust.”





Our plans for 2015/16

Our plans for 2015/16 will reflect Healthwatch Hillingdon's aims and values.

Our aim

Our aim is to become the influential and effective voice of the public. We want to give adults, young people, children and communities a greater say in - and the power to challenge - how health and social care services are experienced in Hillingdon.

Our values - we are:

Inclusive - we work for everyone in the community including the seldom heard and those not able to speak up for themselves.

Influential - we listen to residents and set our agenda on what we hear and use innovation and creativity to secure change.

Independent - we are independent and act only on the behalf of consumers, we challenge those in power to improve services and will speak loudly to highlight failures if necessary.

Credible - we rely on and value evidence and objective data so that we can challenge effectively.

Collaborative - we learn from people's experiences and work positively and in partnership with people, the health and social care sector and the voluntary and community sector in order to get things done.

Opportunities and challenges for the future

Healthwatch Hillingdon is currently finalising a two-year work plan which will provide the framework for our priorities up to March 2017. There are a number of work streams that were not fully completed in 2014/15 which form our early priorities for 2015. These include:

- the oversight and challenge of the Shaping a Healthier Future Programme (especially maternity)
- access to GP surgeries
- the Better Care Fund
- The Care Act
- Primary Care Co-commissioning
- the quality and safety of Health & Social Care Services.

We will also gather the views and experiences of Hillingdon residents on:

- home care
- care homes
- maternity
- discharge from hospital.

We have identified a group of new work streams that will start in late 2015 or early 2016. These will include:



-
- accident and emergency
 - ‘Like Minded’ - an initiative to transform adult mental health across North West London
 - Improvement in Children and Adolescent Mental Health Services - one year on
 - primary care services
 - the impact of the Prime Minister’s Challenge Fund to increase access to GP surgeries.





Our governance and decision-making

Our board

- Jeff Maslen, Chairman
- Stephen Otter, Vice Chair
- Allen Bergson
- Richard Eason
- Turkey Mahmoud
- Baj Mathur
- Kay Ollivierre
- Rashmi Varma
- Martin McElreavey (resigned 13th February 2015)
- Edlynn Zakers (resigned 31st March 2015)

How we involve lay people and volunteers

Healthwatch Hillingdon is governed by a Board of Trustees that consists entirely of lay people and volunteers. Selection and recruitment to our Board is through an open and transparent recruitment process. Meetings of our governing Board are held in public and agendas, minutes and reports of our meetings are routinely published on our website and additionally are freely available upon request.

We continue to encourage members of the local community to attend our Board meetings and provide opportunities for them to question the Board or bring our attention to any relevant issues. We have published our 'Relevant Decision Making Policy' on our website, setting out how the Healthwatch Hillingdon Board makes relevant decisions. This policy is reviewed

annually to ensure that the decisions taken by Healthwatch Hillingdon follow national best practice and reflect any guidance from Healthwatch England.

“Healthwatch Hillingdon gives me the opportunity to make a real contribution towards the standard of care for members of the community, often at a time when they are at their most vulnerable. Working as a Patient Assessor has been both educational and enjoyable. It is particularly rewarding to know that Healthwatch Hillingdon can use the experiences and concerns of patients and the public to suggest improvements to services.”

Healthwatch Hillingdon volunteer





Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		175,000
Additional income		100
Brought forward from 2013/14		14,441
Total income		189,541

EXPENDITURE		
Office costs		8,392
Staffing costs		133,612
Direct delivery costs		31,068
Total expenditure		173,072
Balance brought forward		16,469



Contact us

Get in touch

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Dr Tarlochan Grewal (Raj)
Operations Co-ordinator

Nina Earl
Community Engagement Officer

Pat Maher
Administration & Support Officer

Victoria Silver
Engagement Officer Children & Young People

Phone number: 01895 272997

Email: office@healthwatchhillingdon.org.uk

Website URL: www.healthwatchhillingdon.org.uk

Company Number: 8445068 | **Registered Charity Number:** 1152553

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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UPDATE: ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

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

3. UPDATE ON PROGRESS

1. Since the last report to the Health and Wellbeing Board in March 2015, a further meeting has been held between officers from the Council's Public Health Service, NHS Property Services (NHSPS) and the Council's S106 Monitoring and Implementation Officer to discuss progress and move identified schemes forward.

Approved GP expansion schemes

2. A Cabinet Member report to request that £1,800 from the s106 health contribution held at H/18/219C is formally allocated towards a scheme at the Pine Medical Centre, Hayes, was submitted in April and received Cabinet Member approval on 29th May 2015. NHSPS has confirmed that this scheme to provide an additional clinical room, has been

satisfactorily completed and, subject to a formal request from NHSPS, the agreed funds will now be transferred to be used towards the costs associated with the scheme.

3. This scheme is the last of the four GP schemes which were approved by the NHS panel in August 2013. Schemes to provide an additional consulting room at King Edwards Medical Centre and to provide extensions to GP surgeries at Wallasey Crescent and Southcote Rise were completed in 2014.

HESA Health Centre expansion

4. This scheme to extend the existing health centre by converting the ground floor of the adjacent former post office to provide additional clinical space is now complete and fully operational. The overall budget for the scheme was confirmed as £1.4 million of which a total of £530,068 from eleven separate health contributions has been allocated and transferred to NHSPS and spent towards the costs associated with implementing the scheme.

Proposed new Yiewsley Health Centre (former Yiewsley Pool site)

5. This scheme received planning consent in March 2014; however, there are still outstanding challenges to finalise regarding the wider project. These include items such as Heads of Terms for the Agreement for Lease funding arrangements, and the possibility of having to re-tender the scheme.
6. NHSPS has now also reassessed the scheme and proposed four options to address their needs for best value and flexibility:
 - NHSPS to take a 25 year lease, at 80% of open market value (OMV), subject to 5 yearly rent reviews (to 80% of open market rent (OMR)) and a tenant - only break option to purchase a 999 year lease at the end of years 10,15,20 and lease expiry.
 - NHSPS to take a basic shell from the Council on a 25 year lease with 5 yearly breaks at year 10 onwards at a shell rent, reviewed 5 yearly to 35% of the fully fitted OMR with NHSPS fitting out at its own cost.
 - NHSPS to take a 999 year long leasehold purchase at a peppercorn rent and a capital payment on practical completion for the fully fitted demise (2 floors of the building to an agreed specification).
 - NHSPS to take a 999 year lease at a peppercorn rent for a basic shell for a capital sum, with NHS fitting out at its own cost.
7. The previously proposed 25 year lease with no breaks at a full OMR appears to no longer be acceptable to NHSPS and, despite the efforts made with this site, there no longer appears to be a way forward.
8. NHS PS has "earmarked" a total of £398,438 from s106 health contributions currently held by the Council towards the fitting out costs associated with the proposed new health centre.

Proposed new health hub for Uxbridge (St Andrews Park)

9. Hillingdon Clinical Commissioning Group (CCG), via its Out of Hospital Strategy and Strategic Service Delivery Plan, has identified a need to create a new Out of Hospital Hub in the Uxbridge and West Drayton area. The preferred option is for the new hub to be located within the town centre extension area of the St Andrews Park site.
10. The Council received a healthcare contribution (£624,507.94) from the developers of the St Andrews Park site (VSM) in August 2014 and, in accordance with Schedule 6 of the s106 agreement, VSM has therefore been released from their obligation to provide an on-site healthcare facility. Any agreement to provide a new health facility will therefore need to be a commercial arrangement between the two parties.
11. Negotiations between VSM and Hillingdon Clinical Commissioning Group (CCG) are still on - going, although little progress has been made. In recent weeks VSM has been concentrating their resources on progressing the s73 application and a detailed reserved matters application for development within the Town Centre Extension and these applications are currently their priority.
12. The CCG remains in contact with VSM and has been assured that the developer should be in a position to engage with them on the next stage of the development and the proposals for a health centre in the next couple of months.

Proposed capacity improvements at Uxbridge Health Centre

13. As a location for a new health hub in Uxbridge is yet to be determined, realistically it could be several years before a hub will be available. Hillingdon CCG is proposing to provide increased clinical capacity at Uxbridge Health Centre. This will be an interim measure to help deal with the immediate pressures on primary health care and GP services coming primarily from new developments in the area such as St Andrews Park.
14. The proposed scheme which is supported by NHSPS will reconfigure the GP accommodation on the ground floor of the existing Health Centre, in order to provide 3 additional consultation rooms and an interview room. Hillingdon CCG anticipates that this will provide adequate additional accommodation for the practice to service the immediate demand for GP services and further anticipated growth in population in the area in the short term.
15. A Cabinet Member Report to request that funds totalling (£273,000) from six separate s106 health facilities contributions are allocated and released towards the scheme, was submitted in June and received Cabinet Member Approval on 12th June 2015. Works are expected to commence in July.

S106 health contributions held by the Council

16. Appendix 1 attached to this report details all of the s106 health facilities contributions held by the Council as at 31st March 2015. New contributions received since the last report to the Board are highlighted in bold. The Council currently holds a total of £1,362,974 towards the provision of health care facilities in the Borough, of which £685,609 is currently earmarked or allocated towards identified schemes. This leaves a balance of £677,365 which remains to be allocated towards eligible schemes. Officers will continue

to explore options in consultation with NHSPS and the CCG to ensure that these are spent to maximum effect to provide viable improvements for the benefit of local communities.

17. The table below details the s106 health contributions which have spend deadlines in 2015/16. The contribution held at H/8/186D has now been allocated and spent towards the HESA scheme (see paragraph 3). A Cabinet Member report to request the formal allocation of the contributions held at H/9/184 and H/10/190D towards the Uxbridge Health Centre scheme has also been submitted and approved in order to ensure that the funds are fully utilised before their spend deadlines (see paragraphs 9-11).
18. The s106 health facilities contribution held at H/23/209K (£37,723) is currently earmarked by NHSPS towards the fitting out costs associated with the proposed new Yiewsley Health Centre (see paragraph 4 and 5). Officers are, however, aware that the time limit for spending this contribution is fast approaching (March 2016) and are now working to identify alternative capacity improvements in the area, towards which this contribution might legitimately be used, if it becomes clear that the contribution cannot be spent towards the Health Centre scheme as originally proposed

Contributions with spend deadlines in 2015/16

S106 Funding Reference	Development	Amount	Time Limit to Spend	Scheme
H/8/186D	92-105 High Street, Yiewsley	£15,549	April 2015	Allocated and spent towards Hesa extension.
H/9/184C	31-34 Pembroke Road, Ruislip	£13,115	July 2015	Allocated to Uxbridge health Centre scheme
H/10/190D	Armstrong House, Uxbridge	£43,395	July 2015	Allocated towards Uxbridge Health Centre scheme
H/23/209K	Tesco, Trout Road, Yiewsley	£37,723	March 2016	Earmarked towards Yiewsley Health Centre Scheme
Total		£109,782		

Possible spend of S106 health contributions towards expansion of NHS "health checks" at Hillingdon pharmacies.

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

20. Health checks in the Borough are primarily provided through GP surgeries, although currently there are 19 local pharmacies 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 may help relieve the pressures on local GP services and increase access to the service outside traditional GP hours.
21. Officers from the public health team are continuing to look at how this service might be extended to other pharmacies, initially in targeted areas of the borough where health needs are greatest. One option currently being considered is to provide further selected pharmacies with point - of care testing equipment, such as a Cardiocheck PA. This is a pin prick blood test which can be used to test for cholesterol and glucose. The test has a number of advantages in that results are rapidly available with the potential to affect immediate patient management. The equipment is also relatively cost effective, with an estimated cost per system, of between £375 - £495. There are however, additional costs for consumables such as test strips and for servicing the equipment which also need to be considered. Any proposals will be brought forward in consultation with the Hillingdon CCG.
22. In addition to extending the provision of health checks through existing pharmacies in the Borough, officers have also been exploring the feasibility of providing standalone health screening equipment such as height, weight and blood pressure machines in community buildings such as libraries or health centres. Officers are currently costing proposals to provide equipment at Uxbridge and Botwell libraries. If feasible, these proposals will be brought forward in consultation with NHSPS and the CCG.

FINANCIAL IMPLICATIONS

As at 31st March 2015, there are £2,059,459 of Social Services, Health and Housing S106 contributions available, of which £646,884 has been identified as a contribution for affordable housing and £49,602 towards a social services scheme. The remaining £1,362,974 is available to be utilised towards the provision of facilities for health. It is worth noting that £478,631 of the health contributions have no time limits attached to them whilst £624,508 has been received in respect of St Andrews Park.

The S106 contribution held at H/8/186D which was approved towards the HESA Scheme has been transferred to NHS Property Services by the spend deadline of April 2015.

The following table sets out the specific S106 contributions that are earmarked towards Yiewsley Health Centre development (subject to formal allocation).

S106 Funding Reference	Development	Amount	Time Limit to Spend
H/23/209K	Tesco, Trout Road, Yiewsley	37,723	March 2016
H/32/284C	Former Honeywell site, Yiewsley	5,280	No time limit
H/33/291C	Former Swan PH, West Drayton	5,417	No time limit
H/42/242G	West Drayton Garden Village	337,574	No time limit
H/50/333F	39 High Street, Yiewsley	12,444	No time limit
Total		£398,438	

The Yiewsley Health Centre development project is currently on hold. The S106 contributions in the above table for £398,438 will not be utilised if the project does not proceed. Officers are working towards identifying schemes to utilise the S106 contribution held at H/23/209k for £37,723 as an alternative if it becomes clear that the contribution cannot be spent on the Yiewsley Health Centre Scheme by March 2016.

The following S106 contributions have been allocated towards the Uxbridge Health Centre scheme:

S106 Funding Reference	Development	Amount	Time Limit to Spend
H/9/184C	34-46 Pembroke Road, Ruislip	13,155	July 2015
H/10/190D	Armstrong House, Uxbridge	43,395	July 2015
H/21/237D	Bishop Ramsey School, Ruislip	22,456	February 2016
H/40/306D	Former Knights of Hillingdon	4,645	No time limit
H/41/309D	Former Dagenham Motors, Uxbridge	12,030	No time limit
H/49/283B	Former RAF Uxbridge (St Andrews Park)	177,358	August 2024
Total		£273,000	

A Cabinet Member report to request the formal allocation and release of S106 contributions totalling £273,000 towards the Uxbridge Health Centre Scheme was approved on 12th June 2015. Funds will be transferred to NHS Property Services in July 2015.

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, HESA Medical Centre and Uxbridge health 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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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 31/03/15 15,549.05	AS AT 31/03/15 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. Funds originally earmarked towards the fitting out costs associated with the new Yiewsley Health centre development. Due to spend deadline, funds have been allocated towards the HESA scheme (25/2/2015). Funds transferred to NHS PS 29/04/2015.
H/9/184C *55	West Ruislip	31-46, Pembroke Rd, Ruislip 59816/APP/2006/2896	21,699.53	13,115.10	2015 (Jul)	Contribution received towards primary health care facilities within a 3 mile radius of the development. Funds not spent by 01/07/2015 must be returned to the developer. £8,560 allocated towards additional consulting room at King Edwards Medical Centre (Cabinet Member Decision 6/12/2013). Funds transferred to NHS PS Feb 14. Remaining balance of £13,115 allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015).
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. Funds allocated towards capacity improvements at Uxbridge Health Centre Cabinet Member Decision 12/06/2015.
H/11/195B *57	Ruislip	Highgrove House, Eascoe Road, Ruislip. 10622/APP/2006/2494	3,156.00	3,156.00	No time limits	Funds to be used to support the provision of local healthcare facilities arising from the needs of the development. No time limits.
H/13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Funds received towards the provision of healthcare facilities in the Borough. No time limits.
H/16/210C *68	Botwell	Hayes Stadium, Judge Heath Lane, Hayes. 49996/APP/2008/3561	105,044.18	0.00	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. Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Funds transferred to NHS PS 24/02/2015.
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. £1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval. Confirmation received from NHS PS to confirm that the scheme is still valid. £1,800 allocated towards Pine Medical Centre improvements (Cabinet Member Decision 29/05/2015).

SECTION 106 HEALTHCARE FACILITIES CONTRIBUTIONS (March 2015)

APPENDIX 1

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
			AS AT 31/03/15	AS AT 31/03/15		
HI/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.
HI/21/237D *73	Eastcote	Bishop Ramsey School (lower site), Eastcote Road, Ruislip. 19731/APP/2006/1442	22,455.88	22,455.88	2016 (Feb)	Contribution received towards the provision of primary health care facilities in the Uxbridge area. Funds to be spent within 5 years of receipt (February 2016). Funds allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015).
HI/22/239E *74	Eastcote	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	Funds received towards the cost of providing health facilities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
HI/23/209K *75	Yiewsley	Tesco, Trout Road, Yiewsley. 60929/APP/2007/3744	37,723.04	37,723.04	2016 (Mar)	Contribution received towards the provision of local health service infrastructure in the Yiewsley, West Drayton, Cowley area. Funds to be spent by March 2016. Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation request and approval.
HI/25/244C *77	Townfield	505-509 Uxbridge Road, Hayes. 9912/APP/2009/1907	20,269.97	0.00	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). Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds. Funds transferred to NHS PS 24/02/2015.

SECTION 106 HEALTHCARE FACILITIES CONTRIBUTIONS (March 2015)

APPENDIX 1

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
H/26/249D *78	Townfield	Former Glenister Hall, 119 Minnet Drive, Hayes. 40169/APP/2011/243	AS AT 31/03/15 33,219.40	AS AT 31/03/15 0.00	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. Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds. Funds transferred to NHS PS 24/02/2015.
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/29/267D *83	Botwell	Fmr Ram PH, Dawley Rd, Hayes 22769/APP/2010/1239	6,068.93	0.00	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. Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds. Funds transferred to NHS PS 24/02/2015.

SECTION 106 HEALTHCARE FACILITIES CONTRIBUTIONS (March 2015)

APPENDIX 1

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
H/30/276G * 85	Townfield	Fmr Hayes FC, Church Road, Hayes. 4327/APP/2009/2737	AS AT 31/03/15 104,319.06	AS AT 31/03/15 35,620.80	2022 (Feb)	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). £68,698.86 allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request from NHS PS received to transfer funds. £68,698.86 transferred to NHS PS 24/02/2015. Final instalment (£35,620.80) received this quarter. Remaining balance to be spent by February 2022.
H/31/278D *86	Botwell	6-12 Clayton Road, Hayes. 62528/APP/2009/2502	4,649.84	0.00	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. Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds. Funds transferred to NHS PS 24/02/2015.
H/32/284C *89	Yiewsley	Former Honeywell site, Trout Road, West Drayton (live/work units). 335/APP/2010/1615	5,280.23	5,280.23	No time limits	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend. Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.
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. Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.
H/34/282F *92	West Ruislip	Lyon Court, 28-30 Pembroke Road, Ruislip 66985/APP/2011/3049	15,031.25	15,031.25	2019 (estimated)	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 5 years of completion of development. Estimated spend deadline 2019.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
H/36/299D *94	Cavendish	161 Elliot Ave (fmr Southbourne Day Centre), Ruislip. 66033/APP/2009/1060	AS AT 31/03/15 9,001.79	AS AT 31/03/15 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	0.00	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. Contribution allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request received from NHS PS to transfer funds. Funds transferred to NHS PS 24/02/2015.
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. Funds allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015).
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. Funds allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015).

SECTION 106 HEALTHCARE FACILITIES CONTRIBUTIONS (March 2015)

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 31/03/15 337,574.00	AS AT 31/03/15 337,574.00	No time limits	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details). Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to request for formal allocation.
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 *106	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 *107	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 *108	Uxbridge North	Former RAF Uxbridge, Hillingdon Road, Uxbridge 585/APP/2009/2752	624,507.94	624,507.94	2024 (Aug)	Funds to be used towards the provision of healthcare facilities serving the developments in line with the Council's S106 Planning Obligations SPD 2008. Funds to be spent within 10 years of receipt. £177,358 from this contribution is allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015).
HI/50/333F *109	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. Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION
H/52/205G *110	Eastcote	Former RAF Eastcote (Pembroke Park), Lime Grove, Ruislip 10/189/APP/20/14/3354 & 3359/3358 & 3360	AS AT 31/03/15 17,374.27	AS AT 31/03/15 17,374.27	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/54/343D *112	Harefield	Royal Quay, Coppermill Lock, Harefield. 43159?APP/2013/1094	8,698.77	8,698.77	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	1,623,259.68	1,362,973.94		

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MENTAL HEALTH SERVICES IN HILLINGDON

Relevant Board Member(s)	Robyn Doran
Organisation	Central and North West London NHS Foundation Trust
Report author	Maria O'Brien, CNWL
Papers with report	Appendix 1

1. HEADLINE INFORMATION

Summary	To update the Health and Wellbeing Board on changes to the provision of mental health services in the Borough.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board note the report.

3. INFORMATION

Supporting Information

What are we doing?

Led by our Medical Director, Dr Alex Lewis, CNWL is leading an ambitious, three year programme to redesign all our current services so that we can make services better for our patients and their carer's, design them so that they are delivered in the most cost efficient and effective manner and ensure that they are sustainable in the years to come.

Why are we redesigning our services?

Our mental health services have seen increasing demand over the past few years. The changing demographics suggest that this is likely to continue to increase. At the same time, investment from commissioners has not kept pace with rising demand and in a number of boroughs; the funding has been decreased in real terms. For Hillingdon, CNWL receives in the region of £19.5m from Hillingdon CCG to provide all the mental health services in the borough.

To meet the reduction in funding and increased demographic demand, savings in the region of 8% are required in 15/16.

Our current local service model is therefore unsustainable and cannot be delivered within the current resources received. As a result, we need to review the number of buildings we operate from and the number of teams that we have.

Equally, our current model needs to change so that it can offer a more joined-up and responsive service to our patients with access into our services through a 24 hours per day, 7 day per week clinically-run single point of access.

We need to work in new ways such as using more technology and introducing mobile working, to reduce bureaucracy and release time and resources to front line staff in line with growing patient expectations.

How are we approaching this?

Ideas are being generated by our staff, our patients and carers and stakeholders including local authorities, CCGs, GPs etc., at a local level within each of our boroughs. Best practice from across the country is being collated with visits being made to other organisations to review some ideas in practice. Some elements of the redesign such as the 'Single Point of Access' are being implemented across all of CNWL in order to avoid unnecessary duplication and to realise effective economies of scale.

However, the vast majority of the changes are being led locally at an individual borough level involving local staff, partner organisations, patients and carers with solutions being designed and tailored to meet the different individual borough needs.

A summary of the various strands of the service redesign can be found in Appendix 1. The first phase of the 3 year programme in adult mental health will focus on the implementation of a single point of access and a redesign of the community mental health teams.

What is the single point of access, (SPA) and how will this affect Hillingdon?

The 'SPA' will be a 24hour per day, 7 day per week service which will be staffed by a multidisciplinary clinical team of staff that will act as a single point for referral, advice and support for our adult mental health services. They will process emergency, urgent and routine referrals and will be able to book appointments. They will signpost to appropriate services either within CNWL or to other statutory or third sector providers in the relevant borough. All patients and carers will be able to contact the SPA through one phone number. The SPA will be able to access and input information to the CNWL clinical system as well as the different local authority systems where we have shared health and social care teams operating.

We are introducing this as feedback from our patients and our referrers suggests that our current referral pathways are confusing, patients have to repeat their story frequently to different CNWL teams and there is a lack of provision of out-of-hours services. The SPA will ensure that referrers and our patients receive an efficient and timely response. GPs will be able to contact a team of clinical staff (including a psychiatrist) to discuss potential referrals or shared care arrangements. The SPA will also support the pledges within the Mental Health Crisis Concordat (2014).

The SPA will incorporate our current urgent advice line which will be further extended to a 24/7 hour facility for the benefit our service users and their families.

We are intending to roll-out the implementation of the SPA in a phased manner. Hillingdon is intended to be the first borough to 'go-live' in September 2015. Staff working in Hillingdon were keen for the borough to go first as other planned changes to our services are pivotal to the successful implementation of the SPA. Local teams were also keen to inform how the SPA will operate in practice and ensure that it supports and meets the needs for the Hillingdon Borough services.

What does service redesign mean for Hillingdon and how will services change?

CNWL will continue to provide integrated (health and social care) adult mental health services in Hillingdon.

Over the last 3 months, we have run two co-production workshops in Hillingdon. Each have been well attended by our staff, patients, carer's, Healthwatch Hillingdon, partners including the CCG, GPs and the London Borough of Hillingdon and voluntary sector partners. The workshops have been held to ask the views on what works well and what works less well in our Hillingdon adult community mental health services. These local workshops have been the foundation of our plans to redesign our services and have been carried out in the true sense of co-production.

The foundation for change has been based around considering what our patients would want so that we move from a paternalistic model of care to a more self-directed model of care where we ask our patients, "what matters to you?" and not "what is the matter with you?"

We have also considered national changes such as the Care Act and how we will need to adapt to better support the increased demand in the social care function and statutory duties of our social workers.

Some of the current suggestions are:

- Operating a 24 hour, 7 days a week Home Treatment Rapid Response Team
- Increased operating hours
- A reviewed skill mix to include peer support workers
- Increased productivity
- Reduced bureaucracy

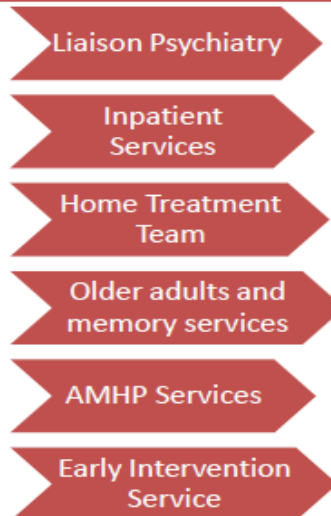
As part of the community service redesign in Hillingdon, it was decided which of the adult mental health services are in scope as part of the first phase of transformation. This is summarised below:

What services are in and out of scope?

Included



Not included



As can be seen above, adult community mental health services have been operating in a number of specialist teams, at Trust-wide level for some time. With the clinical services in CNWL now being completely re-focused on individual borough delivery, it is necessary to review the local Hillingdon configuration of services in order to design a model that delivers both an improved service for local patients and a more cost effective one.

This has also provided the opportunity to review how we may consolidate teams and estates so that they are able to operate more efficiently.

Estates



Currently have three community MH bases.

Plan to move to two

Co production event agreed Pembroke Centre and Mead House would be the most suitable locations.

Dependant on some refurbishment, but not much.

The detailed model is currently being worked through following feedback at the workshops. However, at a high level, the new model in Hillingdon will include:

- Consolidation of the current 3 community teams to two integrated community mental health teams; 1 located in the north of the borough and one in the south. The staffing of the teams will be weighted to match the demand and prevalence in the borough.
- Delivery of core services between the hours of 9am to 5pm with some services also operating on a Saturday morning and at least one evening per week and one early morning opening per week.
- All services to be aligned to the SPA to improve access for patients
- Implementation of one comprehensive risk assessment with immediate access to services which will reduce the number of different interactions for the patient.
- Streamlined pathways between assessment and treatment
- Productivity and efficiency measures to be built into the new service model
- Introduction of zoning of cases/risk rating of cases with a multidisciplinary virtual round daily.

We will need to work with our patients and carers to enable the smooth implementation of this new model. In some cases, service users may need to attend a different location than previously and we will need to support this change on a case by case basis; offering the site closest to home. However, overall service users will receive an improved offering by attending a site with services co-located and operating as part of a full integrated Hillingdon MH community team.

What do we think will be the benefits of the new model to local Hillingdon patients?

We believe the new model will offer improvements in a number of ways:

For our Patients	For CNWL and others
Improved experience of our services with more regular reviews	Increase in staff satisfaction
More responsive and reduced waiting times	Improved efficiencies
Single assessment process to avoid repetition	Future proofing for 7 day working
Recovery focused approach	Increased operational hours
Increased opportunities to be seen at home	Improved responsiveness out of hours if heading toward crisis
Single location for specialist input with easier access to increased support if needed	Financial savings with more cost efficient operating model and consolidation of estates
Increase in treatment options	

When will this take place?

The new SPA will be implemented in a phased approach commencing in September 2015 with Hillingdon being the first borough to join the SPA.

For the full adult mental health services community redesign, more detailed plans will need to be worked up and a full staff consultation will be required prior to implementation. It is hoped

that this can take place in late summer with a planned 'go-live' date for the implementation of the new model by 1st January 2016.

Further work is required jointly with our commissioners to implement a full 24/7 Home Treatment and Rapid Response service in order to deliver more community/home based services and reduce reliance on inpatient beds. Discussions are underway with our health commissioners in relation to this and this work will run in parallel once those negotiations have concluded.

Next Steps

Recruitment to the SPA is now underway and detailed clinical and operational protocols are being developed to enable commencement. Hillingdon borough will be the first borough to 'go-live' in September 2015 which provides an opportunity to test the model and adapt it to meet Hillingdon's needs prior to the wider roll out.

The detailed workforce plan to support the new model is being worked through and the final plan will be shared with stakeholders over the next month ahead of the commencement of the formal staff consultation in late summer/early autumn.

A detailed communications plan will be agreed as part of the changes and stakeholders will be invited to feed in and shape this to meet local requirements.

Designing the New Model for Adult Mental Health



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SPECIAL EDUCATIONAL NEEDS AND DISABILITIES REFORMS

Relevant Board Member(s)	Councillor David Simmonds CBE Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Jackie Wright
Papers with report	Draft Joint Commissioning Strategy Disabled Children's Charter

1. HEADLINE INFORMATION

Summary	<p>The Children and Families Act 2014 introduced significant changes to the legislative framework for children and young people with special educational needs and disabilities. These reforms impact on the local authority, clinical commissioning group, health provider, education settings and other partners.</p> <p>This report provides an update on the progress across the partnership in implementing these reforms.</p> <p>The principles detailed in the Joint Commissioning Strategy and the core commitments of the Disabled Children's Charter underpin and support the approach the local authority is taking in meeting the requirements of the new legislative framework.</p>
Contribution to plans and strategies	<ol style="list-style-type: none"> 1. Children and Families Act 2014 2. SEN Policy 3. Inclusion Policy
Financial Cost	<p>The cost of implementing the reforms within the local authority is being met through specific Government Grants, which are held in an Earmarked Reserve.</p> <p>There is a 3.5 year transition period to full implementation of the reforms and it is clear that there will be some ongoing additional costs such as the requirement to provide a mediation service. These costs are being covered through new burdens funding.</p> <p>It should be noted that the Joint Commissioning Strategy (SEND Reforms, below) does not represent any financial commitment. It sets out the principles by which LBH and the CCG agree to work together.</p>
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. Notes progress on the SEND Reforms
2. Approves the LBH/CCG Joint Commissioning Strategy
3. Adopts and signs the Disabled Children's Charter

3. INFORMATION

3.1 SEND REFORMS

The Children and Families Act came into effect on the 1st September 2014. Consequently the SEN Code of Practice 2001 was replaced with the SEN/D Code of Practice 2014 (CoP), bringing with it a range of new statutory requirements for local authorities to develop working practices and procedures relating to four key themes in particular:

1. having regard to the principles in section 19 of the Act, including that children, young people (0-25) and their parents should fully participate in the decisions that affect them including the offer of **personal budgets**;
2. publishing an initial **Local Offer** on their website;
3. having **joint commissioning** arrangements in place with their partner Clinical Commissioning Groups;
4. having processes in place for conducting Education, Health and Care (**EHC**) **needs assessments** and drawing up **EHC Plans**.

Initially overseen by the SEND Programme Board and developed with key stakeholders from education, health, social care and parent/carer representation, these key themes have been managed by task and finish sub-groups. The purpose of this report is to provide an update on progress to date and to provide information relating to the ongoing work required to continue to successfully embed new ways of working designed to meet the common goal of improved outcomes for our residents.

3.1.1 PERSONAL BUDGETS

Key Achievements

The Personal Transport Budget (PTB) initiative has been launched successfully. The scheme provides parents and young people the opportunity to take control over the way in which the school run is managed and, in some cases, will enable the family greater access to extra-curricular and social activities that they may not have previously have had. The take up of this offer began modestly as predicted, but is growing steadily. This initiative compliments established examples of personalisation including direct payments and personal health budgets.

One of the barriers to some families in taking up the offer of a PTB was the additional administration required in setting up a dedicated bank account for this purpose and the additional management of paperwork associated with it. As of June 2015, however, all PTB recipients have been migrated to the new pre-paid card system administered by the Direct Payments Team. This has entirely removed the need for a separate bank account and monitoring of expenditure is now conducted remotely by the Direct Payments Team. It is anticipated that this positive change will lead to greater demand for PTBs.

In the same way that Personal Budgets are now delivered consistently across children and adult services through the mechanism of a pre-paid card, it also makes sense to apply consistent policy and guidance to recipients to reflect and support the all age approach to managing disability services. A single guidance document is now in final draft stage and is currently going through the usual approval processes prior to implementation.

Ongoing

Hillingdon, along with a number of other local authorities, continues to work with FACE Systems to develop a Resource Allocation System (RAS) that can be used to provide an indicative budget that will inform the assessment and planning process. This will enable greater financial transparency when developing plans to meet assessed need and a consistent all age approach.

Gathering the raw data that is required to inform the RAS remains a challenge and has caused delays to the original anticipated go live date of April 2015. However a pilot of the social care element of the RAS is currently being conducted by the Disability Service for children with social care needs. Data generated as a result of this pilot will be used to enhance the accuracy of the RAS. Alongside the social care pilot we are about to launch a pilot of the education element of the RAS and a needs assessment framework for the health element is currently in development.

Further work is required to expand the number and range of services that may be available for purchase with a Personal Budget and this will continue to be undertaken in consultation with key stakeholders and through the development of the Local Offer. In addition to a personal transport budget LB Hillingdon are currently able to consider personal budgets/direct payments to fund personal assistance and, in some cases, short breaks.

3.1.2 LOCAL OFFER

Key Achievements

The Hillingdon Local Offer was co-developed through the working group and was published on the 1st September in line with statutory requirements. It contains details of the essential services, policies and guidance as required by the relevant regulations.

While the Local Offer was published on time, it is recognised that there was room to improve the usability, functionality and design of the website. This was reflected in the recommendations of the single meeting review of the SEND Reforms by the Children, Young People and Learning Policy Overview Committee, which was published in April 2015.

Ongoing

A complete re-design of the Local Offer is now virtually complete and work is underway to ensure all information stored within it is appropriately linked to relevant subject matter to ensure consistent and useful search results.

A statutory requirement of local authorities is to conduct a public consultation of the Local Offer to gauge the view of both users and contributors of it. Plans are in place to conduct the consultation during July 2015 with a view to analysing, implementing and publishing the results during August in order to coincide with annual requirement to publish responses to all feedback by 31st August in any given year. When complete a formal re-launch of the Local Offer will take place in September.

The longer term plan is also for the Local Offer to contribute to the analysis of gaps in local services, therefore contributing to the overall Joint Commissioning Strategy.

3.1.3 JOINT COMMISSIONING

Key Achievements

A draft strategy has now been developed that sets out the vision for joint commissioning practices shared between the local authority and the Clinical Commissioning Group. The strategy relates to positive principals of working together with the CCG and supports the requirement of the Children and Families Act 2014 Code of Practice, which states:

*"Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act)."*

It is acknowledged that it will take time to successfully embed joint commissioning principles.

It is recommended that the Joint Commissioning Strategy is approved by the Health and Wellbeing Board.

Ongoing

The Joint Commissioning strategy identifies a number of key actions that will be required to facilitate effective joined up working across organisational boundaries as follows:

- Data sharing agreements
- Joint service level agreements
- Project based determination of roles and responsibilities
- Individual service commissioning protocols
- Service specific resource formulae
- Consideration of pooled budgets
- Consideration of funding protocols

The Joint Commissioning task and finish group will continue to meet to ensure these actions are driven forward.

A project to explore joint commissioning options in relation to the delivery of speech and language therapy services across the local authority and CCG is underway based on the unmet needs within the JSNA. This project will include all settings and environments in which speech and language services are delivered. This piece of work represents a positive opportunity to develop and embed the actions described above.

3.1.4 EDUCATION, HEALTH and CARE (EHC) ASSESSMENT and PLANNING

Key Achievements

The process of application and assessment for an EHC Plan has been re-designed from end to end in accordance with the Code of Practice 2015 (CoP). The process has been developed in a consultative manner and a series of policy/guidance documents and services have been implemented as a result. These include:

- EHC Plan template - endorsed by the DfE
- Comprehensive application guidance documentation

- EHC application form
- Transition timetable and guidance (from Statement to EHC Plan)
- Mediation Service
- SEND Information, Advice and Support Service (SENDIASS).

In order to support schools in meeting the requirements of the CoP, the LA has delivered a number of workshops for all SENCos.

To date, a total of 170 EHC plans have been completed, which include new assessment requests and transfers of Statements to EHC Plans.

Ongoing

As the new assessment and planning approach continues to evolve and become an embedded part of day to day practice, it is essential to keep the processes involved under constant review. As various aspects of the new processes are trialled, the opportunity exists to test the validity and suitability of any associated practice. This approach of design, practice and review will continue to be adopted for the foreseeable future.

The statutory requirement to review EHC Plans on at least an annual basis has necessitated the need for a revised approach to the way in which reviews are conducted by the local authority in partnership with schools/colleges, care and health professionals as well as the parents.

We continue to support our partners in developing their skills in support of the new processes that have been developed. This includes parents/carers and training and support opportunities are being developed to enable families to get the most out of the assessment and planning process.

3.2 DISABLED CHILDREN'S CHARTER

The Disabled Children's Charter has been developed to support Health and Wellbeing Boards (HWBs) to meet the needs of all children and young people (CYP) with special educational needs and disabilities (SEND) and their families.

The Charter sets out 7 commitments for the HWBs which are all areas of work that the local authority's Disability Service and partners are developing and consider important to improve outcomes for CYP with SEND. These commitments relate to the following areas which also set out a flavour of the work that is already taking place.

3.2.1 Detailed and Accurate Information - both about our residents and for our residents

- the work on the Disability Register
- the learning disability needs assessment that has been undertaken
- the work on developing the Local Offer
- the project with DisabledGo to provide accessibility information.

3.2.2 Engage Directly with Children and Young People and enable participation

- the work on the Headliners project and subsequent planned workshop to ensure engagement/participation is sustainable and meaningful.

3.2.3 Engage Directly with Parents and Carers and enable participation

- engagement with Parent/Carer Forum - parents are routinely involved in service planning
- SENDIASS

3.2.4 Clear Strategic Outcomes

- the SEND Programme Board now being replaced with the Disability Strategic Partnership
- the learning disability needs assessment and subsequent action plan
- work on joint commissioning between the local authority and CCG
- work on measuring success of SEND reforms
- local service and team plans.

3.2.5 Promote Early Intervention and Smooth Transitions

- the all age disability service restructure based on the fundamental principle of intervening early to prevent escalation to statutory services
- the Preparation for Adulthood Forum and action plan to continue to improve people's experience of transition to adulthood.

3.2.6 Strengthen Integration

- the all age disability service structure
- the joint commissioning work between the local authority and CCG
- the work on developing the 'tell us once' approach and integrated systems to share information.

3.2.7 Cohesive Governance

- Health and Wellbeing Board
- the work on redesigning the Learning Disability Partnership Board
- involvement with the sub groups of Schools Forum
- Headteacher involvement in the SEND reforms and Panels
- the all age disability service
- the joint commissioning work
- the Autism Partnership Board which has recently been established.

It is recommended that it would be beneficial for our residents if the HWB agreed to sign up to the Charter so that these commitments can be made public emphasising the importance attached to improving the outcomes for children and young people with disabilities and their families. Signing the Charter means an agreement to fulfil the commitments within the next year. The Disability Service will then explore a similar statement for adults with disabilities.

Financial Implications

The Department for Education has provided one off specific grants totalling £508k and New Burdens funding totalling £457k (£269k in 2014-15 and £187k in 2015-16) to fund the Special Education Needs and Disabilities Reforms. £157k was spent on the Reform project in 2014-15 and £621k has been brought forward as an Earmarked Reserve to fund the future costs of the project.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The aim of all recommendations in this report is to improve the experiences and opportunities of children and young people with special educational needs and/or disabilities and their families. This will be achieved by the provision of clear and helpful information, well planned and targeted services, close partnership working to ensure resources are most efficiently managed and a clear vision for service development.

Consultation Carried Out or Required

No formal consultation has taken place in relation to the Joint Commissioning Strategy, however, the Hillingdon Parent/Carer forum have engaged, and played an active role, in all aspects of the implementation of the SEND Reforms including the strategy.

In line with statutory requirements the Local Offer is subject to public consultation. This will take place during July 2015.

Policy Overview Committee comments

The Children, Young People's and Learning Policy Overview Committee undertook a single meeting review of the SEND reforms and found that:

"It was clear from the evidence received by the Committee that Hillingdon had already made some good progress in the implementation of the SEND Reforms. This had included commendation of the Council by the Department for Education (DfE) for its approach to project and programme management, including its self-assessments of progress and the links to the wider work of the Authority. The Department also noted that parents and health partners seemed well engaged in the Reforms and that the new assessment and planning process was thorough and based on best practice."

It made the following recommendations:

1. *That Cabinet endorses the work being undertaken to develop the local Special Educational Needs and Disabilities (SEND) offer in light of the national Reforms in this area.*
2. *That the Cabinet Member for Education & Children's Services considers the following recommendations in light of the Committee's review:*
 - a. *That the development of the Council's strategic approach to SEND Reforms ensures that relevant information is contained in the published local offer and that relevant Council staff are provided with the tools to enable them to support parents/carers in accessing the information effectively.*
 - b. *To fully involve parents / carers as the local SEND offer is developed.*
 - c. *That consideration be given to working with schools to provide more specialist and targeted training to school staff in relation to the local implementation of the SEND Reforms.*
 - d. *That arrangements be made to ensure that schools, parents/carers and young people within the Borough are able to provide feedback on their experiences in*

relation to the SEND Reforms, to enable the Council to learn from their experiences.

- e. That an assessment of Hillingdon's implementation of the SEND Reforms be undertaken once the changes have become embedded, with consideration given to a progress report to the Cabinet Member and the Policy Overview Committee's meeting towards the end of 2015.*

However, the Policy Overview Committee has not had sight of this report.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed this report and concurs with the financial implications outlined above.

Hillingdon Council Legal comments

The Reforms outlined are in line with legislation and guidance. From September 2014, part 3 of the Children and Families Act 2014 provides statutory guidance on duties, policies and procedures to local commissioners who are required to work together in the interests of children and young people with special education needs and disabilities (SEND). Under S19 Children and Families Act 2014, the Local Authority must work with children, young people and parents – to improve outcomes for individual children and young people, and strategically to ensure operational arrangements and services delivery better reflects their needs. This will be an ongoing process which will deliver both cultural and procedural change. The Special Education Needs and Disabilities (SEND) 2015, 0-25, Code of Practice -provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations. It relates to children and young people with special educational needs (SEN) and disabled children and young people. A 'young person' in this context is a person over compulsory school age and under 25.

It is noted that the Local Offer has been re-designed and that consultation will take place in July 2015. During the consultation the Local Authority must involve children with SEN or disabilities and their parents and young people with SEN or disabilities in: planning the content of the Local Offer; deciding how to publish the Local Offer; reviewing the Local Offer, including enabling them to make comments about it.

Section 26 of the Children and Families Act 2014 places a duty on local authorities to implement joint commissioning arrangements with the NHS for the education, health and care (EHC) of children and young people with SEN or disabilities. Personal budgets are integral to the EHC Planning process. Children, young people and families will have the right to request a personal budget which may contain elements of education, health and social care funding. Joint commissioning arrangements and the local offer should be used to deliver a year-on-year increase in the scope and availability of personal budgets. Joint commissioning should be informed by a clear assessment of local needs. Therefore it is imperative that consultation should be as wide as possible involving all potential stakeholders. A full Equalities Impact assessment should be undertaken as part of the process of producing any new strategy; Equality impact assessments should be maintained and updated as appropriate.

The Disabled Children Charter has been developed to support Health and Well Being Boards (HWB) to meet the needs of children and young people with SEN and disabilities and their

families. If the HWB agrees to sign up to the charter it must be mindful that signatories to the Charter pledge to meet seven specific commitments within one year of signing. The HWB will need to consider how compliance with the Charter will be demonstrated in twelve months' time.

6. BACKGROUND PAPERS

NIL.



HILLINGDON
LONDON

NHS
Hillingdon
Clinical Commissioning Group

Joint Commissioning Strategy 2015 - 2017

**DEVELOPING JOINT COMMISSIONING APPROACHES FOR
CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL
NEEDS AND/OR DISABILITIES**

(aged 0 to 25 years)

FOREWORD

JOINT STATEMENT BY LEADER OF THE COUNCIL, CHAIR OF THE CLINICAL COMMISSIONING GROUP, CHIEF EXECUTIVE OF THE COUNCIL AND ACCOUNTABLE OFFICER OF THE CLINICAL COMMISSIONING GROUP



Cllr Ray Puddifoot
LBH
Leader

Dr Ian Goodman
CCG
Chair

Fran Beasley
LBH
Chief Executive

Rob Larkman
CCG
Accountable Officer

It is a time of great opportunity in children's services, to allow us to find new and innovative ways of working together to enable children, young people and their families to improve their outcomes.

Joint commissioning is recognised by the Health and Wellbeing Board and the Children and Families Trust as an opportunity through which integrated working, improvement in quality and performance and more importantly, improved outcomes and life changes for local children and young people can be achieved.

This Joint Commissioning Strategy sets out the agreed joint approach for closer working to develop services for children and young people with disabilities and/or special educational needs between the London Borough of Hillingdon and the Hillingdon Clinical Commissioning Group. It is intended to inform partners, stakeholders and communities about our intentions for the next three years.

Most importantly it will describe the mechanisms by which we will develop joint commissioning as a means of delivering the strategic vision of the Children and Families Trust:

"Improve the outcomes for children, young people and their families in need or at risk through co-ordinated evidence based services."

We are committed to working together to ensure that effective joint working and joint commissioning result in a positive transformation of outcomes for children, young people and families.

CONTENTS

1. EXECUTIVE SUMMARY	4
1.1 Purpose	4
1.2 Intentions	4
1.3 Vision	5
1.4 References to Legal, Central Government and Other External Documents	5
1.5 London Borough of Hillingdon References	5
1.6 Definitions	6
2. GOVERNANCE	7
2.1 Governance	7
2.5 Hillingdon Children & Families Trust Board	8
2.6 The Disabilities Strategy Partnership	8
3. DISPUTE RESOLUTION	8
3.1 Purpose	8
3.2 What is a dispute?	8
3.3 Dispute Resolution Procedure	9
4. COMMISSIONING ROLES	9
4.1 Hillingdon Clinical Commissioning Group	9
4.2 London Borough of Hillingdon - Disability Service	9
5. JOINT COMMISSIONING PRINCIPLES	10
5.1 Commissioning of Services	10
5.2 Definition	11
5.3 Principles	11
6. LOCAL CONTEXT	12
6.1 Joint Strategic Needs Assessment (JSNA)	12
6.2 Children and Young People JSNA - Key Data	12
6.3 Special Educational Needs	13
6.4 Mental Health	13
7. PRIORITIES	14
7.1 Children and Young People with disabilities and/or special educational needs will have equitable access to a range of appropriate services and interventions	14
7.2 Children, Young People and Families will be enabled to access specialist equipment with greater ease	14
7.3 We will improve outcomes for children, young people and their families by working together to implement a multi agency approach to assessment	14
7.4 Children, young people and families will be supported effectively during key transition points including preparation for adulthood	15
7.5 Children and Families will have access to good quality Information Advice and Guidance	15
7.6 Children, young people and families will have clearer access to therapeutic services to meet their needs	15
8. MAKING IT HAPPEN	15
8.1 Facilitation	15
8.2 Implementation - Timeline	16

1. EXECUTIVE SUMMARY

1.1 Purpose

1.1.1 Establishing joint commissioning arrangements and processes around key target groups such as disabled children and young people will help to improve coordinated packages of support, streamline processes, reduce duplication and costs, as well as improve outcomes.

1.1.2 The Children and Families Act received royal assent on 13th March 2014 and places a requirement on health services and local authorities to jointly commission and plan services to meet the needs of children with disabilities and complex health needs in their areas.

*"Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act)."*

1.1.3 This includes the commissioning of education, health and social care services jointly for children and young people with Special Educational Needs and/or Disabilities (SEND).

1.1.4 Jointly commissioning services and interventions for children and young people with SEND will support the delivery of priorities within LB Hillingdon's Health and Wellbeing Strategy and in the Children and Young People's plan.

1.2 Intentions

1.2.1 The strategy aims to ensure that there is greater transparency in the provision of services for children and young people with SEND and to align spending on services. This includes working collectively to set out a local offer of all services that support these service users. The strategy covers children, young people and young adults from birth to age 25, including preparing young people for adulthood.

1.2.2 The strategy aims to ensure that the Local Authority and Clinical Commissioning Group (CCG) come together to identify and meet the needs of children and young people with SEND and their families within the Borough. This strategy seeks to support the process of the partner agencies working together, aligning resources and to deliver their services effectively, providing good value for money and to improve the experience and outcomes for children and young people who use these services.

1.2.3 The strategy aims to ensure children and young people who are disabled or who have complex health needs will receive coordinated, high quality child and family services which are based on joint assessment of needs, which promote social inclusion and where possible enable them and their families to live ordinary lives.

1.2.4 This is supported by the Children and Families Act 2014 which brings in changes to provide a new system to support all children with SEND and

to ensure that all services are designed around the needs of the child. This includes encouraging the partnership working of commissioners together with children, young people and their families to enable each child to fulfil their potential.

1.3 Vision

- 1.3.1 Our vision for supporting children and young people with SEND in Hillingdon is set out in the overall vision for all children and young people in the Borough, as part of the Hillingdon Children and Families Trust Plan 2011-14.

“Improve the outcomes for children, young people and their families in need or at risk through co-ordinated evidence based services.”

- 1.3.2 In delivering this vision for Hillingdon we will provide services which will enable children and young people to achieve their full potential to ensure they have positive life chances over a number of areas of their lives including education, health and relationships. More specifically we are working to achieve the following ambition:

‘We want Hillingdon to be a place where children with a disability and/or special education needs have the same access to opportunity as other children, to aspire and be empowered to do so.’

1.4 References to Legal, Central Government and Other External Documents

- Special Educational Needs and Disability Code of Practice
- Children and Families Act 2014
- Hillingdon CCG Prospectus
- National Health Service Act 2006 (the 2006 Act)
- Health and Social Care Act 2012 (the 2012 Act)
- Education Act 2011
- Aiming High for Disabled Children

1.5 London Borough of Hillingdon References

- SEND Local Offer
- Joint Strategic Needs Assessment
- Family Information Service
- Children and Young People's Plan
- *Special Educational Needs Policy 2012 (to be updated)*
- Accessibility Strategy

1.6 Definitions

- 1.6.1 The SEND Code of Practice 2014 provides a definition of a special educational need (SEN) as:

"A child or young person has SEN if they have a learning difficulty which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- a. has a significantly greater difficulty in learning than the majority of others of the same age; or*
- b. has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post 16.*

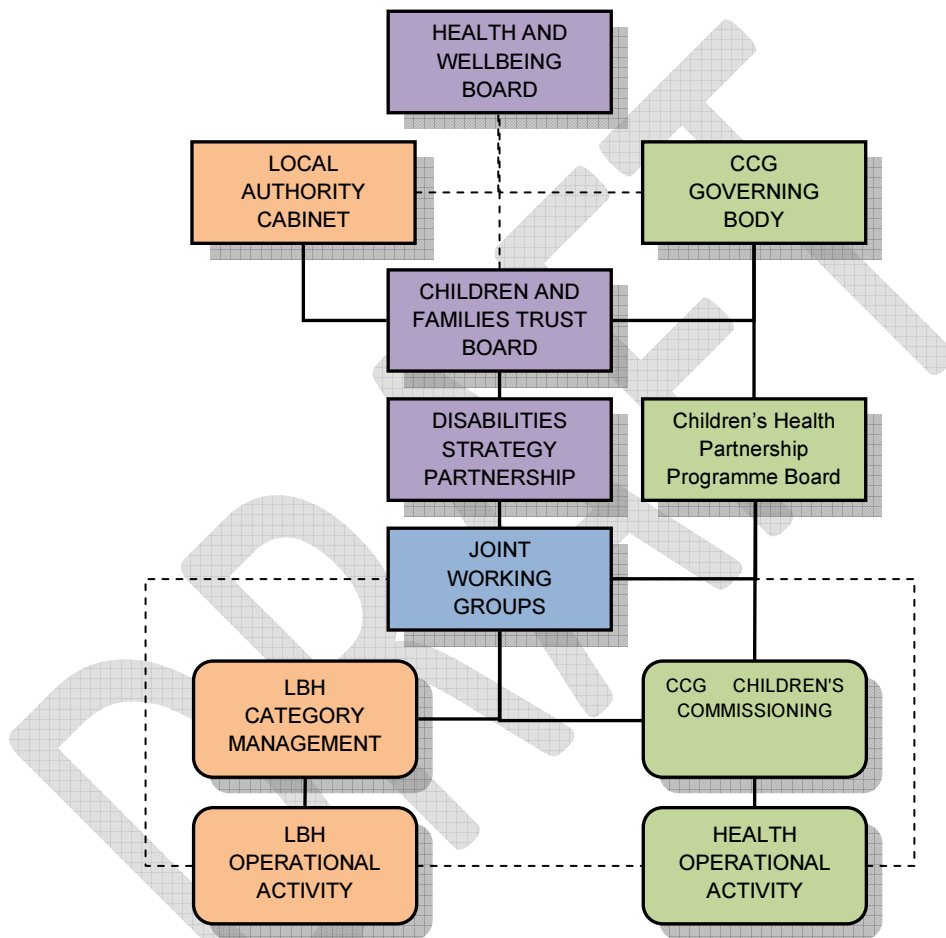
A child under compulsory school age has SEN if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if the special educational provision was not made for them (s20 Children & Families Act)."

- 1.6.2 The Equality Act 2010 defines disability as *"...a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities"*. Long term is defined as a year or more and substantial is defined as more than minor or trivial.

2. GOVERNANCE

2.1 Governance Structure

2.1.1 It is recognised that developing joint agreements across organisations can be complex and challenging, and that issues such as financial sovereignty, politics, culture and control are potential barriers to the achievement of our joint commissioning ambitions. To ensure that these potential barriers do not become issues robust governance arrangements will be established as proposed below.



2.2 The Health and Wellbeing Board

2.2.1 The Health and Wellbeing Board has a statutory requirement to improve the health and wellbeing of residents. The Board provides strategic leadership for health and wellbeing and ensures that plans are in place and action is taken to achieve this.

2.3 The Cabinet

2.3.1 The Cabinet makes the strategic decisions on behalf of the Council. Decisions can be made by individual Cabinet Members or by the Cabinet collectively. To ensure accountability, who makes what type of decision is detailed in the constitution and depends upon a number of criteria, including for example, the financial cost.

2.4 The Clinical Commissioning Group Governing Body

2.4.1 The Governing Body is accountable to the Council of Members and its functions shall, among others, include:

- *Approving a commissioning strategy which takes into account financial targets and forecast limits of available resources*
- *Approving any consultation arrangements for the group's commissioning plan*

2.5 Hillingdon Children & Families Trust Board

2.5.1 The Children and Families Trust Board is the Children's Theme group of the Local Strategic Partnership (LSP) and is accountable to the LSP Board. As the Board has senior representatives from agencies across Hillingdon this will ensure delivery of the priorities by the sub groups. The Board oversees the multiagency working that is required to improve outcomes for children, young people and families in Hillingdon.

2.5.2 This governance arrangement will be continually reviewed to reflect national and local policy and to remove duplication across other LSP theme groups. Hillingdon has had strong partnership arrangements in place since the inception of the Children and Young People's Strategic Partnership Board in 2006. The Partnership developed formally into the Children and Families Trust in 2008.

2.6 The Disabilities Strategy Partnership

2.6.1 The Disabilities Strategy Partnership is a multi-agency group that oversees the day to day delivery of services for disabled people in Hillingdon.

2.6.2 The Children's Health Partnership Programme Board is a multi-agency group that oversees the CCG's priorities for improving health outcomes for children.

3. DISPUTE RESOLUTION

3.1 Purpose

3.1.1 The purpose of dispute resolution, in relation to this strategy, is to ensure that Hillingdon Clinical Commissioning Group and Hillingdon Council (the Parties) have a clear route to follow in the event of a dispute regarding the joint commissioning of services that are to be delivered in Hillingdon on behalf of Hillingdon residents.

3.2 What is a dispute?

3.2.1 A dispute arises when the Parties cannot agree on a particular matter or matters related to activities and decisions that are necessary to successfully and jointly commission services. Such relevant disputes would lead to the delay and/or disruption of the related joint commissioning activity.

3.2.2 A dispute may arise at any stage of the commissioning cycle as described at section 5.1.

3.3 **Dispute Resolution Procedure**

3.3.1 Please refer to the general dispute resolution procedure that governs all disputes that may occur between the Parties.

4. **COMMISSIONING ROLES**

4.1 **Hillingdon Clinical Commissioning Group**

4.1.1 Hillingdon Clinical Commissioning Group (CCG) is a membership organisation made up of all 48 GP practices in Hillingdon, and serves a registered population of 300,560 people.

4.1.2 The CCG is responsible for the planning and design of many of the health services needed for the Borough. Having GPs in charge ensures that the feedback and comments from patients about the services they use directly informs commissioning decisions made by the CCG. In addition to this informal feedback, the CCG engages extensively with its population to ensure services meet the changing needs of local people and patients.

4.1.3 The services the CCG commissions from providers include planned hospital care; urgent and emergency care; rehabilitation care; community health services; and mental health and learning disability services.

4.1.4 The CCG is responsible for appointing a designated medical officer role.

4.2 **London Borough of Hillingdon - Disability Service**

4.2.1 The all-age Disability Service was formed in April 2014 with the aim of providing seamless services for people with disabilities in Hillingdon from birth through to and including adulthood.

4.2.2 The service is made up of a range of teams with specific functions including:

- Social Care, Disabilities - Children and Adults
- Special Educational Needs Team
- Health and Sensory Teams
- Education Psychology
- Early Intervention and Prevention
- Early Years Inclusion Team

4.2.3 The individual teams with support from Category Management, commission various services including:

- Speech and Language Therapy
- Occupational Therapy
- Supported Living
- Independent Travel Training

- Mediation
- Advocacy
- Residential Services
- Day Opportunities
- Special School Places
- Further Education Provision
- Short Breaks
- Outreach Services
- Passenger Transport
- Information and Advice (Children's Centres)

5. JOINT COMMISSIONING PRINCIPLES

5.1 Commissioning of Services

5.1.1 Joint planning and commissioning are a key product and manifestation of Children's Trust strategic governance arrangements. They will lead to better integrated processes and integrated front-line delivery and more efficient use of resources. This involves a step change transition that will require clear leadership, a strategic understanding of how far all outcomes in the Borough are met, and a joint approach to managing the market to secure better value for money services that deliver the expected benefits to our population.

5.1.2 Effective commissioning is about much more than procurement and contracting, though these are key elements of the commissioning cycle. Commissioning has to define what's needed and how those needs are best met before consideration can be given as to what services need to be purchased.



5.2 Definition

5.2.1 In order to facilitate successful joint planning and commissioning the partners in the Trust need an agreed definition and understanding of what Joint Commissioning is together with an agreed language and approach.

5.2.2 A definition of Joint Commissioning for Hillingdon is:

“Joint Commissioning is the set of linked activities by two or more agencies to assess the needs of children and young people in Hillingdon, specify the services required to meet those needs within a strategic framework, secure those services utilising commissioning budgets from both organisations to best effect, and monitor and evaluate the outcomes”

5.3 Principles

The partner agencies will commission and deliver services in a way which is consistent with the following principles:

5.3.1 **Outcomes** - the primary focus of commissioning activity is to meet the needs of the child, young person, and their family and to improve outcomes

5.3.2 **Whole Family Approach** - a commitment to developing a framework for joint planning and commissioning across Education, Health & Care, considering the needs of the individual in the context of their family

5.3.3 **Efficient** - to make best use of available resources, building on strengths and seek to remove barriers and duplication

5.3.4 **Evidence Based** - all commissioning decisions will reflect latest best practice evidence and be informed by robust needs assessment and comprehensive mapping of existing services

5.3.5 **Engaged** - ensuring meaningful participation with children, young people, their families and their communities

5.3.6 **Equitable** - children and young people with SEND will be supported to have the same opportunities, as all children, to achieve and succeed

5.3.7 **Transparent** - to ensure that procurement and commissioning activity is transparent and in line with good practice and legal requirements

5.3.8 **Innovative** - to encourage new ways of working throughout the commissioning process to achieve improved practice and outcomes and to use the commissioning process to drive innovation in how services are provided

5.3.9 **Local** - support and build the capacity of the local market using an appropriate mix of statutory, voluntary, community and private sectors

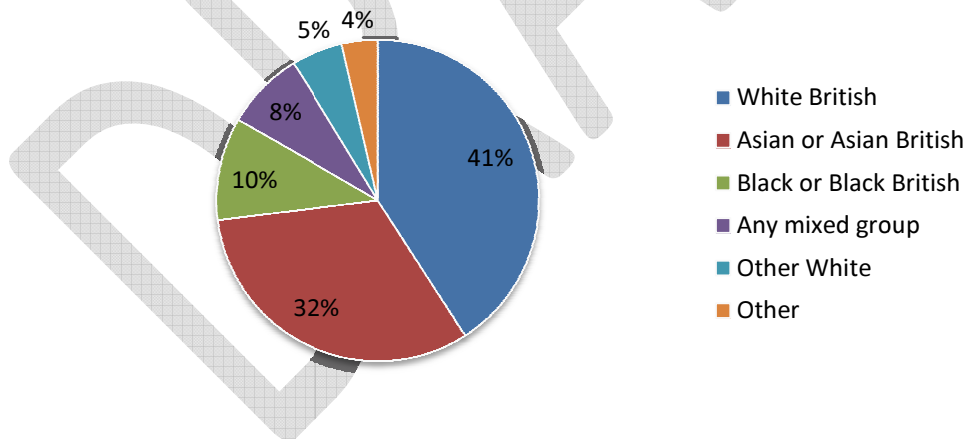
6. LOCAL CONTEXT

6.1 Joint Strategic Needs Assessment (JSNA)

- 6.1.1 A shared understanding of disability and SEN support needs is critical to address priority needs, gaps and ensure services use evidence based practice. The JSNA is the starting point for developing our understanding. This has been further enhanced by the Children and Young People's Joint Strategic Needs Assessment which was completed in July 2014.
- 6.1.2 The needs assessments have been led by the Public Health Team working with information already available to a number of teams and organisations working in Hillingdon as well as national data and evidence.

6.2 Children and Young People JSNA - Key Data

- 6.2.1 100,000 children and young people aged 0-24 in Hillingdon
- 6.2.2 34.4% of the total population
- 6.2.3 Population projections for young people in Hillingdon up to 2021 suggest that the biggest increase will be in the 5-9 year age group, with increases also in 0-4 year olds and 10-14 year olds and a slight fall in the number of 15-24 year olds.
- 6.2.4 The ethnicity of children and young people in Hillingdon varies significantly between different parts of the Borough. Overall ethnicity breakdown is as follows:



- 6.2.5 Around 8% of children in need in Hillingdon had a disability, fewer than in London or England, the commonest being learning disabilities, mobility and communication problems. Disabilities are more common among children from more deprived socioeconomic groups, and there are more boys than girls with disability at all ages.

6.3 Special Educational Needs

- 6.3.1 Children with Special Educational Needs (SEN) don't necessarily have a disability and children with a disability don't necessarily have SEN. The school census carried out in January 2014 found that a total of 1,201 pupils attending Hillingdon schools had a statement of Special Educational Need, or 3% of the total school age population of 41,380, and 2,472 (6%) were subject to School Action Plus (meaning that the school receives external help for the child.)
- 6.3.2 The commonest category of SEN is speech, language and communication needs which are more frequent among primary than secondary school pupils. Significant numbers in all types of school also had behaviour, emotional and social difficulties, with smaller numbers with Dyslexia, moderate learning difficulty and Autistic Spectrum Disorder.
- 6.3.3 In several wards in the south of the Borough and in Harefield over 24% of the school population were assessed as having SEN. Compared with London and England, there appears to be a slightly higher proportion of those with profound and multiple learning difficulties in Hillingdon, but fewer with severe and a lot fewer with moderate learning difficulties.
- 6.3.4 The number of children identified as having Autistic Spectrum Disorder has increased at a similar rate both locally and nationally.

6.4 Mental Health

- 6.4.1 Our vision is for children and young people in Hillingdon who have mental health issues to have access to timely, integrated, multi-disciplinary mental health services which will ensure effective assessment, treatment and support for them and their families. Universal services will deliver promotion, prevention, and early help and intervention. Specialist services will deliver support that is easy to access, readily available and based on the best evidence. Underpinning all this, staff across all services will have a clear understanding of their roles and responsibilities and those of others, and will have an appropriate range of skills and competencies. Children and young people will be involved in the development and delivery of services.
- 6.4.2 The intention is to deliver a model identifying how all agencies are required to work together to ensure the holistic mental health and wellbeing needs of children and young people are met. A children and young people's mental health and wellness plan has been developed which will deliver the following outcomes.
- An improvement in the mental health and emotional wellbeing of all children and young people in Hillingdon.
 - All the agencies working together and making a contribution to the needs of all children and young people in Hillingdon, whether with regard to emotional resilience, early intervention at a local level, or in meeting the needs

of children and young people with the most complex needs.

- The children and young people's mental health workforce in Hillingdon being trained in the developmental, emotional and mental health needs of children and young people. Where children require care for mental or psychological disturbance, this will be provided by staff with a range of skills and competencies that meet the individual needs of the child, young person and their family.

6.4.3 Within the plan the needs of vulnerable groups, including the emotional needs of children with disabilities, has been identified as a key priority.

7. PRIORITIES

7.1 Children and Young People with disabilities and/or special educational needs will have equitable access to a range of appropriate services and interventions

7.1.1 We will ensure that increasing numbers of families with disabled children access Hillingdon's Children's Centre provision.

7.1.2 We will ensure that increasing numbers of children and young people access Hillingdon's Youth provision including the Fiesta programme.

7.1.3 We will ensure appropriate support is available for children with learning disabilities and mental health needs/challenging behaviours through the Integrated Pathway approach being developed with CNWL.

7.1.4 A range of provision will be made available through the development of short breaks including the publishing of a short break statement.

7.1.5 We will review the transport funding arrangements to ensure transport needs are met, including projects around independent travel training and personal transport budgets.

7.2 Children, Young People and Families will be enabled to access specialist equipment with greater ease

7.2.1 Mediquip Contract. The Community Equipment Service provides services to Hillingdon residents to enable maximum independence in maintaining activities of daily living, the service includes, the loan of equipment and minor adaptations to people's homes. The current joint contract between LBH, the HCCG and Medequip Assistive Technology (Medequip) is being extended to enable officers time to re-specify the service in the context of both the Care Act (2014) and the Children and Families Act (2014)

7.3 We will improve outcomes for children, young people and their families by working together to implement a multi agency approach to assessment

7.3.1 We have implemented a shared approach to the development of the joint Education, Health and Social Care Assessment and Plan in Hillingdon.

- 7.3.2 We will ensure consistent multi agency processes are in place to improve outcomes and reduce duplication.
- 7.3.3 We will ensure that support services will continue with their specialist interventions, underpinned by a single plan developed with input from all agencies.
- 7.3.4 A clear policy including processes will be in place to support the use of Personal Budgets across Education, Health and Social Care Services.
- 7.4 **Children, young people and families will be supported effectively during key transition points including preparation for adulthood**
- 7.4.1 The Local Authority will implement an All Aged Disabilities Service to ensure a clear transition pathway meets the needs of all young people transitioning into adult services
- 7.5 **Children and Families will have access to good quality Information Advice and Guidance**
- 7.5.1 We will collectively review and work to consolidate opportunities, information, advice and guidance for children, young people, parents and carers and publish through Hillingdon's Local Offer.
- 7.5.2 We will seek to develop a more robust Hillingdon Disabled Children's Register.
- 7.6 **Children, young people and families will have clearer access to therapeutic services to meet their needs**
- 7.6.1 We will review the CCG, LA and Schools led commissioning of Occupational Therapy with a view to developing a joint approach to meet the needs of children and young people in Hillingdon.
- 7.6.2 We will review the CCG, LA and Schools led commissioning of speech and language therapy with a view of developing a joint approach to meet the needs of children and young people in Hillingdon.
- 7.6.3 We will review the all-age ASD pathway by summer 2015 and seek to implement joint improvements as proposed through the findings of the review.

8. MAKING IT HAPPEN

8.1 Facilitation

In order to facilitate effective collaborative practice, a number of elements are required, both organisationally and on an individual project basis. Examples include:

- Data sharing agreements
- Service level agreements
- Project based determination of roles and responsibilities
- Individual service commissioning protocols
- Service specific resource formula

- Pooled budgets
- Funding protocols

8.2 Implementation - Timeline

An action plan will be developed once the principles behind this Strategy have been approved through the appropriate channels.

DRAFT

Disabled Children's Charter for Health and Wellbeing Boards

The **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by Date

Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: [Why sign the Charter?](#)



Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk



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BOARD PLANNER & FUTURE AGENDA ITEMS

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

That the 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 future Board meeting dates were agreed by Council on 15 January 2015 and will be held at the Civic Centre, Uxbridge:

- Tuesday 22 September 2015 at 2.30 pm - Committee Room 6
- Thursday 10 December 2015 at 2.30 pm - Committee Room 6
- Tuesday 15 March 2016 at 2.30 pm - Committee Room 6

Board meeting dates for 2016/2017 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

22 Sept 2015	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 4 September 2015 Agenda Published: 14 September 2015
	Joint Health & Wellbeing Strategy 2014-2016 Monitoring Report (SI)	LBH	
	Better Care Fund Implementation Monitoring Report (SI)	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	
	Board Planner & Future Agenda Items (SI)	LBH	

10 Dec 2015	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 20 November 2015 Agenda Published 2 December 2015
	Joint Health & Wellbeing Strategy 2014-2016 Monitoring Report (SI)	LBH	
	Better Care Fund Implementation Monitoring Report (SI)	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	
	Hillingdon's Joint Strategic Needs Assessment	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	

15 Mar 2016	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 26 February 2016 Agenda Published: 7 March 2016
	Joint Health & Wellbeing Strategy 2014-2016 Monitoring Report (SI)	LBH	
	Better Care Fund Implementation Monitoring Report (SI)	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	
	HCCG 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.