HILLINGDON
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Health and Wellbeing Board

Date: TUESDAY, 22 SEPTEMBER 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

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 (Chair - Hillingdon CCG)
Jeff Maslen (Chair - 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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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 21 July 2015 — 1 - 6

4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

Health and Wellbeing Board Reports - Part I (Public)

5 Health & Wellbeing Strategy: Performance Report — 7 - 42

6 Better Care Fund: Performance Report — 43 - 66

7 Hillingdon CCG Update — 67 - 74

8 Healthwatch Hillingdon Update — 75 - 140

9 Update: Allocation of S106 Health Facilities Contributions — 141 - 152

10 CAMHS Update — **TO FOLLOW**

11 IFR/PPWT Update — 153 - 156

12 Board Planner & Future Agenda Items — 157 - 160

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

13 Hillingdon CCG Commissioning Intentions 161 - 264

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.

14 Any other items the Chairman agrees are relevant and urgent

Agenda Item 3

HILLINGDON
LONDON

Minutes

HEALTH AND WELLBEING BOARD

21 July 2015

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

	Statutory Voting Board Members Present: Councillor Ray Puddifoot MBE (Chairman) Councillor Philip Corthorne (Vice-Chairman) Councillor Douglas Mills Councillor David Simmonds CBE Dr Ian Goodman - Hillingdon Clinical Commissioning Group Jeff Maslen - Healthwatch Hillingdon **Statutory Non Voting Board Members Present**: Tony Zaman - Statutory Director of Adult Social Services and Interim Statutory Director of Children's Services Sharon Daye - Statutory Director of Public Health (substitute) **Co-opted Board Members Present:** Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Robyn Doran - Central and North West London NHS Foundation Trust Rob Larkman - Hillingdon Clinical Commissioning Group (Officer) Dr Reva Gudi - Hillingdon Clinical Commissioning Group (Clinician) Nigel Dicker - LBH Deputy Director Residents Services Jean Palmer OBE - LBH Deputy Chief Executive and Corporate Director of Residents Services **LBH Officers Present**: Kevin Byrne, Gary Collier, Glen Egan and Nikki O'Halloran **LBH Councillors Present:** Councillors Beulah East and Phoday Jarjussey
1.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows and Scott Seaman-Digby and Dr Steve Hajioff (Ms Sharon Daye was present as his substitute).
2.	**TO APPROVE THE MINUTES OF THE MEETING ON 17 MARCH 2015** *(Agenda Item 3)* Consideration was given to the minutes of the meeting held on 17 March 2015 and the following issues arising: • Minute 48: Primary Care Contraception Service - Although the Chairman had sent a letter to NHS England North West London requesting documentary evidence of receipt of funds for the primary care contraception service, the response received had not resolved the situation. The response had been

	forwarded to the Chairman of the Hillingdon Clinical Commissioning Group (HCCG) to progress. In the meantime, it was agreed that temporary funding be approved until September 2015; • Minute 50: Primary Care Co-Commissioning: Update - It was noted that Councillor Corthorne, as the local authority representative from the Health and Wellbeing Board, would be joining the committees established to undertake primary care co-commissioning as a non-voting attendee; and • Minute 51: Child and Adolescent Mental Health Services (CAMHS) Update - It was noted that there had been a number of developments in relation to CAMHS since the Board's last meeting, which included a recommendation by the Children's Mental Health Task Force to oversee development of local transformation plans to assist NHS England (NHSE) in the allocation of funding. A report would be brought back to the Board at its next meeting to update them on progress with the Hillingdon Strategic Partnership plan and whether guidance had been made available by NHSE. In addition, a CAMHS needs assessment had been developed by Public Health to help the Strategy group to identify and develop actions to bridge service gaps. The Board was advised that the issue of provision of mental health services for children was complicated by there being no clear definition of the service levels for each of the Tiers or the associated funding. Concern had been expressed by Head Teachers that schools were increasingly using their own resources to provide facilities such as drop in services, which were not joined up. Conversely, there was frustration that schools were not addressing issues early or necessarily providing interventions where they could. It was suggested that the needs assessment and plan be shared with the Schools Strategic Partnership to help a joined up approach to wellbeing of vulnerable young people. **RESOLVED: That:** **1. the HCCG Chairman progress the investigation into funding of the primary care contraception service;** **2. temporary funding for the primary care contraception service be approved until 30 September 2015;** **3. a report in relation to CAMHS be considered by the Board at its meeting on 22 September 2015; and** **4. the minutes of the meeting held on 17 March 2015 be agreed as a correct record.**
3.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* It was confirmed that all items would be considered in public.
4.	**HEALTH & WELLBEING STRATEGY: PERFORMANCE REPORT** *(Agenda Item 5)* Consideration was given to the report which provided the Board with an update on progress against Hillingdon's Joint Health and Wellbeing Strategy Delivery Plan objectives and the outcome metrics. Key highlights in the report included progress made in relation to smoking cessation and the launch of the Hillingdon Dementia Action Alliance which had the potential to improve the lives of those who suffered with

	dementia as well as their carers. It was noted that air quality impacted significantly on the health of the Borough's residents. The Board was advised that air quality in Hillingdon was becoming an increasingly important issue which would deteriorate further with the threat of a third runway at Heathrow Airport and, as such, the Council would welcome input from clinical colleagues. Members were keen to ensure that the Board was aware of the issue and addressing it in a strategic way. Concern was expressed that, whist the report stated that smoking prevalence amongst pregnant women in Hillingdon had reduced, later HCCG data indicated that figures were since rising and were higher than the London average (and, in some cases, two to three times higher than the North West London average). HCCG was analysing the data to identify what support could be offered to women who smoked whilst pregnant. **RESOLVED: That the Health and Wellbeing Board:** **1) noted the updates in the report and delivery plan; and** **2) noted the outcome performance indicators in the quarterly dashboard).**
5.	**BETTER CARE FUND: PERFORMANCE REPORT (APRIL-MAY 2015)** *(Agenda Item 6)* Concern was expressed that the HCCG figures included in the report were not acceptable and that discipline was needed with regard to financial reporting to ensure that the Board was aware of how much had been spent in each area of the budget. The HCCG Chairman assured the Board that the figures for Month 3 would be more accurate and it was agreed that accurate figures would form part of monthly reports to the Chairman and Vice Chairman of the Board. The report for the three months to June would be provided in August 2015 and the Chairman indicated that, if there was no realistic improvement in the accuracy of the HCCG figures, he would commission external support to provide future reports. The Board was advised that a substantial amount of HCCG commissioned activity within the BCF was provided through a block contract with Central and North West London NHS Foundation Trust (CNWL) which gave HCCG some certainty in relation to expenditure. However, other services were provided on a payment by results basis and, therefore, determined by the level of activity. Information in relation to this type of service provision was not being expediently processed through the secondary user system, which had resulted in a reporting time lag of about one month. Although it was too early to assess its long term impact on service users, Board members were pleased with the work that had been undertaken by the multi disciplinary teams. Insofar as the GP Networks were concerned, it was noted that a lot of work was now being rolled out across the whole of the Borough. Although this was a steep learning curve for GPs, it was also an operationally and educationally advantageous way of working. **RESOLVED: That:** **1. the Chairman and the Vice Chairman receive monthly performance reports and the Chairman be authorised to commission external support to produce future reports if there is no improvement in the accuracy of the HCCG figures; and**

	2. the Health and Wellbeing Board note the content of the report.
6.	**HILLINGDON CCG UPDATE** *(Agenda Item 7)* It was noted that the integration of services for older people (now known as Hillingdon Integration Plan) had started to go live and was being rolled out to all practices across the Borough. Dr Goodman advised that QIPP continued to be a challenge. As it was becoming increasingly difficult to identify savings, HCCG was focussing on quality improvements through the transformation process. That said, HCCG was determined to build on the healthy financial position that it had been in at the end of 2014/2015. HCCG had formally entered Joint Commissioning of Primary Care services with NHS England on 1 April 2015. Although this was now starting to take off, progress had been slow due to the complexities of the North West London CCGs working together. It was hoped that the associated working groups would be established by the end of July 2015 to drive through transformation working at primary care level. The Board was advised that the maternity unit at Ealing Hospital had closed on 1 July 2015 as part of the *Shaping a healthier future* programme. To accommodate an additional 800 pro rata deliveries that were anticipated as a result of this (taking the annual total to 5,000 deliveries), maternity services at Hillingdon Hospital had been upgraded. It was noted that priority would be given to those expectant mothers that were resident in the Borough and identified Hillingdon Hospital as their first choice. However, flexibility had been built into the capacity to accommodate patients in labour who arrived unexpectedly at the Hospital. Overall, at Month 2, HCCG was reporting a £0.539 surplus position against a £0.58m planned surplus year to date. It was noted that these figures showed a degree of accuracy that had not been shown in the BCF report. **RESOLVED: That the Health and Wellbeing Board note the update.**
7.	**HEALTHWATCH HILLINGDON UPDATE** *(Agenda Item 8)* Consideration was given to the quarterly and annual reports of Healthwatch Hillingdon (HH) which gave an indication of the range and variety of activities undertaken by the organisation and their impact on the Borough. It was noted that HH's Chief Operating Officer had been hospitalised and off work for a significant period, which had impacted on the organisation's longer term business planning but not on its operational commitments. HH had taken stock and was now looking to fine tune its activities and provide additional input for providers and commissioners. A significant number of changes were already underway in the health sector and it was likely that there would be more to come. HH was keen to monitor these big developments to ensure that the views of residents were taken into account and that they reflected the needs of the community. The impact of the changes would then be measured and assessed to identify what difference the development had made to residents. It was noted that the HH Chairman had established an appraisal process for its Board members and that there were, at present, two vacancies. Consideration was now being given to identifying the aims of the Board to ensure that the skills and knowledge

	of any new Board members complemented those of the current Board. It was suggested that, when HH was ready to recruit, use could be made of the Council's Hillingdon People publication. It was noted that the eight Clinical Commissioning Groups (CCGs) across North West London had agreed to remove the clinically unjustified weight criteria for knee replacement operations from 2015/16. Furthermore, the wording of the referral policy for inguinal hernias had now been amended - HCCG advised that there had not previously been anything unsafe about the procedure. The Board thanked HH for its contribution to shaping health service provision in the Borough and thanked the HH staff and volunteers for the part that they had played in this. **RESOLVED: That the Health and Wellbeing Board notes the report.**
8.	**UPDATE - ALLOCATION OF S106 HEALTH FACILITIES CONTRIBUTIONS** *(Agenda Item 9)* It was noted that progress in relation to the development of the Yiewsley pool site had come to a halt as NHS Property Services had been unable to agree the terms of a lease with the Council. In response to an update request from local Residents' Associations, the local MP would be writing to the Secretary of State for Health to see if the development could be progressed. Councillor Puddifoot would let the HCCG Chairman know when he had received a response. If no further progress could be made on this site, consideration would need to be given to alternative options. As the £37,732 s106 contribution towards the Yiewsley Health Centre development would need to be spent by March 2016, the HCCG Chairman would consider whether this could be spent on an alternative project. If an alternative had not been identified by HCCG by the Board's next meeting, the Board would need to consider alternative proposals at that meeting to ensure that the money was spent by the deadline. The Board was advised that the developer had been holding up progress in relation to St Andrews Park. As such, it would now be down to NHS Property Services to make a viable proposition. It was noted that £273k of s106 contributions had been allocated towards the Uxbridge Health Centre scheme. However, many of these contributions were time limited. **RESOLVED: That:** **1. HCCG consider options for the alternative use of the £37,732 s106 funding for the Yiewsley Health Centre (H/23/209k); and** **2. the Board notes the progress being made towards the allocation and spend of s106 healthcare facilities contributions within the Borough.**
9.	**CHANGES TO ADULT MENTAL HEALTH SERVICES** *(Agenda Item 10)* Although work had been undertaken to redesign community services, mental health had lagged behind. As a result of shrinking budgets and increasing demand, consideration was now being given to best practice and improving access to services and crisis response through things like a single point of access (in accordance with the pledges within the Mental Health Crisis Concordat (2014)). Other improvements could include the provision of a 24 hour, 7 days a week Home Treatment Rapid Response

	Team. CNWL was working with stakeholders and service users to improve the mental health service provision. It was anticipated that a reduction in the amount of money spent on buildings and administration would enable greater productivity and better value for money. The Board was aware of the challenges faced by CNWL and broadly welcomed the proposed approach to improving the mental health service provision. **RESOLVED: That the Health and Wellbeing Board note the report.**
10.	**SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) REFORMS** *(Agenda Item 11)* Consideration was given to the report which set out the Disabled Children's Charter, the Joint Commissioning Strategy and the SEND reforms and their proposed implementation. Although the full impact on residents of the reforms was not yet apparent, more flexibility was now available and developments to date had been positive. **RESOLVED: That the Health and Wellbeing Board:** **1. notes progress on the SEND Reforms;** **2. approves the LBH/CCG Joint Commissioning Strategy; and** **3. agrees to adopt and sign the Disabled Children's Charter.**
11.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 12)* Consideration was given to the Board Planner report. It was agreed that the Board would receive a CAMHS update report at its meeting on 22 September 2015 as well as a report in relation to IFR (Individually Funded Requests) / PPwT (Patient Procedure with Threshold). It was noted that the list of reports included in the Appendix was indicative and was subject to change. **RESOLVED: That the Board Planner, as amended, be agreed.**
	The meeting, which commenced at 2.30 pm, closed at 3.20 pm.

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

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).**
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 22 September 2015 agenda for the Health and Wellbeing Board 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.

Out of the updates received over the shorter summer period, 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. For end of year 2014-15, smoking as a % at time of delivery was 7.4% showing a year on year reduction from 10.2% in 2009-10. No Smoking Day saw activity across supermarkets, the Hillingdon 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.

1.2 **Reducing obesity.** A pilot weight management programme is in place for obese adults in Hillingdon to reduce the risk of chronic disease and link into disease care pathways. The latest figures to end 2014 show that although the number of active (greater than 150 minutes a week of activity) adults has decreased slightly from 57.4% to 55%, the number of inactive (fewer than 30 minutes a week of activity) adults has also decreased from 29.8% to 28.4%. The remaining 16.6% of adults have intermediate levels of activity. The children's weight management programme is now being delivered across 3 localities for ages 2-4, 5-7, 7-13 and 13+.

1.3 **Air Quality**. In line with its statutory duties under the Environment Act 1995, the Borough has a declared Air Quality Management Area (AQMA) from the Chiltern-Marylebone railway line to the southern Borough boundary. The new Air Quality Action Plan matrix, which is out for consultation, has a specific theme of measures devoted to Public Health and Awareness Raising. It includes the suggestion that Directors of Public Health have a role to play in signing off the new Air Quality Action Plans and subsequent annual reports. This is designed to ensure better linkages are made and responsibilities shared.

1.4 **Supporting residents with learning disabilities.** To end of July 2015, the % of people in receipt of long term services provided by Adult Social Care in paid employment was 2.6%, a slight increase from 2.1% at end of 2014-15. The Rural Activities Garden Centre (RAGC) 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. The Centre takes groups of adults with LD into the community to undertake landscaping and grounds maintenance type projects, e.g., at Brookfields Adult Learning Centre. At the Centre itself, they are taught horticultural skills to grow plants for sale in the shop where they also learn communication skills by interacting with the general public.

2. Priority 2 - Prevention and early intervention

2.1 **Under 18 conception rates**. The number of under 18 conceptions (aged 15-17) per 1,000 continues to decrease year on year with the latest figures to 2013 showing a rate of 23 per

1,000, down from 27.7 per 1,000 in 2012. This is due to a combination of activities to support young people including 'Clinic in a box', a post abortion team to support the young person, health champions in schools and a youth service programme dedicated to vulnerable young people covering topics such as body image, self esteem and sexual violence.

2.2 **Admission episodes for alcohol related conditions** (per 100,000). The number has shown a small year on year decline from 607 per 100,000 in 2011-12 to 558 per 100,000 to end 2013-14, in line with a National decline. A needs assessment will be completed later in the year to understand more about this and other issues relating to substance misuse.

2.2 **Chlamydia detection rate**. Performance against the indicator: 'Rate of Chlamydia detection (per 100,000 young people aged 15-24 years)' has declined from 1,511 in 2013 to 1,369 to end 2014. The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing detection rates indicates increased control activity: it is not a measure of morbidity. Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control chlamydia. Public Health England recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population and Hillingdon is in the bottom 5 compared to London LA's. A report will be presented to the CCG in October addressing the differences between chlamydia screening and detection rates whereby the latter is being reported lower than expected.

2.3 **Long Term Conditions**. The service specification for an Integrated Diabetes Service has now been approved by the Quality, Safety and Clinical Risk Committee and the business case to support this service redesign is being submitted to Governing Body early September 2015. The service has been designed in collaboration with hospital, community and primary care clinicians and managers, focussing on more patients being seen in primary care settings, with support from secondary and community care specialists. Subject to complete sign off by Governing Body, the CCG will work with providers to start mobilising this service from October 2015, with service transition starting January 2016.

2.4 **NHS Health Checks**. In 2015/16, 72,893 Hillingdon residents are eligible for an NHS Health Check and 14,579 (20%) residents should receive their First Offer (in five years) of a Check. The cumulative % of eligible population (from 2013-15) both offered and who received an NHS Health Check is 24.5% and 17.1% respectively.

2.5 **CAMHS**. A full update paper is included as part of the 22 September 2015 meeting.

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

3.1 **Home adaptations**. In the first quarter of 2015-16, a total of 134 homes had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 85 older people.

Of these, 42 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 68% of the grants provided. 71% (30) of the people receiving DFGs were owner occupiers, 26% (11) were housing association tenants, 2% (1) was a private tenant. The total DFG spend on older people during Q1 was £242k, which represented 68% of the total spend (£358k) in Q1. Remodelling of the

DFG process has seen a reduction in waiting times from application to grant approval from 14 months to 25 days.

3.2 **TeleCareLine**. As at 30 June 2015, 4,424 service users (3,927 households) were in receipt of a TeleCareLine equipment service, of which 3,328 people (3,023 households) were aged 80 years or older.

Between 5 April 2015 and 30 June 2015, 377 new service users have joined the TeleCareLine Service, of which 266 were aged over 80. We are on target to achieve 750 new users set for this year.

3.3 **Carers Strategy**. Task and finish groups have been set up to deliver actions in the delivery plan which includes a review of information available to carers across key stakeholders, a communications campaign to raise awareness of the caring role and the possibility of delivering a Carers Award Scheme for the Borough. The first Carers Assembly for Hillingdon will be taking place on 12 November 2015.

3.4 Care Act Implementation. Connect to Support Hillingdon launched on 1 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.

As at 30 July 15, Connect to Support Hillingdon had 171 private and voluntary sector organisations registered on the site offering a wide range of products, services and support, work continues to promote the site both with residents and providers.

From 1 April 2015 (launch) to 30 June 2015, in excess of 2,100 individuals have accessed Connect to Support and completed over 3,300 sessions reviewing the information and advice pages and/or details of available services and support.

3.5 **SEND reforms**. The new Education, Health and Care (EHC) assessment process has been implemented and EHC Plans are being produced. There are approximately 290 EHC Plans in place.

The Local Offer was published in September 2014 and significant development work has taken place. Full consultation took place during July and August with comments and feedback to be published by 31 August in line with requirements. This will be in a newly created section entitled 'You Said, We Did', which will be maintained on a regular basis. A full launch will take place in September 2015 with ongoing development taking place with the engagement and participation of children and young people and their parents/carers in the Borough to ensure services can be developed to meet their needs.

4. Priority 4 - A positive experience of care

4.1 **Children and Young People and families**. A working group is now established where a participation approach is being developed to promote more active engagement in the development of a range of strategies and initiatives including:

- All-age Disability Register
- Disability Register incentive scheme
- Short Break Strategy
- The Local Offer - peer to peer guidance (example below)

- The DisabledGo Project
- Project Search

- CYP with SEND have been involved in the development of information for their peers in relation to Preparation for Adulthood. This is now approaching final draft form and is intended for completion during the Autumn term.

- 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 Health and Wellbeing Strategy Delivery Plan Update

Priority 1 - Improving Health and Wellbeing and reducing inequalities				
Objective	**Task and Metric**	**Lead**	**Metric reporting frequency**	**Evidence of activity against task**
1.1 Protect resident's health	**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	• 6 Interviews have been completed with South Asian older mothers (grandmothers) about what advice and information is passed onto their daughters, nieces and relatives about having a healthy baby. The feedback from the interviews to be included in 'Having a Healthy Baby' project recommendations. • For end of year 2014-15, smoking as a % at time of delivery was 7.4% showing a year on year reduction from 10.2% in 2009-10.This data is from the Health and Social Care Information Centre for Hillingdon residents, published on a quarterly basis, which may differ from local data presented by the Hillingdon Hospital.
	1.1.2 Develop a Children's Health Programme Board to agree with partners the strategic direction for children's health provision	CCG		• The Programme Board have met and work is progressing on agreeing strategic direction and actions across the work streams. • A new children's asthma pathway has been agreed so that children can receive seamless support across schools, primary and secondary care. • A review of clinical guidelines for Ambulatory Care is being undertaken.

	1.1.3 Deliver a mental wellness and resilience programme	Public Health		The programme of activity includes: • The 'Five Ways to Wellbeing' message is being rolled out to council staff and since July, 21 council staff from Housing and Tenancy Team have participated in Five Ways to Wellbeing Training. Training is scheduled in September for staff from Social Services with 12 people are booked to attend. • Five Ways to Wellbeing Sessions are continuing with service users from Hillingdon Mind. An additional 15 service users from Mead house participated in the sessions. One more session is planned in August at the Pembroke Centre. • Singing For Wellbeing - an additional 19 people have participated in the singing sessions at Uxbridge Library as part of the Dementia Friends Coffee Morning. WELLBEING PROGRAMMES AND EVENTS A total of five events have been planned in the south of the borough to engage residents in accessible programmes and activities that will support positive mental health and wellbeing. • Health and Wellness Event at Hayes Muslim Centre 28th August. Information Stalls and Services participating include: Alzheimer's Society, Nuchem Pharmacy, CNWL, CCG and Public Health

				• Time to Change Event in Uxbridge Town Centre on 4th September for residents of all ages. The event has been planned in collaboration with Hillingdon Mind, CNWL, Rethink and National Time to Change. • (GP) Orchard Practice Wellbeing Programme - a five weeks women's only programme in Hayes area that will provide opportunities for BME communities to discover and engage in accessible activities that promote healthy active lifestyles for the whole family. The first session will begin on 22nd September. • Two Happiness and Wellness Events for Service Users from Hillingdon MIND and Pain Management group are planned in October for World Mental Health Week. • Wellbeing plan to support residents with suicidal ideation agreed by Joint Hillingdon Mental Health Transformation Board • Making Every Contact Count training programme under development for frontline staff across LBH and NHS. Needs Assessment questionnaire to be sent by October, to inform training programme. • Material from the Children and Young people's emotional health and wellbeing needs assessment has been included in the CAMHS needs assessment to inform current developments by LBH and CCG • There are a series of wellbeing events planned with West Drayton Community Centre for the autumn

				and winter. This will include a general wellbeing day for older people, a tea dance, a line dance and then three events aimed at people who are housebound and/or living with dementia. The first wellbeing event is planned for the 9th October. • All the chair based exercise sessions are continuing for older people. There are eleven people regularly attending chair exercise at Uxbridge library, 8 people at Cobden Close, 7 at West Drayton Community centre and 11 at the EKTA group. The EKTA group is now doing Pilates which the ladies have fed back is very beneficial for increasing strength and mobility. There is a new Zumba class planned to start in the autumn in West Drayton. • In July and August there were two tea dances with a total of 256 people attending.
	1.1.4 Deliver a smoking cessation service including supporting the further roll out of Smoke Free Homes in Hillingdon	Public Health	Annually	• Hillingdon Stop Smoking Service continues to perform well in terms of its quit rate (i.e. smokers who join the service have some of the best chances in London to quit) - with a rate of 57.5%. • The service reported 1048 successful quitters to HSCIC for 2014/15, an improvement on the previous year of1039. • Prevalence is estimated to be 16.5%, a significant drop on previous year. • 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.
	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	• A pilot weight management programme is in place for obese adults in Hillingdon to reduce the risk of chronic disease, and link into disease care pathways • The children's weight management programme is being delivered across 3 localities and for ages 2-4, 5-7, 7-13 and 13+ • 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 packs are being developed to include advice on walking meetings, standing, stair use, use of pedometers etc. Workplace actions will be progressed once direction is received in relation to wider council workplace health. • The Physical Activity programme includes: ○ Universal led walks programme with 24 new walkers from April to June ○ 108 people participating in led cycle rides from April to August. ○ All Hillingdon Children's Centres are joining maternity and health visiting teams to achieve 'Baby Friendly Initiative' status. ○ Healthy Early Years accreditation for early

				years settings, e.g. children's centres, nurseries. Two more settings have achieved healthy status under this new scheme; now 8 in total. ○ 240 physical activity bags have been loaned to parents with children under 5 and 40 parents have borrowed a bog more than once. ○ In the last 6 months 551 parents recruited primary schools and children's centres have taken part in the community based Active Hillingdon exercise programme with a total throughput of 5,083 attendances. ○ In the last 6 months 1186 adults with a total throughput of 7.092 have taken part in the Back to Sport programme in a variety of activities such as chair exercise classes, free jogging sessions, tennis classes and many others. This also includes 45 people that have taken part in the cycle loan scheme. ○ A football based exercise programme for inactive men has been trialled at Hillingdon Sports & Leisure Complex, additional physical activity sessions are now taking place that supplement the Get Up and Go programme delivered by CNWL for overweight women. A new programme primarily to engage over-weight pregnant women in ante-natal exercise has started in July ○ 28 young people took part in one of four 12 week Fit Teen courses aimed at over-weight teenagers.

	1.1.6 Reduce exposure to high levels of air pollution and improve air quality and public health in Hillingdon	LBH	Annually	• In line with its statutory duties under the Environment Act 1995, the borough has a declared Air Quality Management Area (AQMA) from the Chiltern-Marylebone railway line to the southern borough boundary. The declaration of an AQMA imposes a further duty to prepare an Air Quality Action Plan to improve air quality, carry out regular review and assessments of the air quality and report annually to Government on progress. • The Air Quality Action Plan was adopted by Cabinet in 2004; annual progress reports and review and assessments have been carried out in line with the statutory duties. • 15th July 2015 the Mayor of London launched a consultation on a new London Local Air Quality Management Framework which ended on the 2nd September. The consultation includes a template for reviewing Air Quality Action Plans and a Matrix of Measures for inclusion.
1.2 Support adults with learning disabilities to lead healthy and fulfilling lives	**1.2.1** Increase the number of adults with a Learning Disability in paid employment	LBH	Quarterly	• To end of July 2015, the % of people in receipt of long term services provided by Adult Social Care in paid employment was 2.6%, a slight increase from 2.1% at end of 2014-15. • The UPWARD group has had a further 3 members joined them and they are currently preparing their presentation to deliver to local schools and colleges. • At QUEENS WALK, the staff team continue to work on the employment remit and are looking at developing work opportunities for people with

				complex learning and physical disabilities. They are using communication apps for employment tasks called 'Job Aids'. This entails using smart board/i-pad to break down job tasks which is immediately followed by carrying out the task itself. These types of work experience duties will include kitchen and reception tasks and service users have shown an interest in these opportunities. • 'Project Search' an initiative to give young people with a learning disability the skills to gain competitive paid employment. It is hoped this project will support ten students from Ealing and Hammersmith College to work at the Sofitel Hotel in September 2015. • 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. The centre take groups of adults with LD into the community to undertake landscaping and grounds maintenance type projects e.g. at Brookfields Adult Learning Centre. At the centre itself, they are taught horticultural skills to grow plants for sale in the shop where they also learn communication skills by interacting with the general public.
1.3 Develop Hillingdon as an autism friendly borough	**1.3.1** Develop and implement an all age autism strategy	LBH	Quarterly	• An Autism Partnership Board has been established and will meet for the first time on 8th September. • Public Health are undertaking a needs analysis to support the development of the Autism Plan.

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	• The additional consultant geriatrician capacity approved by HCCG's Governing Body in May will support new Care of the Elderly Team (COTE) provided rapid access clinics, which will provide access to an holistic assessment, e.g. consultant, therapy and nursing, and diagnostics, that are currently only available upon admission to the Acute Medical Unit (AMU) at THH. Referrals will be from GP practices and community matrons. There will be two clinics, one operating from THH started on 21st August and the second at Mount Vernon and started on 2nd September. '*Rapid*' means that people will be seen within four days of referral. • During Q1 the Reablement Team received 272 referrals and of these 64 were from the community; the remainder were from hospitals, primarily Hillingdon Hospital. The community referrals represented potential hospital attendances and admissions that were consequently avoided. During this period, 97 people were discharged from Reablement with no on-going social care needs.
2.2 Deliver Public Health Statutory Obligations	**2.2.1** Deliver the National NHS Health Checks Programme	Public Health	Annually	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.

				• In 2015/16, 72,893 Hillingdon residents are eligible for an NHS Health Check • 14,579 (20%) residents should receive their First Offer (in five years) of a Check • The cumulative % of eligible population (from 2013-15) both offered and who received an NHS Health Check is 24.5% and 17.1% respectively.
	2.2.2 Deliver Open Access Sexual Health	Public Health	Quarterly	HIV: An HIV health and care needs assessment has been completed. The outputs of the needs assessment will be used to inform future sexual health and disabilities commissioning/procurement decisions post October 2015. • Emergency Hormonal Contraception (EHC)/Chlamydia Screening and treatment in Community Pharmacies: o Brunel University continues to be the location with the highest level of activity, followed by Boots in Uxbridge. o Regular training continues for Pharmacists as part of the wider public health offer. o The renewal process for Pharmacist's 'Patient Group Directive' is underway o Training is planned with partners on raising awareness of Sexual Exploitation and FGM. o A report will be presented to the CCG in October addressing the differences between Chlamydia screening and detection rates whereby the latter is being reported lower than expected.
	2.2.3 Delivery of information to protect the health of the	Public Health		• Seasonal Flu: The London PHE flu groups are preparing winter packs for schools and care homes

	population against infection or environmental hazards and extreme weather events			that will be sent out in September 2015. • <u>School Age Immunisation:</u> NHS England have awarded CNWL the contract to deliver the school-aged immunisation programme within Hillingdon. The team will be separate to that of the local school nurse team which the council delivers.
2.3 Prevent premature mortality	**2.3.1** Ensure effective secondary prevention for people with Long Term Conditions including cancer, diabetes and dementia	CCG	Quarterly	• Having undertaken a review of the current state of Risk Stratified Cancer Pathways at THH and discovered that Hillingdon is already doing relatively well in this area, the CCG has undertaken research into how we might support patients with cancer in other areas. The Governing Body held an OD session August 2015 to review priorities for 2015/16 and agreed that increasing the update of screening across all cancers and reducing the number of late presentations were top priorities. • The service specification for an Integrated Diabetes Service has now been approved by the Quality, Safety and Clinical Risk Committee and the business case to support this service redesign is being submitted to Governing Body early September 2015. The service has been designed in collaboration with hospital, community and primary care clinicians and managers and focuses on more patients being seen in primary care settings, with support from secondary and community care specialists. Subject to complete sign off by Governing Body, the CCG will work with providers to start mobilising this service from October 2015, with service transition starting January 2016. • 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 has led to the development of an Integrated Cardiology service model that has been signed off by the CCG's Governing Body. The CCG is working with providers so that mobilisation phase of this project can start as soon as possible. • The Integrated Service for Respiratory Care has also been approved and work has commenced on mobilisation of the scheme with the service expected to be in place by October2015. • A Long Term Conditions Transformation Group overseeing all the CCG's workstreams on LTC has now been established.
	2.3.2 Reduce the risk factors for premature mortality and increase survival across care pathways	PH/CCG	Quarterly	• The first pilot of the Adult Weight Management Programme has started following the two obesity workshops. The community pharmacy based 12 week weight loss intervention is for adults whose BMI is in the obese category. Training was held in June and August for Pharmacists on delivering behaviour change intervention and supply of Orlistat (weight loss drug) via Patient Group Direction (PGD), which has been approved by the NHS Quality Safety and Clinical Risk Committee. • 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 and Substance Misuse (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. • Work is underway with the CCG to deliver health education sessions around risk factors for CHD and stroke, targeting 500 people from BME communities which will start in September.
	2.3.3 Reduce excess winter deaths	Public Health/NHS England		There are a number of activities that aim to reduce excess winter deaths in the borough. These include: • 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

				• Monitoring Inferior Wall Myocardial Infarction over Coronary Heart Disease remodelling of services • Age UK Hillingdon 'Getting ready for Winter' campaign
	2.3.4 Reduce the number of children with one or more decayed, missing or filled teeth	Public Health & NHS England		• 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 the Schools Project will be delivered in Autumn where dentists will deliver fluoride varnish in 10 schools in Hillingdon identified as 'high need'. Recruitment of dentists to the pilot is underway and the identified schools have been contacted - currently 6 are on board. • 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. The monitoring framework will be reviewed at the next management meeting.
	2.3.5 Deliver a project to make Hillingdon a Dementia Friendly borough	Mental Health Delivery Group	Quarterly	• The first quarterly meeting of the Dementia Action Alliance took place in August where the new Police Missing person's Grab Pack was launched. o This new initiative is a direct result of the dementia friends sessions run with local police during the month of July, where health promotion presented the Herbert protocol being used by West Yorkshire police and

explained the importance of having a system in place which helps to support people living with dementia to continue to go out on their own.

  - The result is the missing person's grab pack which health promotion is working closely with the police to launch to the public. The pack encourages family members and carers to have information already prepared on loved ones living with dementia in the case where they might go missing to enable police to find them faster and more efficiently.

- The next meeting of the Alliance will take place in November 2015.

- Dementia friends: 575 new Friends have been trained since April 2015, making a total of 1685 Friends. This includes 360 Hillingdon Police Officers who have become Friends in July.

- The weekly coffee mornings for those living with dementia and their carers have continued in July and August 2015. Based on resident feedback a ne leaflet is being printed which will be launched to GP surgeries in the autumn with the aim to increase attendance. The schedule has been modified to reflect resident feedback; we are now running a sing-along every other week as this has proved the most popular. Some people attending the coffee mornings have now also started to attend the tea dances.

				• 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. Two further pilot projects of Drummunity in the North of the Borough have been agreed and these will again run as a train the trainer programme and offer drums to the new locations. The first pilot will start with the Alzheimer Society on the 11th September 2015 and will target people living with dementia who currently use their services.
	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)	CCG	Annually	• 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. • From April 2016 there will be Access and Waiting time targets for assessment and NICE compliant treatment for first episode psychosis. • A Children Adolescent Mental Health Service (CAMHS) health and care needs assessment has been developed. The Children's Emotional Health

				& Wellbeing Board has been established to oversee the Hillingdon Transformation Plan and Implementation Plan. This Board will also oversee the NHSE/DH Local Transformation Plan which has to be developed by mid October; additional funding is being made available, for 5 years, to transform CAMHS Eating Disorders from September and generic CAMHS from December. • A Business Case to develop a CAMHS Deliberate Self harm Team is to be discussed at the HCCG Governing Body in September. • 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.
	2.3.7 Develop a Vision Strategy for Hillingdon	Vision Strategy Working Group	Annually	• The Vision Needs Assessment is being reviewed to include further local information which will inform the strategic plan.

2.4 Ensure young people are in Education, Employment or Training	**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	• The changes in approach previously reported continue to embed. The Participation Team has been recruited to and will be at full strength by the end of September. • There are now regular drop in's 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. These arrangements have proved to be popular and adequate for young people and will continue. • The Participation Team has prioritised NEET and potential NEET young people over the summer holidays to date. All 390 EET YP have been contacted for tracking purposes. All intended post Year 11 and Year 12 destinations have been acquired from schools and colleges (with the exception of 3 schools despite repeated requests) and reported to the data management provider. Capacity to support NEET YP under the terms of the September guarantee is planned for September when actual destinations will be confirmed. • Current in year data to end July 2015, shows that the number of 16-18 year old NEETs is 308 young people or 3.2%.

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	• Hillingdon4All Health (H4A) and Wellbeing Gateway: HCCG's Governing Body has made £100k available to enable start-up work to be undertaken. A final funding decision will be made at the Governing Body's October meeting. If the funding is approved implementation of the service will start from the 1st November 2015. • The content of the training to be delivered to visiting staff to 'make every contact count' (MECC) is on track to be drafted in Q3. The training programme will be delivered in Q4. The programme will be informed by the results of a questionnaire to be issued by Public Health to front line staff in Q3 regarding their knowledge, understanding and concerns about engaging with residents about the options available to them to support their health and wellbeing. There will also be an event for frontline LBH staff on 2nd November that will make them aware of the voluntary and community organisations available in the borough to sign-post residents to. • The Dementia Working is developing the health and social care pathway for Hillingdon residents who have or may have dementia and this follows discussions about what the ideal pathway should look like.

				• HCCG's Governing Body approved a business case to establish a fracture liaison nurse role based at Hillingdon Hospital and the Trust is currently in the process of recruiting. This post will support people who have attended hospital for the first time with low level fractures, e.g. people who may have fallen from standing height or less, and may be living with osteoporosis (bone thinning). The intention behind the role is to provide more intensive support at this early stage to prevent more severe fractures as a result of more serious falls later on, as there is an evidence base that low level factures are a risk factor for more serious factures that can subsequently lead to nursing home admissions. • Approval was also given to increase capacity of the community falls service provided by Hillingdon Hospital and supported by CNWL with therapy input so that four clinics a month can be held rather than the current three. This is intended to reduce waiting times to one and half weeks from three weeks. The clinics would be expected to see up to six new patients per clinic as well as three follow-up patients.
	3.1.2 Deliver scheme two: better care for people at the end of their life (EoL)	LBH/CCG	Quarterly	• Mapping of services for people at the end of life was completed during Q1 and the results will be presented to the End of Life Forum in September. • The end of life pathway, i.e. how people identified as being at end of life are supported and where they are referred to, is being mapped for consideration by the multi-agency End of Life Forum in September.

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	• THH has successfully recruited to Discharge Coordinator posts following approval by the Council and HCCG to establish an Integrated Appraisal Team at the Hospital. The team will comprise 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.
	3.2.2 Deliver scheme six: Care homes initiative	LBH/CCG	Quarterly	• As most of the actions within the scope of this scheme have now been delivered, work has started on: ○ 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 development of the medical model of care; ○ Developing options to address the need for care home provision for older people with challenging behaviour needs
	3.2.3 Deliver scheme five: Review and realignment of community services to emerging GP networks	LBH/CCG	Quarterly	• The multi-disciplinary team (MDT) approach was extended to cover the whole of the north of the borough, with the intention of this being expanded to other GP networks in the south of the borough in Q2. • Work continued on developing an agreed integrated care plan template for use across partners, which will assist with care planning and care coordination and reduce the number of times that residents have to repeat their story. The template was completed in Q1 and testing in GP practices in the north of the borough started from the 1st July. The template has now been agreed and the intention is to roll out its use across the borough during September.

	3.2.4 Provide adaptations to homes to promote safe, independent living including the Disabled Facilities Grant	LBH	Quarterly	• In the first quarter of 2015-16, a total of 134 homes had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 85 older people. • Of these, 42 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 68% of the grants provided. 71% (30) of the people receiving DFGs were owner occupiers, 26% (11) were housing association tenants, 2% (1) was a private tenant. The total DFG spend on older people during Q1 was £242k, which represented 68% of the total spend (£358k) in Q1. Remodelling of the DFG process has seen a reduction in waiting times from application to grant approval from 14 months to 25 days.
	3.2.5 Increase the number of target population who sign up to TeleCareLine service which is free for over 80's	LBH	Quarterly	• As at 30th June 2015, 4,424 service users (3,927 households) were in receipt of a TeleCareLine equipment service, of which 3,328 people (3,023 households) were aged 80 years or older. • Between 5th April 2015 and 30th June 2015, 377 new service users have joined the TeleCareLine Service of which 266 were aged over 80. We are on target to achieve 750 new users set for this year.
3.3 Implement requirements of the Care Act 2014	**3.3.1** Develop the prevention agenda including Info and Advice Duty	LBH	Quarterly	• 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.

				• As at 30th July 15, Connect to Support Hillingdon had 171 private and voluntary sector organisations registered on the site offering a wide range of products, services and support, work continues to promote the site both with residents and providers. • From 1st April (launch) to 30th June 15, in excess of 2,100 individuals have accessed Connect to Support and completed over 3,300 sessions reviewing the information & advice pages and/or details of available services and support. • The online social care self assessment went live in July 15 which will help individuals navigate the information and advice pages and give an indication if they are likely to benefit from a more detailed assessment.
	3.3.2 Develop a Carers Strategy that reflects the new responsibilities and implementation of the Care Act 2014	LBH/CCG	Biennially	• Task and finish groups have been set up to deliver actions in the delivery plan which includes a review of information available to carers across key stakeholders, a communications campaign to raise awareness of the caring role and the possibility of delivering a Carers Award Scheme for the borough. The first Carers Assembly for Hillingdon will be taking place on the 12 November 2105.

	3.3.3 Deliver BCF scheme seven: Care Act Implementation 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 information, advice and advocacy to residents; d) ensuring market oversight and diversity of provision; and e) strengthening the approach to safeguarding adults.	LBH/CCG	Quarterly	• The number of private and voluntary sector providers registered on the resident portal Connect to Support increased from 85 at 31/03/15 to 154 at 01/07/15. • Work was undertaken to develop an online social care and financial self-assessment facility on Connect to Support that went live on 01/07/15. • A programme of staff training on new policies and procedures continued until 30/06/15. • The social care pathway has been remodelled to ensure compliance with the Care Act. All new referrals will be provided with an indicative allocation prior to support planning and have a confirmed personal budget at the end of the process. The Council has reduced handoffs and ensured that the timeliness of decisions about budget allocation have been greatly improved.
	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	• The Market Position Statement has been re-formatted (02/09/15), final review scheduled for w/c 7th September after which it will be published.
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	LBH/CCG	Quarterly	• The new Education, Health and Care (EHC) assessment process has been implemented and EHC Plans are being produced. There are approx' 290 EHC Plans in place. • The Local Offer was published in September 2014

	commissioning and service planning for children, young people and families			and significant development work has taken place. Full consultation took place during July and August with comments and feedback to be published by 31st August in line with requirements. This will be in a newly created section entitled 'You Said, We Did', which will be maintained on a regular basis. A full launch will take place in September 2015 with ongoing development taking place with the engagement and participation of children and young people and their parents/carers in the borough to ensure services can be developed to meet their needs. • The joint commissioning strategy has now been agreed at the Health and Wellbeing Board. There will be an initial focus on provision for children and young people with speech, language and communication needs as the JSNA indicates this is an area of unmet need. • A workshop has been set up to support us to 'measure our success' in implementing the reforms and to prepare for the new Ofsted inspection framework which commences in May 2016.
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	• The number of children with SEND attending independent or non-maintained special schools has reduced to approximately 115 in response to increasing the local capacity. • The data about pupil numbers at the state funded special schools in the borough is being analysed to inform recommendations for requirements for the next few years.

				• Work is taking place with a specialist college provider to establish provision within the borough.
	3.5.2 Develop a short breaks strategy for carers of children and young people with disabilities	LBH	Quarterly	• Work is taking place on developing a Short Break Strategy for 2016 which better meets the needs of carers and will result in an updated statement. This will be integrated with work taking place on the Local Offer and Disability Register to ensure consistency and maximum visibility and engagement of Hillingdon residents. • There has been significant customer engagement over the last few months to try to capture as many views as possible from residents who may require access to short breaks.
3.6 Assist vulnerable people to secure and maintain their independence by developing extra care and supported housing as an alternative to residential and nursing care	**3.5.1** Provide extra care and supported accommodation to reduce reliance on residential care	LBH	Quarterly	• Of the two LD schemes, Church Road (6 units) is now open. One tenant has already moved in with the rest expected to follow in the near future. • Honeycroft Hill (16 units) is expected to open by November 2015. • Sessile Court is fully operational and staffed, and the provider is progressing well.

Priority 4 - A positive experience of care

Objective	Task and Metric	Lead	Metric reporting frequency	Evidence of activity against task

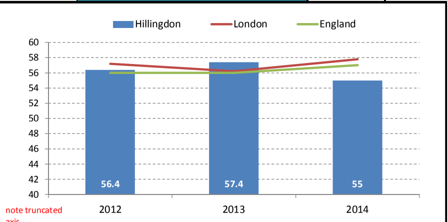
4.1 Ensure that residents are engaged in the BCF scheme implementation	**4.1.1** Improve service user experience by 1%	LBH/CCG	Annually	• The Adult Social Care Survey will be undertaken in Q4 to test 4.1.1 - 4.1.3. • Subject to HWBB approval, residents will be engaged in the development of the plan from April 2016.
	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	• The Council will undertake a survey in Q4 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.
4.2 Ensure parents of children and young people with SEND are actively involved in their care	**4.2.1** Develop a more robust ongoing approach to participation and engagement of Children and Young People (C&YP) with SEND	LBH	Quarterly	• Work with ' Headliners' resulted in a film being produced with children, young people and their families. An initial screening has taken place, as has a workshop to build on the actions and develop a model for ongoing, meaningful participation. A working group is now established where a participation approach is being developed to promote more active engagement in the development of a range of strategies and initiatives including: - All-age Disability Register - Disability Register incentive scheme

				- Short Break Strategy - The Local Offer - peer to peer guidance (example below) - The DisabledGo Project - Project Search • CYP with SEND have been involved in the development of information for their peers in relation to Preparation for Adulthood. This is now approaching final draft form and is intended for completion during the Autumn term. • Short films, with CYP, are being planned explaining various key points of the SEND Reforms to support and enrich the Local Offer.

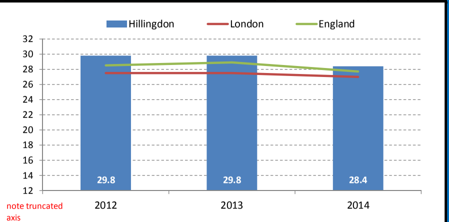
Health & Wellbeing Board - 22 September 2015

PRIORITY ONE

PHOF 2.13i	Percentage of physically active and inactive adults - ACTIVE adults	2014	55.0
		2013	57.4



PHOF 2.13ii	Percentage of physically active and inactive adults - INACTIVE adults	2014	28.4
		2013	29.8

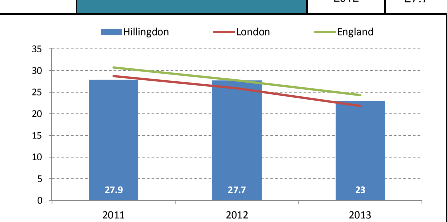


PRIORITY ONE

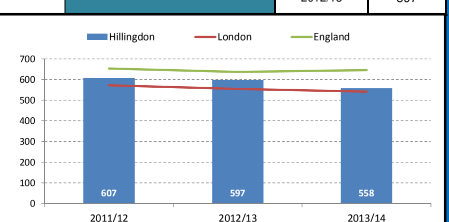
ASCOF 1e	1e - % of LD clients in paid employment	2015/16 (Jul)	2.6%
		2014/15 (YE)	2.1%

PRIORITY TWO

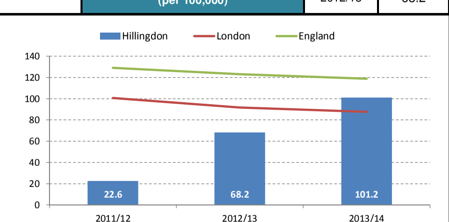
PHOF 2.04	Under 18 conceptions per 1,000 (aged 15-17)	2013	23.0
		2012	27.7



PHOF 2.18	Admission episodes for alcohol-related conditions (per 100,000)	2013/14	558
		2012/13	597



PHOF 4.12i	Preventable sight loss - age related macular degeneration in those aged 65+ (per 100,000)	2013/14	101.2
		2012/13	68.2

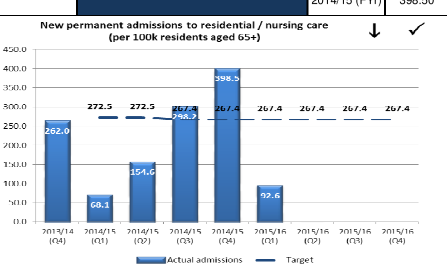


PRIORITY TWO

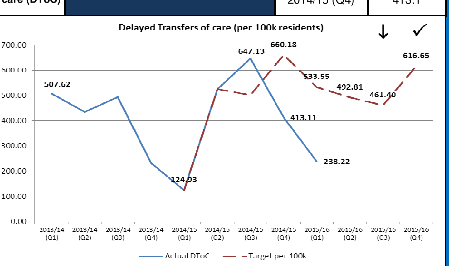
PHOF 2.22iii	Cumulative % of the eligible population aged 40-74 OFFERED an NHS Health Check	2013/14 - 2014/15	24.1%
		2013/14	11.2%
PHOF 2.22v	Cumulative % of the eligible population aged 40-74 who RECEIVED an NHS Health Check	2013/14 - 2014/15	17.1%
		2013/14	8.1%
PHOF 3.02	Chlamydia detection rate 15-24 year olds (per 100,000)	2014	1369
		2013	1511

BETTER CARE FUND METRICS

Perm admissions	Perm admissions per 100,000	2015/16 (Q1)	36.0
		2014/15 (FYr)	398.50



Delayed transfer of care (DToC)	DToC per 100,000 residents	2015/16 (Apr)	238.2
		2014/15 (Q4)	413.1



Perm admissions	Number of permanent admissions to residential / nursing care for residents aged 65+	2015/16 (Q1)	36
		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 / nursinge 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 (Q1)	538
		2014/15 (Q4)	933
Delayed transfer of care	DToC 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

PRIORITY THREE

LBH (Local Measure)	Number of major adaptations to homes to promote safe, independent living	Q1 2015/16	134
		2014/15	223
LBH (Local Measure)	Number of people in receipt of TeleCareLine (All ages)	2015/16 (Jul)	4,424
		2014/15	4,033
LBH (Local Measure)	Number of people in receipt of TeleCareLine (80+)	2015/16 (Jul)	3,370
		2014/15	3,044
LBH (Local Measure)	Number of people in sign ups to TeleCareLine	2015/16 (Jul)	112
		2014/15	833
PHOF 2.24i	Injuries due to falls in people aged 65 and over (per 100,000 population	2013/14	2,308
		2012/13	2,376

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

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BETTER CARE FUND: PERFORMANCE REPORT (APRIL - JUNE 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 Zamen, Adult Social Care Kevin Byrne, Policy and Partnerships
Papers with report	Appendix 1 - BCF Monitoring report - Month 1 - 3: April - June 2015 Appendix 2 - BCF metrics scorecard

HEADLINE INFORMATION

Summary	This report provides the Board with the second 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 contents of the report.**
b. **approves the increase in the permanent admission to care homes target for 2015/16 from 104 to 150.**
c. **instructs officers on any future reporting requirements**

INFORMATION

1. This is the second performance report to the Health and Wellbeing Board (HWBB) on the delivery of Hillingdon's Better Care Fund (BCF) Plan for 2015/16 and the management of the pooled budget hosted by the Council. The plan and its financial arrangements are set out in an agreement established under section 75 of the National Health Service Act, 2006 and approved in March 2015 by both Cabinet and Hillingdon Clinical Commissioning Group's (HCCG) Governing Body.

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 those of the six key performance indicators (KPIs) for which data is available.

3. The key headlines from the monitoring report are:

- The month 3 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.

- During Q1 2015/16 there were 2,663 emergency admissions against a projected ceiling of 2,719, which indicates that admission prevention initiatives are having a positive impact.

- In Q1 2015/16 there were 2,502 falls-related emergency admissions, which represents a reduction on the same quarter 2014/15 of 76. If this rate was replicated for the rest of the year then the number of admissions would reduce by 304. The falls-related admission reduction target for 2015/16 is 175.

- The number of delayed transfers of care (DTOC), which is measured on the number of delayed days before discharge was slightly higher than the BCF ceiling for Q1 of 533 days. During Q1 there were actually 538 delayed days and 75% (403) of these concerned people with mental health needs. 81% (328 days) of the delayed days were due to the lack of availability of secure rehabilitation beds.

- During Q1 there were 36 permanent placements. If replicated during the whole of 2015/16 this would suggest a total of 144 placements. The report to the Board in July reported the circumstances that made the target agreed by NHSE unachievable, e.g. the current lack of alternative options for people with high levels of frailty and multiple needs. These circumstances have not changed and are unlikely to do so until the new extra care schemes approved by Cabinet in June 2015 come on stream. A revised target of 150 is therefore being suggested to the Board, which will allow for increased levels of frailty presenting during the winter pressure period.

- In Q1 42 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 68% of the grants provided.

- Progress continues with joining up IT systems in order to reduce the number of times residents with care needs have to repeat their information. A small number of residents should start to see the benefits of this work in the autumn with an increasing number of older people and other adults from the spring of 2016. If successful this work should also release staff time to attend to the care and support needs of residents.

- In July 2015, the Government announced that implementation of the care costs cap which would mean that no one over the age of 65 would have pay more that £72k towards their care costs would be postponed until 2020. The increase in capital limits will also be postponed. This means that anyone with capital or savings of £23,250 or more will continue to fully fund their care.

Financial Implications

4. The attached budget monitoring report attached as Appendix 1 sets out the financial position on each scheme within the BCF for 2015/16. As at Month 3 there is a variance of £23k against expenditure profiles which are analysed in the monitoring report.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

6. A revision to the permanent admissions to care homes target reflects what is achievable during 2015/16 in view of the factors that prevented the target being achieved in 2014/15.

Consultation Carried Out or Required

7. The BCF Plan was developed with key stakeholders in the health and social care sector and through engagement with residents. HCCG and Hillingdon Hospital have been consulted in the drafting of this report.

Policy Overview Committee comments

8. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance comments

9. The Director of Finance LB 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. The financial pressure on the Care Act budget arises from the additional demands from carers and is fully covered by other Council contingency funds and does not pose any risk to the financial position of the BCF.

10. The Deputy Chief Financial Officer, HCCG, 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. The main variances outside of this are Community Equipment and pressure relieving mattresses due to higher than expected activity for Month 3.

Hillingdon Council Legal comments

11. 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 HCCG and the Council. A condition of accessing the money in the Fund is that the

HCCG 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.

Appendix 1

BCF Monitoring Report

Programme: Hillingdon Better Care Fund	
Date: 21st August 2015	**Period covered:** April - June 2015 - Month 3
Core Group Sponsors: Ceri Jacob /Tony Zaman /Paul Whaymand/Jonathan Tymms/ Kevin Byrne	
Finance Leads: Paul Whaymand/Jonathan Tymms	

Key: RAG Rating Definitions and Required Actions		
	Definitions	**Required Actions**
GREEN	The project is on target to succeed. The timeline/cost/objectives are within plan.	No action required.
AMBER	This project has a problem but remedial action is being taken to resolve it OR a potential problem has been identified and no action may be taken at this time but it is being carefully monitored. The timeline and/or cost and/or objectives are at risk. Cost may be an issue but can be addressed within existing resources.	Escalate to Core Officer Group, which will determine whether exception report required. Scheme lead to attend Core Officer Group.
RED	Remedial action has not been successful OR is not available. The timeline and/or cost and/or objectives are an issue.	Escalate to Health and Wellbeing Board and HCCG Governing Body. Explanation with proposed mitigation to be provided or recommendation for changes to timeline or scope. Any decision about resources to be referred to Cabinet/HCCG Governing Body.

1. Summary and Overview	Plan RAG Rating	Amber
	a) Finance	Amber
	b) Scheme Delivery	Amber
	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 3**	**Variance as at Month 3**	**Variance as at Month 2**	**Movement from Month 2**	**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	2,605	27	0	27	10,227
Care Act New Burdens Funding	838	420	211	0	211	1,686
LBH - Protecting Social Care Funding	4,712	1,067	(110)	(35)	(75)	4,641
LBH - Protecting Social Care Capital Funding	2,349	436	(151)	(166)	15	2,349
BCF Programme management	60	15	0	0	0	60
Overall BCF Total funding	**17,991**	**4,543**	**(23)**	**(201)**	**178**	**18,963**

1.1 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.

1.2 Detailed budget monitoring of each scheme is 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 of 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.

1.3 The Council’s contribution to the community equipment contract currently sits outside of the BCF section 75.

B. Plan Delivery Headlines

1.4 The month 3 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.

1.5 During Q1 2015/16 there were 2,663 emergency admissions against a projected ceiling of 2,719, which indicates that admission prevention initiatives are having a positive impact.

1.6 The number of delayed transfers of care (DTOC), which is measured on the number of delayed days before discharge from was slightly higher than the BCF ceiling for Q1 of 533 days. During Q1 there were 538 delayed days and 75% (403) of these concerned people with mental health needs. The main cause of the delayed discharge was difficulties in accessing secure rehabilitation placements.

1.7 In Q1 2015/16 there were 2,502 falls-related emergency admissions, which represents a reduction on the same quarter 2014/15 of 76. If this performance is maintained throughout the year then the falls-related emergency admissions reduction target of 175 would be exceeded.

1.8 Progress continues with joining up IT systems in order to reduce the number of times residents with care needs have to repeat their information.

C. Outcomes for Residents: Performance Metrics

1.9 This section comments on the information summarised in the Better Care Fund Dashboard (Appendix 2).

1.10 **Emergency admissions target (known as non-elective admissions)** - During Q1 2015/16 there were 2,663 emergency admissions against a projected ceiling of 2,719 and Q4 2014/15 position of 2,754, which indicates that admission prevention initiatives are having a positive impact. The positive trend can also be shown by the fact that in Q1 2014/15 there were 2,818 emergency admissions. However, Q2 2014/15 saw a considerable increase in activity and the extent to which this will be replicated in 2015/16 and the resilience of the admissions avoidance measures will be clearer by the time of the performance report to the Board in December 2015.

1.11 **Delayed transfers of care (DTOC) 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 DTOCS. In Q1 there were 538 delayed days against a ceiling of 533. The table below summarises the identified source of the delay.

Delay Source	Acute	Non-acute (CNWL)	Total
NHS	106	328	434
Social Care	9	75	84
Both NHS & Social Care	0	20	20
Total	115	423	**538**

1.12 79% (423) of the delayed days concerned people with mental health needs and of these 81% (328) arose due to the lack of availability of beds in a secure rehabilitation unit. The 75 days attributed to social care arose because of issues with securing appropriate packages of care (15 days) and also regarding agreement of service users and/or their families with care arrangements (60 days). Disputes over funding responsibility contributed to the 20 delayed days attributed both to the NHS and social care. This issue should not arise again as agreement has now been reached with the CCG on the funding of after care arrangements provided under section 117 of the 1983 Mental Health Act (MHA) to people who have been, for example, discharged from hospital following a period of detention under the MHA.

1.13 *'Acute NHS'* in the table above includes Hillingdon Hospital, London North West Hospitals (Northwick Park and Ealing Hospitals) and Imperial College Hospital, London. Of the 115 days attributed to acute trusts, 26 days relate to Hillingdon Hospital and 5 were the responsibility of social care and arose because of service user/family agreement issues.

1.14 **Care home admission target** - The factors that contributed to the 2014/15 target being missed and which still apply included:

- Number of new referrals of older with complex needs, e.g. people with multiple conditions;
- 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 and will not be delivered in 2015/16.

1.15 During Q1 there were 36 permanent placements. If replicated during the whole of 2015/16 this would suggest a total of 144 placements. A revised target (original target was 104) of 150 is recommended to allow for increased levels of frailty presenting during the winter pressure period.

1.16 It should be noted that the new permanent admissions figure in paragraph 1.15 above is a gross figure that does not reflect the fact that 57 people also left care homes during Q1. As a result at the end of Q1 there were 460 older people living in care homes (240 in residential care and 220 in nursing care). This figure also includes people who reached their sixty-fifth birthday in Q1 and were, therefore, counted as older people.

2. Scheme Delivery

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

Scheme 1 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	180	45	0	0	0	180
Total Scheme 1	**180**	**45**	**0**	**0**	**0**	**180**

Scheme Financials

2.1 Current spend is in line with HCCG profiled budget, which relates to value contracts (Age UK's Falls Prevention Service and GP networks) that are evenly phased (divided equally over 12 months).

Scheme Delivery

2.2 Hillingdon4All (H4A) Health and Wellbeing Gateway: HCCG's Governing Body has made an additional £100k available to enable start-up work to be undertaken. A final additional funding decision will be made at the Governing Body's September meeting. If the funding is approved implementation of the service will start from the 1st October 2015.

2.3 The content of the training to be delivered to visiting staff to 'make every contact count' (MECC) is on track to be drafted in Q3. The training programme will be delivered in Q4. The programme will be informed by the results of a questionnaire to be issued by Public Health to front line staff in Q3 regarding their knowledge, understanding and concerns about engaging with residents about the options available to them to support their health and wellbeing. There will also be an event for frontline LBH staff on 2nd November that will make them aware of the voluntary and community organisations available in the borough to sign-post residents to.

2.4 The Dementia Working is developing the health and social care pathway for Hillingdon residents who have or may have dementia and this follows discussions about what the ideal pathway should look like.

2.5 HCCG's Governing Body approved a business case to establish a fracture liaison nurse role based at Hillingdon Hospital and the Trust is currently in the process of recruiting. This post will support people who have attended hospital for the first time with low level fractures, e.g. people who may have fallen from standing height or less, and may be living with osteoporosis (bone thinning). The intention behind the role is to provide more intensive support at this early stage to prevent more severe fractures as a result of more serious falls later on, as there is an evidence base that low level factures are a risk factor for more serious factures that can subsequently lead to nursing home admissions.

2.6 Approval was also given to increase capacity of the community falls service provided by Hillingdon Hospital and supported by CNWL with therapy input so that four clinics a month can be held rather than the current three. This is intended to reduce waiting times to one and half weeks from three weeks. The clinics would be expected to see up to six new patients per clinic as well as three follow-up patients.

2.7 During 2014/15 there were 10,591 emergency admissions as a result of falls at a total cost of £2.9m. The target for 2015/16 is to reduce the number of falls-related admissions by 175. In Q1 2015/16 there were 2,502 falls-related emergency admissions, which represents a reduction on the same quarter 2014/15 of 76. If this rate was replicated for the rest of the year then the number of admissions would reduce by 304. However, delivery of this level of performance is very dependent on the severity of the winter months.

Scheme Risks/Issues

2.8 The delivery of this scheme is RAG rated as amber because of uncertainties and risks associated with the H4A Gateway. Progress in delivering this scheme remains dependent on having a referral point for staff visiting people in their own home who identify that they may be at risk. Should the H4A 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. However, this does not prevent visiting staff being made aware of what services are available in the borough to sign-post residents appropriately and this is something that the event on 2nd November will address.

2.9 The demand on existing third sector services as a result of new needs identified through the H4A Gateway will be reviewed jointly by the Council and HCCG six months following the implementation of the service and after a year. The reviews will consider the extent to which current service arrangements are fit for purpose.

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 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding (including non elective performance fund)	100	25	0	0	0	100
Total Scheme 2	**100**	**25**	**0**	**0**	**0**	**100**

Scheme Financials

2.10 Current spend is in line with HCCG profiled budget, which relates to a value contract that are evenly phased (divided equally over 12 months).

Scheme Delivery

2.11 Mapping of services for people at the end of life was completed during Q1 and the results will be presented to the End of Life Forum in September. Services will either be added to the resident portal, Connect to Support or the NHS Directory of Services, depending on whether residents or professionals are the intended recipients of the information.

2.12 The end of life pathway, i.e. how people identified as being at end of life are supported and where they are referred to, is being mapped for agreement by the multi-agency End of Life Forum in November.

Scheme Risks/Issues

2.13 The Council and HCCG are working together to develop a solution to the disruption in service that can arise when the needs of a resident at the end of life deteriorate to the point where they need to be supported by a health professional rather than social care. This can lead to a change of provider as well as uncertainties about funding responsibility. The numbers involved are small, e.g. less than 20 a year, but the impact on the person at end of life and their family can be considerable at a very distressing time. A solution could include:

- Contracting with a single provider (or providers to reflect the size of the borough) to avoid the disruption of a change of provider at a critical time;
- Waiving the charge associated with social care funded care and support. This could help to avoid the complexities and potential disputes that can arise when trying to determine at what point a person's care should be health funded;
- Increasing the value of the BCF pooled budget to reflect social care and HCCG spend on residents at end of life.

2.14 It is the intention of officers to develop this proposed solution further for consideration by future meetings of the Council's Cabinet and the HCCG's Governing Body.

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

Scheme 3 Funding	**Approved Budget**	**Spend at Month 3**	**Variance as at Month 3**	**Variance as at Month 2**	**Movement from Month 2**	**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	1,107	(13)	0	(13)	4,151
LBH - Protecting Social Care funding	686	173	2	0	2	695
Total Scheme 3	**4,785**	**1,280**	**(11)**	**0**	**(11)**	**4,846**

Scheme Financials

2.15 The Council's share of the funding of this scheme relates mainly to the cost of placements in bed based intermediate care. The outturn forecast is a small overspend against placements offset by a minor underspend in Hospital social workers due to a vacancy.

2.16 The HCCG spend is reflecting the increased cost of pressure relieving mattresses, which is partly due to a change to a new supplier and transitional costs relating to that and also an increase in demand for this type of equipment.

Scheme Delivery

2.17 The additional consultant geriatrician capacity approved by HCCG's Governing in May will support new Care of the Elderly Team (COTE) provided rapid access clinics, which will provide access to an holistic assessment, e.g. consultant, therapy and nursing, and diagnostics, that are currently only available upon admission to the Acute Medical Unit (AMU) at THH. Referrals will be from GP practices and community matrons. There will be two clinics, one operating from THH and starting on 21st August and the second at Mount Vernon and starting on 2nd September. '*Rapid*' means that people will be seen within four days of referral.

2.18 During Q1 the Reablement Team received 272 referrals and of these 64 were from the community; the remainder were from hospitals, primarily Hillingdon Hospital. The community referrals represented potential hospital attendances and admissions that were consequently avoided. During this period, 97 people were discharged from Reablement with no on-going social care needs.

2.19 Scoping discussions between the Council and HCCG about further potential integration between health and social care intermediate care services to improve efficiency and effectiveness have started. The results of these discussions will be taken to a future meeting of the Board for consideration and to Cabinet and HCCG's Governing Body for decision about the use of resources.

Scheme Risks/Issues

2.20 The delivery of this scheme is RAG rated as amber because of the small projected overspends.

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

Scheme 4 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
LBH - Protecting Social Care funding	754	173	(15)	(1)	(14)	747
Total Scheme 4	**754**	**173**	**(15)**	**(1)**	**(14)**	**747**

Scheme Financials

2.21 There are currently minor underspends in staffing costs of both the Reablement Team and mental health social workers.

Scheme Delivery

2.22 The actions to deliver the out of hospital aspect of seven day working have been agreed and these include:

- Ensuring that there is consultant cover seven days a week;
- Scoping hospital transport demand and capacity seven days a week;
- Ensuring discharge coordinators are working seven days a week;
- Development of District Nurse and Rapid Response capacity to support hospital discharge seven days a week;
- Developing complex wound care arrangements in the community;
- Enabling care homes to admit seven days a week, including through provision of GP cover arrangements;
- Allocation of a social worker to each person requiring a supported discharge;
- Ensuring availability of acute mental health beds;
- Establishing direct Hospital access to the third sector provided night sitting service.

2.23 Consultant cover is now available seven days a week in Accident and Emergency, the Acute Medical Unit (AMU) and Paediatric department. The AMU is a 46-bed facility on the Hillingdon Hospital site that is the first point of entry for residents referred to the Hospital by their GPs as emergency cases, as well as those moving from the emergency department. These residents are usually discharged within 72 hours.

2.24 THH has successfully recruited to Discharge Coordinator posts following approval by the Council and HCCG to establish an Integrated Appraisal Team at the Hospital. The team will comprise of social work, Hospital and CCG staff. This team will be working in the AMU to speed up the discharge process.

2.25 Additional funding approved by HCCG's Governing Body has increased the capacity of the Rapid Response Service to support seven day working.

2.26 The night sitting service is commissioned by HCCG from Harlington Hospice and provides care and support to both people and their carers at end of life. The current referral route is through Rapid Response. An application for funding to Hillingdon's Systems Resilience Group (SRG) that will enable the Hospital to make direct referrals during the winter period (December 2015 - April 2016) will, if approved, provide a test of concept. The funding decision will be made in September.

2.27 NHSE directed that Hillingdon's Systems Resilience Group (SRG) assume responsibility for monitoring the delivery of the ten seven day working standards, including the out of hospital standard. Government guidance requires all CCGs to host a multi-agency SRG to ensure that health and care systems are able to cope with local planned and unplanned care demands. Adult Social Care is represented on this group, which is chaired by a local GP and member of HCCG's Governing Body.

Scheme Risks/Issues

2.28 The delivery of this scheme is RAG rated as amber because timescales have not yet been agreed for some actions within the delivery plan. These include:

- Ensuring availability of acute mental health beds;
- Scoping hospital transport demand and capacity seven days a week;
- Quantifying demand for intravenous medication techniques not currently commissioned by HCCG from CNWL.

This should be addressed at the Seven Day Working Group meeting on the 18th September.

2.29 There is an issue about the availability of accommodation at the Hospital to support social care staff being permanently based on site that will inhibit the effectiveness of the Integrated Appraisal Team. The Trust is working with Adult Social Care to find a solution but a general shortage of space at the Hospital is making this a difficult issue to resolve.

2.30 The fact that GP networks are at different stages of maturity means that identification of timely and consistent borough-wide pathways to deliver seven day working, for example, support for care homes, requires further development. The assumption of responsibility for the delivery of seven day working by the Systems Resilience Group should help to address this.

2.31 The Board may also wish to be aware that the seven day working scheme is dependent on the delivery of actions within other BCF schemes. An example of this identification of suitable in-borough care home placements for people with challenging behaviour needs. This is work being undertaken within the remit of scheme 6: *Care home initiative*.

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

Scheme 5 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	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	1,416	(14)	0	(14)	5,748
LBH - Protecting Social Care funding	3,272	721	(97)	(34)	(63)	3,199
Total Scheme 5	**8,877**	**2,137**	**(111)**	**(34)**	**(77)**	**8,947**

Scheme Financials

2.32 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 client groups other than older people as well as to identify any innovations which would allow residents to remain in the community for longer.

2.33 The variance in HCCG's expenditure is connected to the overspend against the community equipment budget. The TeleCareLine underspend and the community equipment overspend are the reasons why the finance RAG rating element has been identified as amber.

Scheme Delivery

2.34 The multi-disciplinary team (MDT) approach was extended to cover the whole of the north of the borough, with the intention of this being expanded to other GP networks in the south of the borough in Q2.

2.35 Work continued on developing an agreed integrated care plan template for use across partners, which will assist with care planning and care coordination and reduce the number of times that residents have to repeat their story. The template was completed in Q1 and testing in GP practices in the north of the borough started from the 1st July. The template has now been agreed and the intention is to roll out its use across the borough during September.

2.36 In Q1 42 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 68% of the grants provided. 71% (30) of the people receiving DFGs were owner occupiers, 26% (11) were housing association tenants, 2% (1) was a private tenant. The total DFG spend on older people during Q1 was £242k, which represented 68% of the total spend (£358k) in Q1. Remodelling of the DFG process has seen a reduction in waiting times from application to grant approval from 14 months to 25 days.

Scheme Risks/Issues

2.37 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. The Council holds the contract for the community equipment service, which at the end of M3 was overspent by £98k. A project jointly sponsored by the Council and HCCG started in Q2 to identify where savings can be achieved (including through improved prescribing practice) and also to identify the extent to which the overspend is related to more people with complex needs being supported in a community setting rather than in care homes in accordance with national and local priorities.

2.38 In order to rationalise governance and risk management arrangements officers intend to seek Cabinet and HCCG Governing Body approval to bring the Council's equipment contract budget into the BCF pooled budget in the autumn. The recommendations made to Cabinet and HCCG's Governing Body will be informed by the results of the project work now being undertaken.

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

Scheme 6 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	48	12	0	0	0	48
Total Scheme 6	**48**	**12**	**0**	**0**	**0**	**48**

Scheme Financials

2.39 HCCG expenditure is in line with planned activity.

Scheme Delivery

2.40 Following the Board meeting in July work has now started on:

- 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 development of the medical model of care;
- Developing options to address the need for care home provision for older people with challenging behaviour needs

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

Scheme 7 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
Care Act New Burdens Funding	838	420	210	0	210	1,686
Total Scheme 7	**838**	**420**	**210**	**0**	**210**	**1,686**

Scheme Financials

2.41 The expenditure on delivering the responsibilities under the Care Act is currently showing a pressure due to the cost of providing carers' assessments and funding their resultant care and support needs. The financial pressure on this budget arising from the additional demands from carers is fully covered by other Council contingency funds and does not pose any risk to the financial position of the BCF. The remaining areas are on target, e.g. supporting the implementation of a strengthened Adult Safeguarding structure, addressing needs and IT development.

Scheme Delivery

2.42 The number of private and voluntary sector providers registered on the resident portal Connect to Support increased from 85 at 31/03/15 to 154 at 01/07/15.

2.43 During Q1 over 2,100 people accessed Connect to Support and completed over 3,300 sessions, which included reviewing the information & advice pages and/or details of available services and support.

2.44 Work was undertaken to develop an online social care and financial self-assessment facility on Connect to Support that went live on 01/07/15.

2.45 A programme of staff training on new policies and procedures continued until 30/06/15.

2.46 The social care pathway has been remodelled to ensure compliance with the Care Act. All new referrals will be provided with an indicative allocation prior to support planning and have a confirmed personal budget at the end of the process. The Council has reduced handoffs and ensured that the timeliness of decisions about budget allocation have been greatly improved.

Financial Costs Not in Schemes						
	Approved Budget	**Spend at Month 3**	**Variance as at Month 3**	**Variance as at Month 2**	**Movement from Month 2**	**Forecast Outturn**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Disabled Facilities Grant (Capital)	1,769	436	(6)	(70)	(70)	1,769
Social Care Grant (Capital)	580	0	(145)	(97)	(48)	580
BCF Programme Management	60	15	0	0	0	60
Total	**2,409**	**451**	**(151)**	**(167)**	**16**	**2,409**

2.47 There is currently an underspend in month 3 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 is currently being held to contribute to the funding of a dementia resource centre in the borough.

3. Key Risks or Issues

Joined-up IT Systems

3.1 Joined-up and inter-connected IT systems are key enablers to delivering integrated care.

3.2 A pilot with the care information exchange platform called Patients Know Best (PKB) funded for two years from the Imperial College Charitable Partnership Fund, which will enable different IT systems to be linked up and the information from them accessed through a single web-based portal, is due to start in October. This will be piloted initially with a small number of older residents based at a GP practice in the north of the borough. The pilot will provide practical experience of sharing information across organisations involved in addressing the health and social care needs of residents. Subject to the outcome of the pilot, this will then be rolled out to a broader range of practices in the north of the borough and then across the borough.

3.3 As the PKB platform will initially only support information sharing in respect of older people, the Council is working with the provider of the GP patient management system called EMIS to enable social workers to access patient/resident information for other older residents and adults who are not part of the pilot and also GPs to access information on Protocol. This will be achieved by April 2016. All the required information sharing agreements to permit what has been described above to take place will be in place by October 2015.

Stakeholder Engagement

3.4 A stakeholder engagement plan is being developed that will:

- Explain what health and social care partners are seeking to achieve for and with residents;
- Explain how integration will help to deliver this;
- Explain the tools for delivering better outcomes for residents through integration;
- Ensure that staff across partner organisations have a clear understanding of the above so that a consistent message can be given to residents;
- Give residents and staff across partner organisations the opportunity to shape future integration plans, subject to HWBB and HCCG Governing Body approval.

3.5 Assuming the publication in the autumn of government guidance on the next stage of the BCF from April 2016, it is proposed to submit a draft plan for the Board and HCCG's Governing Body's consideration in December. Subject to the Board and Governing Body's decisions, it is then proposed to undertake limited consultation with residents in Q4 prior to seeking final Board and HCCG Governing Body approval in March 2016. Approval for any new section 75 arrangements will also be sought from Cabinet and HCCG's Governing Body in March in the event that the post April 2016 plan is approved by the Board and HCCG's Governing Body.

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Better Care Fund

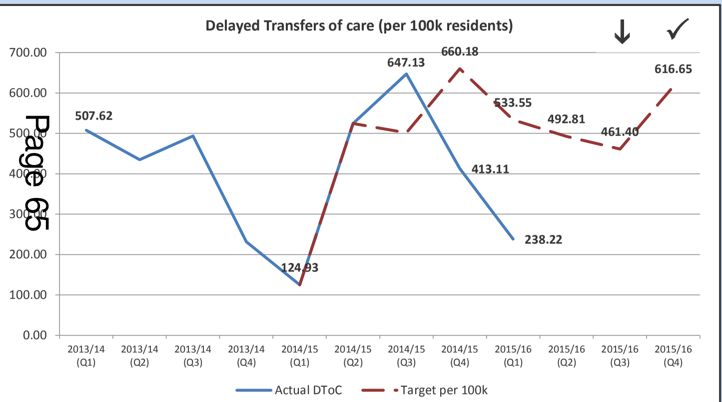
Period: 01/04/2015 to 30/06/2015
Month Number: 3

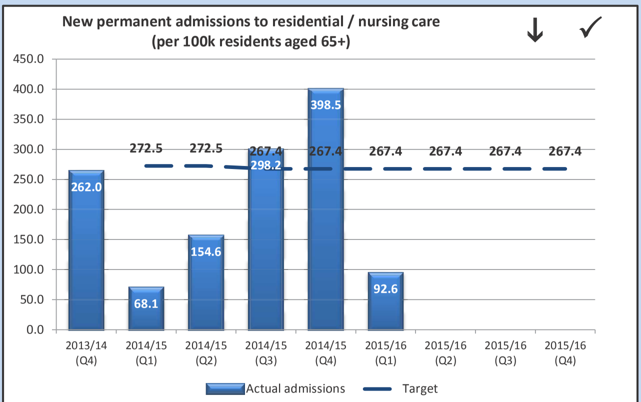
For further information please contact:
LBH Tony Zaman - 01895 250506 Gary Collier 01895 250730
CCG Ceri Jacob

High Level Summary

Non-Elective Admissions		Pay for performance period Q4 (Jan - Mar)	Q1 (Apr-Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec
Non-elective admissions in to hospital (general & acute), 65+.	2014 Actual	2,711	2,818	2,756	2,815
	Req, Reduction for 2015	95	99	96	98
	Target for 2015	2,616	2,719	2,660	2,717
	Actual 2015	2,754	2,663		
	Difference from Target	+138	-56		
	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			-306
		P4P annual change in admissions (%)			-2.8%
		P4P annual saving			£455,919

Key components of BCF funding 2015/16	Budget	Actual Spend to Date (M3)	Forecast
	£000's	£000's	£000's
HCCG Commissioned services funding (including non elective performance fund)	10,032	2,605	10,227
Care Act New Burdens Funding	838	420	1,686
LBH - Protecting Social Care Funding	4,712	1,021	4,641
LBH - Protecting Social Care Capital Funding	2,349	436	2,349
BCF Programme Management	60	15	60
Overall BCF Total funding	17,991	4,497	18,963

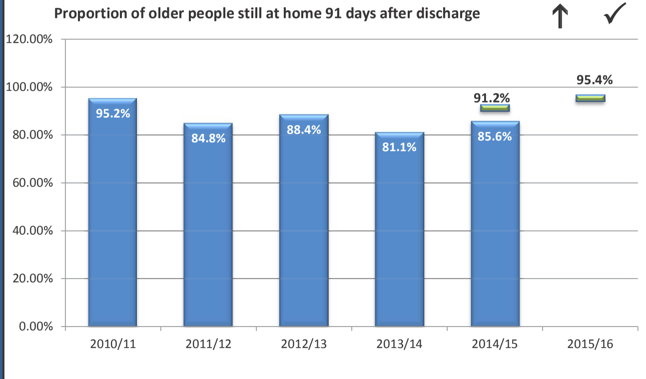


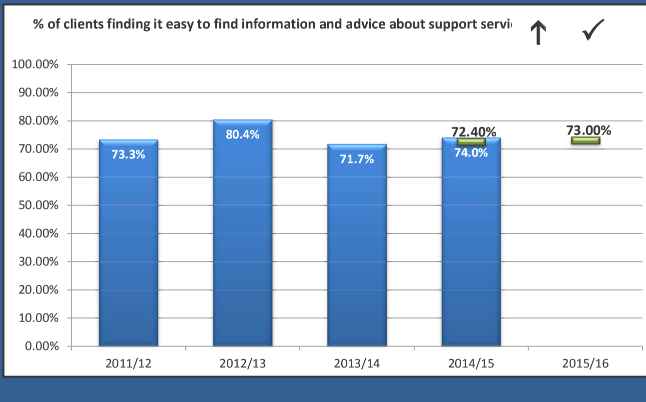


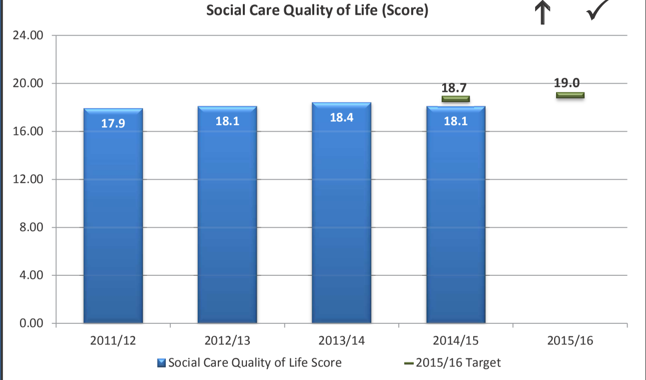
Delayed Transfers of Care (There is a 1 month time lag on the availability of the data)	To the end of period	Number (1/4ly)	Residents	Per 100k
	Baseline (2013/14)	3,666	219,259	1,672.0
	2014/15 (Q1)	278	222,521	124.9
	2014/15 (Q2)	1,168	222,521	524.9
	2014/15 (Q3)	1,440	222,521	647.1
	2014/15 (Q4)	933	225,846	413.1
	2014/15 (Full Year)	3,819	225,847	1,691.0
	2014/15 (Target)	4,053	225,847	1,794.6
	Variance from Target	-234	225,847	-103.6
	2015/16 (Q1)	538	225,846	238.2
	2015/16 (Q2)		225,846	0.0
	2015/16 (Q3)		225,846	0.0
	2015/16 (Q4)		229,303	0.0
	2015/16 (Full Year)	538	229,303	234.6
	2015/16 (Target)	1,823	225,847	807.3
	Variance from Target	-1,285	229,303	-560.5

Permanent admisisons to Residential / Nursing care (residents aged 65+)	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	38,169	303.9
	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 (Q1)	36	38,895	92.6
	2015/16 (Q2)		38,895	0.0
	2015/16 (Q3)		38,895	0.0
	2015/16 (Q4)		39,500	0.0

Annual Measures







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HILLINGDON CCG UPDATE

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

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: • Development of GP Networks • QIPP • Finance
Contribution to plans and strategies	The items above relate to the HCCGs: • 5 year strategic plan • Out of hospital strategy • Financial strategy • Primary Care Co-Commissioning • Shaping a Healthier Future update
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Overview and Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board note this update.

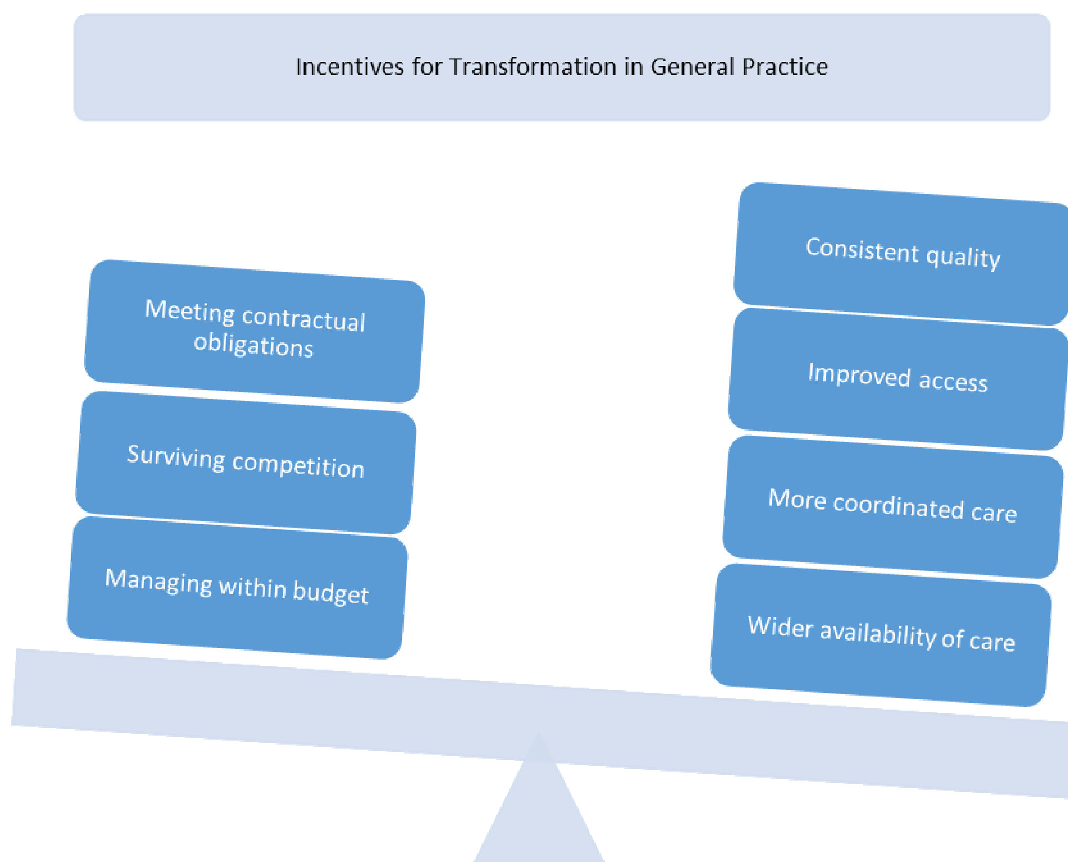
3. INFORMATION

3.1 GP network development

Why the CCG is supporting the development of GP Networks

The NHS needs to transform how care is delivered because demographic changes are increasing demand for healthcare services, and available resources are not increasing at the same rate. Services provided in primary care, and particularly those offered by local GPs, are already under severe pressure. So that local people can continue to receive the same (or better) levels of service than they currently enjoy, the CCG needs to support new ways of

working that help GPs and primary care become sustainable in the longer term. The primary driver for GPs to work differently is the opportunity that this way of working will provide better access to care for patients and carers which in turn will improve patient experience and outcomes. Other contributing motivators for GPs to this new way of working, include the increasing contractual demands on general practice, the competition for primary care contracts and the decreasing practice budget.



In September 2013, the CCG started working with local GPs to promote the idea of forming GP Federations (Networks). GP practices were encouraged to volunteer to form networks based around historic allegiances to ensure trust and working relationships within the network.

Formation of Hillingdon GP Networks

Hillingdon has four GP Provider Networks; all of the Networks are at different stages of development. Originally, six networks were formed but, as of 1 April 2015, the two North networks merged as one under the name of MetroHealth and the two South networks voted to merge as one under the name of Clover Health on 12 May 2015. The geographical areas of Uxbridge, Cowley, West Drayton and Yiewsley are covered by the two networks. There are two practices in Hillingdon that are not part of a network, these are West London Medical Centre and Church Road Surgery.

All of the Networks have GP clinical leads, business managers and administrators and the majority of Networks hold regular monthly Network meetings.

The networks are geographical located across the Hillingdon Borough:

North - MetroHealth

South - Clover Health
Uxbridge/West Drayton corridor – Wellcare and Concorde

Clover Hayes & Harlington Network

RAW LIST SIZE AS OF 01.7.15	PRACTICE NAME
10142	HAYES MEDICAL CENTRE
6404	GLENDALE HOUSE SURGERY
5123	ORCHARD MEDICAL PRACTICE
3960	KINGSWAY SURGERY
6482	HEATHROW MEDICAL CENTRE
3251	KINCORA DOCTORS SURGERY
3231	NORTH HYDE ROAD SURGERY
10166	CEDAR BROOK PRACTICE
9261	TOWNFIELD DOCTORS SURGERY
7017	THE WARREN PRACTICE
5898	THE PINE MEDICAL CENTRE
4219	SHAKESPEARE SURGERY
4943	YEADING COURT PRACTICE
3526	WILLOW TREE SURGERY
8405	HAYES TOWN MEDICAL CENTRE
92028	**15 PRACTICES**

Metro Health Network

RAW LIST SIZE AS OF 01.07.15	PRACTICE NAME
11810	WOOD LANE MEDICAL CENTRE
7544	THE DEVONSHIRE LODGE
7640	EASTBURY SURGERY
6769	THE ABBOTSBURY PRACTICE
5995	OXFORD DRIVE
5792	ST MARTINS MEDICAL CENTRE (and branch)
7622	CAREPOINT PRACTICE
4741	CEDARS MEDICAL CENTRE
4627	ACRE SURGERY
2280	ACREFIELD SURGERY
2104	LADYGATE LANE
11205	MOUNTWOOD SURGERY
9452	HAREFIELD PRACTICE
6525	QUEENS WALK MEDICAL CENTRE
5485	KING EDWARDS MEDICAL CENTRE (and branch surgery)
3440	WALNUT WAY PRACTICE
3315	SOUTHCOTE CLINIC
106346	**19 PRACTICES**

Concorde Network

LIST SIZE AS OF 01.7.15	PRACTICE NAME
16006	UXBRIDGE HEALTH CENTRE
9657	WEST DRAYTON MEDICAL CENTRE
11254	BRUNEL MEDICAL CENTRE
6075	ACORN MEDICAL CENTRE
42992	**4 PRACTICES**

Wellcare Network

LIST SIZE AS OF 01.7.15	PRACTICE NAME
11041	YIEWSLEY FAMILY PRACTICE
7369	HILLINGDON HEALTH CENTRE
7102	BELMONT MEDICAL CENTRE
6896	OTTERFIELD MEDICAL CENTRE
6537	YIEWSLEY HEALTH CENTRE
6733	THE OAKLAND MEDICAL CENTRE
6014	PARKVIEW SURGERY
2482	WALLASEY MEDICAL CENTRE
54174	**8 PRACTICES**

Services provided directly through GP Networks

The CCG is beginning to commission services directly with GP Networks, the following list illustrates services offered to-date:

NETWORK	SERVICES
MetroHealth	24 hour blood pressure monitoring
	Over 75's Care at Weekends
	Atrial Fibrillation Nursing Service
	Integrated Care Planning
Wellcare	Over 75's OOH Nursing Service
	COPD Specialist Nurse
	Integrated Care Planning
Concorde	Over 75's Annual Health Checks
	Integrated Care Planning
Clover	Integrated Care Planning

Over the last few months, the CCG conducted an assurance process on GP Networks as providers of Integrated Care Planning (ICP). All four GP Networks: MetroHealth, Concorde, Wellcare and Clover were successful in their application to provide this service. The service will be provided to patients that are over 75 in each of the Networks for 36 months starting from the 1 July 2015. All of the Networks will participate in regular multi-disciplinary team meetings to enable anticipatory care for the most complex or vulnerable patients to determine how best to improve their care and keep them within the community. This forms the non-complex care element of our Older People Model of Care which has been worked up with provider colleagues and is fully aligned to the Better Care Fund.

CCG continued support for GP Networks

In 2015/16, the CCG is looking to appoint a Network Chief Operating Officer to works across the GP Networks which will enable:

- GP Networks to establish robust governance processes.
- GP Networks to be fully represented on the emerging local Accountable Care Partnership.
- The CCG to lead the organisational development needs of each of the GP networks in Hillingdon.
- All services are supported to meet minimum quality standards according to service specifications provided.
- Identification of business opportunities to allow networks to become self-sustaining by 2016/17.

Hillingdon GP networks are at varying stages of development. Appointing a Chief Operating Officer on a one year fixed term contract will provide the GP Networks with the leadership and experience necessary to establish a viable provider organisation. The Chief Operating Officer will develop an exit strategy prior to the post ceasing that will be agreed by the networks.

3. 2 QIPP (Quality, Innovation, Productivity, Prevention)

The CCG's plan for QIPP for 2015/16 is valued at £7.746m and, at Month 4, we are currently forecasting to achieve an outturn of £6.180m (Variance £1.566m) against this target with mitigating actions in place to reduce variance through the year. The main issues are:

- **Intermediate Care:** To support recovery of the position on this scheme the CCG has agreed a revised tariff structure with The Hillingdon Hospital (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 ED and 24 hours post-ED) and avoid an admission tariff. This scheme also links to the Better Care Fund.

- **MSK:** This three year programme has delivered in Years 1 and 2 and we are currently reviewing delivery of the stretch QIPP activity reduction for year 3. The main savings are expected to come from revisions to the way Spinal activity is coded and also from the implementation of a new, more effective and cost effective, Pain Service as well as from residual activity reductions associated with the main MSK activities. The Clinical Working is being re-established to take this next phase forward and the position is expected to improve over the next 2 to 3 years.

- **Dermatology:** A recovery plan is in place with the provider to increase activity. We have taken steps to make clinics more accessible and have also added more services to the portfolio but still expect to have a year-end variance even though activity levels are now improving. New activity targets have been set for the remainder of the year which, if achieved, will recover the position on this scheme.

- **Paediatric Schemes:** We are focusing on implementing Paediatric Ambulatory Pathways and also agreeing a Zero Length of Stay Tariff for short stay Patients to achieve the required outturn for this scheme.

3.3 Financial position

The CCG's financial plan for 2015/16 is to deliver a 1% surplus (£3.482m) and to remove the underlying deficit. The plan is based on the following key deliverables/assumptions:

- Funding from NWL Strategy of £10.3m plus THH Transitional Support of £3m (now confirmed)
- Local QIPP Plan delivery of £7.7m (£8m in 2014/15)
- Delivery of 15/16 Acute Activity Plan

Overall, at month 4, the CCG's in-year's position is a YTD planned surplus of £1.161m and a forecast surplus of £3.482m which is in line with plan. The CCG is currently facing financial pressures on its Acute budget (£2.3m FOT overperformance at month 4 arising from the shortfall in QIPP highlighted above and other pressures in Rehab and Critical Care) as well as in its Mental Health Placements budget and GP Prescribing. These pressures are currently being managed by some underspends elsewhere in the CCG's budget (e.g. reduction in Property Charges) and by the release of reserves.

As a result the achievement of the underlying break-even for the CCG by the end of the year remains challenging and this is still reliant on the delivery of the 2015/16 acute activity plan and the continuation of the NWL Financial Strategy funding into 2016/17.

	Outturn			YTD Month 04		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Programme Costs:						
Revenue Resource Limit	346,581	346,581	0	113,560	113,560	0
Net Programme Costs	(343,099)	(343,099)	(0)	(112,399)	(112,401)	(1)
Surplus / (Deficit)	3,482	3,482	(0)	1,161	1,160	(1)
Running Costs:						
Revenue Resource Limit	6,194	6,194	0	1,988	1,988	0
Net Running Costs	(6,194)	(6,194)	0	(1,988)	(1,987)	1
Surplus / (Deficit)	0	0	0	(0)	1	1
CCG Surplus / (Deficit)	3,482	3,482	(0)	1,161	1,161	(0)

Further detail on spend against different elements is set out below:

08G Hillingdon CCG Month 04	Year to Date Variance £m	Commentary on Year to Date Variance
QIPP Variance - Acute	-0.391	Mainly THH non-elective admissions schemes.
QIPP Mental health Commissioning	-0.048	
Other Acute Commissioning	-0.004	
Continuing Care	-0.026	
Prescribing	-0.056	
Community	-0.015	
QIPP Variance Total	**-0.54**	
Acute SLA	-0.226	Primarily relates to an overspend with THH.
Prescribing	-0.029	Overspend on GP Prescribing of (£74k) following the 15/16 profile being issued.
Mental Health Commissioning	-0.131	Placements (£181k) offset by Other (QIPP) of £48k.
Community	-0.003	Overspend on Equipment (£27k).
Primary Care	-0.002	
Sub-Total Adverse Variances	**-0.391**	
Other Acute Commissioning	0.194	Driven by underspend on Re-Admission Credit Reserve £175k, THH Other £102k, UCC THH Main Contract £49k, offset by overspend on Mount Vernon Beds (£92k) and NCAs (£53k).
Continuing Care	0.077	Mainly relates to an underspend on CHC Adult Fully Funded.
Acute Reserves	0.611	This relates to unreleased Acute Reserves.
Corporate & Estates Costs	0.048	Mainly underspends in Estate Charges of £137k following the issue of the 15/16 Property Services cost schedule, offset by overspends in QIPP Provision (£79k), Safeguarding (£19k) and SaHF (£10k).
Running Costs	0.001	
Sub-Total Released Reserves/Underspends	**0.931**	
Total	**0.000**	

3.4 Developing the primary care offer and primary care co-commissioning

- **Developing the primary care offer for Hillingdon residents**

Hillingdon CCG is working with the other CCGs in North West London to develop an improved and consistent primary care offer for local people.

This work is in its early stages and is taking place within a variety of strategic contexts:

- the increasing and changing health and care needs of people in Hillingdon;
- the eight NWL CCGs' existing work on the Whole System Integrated Care programme, which in Hillingdon is being implemented through our integrated care early adopter and is fully aligned with the Hillingdon BCF;
- the London-wide Strategic Commissioning Framework for primary care, whose development was led by NHS England; and

- the long-term shift to providing population-based care through Accountable Care Partnerships.

The purpose of the work is to ensure that GPs are placed at the centre of delivering local health services, providing care and co-ordinating services seven days a week. This will enable local people receive care more closely tailored to their specific needs, with a focus on continuity and accessibility where required, and with services provided closer to home by a broad and flexible team of clinicians supporting GPs across a range of settings. This is a key part of delivering on the CCG's commitment to improve health outcomes, to reduce health inequalities, and to deliver a better patient experience.

For this to happen we need to ensure that the right technology and information are in place; to build a workforce of the right size and with the right skills; to support the development of GP networks and federations that can deliver primary care at scale; and to deliver primary care estates that are fit for purpose.

The CCG will co-produce this new primary care offer with a range of its stakeholders, including clinicians, lay members, patients, and (though the co-commissioning structure, on which see below) the Health and Wellbeing Board, Healthwatch, and the London Medical Committee.

The immediate priority is to understand how our plans for primary care can be developed in a way that supports and extends the work done through our local early adopter. We also need to establish the level of support required by our four local GP networks (see section 3.1) to enable delivery of the new offer across our full local population.

As this work is done, we will extend our engagement out to local GPs, to patients and lay partners, and other local stakeholder organisations.

- **Primary care co-commissioning**

Over the last quarter the CCG has continued to work with NHS England and the other North West London CCGs to finalise the governance framework under which co-commissioning will operate, both within Hillingdon and across North West London.
This has included:

- ongoing input into NHS England's London-wide operating model, which sets out the functions, responsibilities, and processes within co-commissioning; and
- the design of the co-commissioning sub-groups that will sit within the CCGs and support the work of the joint committees.

It is the sub-group that will be the focus of the CCG's local engagement on primary care, including with Healthwatch and the Health and Wellbeing Board. Discussions on its development have covered primarily its remit and membership, as well as its relationship with the Hillingdon co-commissioning joint committee with NHS England.

All documentation relating to governance, at both CCG- and NWL-level, will be presented for sign-off at the September meeting of the co-commissioning joint committee, which will also continue its discussions about a range of commissioning issues.

The agenda for the September meeting of the co-commissioning joint committees is now being devised with NHS England. Items included to-date include:

- the development of primary care within NWL's whole systems programme (see above);
- NHS England's review of PMS contracts across NWL;
- primary care decisions taken by NHS England since April 2015;
- co-commissioning agenda forward look; and

- co-commissioning governance endorsements and approvals.

4. FINANCIAL IMPLICATIONS

QIPP: - the forecast outturn at M4 for 15/16 is £6.180m against our target of £7.746m.
Financial Plan: - the CCG is forecast to achieve its financial plan for 2015/16.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

- North West London 5 Year Strategic Plan
- Hillingdon CCG Out of Hospital Strategy
- Hillingdon CCG Operating Plan 2015/16

Agenda Item 8

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 a report from Healthwatch Hillingdon on the delivery of its statutory functions for this period
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

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

2.2. Healthwatch Hillingdon also submits 'Seen & Heard – Why not now?' (Appendix A) This report, published on 31st July 2015, gives further insight into the mental health and wellbeing of children and young people in Hillingdon.

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 first quarter.

3.1 Information, Advice and Support

Healthwatch England have published further information on the annual reporting requirements for local Healthwatch. We would advise that Healthwatch Hillingdon have aligned our quarterly reporting for 2015 -16 with this guidance and the data presented differs from previous reports, to reflect these changes.

Enquires

During this quarter we received 232 enquires relevant to our function. Table A shows the source of the enquiries we have received. It emphasises the value of securing an extension on our shop lease, with nearly half of our enquiries being directly attributed to our prime location in Uxbridge.

Table A

Source of enquires	Number	% of source
Healthwatch Hillingdon shop	109	47%
Engagement and outreach activity	58	25%
Telephone or email	28	12%
Voluntary or health sector referral	16	7%
Website	8	3.5%
Known/existing clients	7	3%
Advertising	6	2.5%

The enquiries received are recorded in two separate categories; General and signposting enquiries; and Concerns and complaints.

General and Signposting

Of the 136 enquiries received this quarter, 55 were from people seeking generic information. General enquiries included asking about the functions of Healthwatch and things like, health conditions, fitness, accessibility, healthy eating etc.

81 people were signposted to other organisations. Table B, gives an overview of these areas.

Table B

Signposting	Number	% of all enquiries
Voluntary sector and support groups	42	31%
Health/NHS service	30	22%
Accessibility / adaptations	7	5%
Events and activities	2	2%

Concerns and complaints

Healthwatch Hillingdon recorded 96 concerns and complaints in the first quarter. Of these, 76 identified the type of organisation involved and these are shown in Table C.

Table C

Concern/complaint Category	Number	% of recorded
Primary care: GP	24	32%
The Hillingdon Hospitals NHS FT	19	25%
Social care	15	20%
Mental health services	4	5%

9 referrals were made to VoiceAbility (independent NHS Complaints Advocacy) during this period to help residents raise their complaints.

Overview

The following is to note from the analysis of the recorded data this quarter.

Primary Care

We have seen a rise in calls received relating to GPs. This increase in activity has been due to a number of residents contacting us because they have been unable to register at a GP surgery without a passport, which for some had resulted in them attending A&E.

On investigation we found that the majority of these residents had been registered for a number of years with other GP surgeries in Hillingdon, but as a result of the relocation of the Shakespeare Avenue Practice, or them moving themselves, they were now looking to move surgery.

On contacting the surgeries, all confirmed that their policy was to only register a patient who had photographic identification, without exception.

Healthwatch Hillingdon has challenged this policy, as it is contrary to current legislation and NHS England guidance, GP practices can request identification documents, but should not prevent people from registering for primary care if they are unable to provide this.

We have facilitated the GP registration of all local residents who contacted us and are working with Hillingdon CCG and NHS England to ensure local residents without photographic identification are not disadvantaged.

We will be reporting further on the progress of this work in quarter 2.

The Hillingdon Hospitals NHS FT
Residents have shared a number of different concerns with us about services received at Hillingdon and Mount Vernon. The majority of these were dissatisfaction with the outpatient department, especially inconveniences caused by multiple rescheduling of appointments. 3 referral's where made to VoiceAbility, one for maternity and two for audiology.

Social Care

There has been a steady reduction in the number of concerns received from residents in receipt of domiciliary care services. The majority of the concerns raised were for carers either turning up late, or not at all. We have continued to work closely with LBH to highlight these concerns and improve service provision for residents.

Update From Previous Report

In our last report to the Health and Wellbeing Board we highlighted the case of a 51 years old lady with Multiple Sclerosis (MS) who had been in the nursing home for 3 years. We are pleased to say that due to Healthwatch Hillingdon's intervention the lady has now undergone appropriate Continuing Health Care (CHC) assessment and will soon be moving into a purpose build Multiple Sclerosis Society flat, who will support her to live independently. Currently the patient and her family are awaiting final funding decision/agreement on the package of care to be agreed by the CCG and Hillingdon Council. The family have report that the patient's mood has "really improved since finding out about the proposed move to new accommodation which will make a big difference to her quality of life".

With Hillingdon CCG procuring a new CHC Brokerage, to start later this year, and our work with Healthwatch England to secure advocacy support for patients being assessed, CHC remains an area that we will continue to concentrate upon, and will be incorporated into our work looking at unsafe discharge during 2016.

3.2 **Children's and Adolescent Mental Health Services (CAMHS)**

On 31st July 2015 we published our second report 'Seen & Heard – Why not now?' (See Appendix A)

The report gives further insight into Hillingdon's mental health and wellbeing services from the people that really know what they are talking about; the children, young people and their families who have faced the struggles of emotional and mental health.

As a result of listening to their experiences and talking with professionals, we outline in our report 10 key principles that form a 'blueprint' to provide better support and services in Hillingdon.

As we work together with all partners, on implementation of new strategies for care, we will be using the evidence we have gathered to influence how future care and support are provided in Hillingdon and ensure that the views and experiences of children and young people are heard.

We will also test, through future engagement, that the changes being made are having positive outcomes for the children and young people of Hillingdon.

3.3 **Engagement Overview**

This quarter we attended 13 events and directly engaged with 354 residents. Of these 67 people gave us information on their experiences of care, 28 being positive and 39 negative. We advised, or signposted 31 people and supported 13 people who had issues with a service, or wished to complain.

Some of the key issues raised were at June's Disability Assembly, where residents spoke about concerns with non-emergency transport and assessments for direct payments.

The non-emergency transport service for Hillingdon will be re-tendered this year and we are currently carrying out a survey in conjunction with Hillingdon CCG and Hillingdon Hospital, to reflect the views of current service users in the evaluation of the service specification.

Our website continues to be accessed regularly with an average of over 5000 different addresses visiting the site over 44,000 times during the firsts 3 months. Our social media coverage also remains good with 765 people following us on Twitter and 373 on Facebook.

4. PROJECT UPDATES

4.1. Shaping a Healthier Future (SaHF) Reconfiguration

Healthwatch Hillingdon continues to actively monitor the SaHF reconfiguration programme. Following the closure of Ealing Hospital's maternity department this summer Healthwatch Hillingdon has set Maternity as a Level 1 Priority for this year. We are currently working up an engagement programme which will measure the experience of women who choose to give birth at Hillingdon Hospital. The progress of this programme will be periodically reported to the Health and Wellbeing Board.

4.2. Patient Led Assessments of Care Environment (PLACE Assessments)

During April and May 2015, we recruited and trained a further 5 PLACE assessors for the annual assessment process. In total, 10 Healthwatch Hillingdon assessors carried out PLACE Assessments at Hillingdon Hospital, Mount Vernon Hospital and Central North West London Trust's, Riverside and Woodlands Centres, over a period of 6 days. The results of these assessments are due to be announced by the Health and Social Care Information Centre in October 2015.

5. KEY PERFORMANCE INDICATORS (KPIs)

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), aligned to Healthwatch Hillingdon's strategic priorities and objectives, have been set for 2015-2017.

The following table provides a summary of our performance against these targets:

Key Performance Indicators

KPI no.	Description	2015/16					Impact this quarter	Relevant Strategic Priority
		Q1	Q2	Q3	Q4	Annual Totals		
1	Hours contributed by volunteers	550				550	• 10 members of our Enter & view team carried out PLACE Assessments	SP4
2	People directly engaged	354				354	• signposted 31 people to appropriate services and supported 13 people who had issues with a service	SP1, SP4
3	New enquiries from the public	232				232	• Enabled patients to register at a GP surgery who had previously been refused	SP1, SP5
4	Referrals to complaints or advocacy services	9				9	• 9 People now in receipt of help to make a complaint, including 1 negligence claim	SP5
5	Commissioner / Provider meetings	49				49	• Continued to champion for children in the improvement of CAMHS and mental wellbeing services	SP3, SP4, SP5, SP7
6	Consumer group meetings	22				22	• Non-emergency transport to be reviewed and service specifications influenced	SP1, SP7
7	Statutory reviews of service providers	0				0	• None	SP5, SP4
8	Non-statutory reviews of service providers	7				7	• Harmondsworth Detention Centre • 10 members of our Enter & view team joined staff from the Trust to carry out PLACE	SP5, SP4

healthwatch
Hillingdon

July 2015

Acknowledgements and thanks

This report was prepared on behalf of the Healthwatch Hillingdon Board.

A special acknowledgement is due to David, Anthony and Karen. This research could not have been undertaken without your assistance acting as peer and lived experience reviewers.

Healthwatch Hillingdon would also like to thank the many dedicated professionals and organisations who every day strive to help families and young people in practical and compassionate ways, and who generously gave up their time to talk to us. Your input has been extremely valuable. The contents of this report do not necessarily reflect the views of all the organisations who supported the research project, and the Healthwatch Hillingdon team takes responsibility for any inaccuracies and shortcomings.

They included: DASH (Disablement Association Hillingdon), Hillingdon Carers, Hillingdon Council Youth Service, Youth Offending and Public Health teams, Hillingdon Police, Hillingdon Mind, Hillingdon Hospital, Hillingdon Police Cadets, Metropolitan Police, Link Counselling, CDAS and HDAS (Community drug and alcohol treatment and recovery service) and Hillingdon Child Development Centre (Hillingdon Hospital), Central and North West London NHS Foundation Trust, Dyslexia Parents Support Group, P3 Navigator Project, Ealing Mencap, Hillingdon Parent Carers Forum, Uxbridge College, Yeading Junior School 'Community House' peer research project in conjunction with Buckinghamshire New University, Vyners School, Haydon School, Breakspeare School, Abbotsfield School, Bishop Ramsey School, the Centre for Mental Health, Youth Access, Hillingdon Autistic Care & Support (HACS), Pam Sickelmore – Autism Training and Support and Richard Littlewood – counsellor and former Team Manager, Link Counselling Service.

And finally Healthwatch would like to thank the young people and families who spoke to us. We are indebted to you for your openness in recounting often painful details about experiences. This report has been written for you.

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Executive summary

This report builds on our previous *Listen to Me!*[1] report, published by Healthwatch Hillingdon in partnership with Hillingdon Mind last year, and is the second in a series exploring the condition of services for children and young people experiencing mental health difficulties. A third wave, to be undertaken towards the end of this year, will look at the changes being made to improve services and deliver the new solutions that are needed now more than ever.

Our engagement work in this area aims to:

- Develop a better understanding of what it is like to be a service user trying to get care for yourself or a loved one
- Contribute to the planning and commissioning process – ensuring services better meet the expectations of young people, parents and carers
- Help transform services so they prevent problems instead of picking up the pieces
- Gather insight for benchmarking against future service improvements.

This report reinforces what we found in *Listen to Me!* and we have used this insight to develop a set of key principles which could be used by commissioners to improve outcomes for children and young people experiencing mental health problems.

Since the publication of *Listen to Me!*, the children's mental health service landscape in Hillingdon has changed markedly. We have been encouraged to see a renewed commitment to improve services for children and young people experiencing mental health difficulties by both NHS Hillingdon Clinical Commissioning Group (CCG) and Hillingdon Council. We've also seen enhanced partnership working, which we are keen to support and contribute to, drawing from our own community listening projects.

We now have a new programme of work that will achieve real change to the way young people with mental health problems are heard and how services are designed. Working together with agencies and local charities we are determined to help commissioners find new care solutions and be bold in our patient engagement approach.

Better services, better access and better outcomes are the shared goals

The mental health of a child or young person influences the adult they will grow up to be, and by gaining knowledge and insight on issues concerning mental health it is our hope Healthwatch Hillingdon can provide commissioning support in achieving improved mental health outcomes.

What makes this report different is that it's influenced by the people that really know what they're talking about – children, young people and their families. It's based on interviews with them about their struggles with emotional and mental health issues.

Better services, better access and better outcomes are the shared goals. While this report highlights some of the problems in the system, we also want to help bring about positive change.

A blueprint for improving care

Ten key principles for commissioners

1 Make targets count

- Open up access to CAMHS
- Develop maximum waiting times from assessment to treatment
- Implement and monitor minimum service specifications.

2 Help schools lead

- Back schools based counselling services and wellbeing plans and ensure support is joined-up – in and out of school
- Involve young people in service design and solutions – including peer-to-peer support
- Strengthen capacity and capabilities of school staff to spot signs – establish a link person with CAMHS in each school
- Put developing social and emotional skills on the timetable
- Give young people the tools to meet the opportunities and threats of new technologies.

3 Prioritise by need

- Identify most at risk groups and those with multiple needs (young carers, autism and other disabilities, LGBT[2], BAME[3], young homeless people)
- Understand the risks and challenges of intergenerational problems, abuse and neglect in families
- Recognise children with early starting behaviour problems as one of the groups most vulnerable to later mental health problems.

4 Share good practice

- Spread the word on the benefits of existing services
- Develop a whole-community approach to wellbeing, coordinating the collective efforts of universal, leisure and youth services
- Establish a single point of access and multi-agency triage, including out of hours support
- Build on the effectiveness of youth counselling.

5 Use voluntary sector expertise

- Support #mentalhealthready prevention-focussed programmes for high-risk groups
- Build the capacity of the voluntary sector in respect of tier 1 and 2,* such as self-harm, suicide prevention, bereavement, drug abuse
- Embed voluntary sector links and support in CAMHS pathways.

* Tiers are used to classify levels of mental health need, tier 4 representing the highest need.

6 Develop clear pathways

- Simplify referral routes – making services easier to access, understand and navigate
- Support GPs to recognise, diagnose and treat, or refer, young people with mental health issues
- Encourage GPs to keep registers of children experiencing difficulties to ensure help is received and progress is monitored
- Establish a self-harm pathway with guidance, backed by the Safeguarding Board, linked to suicide prevention strategy
- Improve ways agencies, sectors and systems work together to meet need by moving from a tiered model to the THRIVE model.[4]

7 Care for families

- Promote relationships (family and friends) as an integral part of diagnoses, treatment and recovery[5]
- Ensure parents receive the support, advice and information necessary to make good choices for their child.

8 Engage, listen, involve

- Commit to shared decision making and shared outcomes – allowing parents and young people to share in commissioning decisions
- Empower children and families to be involved in the commissioning process
- Bring children, young people, families, professionals, voluntary sector and practitioners together to talk about mental health services
- Scrutinise mental health early detection activities and suicide prevention, led by the Safeguarding Board.

9 Be autism aware

- Offer more support to young people with autism, and their families
- Build practitioners' understanding so they are autism aware
- Review procedures around transition points - strengthen links between CAMHS and adult mental health services
- Develop a comprehensive pathway focused on mental health early intervention, embedding links with the voluntary sector.

10 Review CAMHS spending

- Examine children's mental health spending – include public health, troubled families and other wellbeing budgets
- Join the Centre for Mental Health local government #MHChallenge
- Adopt an invest to save approach – prioritise spending on early intervention and prevention, avoiding false economies.

A message from the Healthwatch Hillingdon board

> "Underinvestment in mental health services, particularly for young people, simply does not make sense economically."
>
> Chief Medical Officer, Dame Sally Davies

What are the challenges?

Every parent wants their child to be happy and positive about the future. But young people have told us they feel enormous anxiety as a consequence of family breakdown, body image pressure, school stress, bullying and social media. Faced with the challenges of modern life parents have told us that they fear the needs of their child are being ignored because, for instance, they don't meet the threshold criteria for accessing services or have few rights in relation to treatment.

There is good cause for sounding the alarm bell.

During the early part of this year we spoke to the father of a teenager with autism[6] who tried to take his own life in 2013 with devastating consequences, despite several pleas for help made to the school and care system. The father said: "My son was badly bullied at school. They targeted him because he was different. On one occasion they pushed him down the stairs and on another they chased him with sticks, kicking him at the ankles and calling him names. He felt violated. When I took it up with the headmaster he said: 'The school doesn't have a problem with bullying'." Over the years the bullying continued and the father said: "I think living for so long with a condition that wasn't ever properly recognised, coupled with the unrelenting bullying and unbearable stress, got too much for him. By the time my son reached 16 he'd had enough."

It is estimated that nearly 400 under-10 year olds have either self-harmed or attempted suicide in Hillingdon, along with around 1,500 11–16 year olds. This is projected to rise to 1,665 by 2021.[7] Furthermore, there are between 1,400 and 1,800 children living with anxiety and depression in Hillingdon and by 2021 nearly 5,000 children in the borough will have a mental health disorder.[8]

Need is rising yet investment in services hasn't kept pace.[9] The spending squeeze is affecting services that could help prevent problems and our emergency services are facing unprecedented pressure because of the lack of the mental health care professionals, including counsellors, youth workers and out-of-hours community based services.

Behind cuts to services are the individual stories of young people, and families, waiting indefinitely for treatment, suffering from immense stress, and struggling to find someone able to listen and help.

This problem cannot be ignored: it's time to imagine a different future. We need to be more family-based and community-oriented in our response.

Our challenge is timely. Local Authority funding pressures mean commissioners are looking again at how they organise things and might do 'better for less'. The recent government taskforce,[10] taken together with the new government's manifesto, promised to put access to mental health services into law,[11] as well as offer more support for mental health sufferers.

The good news is that Hillingdon's NHS Clinical Commissioning Group has already started to look at what more can be done to shift investment from picking up the pieces to early intervention, working in partnership with the local authority.[12] We hope this report will assist them, working with the Health & Wellbeing Board, and commissioners, in how they take a broader community approach to improving the health and wellbeing of children living with – and recovering from – mental health problems.

We must start by looking at how services are experienced by young people and families and whether their needs are being met. In an average classroom 10 young people will have witnessed their parents separate, eight will have experienced severe physical violence, sexual abuse or neglect, one will have experienced the death of a parent, and seven will have been bullied,[13] yet our services are sometimes slow to respond and are too fragmented. Needs can happen suddenly but it takes time for health and support services to kick in.

More than half of parents surveyed, with the help of the Hillingdon Parents Forum, said they had or are waiting longer than six months for CAMHS services. This situation simply would not be tolerated in physical health and Healthwatch is committed to helping remove barriers preventing improvements. Why not now?

“The Trust welcomes this insightful report and sees considerable value in setting out messages to commissioners.”

Shane DeGaris,
Chief Executive,
The Hillingdon Hospitals NHS Foundation Trust

Doing things differently

A vibrant voluntary sector

Hillingdon’s voluntary sector has an impressive range of programmes that can help young people where the NHS cannot. These organisations are rooted in their communities, and have a long history of user-led interventions, that sit outside of clinical settings, but are able to offer effective, and trusted, levels of support. There is scope for the development of these programmes; indeed they should be embedded in new, and existing, care pathways.

Schools as leaders

Some Hillingdon schools already benefit from the effectiveness of counselling, but not every school has a counsellor and many are only employed to be in one or two days a week. Staff in schools say more mental health services are necessary to meet need. One parent told us that although her daughter was self-harming, and being bullied, school staff said that her daughter couldn’t be prioritised because ‘she wasn’t in an exam year’. In the end, the parent was forced to seek help outside of the borough. We believe this must be looked at, including: strengthening links between schools, the local authority and health services, and commissioning self-harm services. Parents want a single point of contact in schools, while school staff would welcome more joined-up working with the NHS and CAMHS, to prevent referrals to secondary care where possible. NICE recommends young people with depression are offered counselling therapy,[14] yet the impacts of not having enough counselling services are being felt right across the borough.[15]

A whole community approach to mental health

In Hillingdon there exists a wide range of community services – leisure, libraries, police cadets, colleges and so on – which could be leveraged to promote wellbeing, prevent mental health difficulties and, where problems occur, provide signposting to services and support.

Peer-to-peer support

Young people told us they would seek advice from friends first. Young people themselves can be, and indeed are, resources for other young people. Indeed most young people who have experienced problems and are recovering told us they'd be happy to share their advice and knowledge with others. Mentoring could play an important role in the early stages of mental health difficulties, especially in the context of long waiting times for support from CAMHS.

Change is possible

Too many people we have interviewed feel let down. It doesn't have to be like this. As well as hearing distressing testimony, we've also seen lots of expertise and innovation which could be better recognised, supported and spread.

The hope of this report is that the voluntary sector, schools, hospitals, the police, local government and the wider community will come together to support practical wellbeing programmes that prioritise prevention and enable children and young people, and their families, to shape the services they receive. Children and young people have told us, and will continue telling us, about the reality of experiencing – and struggling to overcome – mental health difficulties. Their stories, ideas and ambitions, the inspiration for this report, show how change is possible. The challenge now is to listen and do.

What young people said

"I really wanted a support group to meet others who could show me it's possible to come through the other side"

"If you're going to help young people going through hell at school you have to stop bullying"

"Me and my mum were made homeless. She had a lot of problems and things were really hard. I was lucky because I was rehoused with P3. For the first time in ages I didn't feel suicidal. P3 helped me feel stable and that I had a future"

"I've tried to kill myself before because I was really unhappy with myself"

"Kids use social media to gang up on people but school won't do anything about it"

"Before seeing Link I was on anti-depressants and bouncing off walls. Since going there I'm much happier. Counselling has really helped me move away from self-harm and thoughts of suicide"

"Kids don't talk to teachers they talk to friends. Peer mentoring is really important. I like going to HACS[16] and helping others higher on the (Autistic) spectrum than me"

"Going away on breaks with Hillingdon Carers gives me something positive to focus on. Without it life wouldn't be worth living"

“Caring for Mum has been one big life juggle. I was very shy and used to feel scared most of the time. Since coming to Hillingdon Young Carers I’ve made great friends and now I can talk easily to anyone”

“I was being badly bullied at school. If it wasn’t for Link I think I would have ended it all”

“I go through periods when I’m really sad, confused and panicky”

“My school has about 1,000 pupils with just one counsellor. Not everyone with problems is getting help”

“I’ve gone through periods when I’m really depressed and have thought about ending my life. It’s hard to cope”

“There should be more school assemblies about mental health so everyone is involved”

“I worry that my mum’s emotional problems could happen to me. What are services doing to stop that?”

“Bullying should be illegal. It causes so many problems and really messes your head up”

“If you really want to hear about how mental health affects young people don’t just rely on statistics. Talk to them”

What parents said

"Once you get CAMHS they are amazing but they are simply snowed under"

"DASH is a lifeline for me but we need more stuff like this to stop our kids going off the rails"

"My son has been out of school since January (2015) because he can't cope. Now I can't get him out of his bedroom but there aren't enough special schools or ADHD experts in Hillingdon who can help"

"They would rather give him medication than offer counselling and treatment"

"School will only deal with his behaviour. I've been asking for help for ten years but he's fallen into a gap"

"They said my daughter wasn't autistic enough to get help, even when she stopped eating and was self-harming"

"Wish[17] is what we need in Hillingdon so young people can get help without an age threshold"

"Mainstream schools see autism as a problem. This lack of understanding worsens the difficulties your child is going through because they feel ignored"

"No-one at school has ever asked my daughter about bullying but they know she is self-harming"

What professionals said

"There is a gap in services for young people, especially out-of-hours counselling for young people over 14 years"

"Although LINK is a counselling service and not a psychiatric service, like CFACS[18] and CAMHS, this doesn't mean counsellors aren't dealing with unhappy, damaged young people"

"There is a problem when you can only refer to CAMHS 9 to 5 and not at weekends. The problems are so serious we need CAMHS on call 24/7"

"We can't carry on in a situation where A&E is the only pathway"

"Young carers have asked for more peer mentoring schemes and there's a gap there we need to fill"

"We're having to discharge young people who self-harm from A&E without community (charity)-based resources to refer them to"

"There's a lot of misunderstanding about what CAMHs is. We need a clearer description that everyone can understand"

"We need more health-based services of safety. We're not offering the patient the best care when a young person in distress is waiting in A&E with a police officer"

"We need to know which London borough sets the 'gold standard' for CAMHS and build on that good practice"

"We're not adequately trained to deal with the levels of anxiety and emotional problems children have"

"Some parents don't believe their child needs counselling. Having the opportunity to self-refer is essential"

"They don't need a diagnosis they just need to know it's OK to feel bad and know how to ask for help"

"A lot problems start at key transition points, including entering secondary school and leaving. We need to get better at understanding this and putting more prevention projects in place"

"Just because a person is 18 it doesn't mean they magically have adult life skills and are able to ask for help"

"Ask yourself how many young people that are criminalised also have mental health problems?"

"We have to ask ourselves is a paediatric ward, with very sick children hooked up to drips, the best and most sensitive place to deal with young people with mental health problems?"

"It's important we have counselling services that are supportive of the needs of mid- to late adolescents because some adult services are not always sensitive to the needs of young adults"

"When no-one else is there to help, the police are always there. We're often seen as the only agency able to respond to mental health problems"

"I've seen young people literally starving themselves. There's also a lot of sleep deprivation, bullying and bereavement problems"

"We need to include mental health in Ofsted performance and PSHE measures"

"We need more teaching of resilience in schools for children's wellbeing and because it's vital for great learning in the classroom"

The economic case for good mental health

Mental health costs are big business

Costs do not impact on health alone, they are also linked to educational underachievement, unemployment, relationship breakdown, substance misuse and crime. The direct costs of mental ill health in England are now around £22.5 billion a year – this includes spending in health and social care and other agencies, but not the indirect costs, including criminal justice system impacts and lost opportunities and employment. It is important we understand the level of need and right type of investment required in Hillingdon, without which we will all pay the price – not just in wasted resources but also in wasted lives.

Although there is a pressing need for new studies of the costs and benefits of specific interventions, there is sufficient evidence to support the case for greater investment in mental health promotion and community-based services, including counselling and more support for parents. The clear relationship between poor mental health in children (anxiety, depression, self-harm and risk-taking behaviour) and poor school outcomes means that even a modest improvement in services is likely to have significant cost benefits.

there is sufficient evidence to support the case for greater investment in mental health promotion

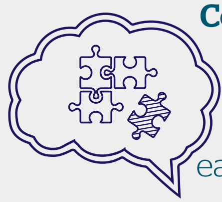
The economic case for good mental health (infographic)

Close to **£75 billion** is spent each year to address **mental ill health** in the London economy[19]

At least **1 in 10 children** is thought to have a clinically significant **mental health problem**, meaning 111,000 young people in London[20]

45% of 'looked-after' children aged 5 to 17 experience **mental health disorder**[21]

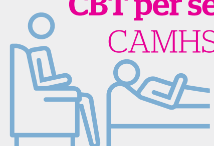
The impacts of childhood **psychotic disorders** cost London's education system approximately **£200 million per year**[22]



Costs of ADHD total £102,135 per case. Total **long term cost** of ADHD for each year's children is £1,070 million[29]

CAMHs team **per case £4,549** (excludes qualification costs)[30]

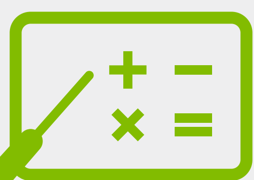
CBT per session £104 (based on CAMHS treating adolescents with depression)[31]



70% The proportion of young people reporting **improvements** in their mental or physical health after counselling services (YIACS)[23]

For every £1 spent on preventive therapies (counselling), **£15 is saved**[24]

The estimated lifetime costs of severe behavioural problems is **£260,000 per child**. £1,300 is the estimated cost of a parenting programme[28]



Early Intervention in Psychosis is known to be **highly effective** in helping young people. It allows young people to stay in education, to get and keep work - **saving** the NHS £9 and the wider economy another £9 for every £1 invested[25]

For every £1 spent, £31 is generated in **measurable benefits** using an evidence based group CBT programme for anxiety disorders[26]

Bullying **reduces lifetime earnings** of a victim by around £50,000. The cost of delivering (whole-school) intervention is around £75 per pupil[27]

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Case studies

Principles for commissioners*

1 Make targets count

Zoe is 19 and works full time. She started to experience mental health problems at school in Hillingdon when she was 13.

"I was finding everything overwhelming and I stopped eating. Things got complicated and my GP referred me to CFACS but it didn't work because I couldn't make a trust connection with the counsellor. She was aloof and robotic. Because of everything I'd been through, making strong connections with professionals was important to me. I stopped going but my problems got worse. They didn't contact me to find out what was happening. I needed to go back because I wasn't coping but this time I saw a different counsellor and things improved.

We had six sessions once a week but this wasn't enough. When I reached the point I needed help again I didn't meet the age threshold and things spun out of control. My problems got worse and I was referred to the Pembroke Centre for an assessment but this was a waste of time. Every week I would have to explain myself to different professionals each time. It was impossible to get to know staff or make a connection. I just thought to myself I'm going to stop trying. I felt like I wasn't ill enough in their eyes to get help.

My problems worsened and I think a referral was made to the council but the message came back that I wasn't ill enough. After this they referred me to Link Counselling. Link have helped me put my life back together. Before going to Link I was self-harming, I was on anti-depressants and had thoughts of taking my own life. Now I'm so much happier. Because staff there actually care it makes all the difference. Before Link the system sometimes made me feel like I was rubbish."

* Case study names have been changed and some details have been changed to protect the identity of individuals. All case studie subjects live and/or work in Hillingdon.

“I’ve literally tried every service going”

Sarah lives with her two children and husband in Hillingdon. One of her sons (13 years old) has autism. He struggles with communication. He also has problems sleeping and following school systems and routines.

“I’ve literally tried every service going and now we are at our wits end. When your child is autistic, it’s the constant having to repeat your story every time you call the GP, the council, or when a new teacher starts at school, that wears you down. This has an impact on your child. You end up asking yourself, what’s the point of explaining the emotional problems your child is going through when they’re only going to write it down on a piece of paper and you don’t hear from them again. We have to get more specialists, and mental health professionals, in schools. As parents, we’ve also got to know where we stand, and when we are going to help. Better communication from agencies about how long you’re going to wait, and what you can do when you’re waiting, would make a big difference.”

Hayley has two sons with autism aged 12 and 19 years. Her sons have different needs. Her eldest has limited needs and youngest very high needs. Autism has put significant strain on the whole family.

“I first went to CFACS when my son was about four years old. My GP gave me a referral and I thought I was going to get a diagnosis. We’d been going there for over a year and a half before it was explained to me that I wasn’t going to get a diagnosis. They explained CFACS had been observing my son. In the end they said they couldn’t diagnose him. So after attending regular appointments, for over a year, probably at great expense to the NHS, we were no further forward.

“The whole system needs restructuring around early support. We need much quicker referrals and trained professionals able to help calm your child down when they have anxiety attacks in schools and other public places. We need more therapists and counsellors in schools, working alongside CDC and CAMHS professionals, where they can make the most difference. If more trained professionals had been able to physically contact my child, and calm him down, he could get so much more out of school. Instead the school have called me to ask me to take him home early because they can’t deal with his needs.

“Today my son is having a terrible time at school. There was a big push for him to go to a mainstream school but it wasn’t right. He has now started to talk about not wanting to live anymore.”

2 Help schools lead

Esther works in a Hillingdon School. She has worked with young people for nearly ten years.

“Schools are a vital setting to reach out to pupils needing help. It’s where they spend most of their time. I do think more counselling services should be made available and that CAMHS should be working in close partnership with schools – working alongside other professionals in a flexible and integrated way. It can feel CAMHS don’t collaborate across a wider system and care pathway.

I’d like to see more Mindfulness in schools or at least one or two ‘school leads’ coordinating Mindfulness projects and training across the borough. A lot of teachers are under pressure but pupils practising Mindfulness could help at a number of levels – including life skills and increased pupil performance. School attendance is a big driver for counselling interventions but we shouldn’t ignore problems until attendance becomes an issue. We could also be doing more about transition and helping students develop resilience skills using Mindfulness. Some schools organise transition preparation for vulnerable students but these groups should be mixed up with high achievers so everyone is involved and knows positive mental health is good for everyone – and that it’s ok to have trouble coping.”

Julie is a health professional with one daughter at a Hillingdon school. Her daughter started to self-harm at 12 years.

“The problems started when boys started teasing her at school. At first it was low-level name calling but things got worse. They would stop her in corridors and say things in class. One day I came home early from work to find her in her room. She had blood on her arms and when I looked closely I could see that she’d been cutting herself. I approached the school straight away. Initially I had no idea who to speak to. There’s no information on the school website about mental health, or any details about who to contact. There’s lots of information about school policy and exam performance but nothing about wellbeing. In the end I spoke to pastoral care asking for help and advice. Because she’d deliberately hurt herself I asked for counselling but the school said they couldn’t offer this because my daughter wasn’t in an exam year. When I explained how worried I was they advised me to

"There's no information on the school website about mental health"

take her to A&E. I even asked if I could pay but the school explained they couldn't prioritise by ability to pay.

I started doing my own research and found lots of information about services like Link that could help. I gave all this information to the school to hand out to other parents, but I didn't get a reply. The school didn't follow-up to ask how my daughter was, and whether she was getting better. The only information I received was about her school performance. This is all they seemed to care about. Things boiled over again, the teasing went from name calling to bullying, but my daughter didn't meet the age threshold for Link, but she needed help. She was vulnerable but the school couldn't see this.

In the end we had to go out of borough, securing help from trained psychotherapists and also from The Wish Centre[32] which are excellent. They do one to one counselling and peer-to-peer support. There's such a lack of self-harm and confidence services for young people in Hillingdon, and also a lack of joined-up thinking between schools, health and community. My daughter talks a lot about how many other girls self-harm. They need places to go in school where they can talk and more posters and information about how to get help. Schools need to have policies and procedures in place about self-harm. I asked the school about school procedure for girls who are self-harming at 11 years old. They told me that usually a referral goes to the Year Director and then to the school Safeguarding Lead who then might liaise with the local authority Safeguarding Team, who in turn might refer to CAMHS. We need to act much more quickly and have more accessible, self-refer, services in place."

Susan works in Hillingdon with young people. She has worked in school and college settings.

"Families are having a lot of problems and you see kids lashing out. There's a lot of pressure to keep up with peers and with exams. Over recent years we've seen an increase in self-harm, anorexia (especially in boys) and more general anxiety and depression. In a college setting learning support is linked to student and emotional support so you can be more rounded in your approach. There's also a clearer referral system with clear pathways for support available on campus. I'd like to see a borough-wide approach that saw schools setting clear standards, and that saw mental health as a good thing not a bad thing. We need to talk more openly and think about families. I've recently supported a young person whose mum was diagnosed bipolar. She wasn't being properly fed and family routines had gone out of the window. She was experiencing emotional crisis and needed multi-agency support. Mental health problems are going to get much worse and we should be working together to work out the pressure points and put systems in place that help prevent crises."

3 Prioritise by need

Tia is 20 and homeless. She started experiencing mental health problems at school in Hillingdon aged 12.

"Teachers and staff knew what I was going through and gave me access to counsellors, and they looked out for me, but I had a lot of anger inside me. Sometimes I wasn't in school and it was a struggle keeping on top of school work when my head was all over the place. I couldn't understand my feelings and found it hard to trust adults and concentrate. I was drinking to block out feelings and was messing about with drugs. I got help from HDAS. Through them I was referred to P3/Navigator because I'm homeless. I've been sofa surfing for months now. I've got to go the council to ask about housing but I just feel so overwhelmed. I don't know how to cope with the feelings I'm having. Last year I took an overdose and was put in Riverside. I took my second overdose after being discharged. I just wanted everything to end. I've been self-harming since I was about 12 years old. I've always felt suicidal. I don't have anywhere to live right now and don't know who I am anymore."

“I would call CAMHS every week but they would only say she’s on the waiting list”

John has lived and worked in Hillingdon all his life. His 18 year old son is receiving treatment for mental health problems.

“Our son has a high IQ and reached the second highest SCAAT score in his year. At primary school they mentioned Asperger’s but they didn’t ask us to do anything about it. At secondary school he was badly bullied. The local authority ‘Parents Partnership Group’ helped us take things up at school. We were really grateful for this but the problems continued. I accidently came across HACS (Hillingdon Autistic Care & Support) through a conversation with another parent. It was HACS who helped me get my son statemented. After this I thought the school would put support in place. They didn’t and the bullying just got worse. It hit him really hard when his two friends pushed him away. They were under pressure to stop hanging around with my son, and in the end they gave way. It was at this point our son started to isolate himself. We tried to talk to teachers but they didn’t want to have to deal with his problems. The GP referred us to Link Counselling. It helped but nothing could make-up for the loss of friends and being ostracised. We could see things were getting on top of him. He’d been on an escalator of problems since primary school mostly about his needs not being properly recognised and having to face constant bullying. One day he threw himself off a multi-story car park. We later found out he’d taken some pills. He survived but both his legs needed to be amputated below the knee. We’re now worried he might try again.”

Sally lives and works in Hillingdon. She has two daughters at local schools.

“My daughter was isolated at primary school. She talked about not fitting in and the horrible things others said. She started to complain about stomach aches and not wanting to go into school. She always seemed on edge and anxious, especially during school term time. She talked about the school ‘populars’ and how uncomfortable they made her feel. She chose to withdraw from the crowd. We didn’t know what to do and started to think about sending her to another school. We told the GP she wasn’t eating, that she was unhappy, and complained of stomach pain and migraines. The GP referred us to CAMHS and we were seen quickly for an assessment, but we didn’t hear anything after that. I would call CAMHS every week but they would only say she’s on the waiting list. What I needed was tips and advice while we were waiting, something to hang-on to, but nothing was forthcoming. After about 10 months my daughter got her appointment with a CAMHS specialist.

She had about four to six sessions but she saw a trainee and I'm not sure how successful this was. She's still having problems. She's self-harming, not eating and taking medication. She's having suicidal thoughts and sometimes talks of hearing voices. As a family we don't know what we're doing from one day to the next. It's really frightening. My daughter is in a living hell but what does it take for her to get the treatment she needs to get better? She's not in school because she's so ill but we've had a real struggle getting her home tuition. You wouldn't treat a child that was sick with cancer in the same way."

4 Share good practice

Maureen has worked in Hillingdon schools for several years supporting young people.

"As well as counselling in schools I've worked on projects working with pupils who've been excluded from school. Most came from families where they'd been family breakdown or domestic violence, and there's not anyone in the family to hold things together. Before coming to us no one had really 'got them' before. Often they were angry or violent and sometimes drugs were involved. You could see our involvement was useful – they felt they were being taken seriously and heard for the first time. For them, just coming in to off-load, or sound off, can really help. Most of the young people I've helped wouldn't go to counselling or CAMHS. In their case parents can't take their kids to CAMHS (they can't be bothered, have other complicated problems going on or don't want to and fear social services knowing about family problems). We gave them the opportunity to off-load in a safe way to help build trust relationships which is really important.

In Hillingdon I see a lot of cases where pupils are self-harming. I see a lot of boys with anger issues who can't seem to fit-in and struggle knowing what their place in the world. Social media is a factor. At school my role is freelance and I'm self-employed. Because of the issues I'm seeing I wish I was more involved in developing or supporting training. Young people need counselling but they also need semi structured, 'self-refer', drop-in – that's informal and feels less statutory. Sometimes young people are referred to counselling when they're not ready which can put them off. This can cause problems later-on accessing services."

"Young people talk to each other first before asking adults"

Shirley has worked in many special schools, including in Hillingdon.

"Hillingdon Early Bird is fantastic but there is a shortage of suitable interventions for autism and mental health – both for young people and for the huge strain it puts on families. Without appropriate interventions we're potentially increasing long term risks and storing-up bigger problems for the future. Parents are crying out for more courses that teach a range of parenting skills which we know demonstrate less use of health services. Hillingdon needs more commissioned services that focus on young people's social skills and relationships as well as communication and managing behaviour linked to good mental health."

Matthew is 17 and went to school in Hillingdon. He now attends a local college.

"I started self-harming when I was 11. My dad died and I felt I had depression. The teachers didn't know what to do about it. I don't think they understand how bad depression can be. School made me feel bad. I wasn't bullied but I saw other kids that were. It's quite extreme and horrible when the whole school gangs up on one person. If it's cyber bullying it can go on for days. Most of the time cyber bullying spills over into face to face problems. We didn't have a counsellor at school so I got referred to my GP.

I went on the waiting list for CAMHS but it takes so long you give up. They don't phone you about appointments they write letters, and when you're staying with relatives you can miss them. I felt like I was going nowhere. What helped me most was friends being there for me, and having someone to talk to who's on the same level as you. Young people talk to each other first, before asking adults. Now I'm at college it's so much better. You can talk to staff easily about any problem and they've always got good ideas about how to help. They run all sorts of activities and courses that help you feel good about yourself. College has shown me it's possible to come through the other side."

5 Use voluntary sector expertise

Ben is 16 years old and attends a Hillingdon school.

"I was referred to CAMHS by my GP for depression last summer. My music teacher spotted my behaviour was different and through the school counsellor I was encouraged to speak to my GP. He put me on anti-depressants and also on the waiting list for CAMHS. The medication made me feel even more depressed but if you miss a day it really messes your head up. After seeing my GP teachers would ask if I was OK. They were helpful after that.

There's a lot of misunderstanding about depression. Everyone calls us the 'depressed generation' but we're not and depression is a really serious problem that shouldn't be joked about. Sitting down, talking with others, not being judged, is really important but that's not going to happen at school. Sexuality and bullying has been a big problem. At school you couldn't talk about it or get any help, but there's a lot of confusing behaviour online that can really mess your head up if you're gay. Young people need to be taught what's ok and what's not and be able to protect themselves from cyber bullying that can take down your confidence and lead to serious mental health problems."

Michelle is 14 years old and goes to school in Hillingdon.

"My mum used to have mental health problems and we've had about five social workers involved with our family. I've had a social worker for a few years but not now. I'm meant to be getting CAMHS but I haven't yet. The school counsellor comes to the classroom from time to time to talk to me. A lot of young people have real anger issues but this gets confused with bad behaviour or mental health. Anger is a cry for help but I don't see professionals dealing with that. Young people need space to let it all out. I've cut myself before and thought about ending everything. Sometimes you cut because you want your brain to stop. If others found out about my cutting they'd think it was funny or cool but it isn't funny when you're in pain. Coming to Hillingdon Carers really helps me wind down and relax with people I trust. We need more stuff like this where young carers can go. You learn from each other and that strengthens you. It helps you cope better."

"What use is a national website when you want to speak to local medical professionals?"

Carol lives in Hillingdon with her son aged 20 who has experienced mental health problems.

"Mental health services label my son 'high functioning Asperger'. He's 20 now but when he was at school we literally had to fight, tooth and nail, to get him assessed and statemented. He attended a mainstream school but didn't get the support he needed when it came to exams. The school didn't take into account how exams impact on pupils with autism. My son gets upset with small changes and it's hard to calm him down. When you've got Asperger's the stress is magnified. We know more about autism now but back then no one really cared. I was told by professionals to use the National Autistic Society website for information. What use is a national website when you want to speak to local medical professionals about your son? There's absolutely nothing in the borough for Asperger's if your child is a young adult.

We've used HACS (Hillingdon Autistic Care & Support) and they've been brilliant attending school meetings and offering valuable support when there are problems. But even they say there's a gap for young adults which they can't meet because of funding. He's got some GCSEs but he's missed out on a lot. Asperger's can make you disruptive in class and he couldn't retain much information for long periods. He used to smash things up when he got really frustrated. Professionals told me that I needed to improve my parenting. This made me feel like I was to blame.

I'm really worried about what's going to happen now that he's a young adult. He's not entitled to a care plan and he hasn't got anything to do. He feels worthless. He has problems communicating and making social choices. He sits in his bedroom and gets really down. A few years ago he took some tablets and tried to take his own life. He got drunk once and tried to jump off a bridge. This was a real low point. If you're isolated and in your bedroom all day without a job, wouldn't you feel mentally unwell?"

6 Develop clear pathways

Louise is 19 and started having problems at school in Hillingdon.

"I was badly bullied at school. Some of it was through social media but most of it was face to face. My friend Jack has ADHD and we were bullied at the same time. The problem was that whenever Jack asked for help he got it. I didn't get help because I didn't have a special label with a condition. My problems were more hidden. When things got really bad I did ask for help. By this time I was feeling worthless and I didn't know who to talk to. The name calling and bullying was overwhelming. When you already feel like you don't fit it, and you're being told to go and kill yourself on a daily basis, every round of name calling can feel like a knife piercing the skin. I stopped going into school.

Eventually the school arranged for me to see the counsellor for about two months, once a week. It was good to talk to someone but I'm not sure it helped me cope with everything that was going on in my family at that time, which felt horrific. I was referred to CFACS because of other traumatic events but I didn't feel ready or able to make the most of the service. I couldn't wait to leave school. It felt like everyday hell and not somewhere you could succeed. No one really knows what's happening in people's lives and how bullying can make problems worse. Me and my mum were made homeless. She had a lot of problems and things were hard. I was lucky because I was rehoused with P3. For the first time in ages I didn't feel suicidal. P3 helped me feel stable and that I had a future. I love it here. The staff are amazing. I've finally made friends and now I have the courage to come out of my shell. Sometimes I worry what would have happened if hadn't found P3. I still go through problems but I wouldn't want to go back to CFACS or CAMHS."

"We've really struggled finding things like local art therapy and creative classes"

Lucy works in NHS healthcare.

"We don't have the skills and training to deal with mental health problems in paediatrics. We're not helping by admitting a child with emotional problems onto a ward where children are hooked up to drips and medical equipment. We're already stretched and don't have the resources for one-to-one mental health care for young people who are self-harming or worse. Getting access to data – and up-to-date patient information – can be a battle. We don't know where to refer young people to and we get a sense from patients that there's not enough out-of-hours support in the community for young people, especially for suicide prevention and self-harm."

Gayle used to run a business in Hillingdon and has two daughters. One daughter has autism.

"My daughter is 18 now but we first started to notice problems when she was about two years old and she refused to have her photo taken, or when she would throw herself on the floor and have a tantrum. She had a low birth weight and was slow to reach her milestones at school. We saw the GP and started to go the CDC (Child Development Centre) but GPs didn't know about autism then and I was advised to put in boundaries at home. As she got older her behaviour worsened and she struggled concentrating and taking things in at school. She felt different from everyone else and she started to self-harm. Her behaviour became disruptive in class and on one occasion she was excluded. After this she broke down. I remember her saying 'I wish I was dead'.

Another parent told me about HACS (Hillingdon Autistic Care & Support). Without them our daughter would never have got statemented. We've really struggled finding things like local art therapy and creative classes for our daughter who needs a calm space where she can express herself and be understood. We did get referred to CAMHS for family therapy but it wasn't enough. My daughter has been sent to the Priory for an assessment but she hooked up with girls experiencing eating disorders, and anorexia, which had an impact on her own eating habits and identity. She's taking anti-depressants and things are really hard now. She doesn't know what's happening and worries about the future. She's transitioning to adulthood but they don't magically develop adult skills do they? She really enjoys art therapies and we wish there was more of that. We also wish they had picked things up earlier.

Karen has worked in Hillingdon's public sector for over 15 years. She has been working with young people for nearly ten years.

"I'd like to look at the pattern of services we have and how they can be redesigned for more mental health early support, and for developing coping skills, especially for children who are vulnerable to problems. Over the years, I've seen a misunderstanding grow about what CAMHS is actually for. Is it only for the clinically ill? There's a lack of professional and public understanding about CAMHS and we need a much clearer definition. What are the thresholds for, what do they mean? Do we know what we mean by 'good mental health' in Hillingdon, and have we established a consensus across agencies for this? I've seen very good results from schemes like Family Key Working and Hillingdon Youth Service projects. Multi agency teams is definitely the way to go if we're going to prevent mental health problems and crisis."

7 Care for families

James is 21 years and lives in Hillingdon. He is on the autistic spectrum and recently lost his mum.

"My mum died a few years ago and after staying with dad for a while he helped me get a flat. I find social groups really hard, usually feeling like I don't fit in. I've always felt people live in bubbles and I can't get in. I am alone a lot and this can lead to thoughts of self-harm. When my mum was ill I was hardly going into college and had no social interaction apart from caring for my mum. She was barely eating or able to do anything. I felt like I was going crazy. I had no reason to do anything or had anywhere to go. I really needed a relaxing environment I could go to, that wasn't a pub, where I could unwind and maybe do things like crafts to take my mind off things. What young people want is activities not services, where you can do things for other people and just feel normal again. Since mum died I've felt awkward and lost most of the time. That's why I use Link Counselling. Some days I hate waking up."

"The school didn't speak to our GP and CAMHS were not speaking to the school"

Sophie and her husband have both experienced serious ill health, leading to disability. They have three children aged between seven and 15 years.

"The entire family have been plunged into mental health crisis through lack of support. The children have been profoundly affected mentally, watching us both get ill and unable to look after them. They've been living in a permanent state of anxiety, and fear the future. My husband was having up to six seizures a day and was off work. We didn't know from day to day if his company was going to pay him. It was like walking a tightrope. One daughter stopped eating and became anorexic but support at school was virtually non-existent. My GP was helpful but this doesn't help the underlying issues.

Our family was falling apart and we urgently needed professionals to listen to our children to help them put their emotions into perspective. We also needed all round family support. All my children would frequently break down in classroom because they were unable to cope. That's when the bullying started but my conversations with the school didn't go anywhere. It just feels like none of the organisations that are supposed to be helping actually interconnect and speak to each other. The school didn't speak to our GP and CAMHS were not speaking to the school. It got worse when one daughter could no longer face the world and stopped going into school.

"There should be procedures in place for when families fall into crisis, involving health and other agencies. When you finally get an appointment with CAMHS your child's ability to engage is at its lowest point. I couldn't get my daughter out of her room to attend her first appointment because she felt so awful about herself. She felt that she'd been abandoned by the system. The worst thing is when the police and education welfare officer visit your home to tell you it's your responsibility to get your child into school. Your child is so mentally unwell you can't get them into school. You wouldn't do this if a child had a physical illness like cancer. This process makes you feel like a complete failure when you've been battling to get an appointment with CAMHS and are in daily contact with the school. Why can't education welfare speak to CAMHS so things can be speeded-up and you can get your child better and back into school?"

Jane is 59 and has lived in Hillingdon all her life. She has a daughter whose partner died recently. Since then her three grandchildren have been experiencing mental health problems.

"My daughter's partner was killed in an accident three years ago. He went to work and never came back. My daughter was left with three children. The family have been living a day-to-day trauma ever since. We've spent hours on the computer trying to get advice and help but we've really struggled finding bereavement support in Hillingdon. The GP referred my daughter's eldest son to CAMHS (CFACS). It took six months to get an appointment and he had three sessions. But it was difficult for him to share his feelings with a psychiatrist. In the end they said he needed bereavement counselling which we'd known all along. CAMHS said we needed 'family therapy'. We had three sessions but it wasn't enough when the whole family is going through intense grief.

"The kids signed up for the 'Seasons for Growth' project through school but a lot of the other kids were dealing with divorce and parents being apart. The children had six sessions but then it stops. There wasn't a step down and we're worried this might have made problems worse. We even went to see our MP. He told us that 'Hillingdon used to have Cruise Bereavement Counselling but it had to be closed down'.

"The problems soon resurfaced. My grandson got panic attacks and would hyperventilate. His depression got so bad he wouldn't come out of his bedroom. I just wish all the services we've had to speak to would be more joined-up. I also think Hillingdon needs more counselling services, especially for bereavement, and for families. We've had to speak to so many professionals but you feel like you're going round in circles and no-one is listening."

Tom is 18 years old and lives in Hillingdon. He was a young carer.

"My Mum has obsessive compulsive disorder (OCD) and other mental health problems. She doesn't have any friends or family to reach out to. She gets lonely and frustrated. She can be very controlling and this has affected me. I've seen social workers come and go but they didn't do anything to help me in any way. I used to think about doing myself in. I would smash things up because I had so much anger in me. My house never felt like a home. Now I'm starting to worry about my little sister who is going through the same thing. I did try to get help from CAMHS but the waiting list is so long I gave up. When you've got problems the last thing you want to do is sit in an office – it's too depressing.

School counsellors can help but it's not the right thing for everybody. I wish I'd had more activities where you can draw and make stuff as a way of expressing yourself and being with others. There needs to be more training and awareness about what young people are going through and much earlier help. Young carers need hope of a better future and to know that there's someone available to speak to who understands. I didn't know Hillingdon Carers even existed or that it helped young people going through problems. I wish someone had told me before because it's changed my life. I've been really lucky and now I want to help other young people like me."

8 Engage, listen and involve

Cara is 14 years old and is a young carer.

"I've felt embarrassed caring for Mum and talking about it at school. I know it really affects how I feel day to day. It's hard to put feelings into words but that doesn't mean I don't want professionals to know what it's like. When young carers feel like they're being listened to, and that someone cares, it can change everything. It can help you stop dreading the world. I do think professionals need to understand what our lives are actually like and how caring can make you angry and want to hurt yourself."

“What has helped my recovery is being heard and listened to”

Michelle works with young people in a school in Hillingdon.

“It shouldn’t take a crisis for change to happen. In Wales, change arose following the deaths of teenagers in Bridgend. Now every school in Wales has a school counsellor and I think this is a positive way forward. We also need to get better at bringing different professionals together to talk about the issues to make change happen in our different settings with young people.

“Leadership is really important if we’re going to help prevent young people having problems. At the moment we have a system where one school is doing this and the other is doing that and none of us really knows what each other is doing. Training is really important and helping teachers look out for signs. I’d like to work with other professionals on school transition which is rarely acknowledged as a key point when mental health problems start or become worse. There also needs to be some measure or way to assess what schools are doing. We’re all busy but I think a lot of professionals, dealing with mental health day to day, want to help make change happen.”

Helen is 23 years. She is in mental health recovery in Hillingdon.

“When I was at school I was always scared of failure. I got good A level results but I still thought they weren’t good enough. I’ve always wanted to do things perfectly and this can be paralysing. When I spoke to teachers they gave me a list of expensive psychologists in London that I couldn’t afford. When I got to university I felt overwhelmed and I started to have insomnia. I kept it to myself but I wish I hadn’t. I didn’t know how to talk about my problems to professionals or how to properly ask for help. I got behind with essays and my sleep patterns were really bad.

I started to feel watched and paranoid and one day medical professionals came into my room and took me to hospital. I didn’t realise I was being sectioned and that I would never return to university. I was moved to Riverside after a few months and I found this really scary. I was the youngest patient there and it was frightening watching people talking to themselves. But there were lots of really good things about Riverside and now I’m getting better. What has helped my recovery is being heard and listened to in the community. It really matters that young people with mental health problems are heard by professionals. I want to get more involved in advocating for other young people who are going through the same problems I experienced.”

9 Be autism aware

John has lived and worked in Hillingdon all his life. His 18 year old son is receiving treatment for mental health problems.

"Our experience has been characterised by a lack of understanding, and suspicion even, of autistic spectrum pupils in mainstream schools. This includes our son casually being told he probably had Asperger's by his Head teacher in Year 2 – with no further support offered – to his secondary school offering a 'managed move' to a different school following his diagnosis in Year 7. At the time he felt rejected because his GCSE results didn't meet expectations. We have to get better at understanding what these experiences do to a young person and do much more to support the wellbeing of students on the autistic spectrum."

Bob is 18 years old and lives in Hillingdon.

"I found school really hard. I hated it every single day. I'm autistic and got excluded nearly every other week. Usually it was down to my behaviour or lack of attendance. I was in year 6 when I was statemented but after that I wasn't allowed on school trips for health and safety reasons and this is when I started to get singled out and made to feel like a black sheep. I was anxious and got depressed, and felt angry most of the time. The name calling got ridiculous. I tried to put a mask on every day. I used to get pinned-up against the wall by others and told that I was a 'spastic' or 'retard'. Other times they would just say 'go and kill yourself'.

School didn't do anything about bullying. One day I reacted but I got expelled for two weeks. I felt it was easier for the school to just have me out of the way. I was never offered school counselling or someone to talk to like a mentor although I really needed it. On a bad day I would sit in my room, at home, and hide myself away. My sleep patterns are really bad and I get insomnia. I have to listen to music and wait to crash out from the exhaustion. I don't think this helps. We did have an SEN group at school which helped but I also needed to do things like art therapy to help calm me down and be away from others."

"Even when you have a diagnosis you can feel like you're banging your head against a wall"

Tricia has lived in Hillingdon for the last 15 years. She has two sons with autism.

"One of my sons hasn't been in school since January (2015) because he was beaten up. My other son has problems mainly through lack of diagnosis and appropriate support structures in school. Both my children are high functioning which in some ways makes it harder when you're asking for help. Teaching assistants and OTs can be a life-line but if the support isn't consistent it can make your child's behaviour and emotional problems worse. Both our children are seen by the CDC and Great Ormond Street Hospital. One son is currently being assessed and is on the waiting list for CAMHS. We've been waiting since February (2015). His diagnosis is unclear, and there are other problems linked to conduct disorder and dyslexia. Getting proper assessments is a stumbling block.

We have a lack of special schools in Hillingdon and not enough awareness, training and education. We have the Triple P parenting course but it's not right for everyone. It can make you feel like you're being told it's your fault. You hear about Triple P when you first start asking for help. You want someone to explain how your child can get help but instead you're told to go on a parenting course. Some days I can't get my son out of his room he feels so bad about himself. Even when you have a diagnosis you can feel like you're banging your head against a wall when the school don't make changes to support your child. When we had the Paralympics you could see how much it helped raise awareness about disability. Children with ADHD and autism are invisible but they need something similar so everyone is more aware. Our kids are vulnerable to mental health problems because they can't communicate their feelings. It's really important CAMHS and health have more knowledge of autism and that our kids are being properly assessed early to stop problems getting worse as they get older."

10 Review CAMHS spending

"She's been told by the system that she doesn't fit in anywhere"

John has lived and worked in Hillingdon all his life. His 18 year old son is receiving treatment for mental health problems.

"After his attempted suicide me and my wife are now, pretty much, his full time carers. Hillingdon Carers have helped us a lot. We had a lot of forms to fill in which they really helped us with and my wife goes there for support. Our son is getting a lot of help now but why did the system fail him when he started having problems?"

Linda lives in Hillingdon with her two children.

"My daughter was diagnosed with a mental health problem at 14 years. She is bipolar and autistic and professionals have talked about detaining her under the Mental Health Act. She is currently being seen at the Early Intervention Centre (Pembroke Centre) but she's 19 now and that's too late. She had a really tough time at primary and secondary school and was constantly being targeted by bullies. My daughter's behaviour was erratic and I was told that I needed to remove her from the school. She was given a social worker and sent to a special unit outside of Hillingdon. She has also spent time at the Priory.

Throughout her early school years we struggled to get her properly assessed. She was 10 years old when she stopped eating and started self-harming. Now they're talking about sectioning her its years too late. Throughout her teens she's engaged with every part of the system from social workers to CAMHS and been sent out of borough, several times, to keep her safe. She's been told by the system that she doesn't fit in anywhere and that her needs are too complex. She hasn't got a social worker at the moment and they're also talking about putting her in a hostel. After years of being knocked from pillar to post I'm worried she's never going to have a life."

Children and young people's mental health pathway

Symptoms

- Talk to friends
- Feel isolated
- Self-harm
- Fear of speaking out or being ignored

Contact professionals

- Talk to school staff
- Access information online
- See the school counsellor
- Talk to GP
- Visit A&E

But...

- Not every school has a school counsellor
- Voluntary sector not identified as part of pathway
- Police need to be able to refer to trained mental health counsellors
- Young people (all ages) need to able to self-refer for support
- Lack of safe online resources for support / self-help

Referral/treatment

- Refer to CAMHS / CFACS
- Refer to LINK counselling
- Wait for assessment
- Wait for treatment
- Attend A&E

But...

- Schools might not refer to CAMHS and CAMHS might not speak to schools
- Schools don't share resources/ information with each other
- Schools don't signpost to voluntary sector
- A&E can't signpost to voluntary sector because they are unaware of services available
- Hospital databases are not compatible with social care system
- No support in place when long waits for CAMHS are inevitable
- Transition from children's to adult mental health services can be challenging

Case studies
What works locally

> “Early intervention is vital to help as many as possible reach their full potential”
>
> Lord Laming

Because the issue of good practice in children’s mental health is relatively under-researched, we invited a broad range of professionals, across Hillingdon, delivering targeted and universal services for young people, to share successful projects with us. We sought examples of good practice as widely as we could - particularly in relation to prevention and early intervention, and new thinking - but there is undoubtedly even more to capture.[33] We hope that by continuing to focus on young people’s mental health throughout 2015 we will be able to draw together networks and a broader body of good practice that will help commissioners.

Link Counselling, Link-Ed

LUC (Linking Up Counsellors)

“After years of abuse and self-harm Link helped me trust people again and start to rebuild my life”

What happened?

Link Counselling chose to take part in the Healthwatch research programme because they are dealing with an overwhelming case load – mainly referred through GPs, relatives and self-referral[34] – and know they will be facing increasing demand in future. Link is a council service (in the early intervention team). Today, they deliver over 2900 hours of (pre-booked) counselling with up to 400 young people. Open Monday to Friday (10.30am – 7.30pm) they offer counselling by appointment to people aged 13-25 years. Many BACP (British Association of Counselling and Psychotherapy)-accredited Link volunteers practice in Hillingdon schools

independently on a freelance or contractual basis. Link delivers its counselling service largely through a cohort of unpaid volunteer counsellors. The LUC (Linking Up Counsellors) Group, established in 2010, provided a network for school counsellors and a valuable opportunity for peer support for professionals working in often isolating roles. This support group has ceased operating due to the merging of resources.

the 'Safe Project' was established to promote mental health awareness in secondary schools

Presenting Issues:
Anxiety (general): 143 clients
Depression: 129 clients
Family issues: 125 clients
Anger (general): 109 clients
Stress: 113 clients
Relationships issues: 70 clients
Isolation and loneliness: 48 clients

[April 2012 – March 2013: Agency Profile and Key Performance Outputs]

Lessons

Between 2009 and 2011 the Healthy Hillingdon 'Safe Project' was established to promote mental health awareness in secondary schools to staff, and to offer advice in the setting-up of in-school counselling service. This included offering schools, who employed a counsellor, the opportunity for additional provision by providing a 'volunteer' counsellor managed and supervised by Link (Link-Ed). Link-Ed sustained and expanded the aims of the 'Safe Project' and through a second wave of school engagement piloted a complementary project to offer a bespoke counselling service to both primary and secondary schools.

Link-Ed – delivered through the Link Counselling Service – was designed as an out-of-school (off site) service recognising that not all young people feel comfortable accessing off site services but also ensuring that young people under 13 years could access counselling / play therapies – for those not meeting CAMHS criteria.

Link-Ed engaged six secondary schools, and 4 primary schools, with the aim of providing a borough wide service, allowing pupils to access early intervention support. Primary schools were particularly receptive and worked in partnership with Link-Ed to meet the requirements for setting-up a service. Due to a service restructure and efficiencies, the benefits of this approach – ensuring all schools have an outcomes-focused counselling service – haven't yet been fully realised.

Next steps

Using 'counselling in schools' audits (2003 & 2009), the local authority, working with Link, should take a proactive

role engaging all schools in the potential of Link-Ed, with particular focus on increasing early intervention in primary schools. Recent DfE guidance 'Counselling in Schools: a blueprint for the future'[35] sets out strong expectations that all schools should make counselling services available to their pupils and that counselling is likely to be most effective where it is delivered as part of whole school commitment to improving mental health and wellbeing. Now is a good time to revisit previous audits and support schools in taking forward new guidance, in partnership with Link.

P3 (charity) – People, Potential, Possibilities

Navigator Project (Yiewsley and West Drayton)

"I've felt suicidal most of my life. I took an overdose last year and P3 are starting to help me get my life back"

What happened?

P3 is a charitable social enterprise delivering a range of services to young people, and families in Hillingdon, facing a combination of linked problems such as unemployment, low skills, inadequate housing, limited incomes, poor health and family breakdown. It works mainly with young people and young families, helping them reintegrate when they have fallen through the net, for example when facing mental health problems or finding stable employment and secure housing. Their 'navigator' hub, based in Yiewsley, is designed around a ('no case turned away') drop-in service providing advice on anything from securing a college place to mental health issues. P3 also runs a supported accommodation service within the Hillingdon borough.

Presenting Issues:
Homelessness
Unemployment, debt, benefits
Health, including mental health issues
Family breakdown
Domestic violence
Drug and alcohol problems

Lessons

P3 say what young people want more than anything is 'someone to hear them and to talk to'. The service is seeing growing demand for services because of the lack of provision

after a young person reaches 18. Their programmes are mostly designed around offering support when individuals have reached crisis, or they have been turned away from other services. They say mental health is always a factor in presenting issues, often related to drug and alcohol problems. Young people with multiple and complex needs is a growing factor requiring new service responses. Young people with multiple and complex needs frequently do not gain access to services or end up in inappropriate services because of criteria governing service use, long waits or service users being unaware of entitlements to assessment.

Next steps

P3 sees a gap in early intervention programmes for young people experiencing complex vulnerabilities, whilst still at school.[36] They believe providing intensive support in school, before crisis happens post 16, will help short-circuit intergenerational cycles of problems aid early intervention.

Haydon School

'Link Mentoring' unit

"School counsellors are left supporting pupils who should be receiving treatment"

What happened?

Haydon School is an Academy for students aged 11-18 years committed to individual excellence, ensuring students fulfil their potential. In 2014, the school was re-designated as an Investor in People school, receiving the highest accreditation of 'Gold' in recognition of its commitment to learning and development. The school has two in-house counsellors working five days a week, alongside one to two other counsellors doing their training. This team forms a central part of the whole school approach to wellbeing. The school also has its Social Inclusion Unit – 'Link Mentoring' Unit – where a dedicated specialist team of teaching assistants support young people with self-esteem, confidence and identity issues. Referrals to this unit are made from counsellors and teachers, Year Leaders, the Deputy Head and through self-referral for students struggling with identity and other complex problems – as a way to build their resilience and self-esteem.

The Link department 'Link Mentoring' unit has a strong track record in delivering outcomes focused mental wellbeing and increased self-esteem results.

Police officers are responding to a high number of incidents in Hillingdon involving mental health and young people

Lessons

Haydon School is seeing growing pressure, on already strained resources, for student mental health support. One staff member said: "In all my fifteen years of teaching I have never known the school to have had so many referrals for emotional support." In particular, the number of referrals for self-harm, eating disorders, bullying and bereavement have seen a sharp increase. Haydon School identifies a gap in community services[37] to meet these needs and shortcomings in the ways schools share best practice.

Hillingdon Police Cadets

School Liaison (Safer Schools Partnership)

"Mental health is a very important issue for the force. Police cadets are just one of the ways we help young people on the right path to managing their own problems, including mental health"

What happened?

Police officers are responding to a high number of incidents in Hillingdon involving mental health and young people. The time spent dealing with these challenges has a significant impact on operational policing and capacity.[38] Each year Hillingdon police cadets train about 120 young people, in cohort groups of 40, aged 13 – 18 years. Referrals come through local agencies, mainly the councils Youth Offending and Children's Social Care teams. They see many young people unable to cope with school and often dealing with anxiety and depression, some of whom have fallen into criminal activity.

As part of the Safer School Partnership, the police have a dedicated team linked to the secondary schools in the borough, which provides support, liaison, advice and training. The School Liaison Team recently offered a presentation about pupil safety and relationships. This programme empowered young people to think about their own behaviour online, how to prevent cyber bullying and the dangers of posting (sexting) inappropriate body images.

Lessons

Thousands of hours of police officers' time is spent dealing with mental health problems experienced by young people. They would like to see improved coordination between organisations and better sharing of information and data so that individuals can be better and more appropriately

supported. Building on the successful outcomes of police cadets, and police school liaison projects, officers would like to see the commissioning of more Street Triage[39] and diversion services intended to ensure that a young person with mental health problems receives appropriate treatment and support.

“Police officers are frequently called to assist people suffering a mental health crisis. It is important that officers are able to call on the assistance of, and refer people to, specially trained mental health counsellors in order to provide timely and appropriate support. This is especially important for young people, and their carers, who are trying to chart their development into adults whilst learning to manage their mental health. To make this possible, it is important that young people and their families are able to express their opinions about what they need, what works for them, and what doesn’t, so that suitable support is available.”

Mark Luton, Chief Inspector
Hillingdon Police Mental Health Lead

Yeading Junior School

(peer research project)

“We’re trying to build on the idea that young people can be empowered to seek support”

What happened?

Buckinghamshire New University (Social Work Department and IDRICS[40]), in partnership with Yeading Junior School, want to find out what pupils think the Yeading Junior School ‘Community House’[41] is for, why they think people go there, and what it offers as a place of potential support for them, and their families. Led by Dr Elaine Arnull[42] the project has been working with 10 pupils, aged between 10 and 11, drawn from a group of ‘intellectually gifted’ students. Working as ‘Peer Researchers’, these pupils have been trained in research methods, ethics and confidentiality and have contributed to the research design. Data gathered from interviews will be analysed to appraise gaps, helping to show patterns of awareness about Community House and what it does.

Lessons

Supporting pupils to lead 'peer-to-peer' research projects has helped unlock insight and experience that might not have been possible to uncover through adult professionals. The project also helped raise awareness of 'Community House' in ways that young people understand, helping spread the benefits of this resource to families and other vulnerable groups, including those where mental health is a factor. This project could be replicated elsewhere in Hillingdon, as a resilience, sign-posting and mental wellbeing tool.

Mosaic LGBT Youth Centre

(Hillingdon Council)

"Two thirds (58–69 per cent) of LGBT[43] students say homophobic bullying makes them feel lonely and isolated, making them depressed and deliberately self-harm"[44]

What happened?

The Mosaic LGBT Youth Centre (Fountains Mill) runs a range of workshops and activities, planned by existing members, offering friendly advice and support about relationships and careers, and how to deal with homophobic behaviour and bullying. Hillingdon Mind have successfully secured funding to deliver a weekend members club, meeting every other Saturday each month. Based on 2011 Census data Hillingdon has approximately 13,700–19,200 LGBT (lesbian, gay, bisexual and transgender) people living in the borough. The LGBT community is one of the highest risk groups in terms of substance misuse, self-harm and suicide and mental health problems.

Lessons

There is currently a lack of data about the needs of LGBT people in Hillingdon, potentially obstructing the commissioning of services. There is a need to collect data about LGBT people in schools, health and other services, and to offer programmes for young LGBT people which promote their rights to support, including with mental health. In addition new services are needed aimed at preventing self-harm and suicide.[45] Hillingdon Mind believes there is potential to extend their work with LGBT groups to other vulnerable groups.

The Seasons for Growth programme supports children experiencing loss and separation

Healthy Schools London Programme

(Hillingdon Council, Public Health)

Seasons for Growth

(Hillingdon Council, Public Health)

"37 Hillingdon schools have signed up to the Healthy Schools London programme.[46] We want to build on this success so every school is taking part"

What happened?

91% of Hillingdon schools have reached national Healthy Schools Standards[47] and 37 have joined the new Healthy Schools London programme, sponsored by the Mayor of London, which helps schools support their pupils to be healthier through learning about health and by developing the motivation to make healthy choices. The Public Health Team have found that using this approach has contributed to pupils increasing many aspects of healthier behaviour including school attendance and participation in physical activity. Applying the scheme, Stockley Academy is planning to improve emotional health and wellbeing as a priority by implementing a range of interventions involving staff, children and families.

The Seasons for Growth programme supports children experiencing loss and separation. Today 33 schools are active in delivering Seasons for Growth groups. A recent evaluation of 76 children,[48] including feedback from professionals and parents, has shown positive impacts in relation to behaviour and emotional wellbeing.

Lessons

The Public Health Team hopes to get more schools engaged with the new London scheme and address health priorities in their school throughout 2015. In order to develop and expand the Seasons for Growth programme, the Public Health Team are looking at ways of resourcing the analysis and updating of data, and overall monitoring of the programme.

Hillingdon Young Carers Service

(Hillingdon Carers)

Young Carers Plus

(Hillingdon Carers)

"I didn't want to talk about stuff at school or for anybody to know I was struggling. Now I use the young carers club, I get the chance to be away from juggling school work and being a carer"

What happened?

Hillingdon Carers run a Young Carers Saturday Club and a 'Young Carers Plus' scheme supporting children and young people between the ages of 5-18 years, caring for family members with mental health problems in the six wards of Hillingdon (UB3, UB7 & UB8).[49] Professionals, and volunteers, offer emotional support, one-to-one support, advocacy, advice and information on benefits, housing, health and education. Other projects include sports and creative arts projects, school holiday activities and residential breaks. Over 380 young carers were supported by the service in 2014 and 96 per cent say that they 'love' the Saturday Club, as a vital break away from caring.

Lessons

The Hillingdon Young Carers Team say that understanding the role and challenges for young carers is essential, as is the provision of healthcare services linked to risk factors including bullying, stress, isolation, self-harm, depression and physical injury. The team would like to offer more seamless support, in coordination with health services, to support the mental health and wellbeing of young carers. They have also identified a gap in out-of-hours counselling provision for young carers over 14 years and would like to work with statutory partners to meet the growing need.

Early help assessment (EHA) Team around the family (TAF)

The processes could be spread to target young people at risk of mental health problems

The Early Help Assessment (EHA)

What happened?

Early help assessment (EHA) is a standardised approach to conducting an assessment of family need and deciding how needs should be met. EHA provides a tool for assessing family needs and facilitating early intervention. The aim is to identify, at the earliest opportunity, where a family's needs are not being met, and provide timely and co-ordinated support. Needs may include those linked to child and adolescent emotional health and well-being. This can help ensure families access the right service at the right time and stop issues escalating unnecessarily.

Team around the family (TAF)

What happened?

Team around the family (TAF) is a multi-agency meeting where professionals – working with the family, including the parent/carer and, where appropriate, the child – explore what help is needed and how this can best be provided. At the first TAF meeting a lead professional is appointed to chair future meetings and be the key point of contact for TAF professionals, including the family. EHA and TAF have been shown to be successful in facilitating early identification of needs and timely responses including child mental health related issues.

Lessons

Using early help approaches assist at-risk individuals in developing new ways to solve problems, including self-support approaches. Some parents are more vulnerable to life's challenges than others. These can be compounded by mental health problems, or the use of drugs and alcohol. The benefits of the EHA and TAF processes could be spread to target young people at risk of mental health problems, including those with autism and other disabilities.

Community Children's Nursing Team

(CNWL NHS Foundation Trust)

Child Development Centre:

- Speech Therapy
- Health Visiting
- School Nursing
- Community Children's Nursing Team
- Looked After Children's Team
- Speech and Language Therapy Teams
- Social communication pathway with Attention Hillingdon

"Our Community Nursing Team have helped a family when a child tried to commit suicide"

What happened?

Central and North West London's community children's health services provide a range of healthcare for children and families in Hillingdon. Each service provides rounded assessments for children which includes assessing their mental health and providing support, including referring and liaising with other agencies to support the child and family. Professionals frequently signpost to HACS and Hillingdon Carers.

Lessons

A number of recent community engagement activities about speech and language therapy, and how early 'communication development' can help prevent emotional, behavioural and mental health problems have been very successful in raising awareness about the support available, particularly for vulnerable groups. Could this type of engagement activity be replicated elsewhere, across the system, to help more families understand what support is available, and how they can access it?

School Counsellor ‘How are you feeling’ form

(Hillingdon School)

‘Social media is a big factor in self-esteem. The ‘fat’ word has a huge impact as does ‘skinny’ ‘ugly bitch’ and ‘go kill yourself’, which I hear a lot”

What happened?

One school counsellor interviewed uses a ‘how are you feeling’ form to help young people focus on and understand what’s happening to them. Devised by the school counsellor, the form is used once a student has been visiting the counsellor for several weeks, showing signs of depression and low mood. The ‘how are you feeling’ form is helpful for listing possible signs of depression, when students find it hard to put into words how they are feeling.

Lessons

On many occasions the ‘how are you feeling’ form has helped secure CAMHs appointments after being taken to GPs by students.

Hillingdon Autistic Care & Support (HACS)

Autism Training and Support (Pam Sickelmore)

'It took years to get my son properly diagnosed with autism. I literally had a nervous breakdown because I wasn't coping and felt no one was listening. I felt I was losing my mind. Finding HACs was a major breakthrough for the whole family. Why didn't someone tell me before?"

The Family Support Team offers information, advice, guidance and advocacy

What happened?

Established in 1997, HACS helps families affected by autism in order to minimise disability, maximise a young people's potential and ensure access to support for families. They provide a local voice for the autism community to influence and improve service delivery through its partnership with Hillingdon Council. Through its membership of the All Party Parliamentary Group on Autism (APPGA), the charity also organises regular public meetings to campaign for changes to national policy so that people on the autism spectrum get the support they are entitled to. Offering a range of services, the Family Support Team offers information, advice, guidance and advocacy to parents, carers and professionals, and individualised support in the fields of education and welfare.

Pam Sickelmore (Autism Training and Support) is a trustee for HACS and runs a rolling programme of workshops and training sessions throughout the year for parents, practitioners and social care professionals. Popular courses include *Autism and What Works* and *Managing Behaviour & Associated Difficulties*. For information go to: **www.autismtraining.net**

Lessons

HACS hopes to see the expansion of local commissioning of community based support for people with autism in future. Responding to growing demand for services, including mental health services, HACS is keen to look at innovative commissioning solutions, including a framework for local commissioning and a new 'pathway of care'[50] to support people with learning disabilities, experiencing mental health problems, to live at or near home rather than in hospital.

police

CAMHS school

parents children

people

nity listen

involve early

intervention

referral collabora

prioritise by need

clear pathways

joint working

police hospital

GPs

Research and engagement methodology

Project research has taken place over a period of four months across Hillingdon and has involved a combination of primary and secondary research.

For the former, our work was largely desk-based, including gathering local 'best practice' and a review of key policy documents and academic literature to build on the available evidence base. These included: Hillingdon CAMHs needs assessment draft outline (Jan, 2015), Children's Health Programme Partnership: work stream and actions, The Children and Young People's Mental Health and Wellbeing Transformation Plan (v5, April 2015), the Mental Health Needs Assessment (2014, Hillingdon) and key government documents.[51]

This report does not pretend to offer a comprehensive, representative or exhaustive analysis of need. The report has been written to assist in the accumulation of evidence about young people's experiences of mental health services and to make recommendations for change. It draws upon face-to-face interviews with 24 young people, 19 parents and 25 professionals as well as surveys and secondary data to assess the factors that determine barriers to support and ask what a clearer, early help and support, pathway could look like.

It also draws from two surveys (online and offline) that were completed between January and March, and March and April 2015.

Interviews: who we spoke to	How many	Age
Young People	24	9-25
Teachers / TAs / SENCOs	8	n/a
School Counsellors	9	n/a
Police Officers	4	n/a
Voluntary Sector Professionals	22	n/a
Parents	19	n/a
Carers (adult)	1	
Statutory Service Providers	n/a	n/a
Adults with user experience of children's mental health services (CDAS)	15	25-50+
Young people under 25 in mental health recovery	3	20-26
National charities (children's / adults' mental health)	3	n/a
Colleges	1	n/a

Opportunities to engage with agencies

All Hillingdon secondary schools and further education colleges were contacted and given the opportunity to support this work. As were Hillingdon Council (Youth Parliament, 'Looked After' Children's Council and Early Intervention Team), NHS Hillingdon Clinical Commissioning Group and the Mental Health Trust CNWL. Healthwatch Hillingdon believes further extending engagement opportunities to these agencies could help shorten the distance between local people and commissioning decisions that affect them. Furthermore, that Healthwatch could have done even more with the involvement of the youth parliament and 'Looked After' Children's Council.

There is a need for more, and new, forms of engagement between young people and commissioners that has real meaning for people using mental health services. Healthwatch Hillingdon sees its role as helping ensure the concerns of users of healthcare are heard and taken seriously and also in supporting new engagement activity involving children's mental health.

What we did

We used a wide range of semi-structured discussions with people involved in mental health services from different perspectives, including those with direct experience of using services. Interviews were conducted with staff and young people, and their families, at a range of professional and community settings. Although not fully representative, the participants are varied enough to establish themes and trends. The case studies examined should be viewed as examples from which commissioning agencies can generate testable hypotheses about support needs and service gaps.

Survey in numbers

Detailed survey comments and feedback, plus full methodology, are available online at **www.healthwatchhillingdon.org.uk**

Notes and references

Notes & references

[1] *Listen to Me! A snapshot of young people's views of mental health and emotional wellbeing services in Hillingdon* Dec 2014.

[2] BAME – Black, Asian, and minority ethnic communities of Hillingdon.

[3] LGBT – Lesbian, gay, bisexual and transgender populations of Hillingdon.

[4] *THRIVE. The AFC - Tavistock Model for CAMHS (Nov 2014) Anna Freud Centre/ Tavistock and Portman NHS Foundation Trust*.

[5] Except in cases where children need protecting from abuse and neglect (RCP, London [2003] *Child abuse and neglect: the role of mental health services*)

[6] We use the word 'autism' throughout to describe all conditions on the autistic spectrum including Asperger Syndrome.

[7] Hillingdon Mental Health Needs Assessment 2014.

[8] Up to 1 in 12 children in Britain deliberately hurt themselves on a regular basis, this is the highest rate in Europe (The Children's Society: *The Good Childhood Inquiry, The Children's Society*, London (2009).

[9] *THRIVE The AFC - Tavistock Model for CAMHs*, NHS Foundation Trust, Anna Freud Centre (Nov, 2014) – 'Historically underfunded, and vulnerable to cuts because of its location within larger systems, the more recent context of austerity has resulted in extensive disinvestment in services, with 25% cuts reported in some areas in 2013(4).'

[10] *House of Commons Health Select Committee report, Children's and adolescents mental health and CAMHs* (2014-15) and *Future in Mind* (NHS England and Department of Health) *'Promoting, protecting and improving g our children and young people's mental health and wellbeing'* (2015).

[11] NHS England, Department of Health *Achieving Better Access to Mental Health Services by 2020.*

[12] In 2014 Hillingdon CCG Clinical Leaders came together with local authority commissioners to form a 'Children's Mental Health and Well-being Board' to develop: The Children and Young People's Mental Health and Wellbeing Transformation Plan. This work programme involves the following work streams: (1) Universal Promotion and Prevention, (2) Early Help and Intervention, (3) Specialist Therapeutic Intervention, (4) Emergency Assessment and intensive Community Support/ Home Treatment, (5) Needs of Vulnerable Groups.

[13] *Young Minds Mental Health at Key Stages 3 & 4* (2004).

[14] *Depression in Children and Young People: identification and management in primary, community and secondary care, Clinical Guidance* 28, The National Institute for Health and Clinical Excellence (NICE), 2005.

[15] *Youth Access (YIACS): an integrated health and wellbeing model* (Jan, 2015).

[16] Hillingdon Autistic Care & Support – HACS.

[17] The Wish Centre, Harrow [providing self-harm, sexual and domestic violence support and recovery for young people with mental health needs].

[18] CFACS - Child Family and Adolescent Consultation Service.

[19, 20, 21, 22] *The London Mental Health Report*, GLA (Jan 2014) Greater London Authority.

[23] *YIACS: an integrated health and wellbeing model* (2015) Youth Access.

[24] *YIACS: an integrated health and wellbeing model* (2015) *Youth Access and Investing in recovery: making the business case for effective interventions for people with schizophrenia and psychosis*, Knapp, M.,et al., PSSRU, LSE and Centre for Mental Health, 2014.

[25] *'Lost Generation' - protecting early intervention in psychosis services (Rethink)* 2015.

[26, 27] Centre for Mental Health (The Pursuit of Happiness – A CentreForum Commission) – *Investing in Children's mental health (a review of evidence on the costs and benefits of increased service provision)* Jan 2015.

[28, 29] Centre for Mental Health - *The case for treating childhood behavioural problems* (2015).

[30, 31] Early Intervention Foundation: *Making an Early Intervention Business Case (evidence and resources)* 2014 (source: PSSRU) 2011/12 figures (source: PSSRU).

[32] The Wish Centre, Harrow.

[33] Hillingdon Mind has had considerable success engaging with local BME communities, particularly Asian and Somali communities. Hillingdon Mind have found outreach to the LGB&T communities challenging, but have recently met with OutWest (West London LGB&T) and HEAR (pan-London equalities forum) to begin thinking about allies and a more co-ordinated outreach strategy.

[34] Feedback to Link Counselling from young people has highlighted the importance of self-referral, especially in special circumstances when parents/ carers may have negative or critical attitudes to mental health which in turn can influence whether a young person seeks help or successfully accesses support for mental health problems. Other sources: *SOS Stressed Out & Struggling Emerging Practice: Examples of Mental Health Services for 16-25 year olds - Young Minds* (2006).

[35] *Counselling in Schools: A blueprint for the future* (March 20015) Department for Education.

[36] *Intervening to improve outcomes for vulnerable young people, Department for Education* (2010), J. Walker, C. Donaldson.

[37] NHS Five Year Forward View, October 2014.

[38] *House of Commons Home Affairs Committee, Policing and mental health (Eleventh Report of Session 2014-15)* 3 February 2015.

[39] Department of Health 'pilot schemes' (Crisis Care Concordat) aimed at reducing section 136 detention rates.

[40] Institute for Diversity Research, Inclusivity, Communities and Society (IDRICS), Buckinghamshire New University.

[41] Yeading Junior School received Chrysalis funding to build an extension to the Yeading Junior School 'Community House'. This facility houses a range of courses for residents to improve opportunities and quality of life.

[42] Dr Elaine Arnull BA (Hons), CQSW, PGCert HE, PhD, Faculty of Society & Health Buckinghamshire New University.

[43] LGBT – Lesbian, gay, bisexual and transgender populations of Hillingdon.

[44] Hillingdon Council, *Report on needs assessment of homophobic bullying and health and wellbeing amongst young LGBT people in Hillingdon* (2012) Malin Stenstrom, Vicky Trott.

[45] Stonewall 'Health Briefing' In the last year, 27 per cent of gay men think about taking their own life even if they would not do it. This rises to 35 per cent of black and minority ethnic men, 38 per cent of bisexual men and 47 per cent of gay and bisexual men with a disability.

[46] Healthy London Schools programme, sponsored by the Mayor of London (2013), aimed at supporting schools to help children learn about health, and develop motivation and self-respect to make healthy choices.

[47] National Healthy School Standard (NHSS) is part of the government's strategy to raise educational achievement and address inequalities. For details about Hillingdon's healthy school programme contact Hillingdon Council's Public Health Team or www.wiredforhealth.gov.uk

[48] 76 children have been evaluated in the Seasons for Growth programme (Hillingdon Council: Public Health) April 2012 – March 2013 and April 2013 – December 2014.

[49] There are 2,450 young carers, under 25, in Hillingdon. About 70% are caring for one or both parents, and about a quarter are caring for a sibling. Almost two thirds of adults being cared for have a mental health problem, and a third have a physical or sensory disability [Hillingdon Council, JSNA (2014)].

[50] NICE guidelines: 'Autism diagnosis in children and young people. Recognition, referral and diagnosis of children and young people on the autism spectrum' (local comprehensive pathway).

[51] Documents consulted included: *Future in Mind* (DoH, NHS England), *NHS England Mental Health Taskforce, NICE guidance, 'Co-ordinated system' task and finish group report* (DoH), *Prevention and access task and finish group report* (DoH), *Key findings from the professionals' engagement exercise* (DoH), *Vulnerable groups and inequalities report* (DoH), *Young Minds report on children, young people and family engagement*, *NHS England Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3)*, *NHS England Eight Pilot schemes leading innovation in children's mental health provision* (2015).

Get in touch

Sorted

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dash

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e. office@healthwatchhillingdon.org.uk
w. www.healthwatchhillingdon.org.uk

Registered charity number: 1152553

We have also produced an animation to highlight the issues raised in this report.

You can view this at
www.healthwatchhillingdon.org.uk

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

3. UPDATE ON PROGRESS

1. There has been a relatively short time since the last report to the Health and Wellbeing Board in July 2015 and consequently there is little progress to report. Officers are, however, continuing to work to bring schemes forward and meetings 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, are held on a quarterly basis. The next meeting is scheduled in the week beginning 28 September 2015.

Proposed new Yiewsley Health Centre (former Yiewsley Pool site)

2. 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.

3. Following a reassessment of the scheme by NHSPS, progress with the development of the site has come to a halt. The previously proposed 25 year lease with no breaks at a full OMR appears to no longer be acceptable to NHSPS and the Council is therefore considering the four new lease options proposed by NHSPS, but has so far been unable to agree the terms of a lease with NHSPS.

4. In response to an update request form local residents in the area, the local MP has also now written to the Secretary of State for Health to see if a way forward can be found for the development to progress.

5. The Council has recently spent a total of £70,672 received from three separate s106 health facilities contributions, towards the costs associated with the submission of the planning application for the development (Cabinet Member Decision 03/03/2014). NHSPS has also "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. If no further progress can be made with this development, consideration will need to be given to alternative options for spending these contributions

Proposed new health hub for Uxbridge (St Andrews Park)

6. 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.

7. 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.

8. The CCG remains in contact with VSM, however little progress has been made. The CCG has reported that the St Modwen Board (part of VSM) is still to formally consider their request to provide a health facility on the site. This continues to be delayed due to other development priorities on the site. The onus, however, remains with NHSPS to bring forward a viable proposition for a health facility on the site, which VSM can consider.

Proposed capacity improvements at Uxbridge Health Centre

9. 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 has therefore proposed 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.

10. The 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.

11. 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, received Cabinet Member approval on 12 June 2015. These funds have now been transferred to the CCG to be spent towards implementing the scheme.

12. The project commenced on site in July and Phase 1 has now been completed. Phase 2 commenced on 21 August 2015 and Phase 3 is programmed to commence on 18 September 2015. The project is currently on schedule to be completed by November 2015.

S106 health contributions held by the Council

13. Appendix 1 attached to this report details all of the s106 health facilities contributions held by the Council as at 30 June 2015. New contributions received since the last report to the Board are highlighted in bold. As at 30 June 2015, the Council held a total of £1,368,022 towards the provision of health care facilities in the Borough, of which £675,340 is currently earmarked or allocated towards identified schemes. This leaves a balance of £692,682 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.

14. The table below details the s106 health contributions which have spend deadlines in 2015/16. The contributions held at H/9/184, H/10/190D and H/21/237D towards the Uxbridge Health Centre scheme have now been transferred to Hillingdon CCG to be used towards the Uxbridge Health Centre scheme (see paragraphs 9-12).

15. 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 2 - 5). Officers are, however, aware that the time limit for spending this contribution is fast approaching (March 2016). At the last Health and Wellbeing Board, it was resolved that the HCCG would consider options for the alternative use of the funds for the next Board meeting. It was also noted that, if an alternative scheme could not be identified by the next meeting, the Board would need to consider other options to ensure that the contribution can be spent before the deadline.

16. The CCG has reported that the allocation of s106 contributions in Hillingdon (including the contribution held at H/23/209K) was discussed at their premises sub-committee held on 25 August 2015. At the meeting, it was agreed that a process would now be set up to identify eligible projects to receive s106 funding. All practices have recently been invited to submit requests to NHS England (NHSE) for Improvement Grant funding. The CCG will therefore work with NHSE to identify proposals which might be eligible to benefit from s106 funding, and, in particular, a scheme towards which the funds held at H/23/209K can be allocated and spent before the designated spend deadline of March 2016.

Contributions with spend deadlines in 2015/16

S106 Funding Reference	Development	Amount	Time Limit to Spend	Scheme
H/9/184C	31-34 Pembroke Road, Ruislip	£13,115	July 2015	Allocated and transferred towards Uxbridge health Centre scheme
H/10/190D	Armstrong House, Uxbridge	£43,395	July 2015	Allocated and transferred towards Uxbridge Health Centre scheme
H/21/237D	Bishop Ramsey School, Ruislip	£22,456	February 2016	Allocated and transferred towards Uxbridge Health Centre scheme
H/23/209K	Tesco, Trout Road, Yiewsley	£37,723	March 2016	Earmarked towards Yiewsley Health Centre Scheme
Total		**£116,689**		

FINANCIAL IMPLICATIONS

As at 30 June 2015, there are £2,410,996 of Social Services, Health and Housing s106 contributions available, of which £1,024,884 has been identified as a contribution for affordable housing and £18,089 towards a social services scheme. The remaining £1,368,023 is available to be utilised towards the provision of facilities for health. It is worth noting that £487,065 of the health contributions have no time limits attached to them whilst £624,508 has been received in respect of St Andrews Park.

S106 contributions which were approved towards the Uxbridge Health Centre scheme totalling £273,315 were transferred to NHS Property Services on 8 July 2015 as set out in the table below:

S106 Funding Reference	Development	Amount	Time Limit to Spend
H/9/184C	34-46 Pembroke Road, Ruislip	£13,115	July 2015
H/10/190D	Armstrong House, Uxbridge	£43,395	July 2015
H/21/237D	Bishop Ramsey School, Ruislip	£22,456	February 2016
H/40306D	Fmr Knights of Hillingdon, Uxbridge	£4,646	n/a
H/41/309D	Former Dagenham Motors, Uxbridge	£12,030	n/a
H/49/283B	Former RAF Uxbridge	£177,358	August 2024
	Interest	£315	
	Total	**£273,315**	

The Uxbridge Health Centre transfer included £177,358 from H/49/283B Former RAF Uxbridge (St Andrews Park), reducing the balance remaining for H/49/283B to £447,150.

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.

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

BACKGROUND PAPERS

None.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION (as at mid August 2015)
			AS AT 30/06/15	AS AT 30/06/15		
H/8/186D *54	Yiewsley	92-105, High St., Yiewsley 59189/APP/2005/3476	15,549.05	**0.00**	2015 (Apr)	Contribution received towards the cost of providing additional primary heath facilities in the Borough. Funds not spent by 20/04/2015 must be returned. 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. Scheme complete.**
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). Balance transferred to HCCG July 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). Funds transferred to HCCG July 2015.**
H/11/195B *57	Ruislip	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494	3,156.00	3,156.00	No time limits	Funds to be used to support the provision of local healthcare facilities arising from the needs of the development. No time limits.
H13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Funds received towards the provision of healthcare facilities in the Borough. No time limits.
H/18/219C *70	Yeading	Land rear of Sydney Court, Perth Avenue, Hayes. 65936/APP/2009/2629	3,902.00	3,902.00	No time limits	Funds received towards the cost of providing health facilites in the Authorities Area. No time limits. £1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval. 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).

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION (as at mid August 2015)
			AS AT 30/06/15	AS AT 30/06/15		
H/20/238F *72	West Ruislip	Former Mill Works, Bury Street, Ruislip. 6157/APP/2009/2069	31,441.99	31,441.99	2018 (Jun)	Contribution received as the health facilities contribution towards providing health facilities in the Authority's Area. Funds to be spent towards (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at local level or, any new facility required to compensate for loss of health facility caused by the development. First instalment to be spent by February 2018. Second instalment to be spent by June 2018.
H/21/237D *73	Eastcote	Bishop Ramsey School (lower site), Eastcote Road, Ruislip. 19731/APP/2006/1442	22,455.88	22,455.88	2016 (Feb)	Contribution received towards the provision of primary health care facilities in the Uxbridge area. Funds to be spent within 5 years of receipt (February 2016). **Funds allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015). Funds transferred to HCCG July 2015.**
H/22/239E *74	Eastcote	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	Funds received towards the cost of providing health faciities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/23/209K *75	Yiewsley	Tesco, Trout Road,Yiewsley. 60929/APP/2007/3744	37,723.04	37,723.04	2016 (Mar)	Contribution received towards the provision of local health service infrastructure in the Yiewsley, West Drayton, Cowley area. Funds to be spent by March 2016. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation request and approval**.
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION (as at mid August 2015)
			AS AT 30/06/15	AS AT 30/06/15		
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/30/276G * 85	Townfield	Fmr Hayes FC, Church Road, Hayes. 4327/APP/2009/2737	104,319.06	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/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 facilites and services to meet increased patient or user numbers or, new health premises at local level. Any new facility required to compensate for loss of a health facility caused by the development. **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to formal allocation.**

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION (as at mid August 2015)
			AS AT 30/06/15	AS AT 30/06/15		
H/34/282F *92	West Ruislip	Lyon Court, 28-30 Pembroke Road, Ruislip 66985/APP/2011/3049	15,031.25	15,031.25	2019 (estimated)	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 5 years of completion of development. Estimated spend deadline 2019.
H/36/299D *94	Cavendish	161 Elliot Ave (fmr Southbourne Day Centre), Ruislip. 66033/APP/2009/1060	9,001.79	9,001.79	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of of a health facility caused by the development.
H/37/301E *95	Northwood	37-45 Ducks Hill Rd, Northwood 59214/APP/2010/1766	12,958.84	12,958.84	2018 (July)	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/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). Funds transferred to HCCG July 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). Funds transferred to HCCG July 2015.**

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION (as at mid August 2015)
			AS AT 30/06/15	AS AT 30/06/15		
H/42/242G *100	West Drayton	West Drayton Garden Village off Porters Way West Drayton. 5107/APP/2009/2348	337,574.00	337,574.00	No time limits	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . **Earmarked towards fitting out costs associated with the new Yiewsley Health centre development, subject to request for formal allocation.**
H/44/319D *44	Northwood Hills	117 Pinner Road, Northwood 12055/APP/2006/2510	24,312.54	24,312.54	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/46/323G *104	Eastcote	150 Field End Road, (Initial House), Eastcote 25760/APP/2013/323A	14,126.88	14,126.88	No time limits	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/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 facilites within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.
H/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.
H/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 provison of healthcare facilities serving the development 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)**. **£177,358 transferred to HCCG July 2015.**

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	DETAILS OF OBLIGATION (as at mid August 2015)
			AS AT 30/06/15	**AS AT 30/06/15**		
H/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.**
H/51/205H *110	Eastcote	Former RAF Eastcote (Pembroke Park), Lime Grove, Ruislip 10189/APP/2014/3354 & 3359/3358 & 3360	17,374.27	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.
H/53/346D *113	**Northwood**	**42-46 Ducks Hill Road, Northwood 49987/APP/2013/1451**	**8,434.88**	**8,434.88**	**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. No time limits**
H/55/347D *114	**North Uxbridge**	**Honeycroft Day Centre, Honeycroft Hill, Uxbridge 6046/APP/2013/1834**	**12,162.78**	**12,162.78**	**2022 (May)**	**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 to spent/committed within 7 years of receipt (May 2022).**
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	**1,460,854.29**	**1,368,022.55**		

INDIVIDUALLY FUNDED REQUESTS (IFR) / PATIENT PROCEDURE WITH THRESHOLD (PPWT) UPDATE

Relevant Board Member(s)	Dr Reva Gudi
Organisation	Hillingdon Clinical Commissioning Group
Report author	Dr Lily Wong
Papers with report	Planned Procedures With a Threshold (PPWT) Individual Funding Requests (IFR) Policy Development Group

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on the work of the North West London PPWT and IFR Policy Development Group.
Contribution to plans and strategies	The items above relate to the HCCGs: • Commissioning Intentions
Financial Cost	Not applicable to this paper.
Relevant Policy Overview & Scrutiny Committee	External Services Overview and Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board note this update.

3. INFORMATION

Clinical Commissioning Groups have a duty to provide evidence based health care to their populations within finite resources.

The NHS North West London Planned Procedure with a Threshold Policy (PPwT) and Individual Funding Request (IFR) service were established in April 2011. This service was set up for the 8 CCGs in North West London, namely NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG.

The portfolio of policies for Planned Procedures with a Threshold consists of a number of clinically driven policies allowing access to treatment when a clinician agrees that the patient meets the evidence-based thresholds. These policies have been developed by local GPs,

hospital consultants and public health consultants. The policies ensure that there is uniformity of best clinical practice across NWL. The validation of the criteria is authorised by the IFR/PPWT team, prior to treatment being undertaken.

The PPWT policies are reviewed regularly and updated as and when the PPWT/IFR are alerted to new guidance being published, a new clinical consensus emerges, or simply the policy does not seem to be aligned with the wider framework of priorities for North West London. Should patients not meet PPWT policy, a clinician can apply for funding via the Individual Funding Request route if there are exceptional clinical circumstances that can be considered by an IFR to demonstrate reason to fund the treatment outside of existing policy.

The table below shows the number of PPWT applications received in 2014/15 for Hillingdon. Please note that the following activity data should only be used as a guide:

Hillingdon CCG PPwT referrals 2014/15		
Procedure	**Applications Received**	**Approved Applications**
Abdominoplasty or Apronectomy	13	6
Breast prosthesis removal or replacement	1	1
Breast reduction (Reduction Mammaplasty)	12	5
Cataracts	2260	2233
Chalazia	40	37
Circumcision	168	167
Dermatology Procedure (removal of benign skin lesions)	749	732
Dupuytren’s Disease/Contracture	75	74
Functional Electrical Stimulation	2	2
Ganglions	69	68
Grommet insertion	200	191
Haemorrhoids	105	101
Hip Replacement	316	314
Hyperhidrosis treatment with Botulinum Toxin	2	2
Hysterectomy for menorrhagia	81	76
Hysteroscopy	590	551
Inguinal Hernias in Adults	583	579
IVF	131	126
Knee Arthroscopy/wash out	555	554
Open MRI	3	3
Pain Management Programmes	194	189
Pelvic Organ Prolapse	89	85
Polysomnography	1	1
Septorhinoplasty	34	31
Surgery for Carpal tunnel	193	192
Tonsillectomy	384	372
Total Knee replacement	429	408
Trigger Finger/Tenosynovitis	41	33
Use of Lasers for Hair Depilation in Hirsutism	2	1
Varicose veins	219	212
Total forms Received	**7542**	**7346**

The NWL PPWT/IFR team also facilitates a NWL Policy Development Group (PDG) which meets bimonthly. It is largely a clinical group, and its role is to review and scrutinise PPWT policies and proposals for new introductions against new clinical recommendations and guidance primarily from an evidence-, clinical- and cost-effectiveness perspective. The group has a number of stakeholders including several CCG lay members.

The membership of the NWL PDG consists of the following individuals:

- 1 CCG Governing body representative (Chair)
- CCG GP Representatives or Clinical Commissioners from the 8 CCGs
- CCG Lay members
- Local Healthwatch representatives
- NWL IFR Medical Advisor
- NWL Head of IFR or Deputy
- NWL Prescribing Adviser
- NWL Finance Representative
- Public Health Consultant/Specialist
- Representatives from local NHS Trusts presenting business cases
- CCG Commissioning Representative as appropriate
- Secondary Care consultant specialists (ad hoc)

Recommendations from the PDG are tabled at the NWL collaboration board, when a final decision is made as to whether a policy should be changed or amended. The NWL collaboration is required to consider the recommendation but also consider recommendations in amongst the other commissioning priorities identified for North West London. NWL CCGs are aware that they cannot always follow national guidance such as NICE guidance in full, due to affordability and budget restraints and other local clinical commissioning priorities. An example of this is that of in-vitro fertilisation (IVF) where NWL CCGs are funding one cycle of IVF rather than 3 as recommended by NICE through non-binding guidance.

An example of a policy which was reviewed and updated by the NWL PDG was the PPWT policy for knee replacement surgery, which had been inherited from legacy Primary Care Trusts. The policy had restricted access to surgery to those patients who have a BMI of under 40. The PDG made a recommendation to the NWL collaboration to remove this threshold as it found limited clinical evidence base to support this criteria. The NWL Collaboration Board held on 25 June decided that they would support the views of the PDG as it was felt that the proposal had a high clinical priority and that it was also affordable within existing resources.

CCGs recognise the importance of transparency when making decisions around funding treatments. The contribution made by our clinicians, non-clinicians and lay members is extremely valuable and one we cannot do without when working in the current conditions where we have a rise in demand for health care services and a fixed financial envelope.

4. FINANCIAL IMPLICATIONS

Recommendations made by the North West London PPWT and IFR Policy Development Group and approved by the CCG Governing Body will affect spend by the CCG in the relevant service area.

5. LEGAL IMPLICATIONS

The CCG is required to ensure that there is equity of access to the services it commissions.

6. BACKGROUND PAPERS

None.

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:

- Thursday 3 December 2015 at 2.30 pm* - Committee Room TBC
- 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.

* *Please note that this meeting was previously scheduled for 2.30pm on Thursday 10 December 2015.*

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

NIL

APPENDIX 1

BOARD PLANNER

3 Dec 2015 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 13 November 2015 **Agenda Published** 25 November 2015
	Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update Report (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update – Allocation of S106 Health Facilities Contributions (SI)	LBH	
	Hillingdon's Joint Strategic Needs Assessment	LBH	
	Like Minded - the joint NWL-wide Mental Health and Wellbeing Strategy Case for Change (03/09/15 agreed for inclusion by the Leader)	HCCG	
	Local Safeguarding Children's Board (LSCB) Annual Report (moved from March 2016)	LBH	
	Safeguarding Adults Partnership Board (SAPB) (moved from March 2016)	LBH	
	Board Planner & Future Agenda Items (SI)	LBH	

15 Mar 2016 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 26 February 2016 **Agenda Published:** 7 March 2016
	Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update Report (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update – Allocation of S106 Health Facilities Contributions (SI)	LBH	
	HCCG Operating Plan	HCCG	
	Annual Report Board Planner & Future Agenda Items (SI)	LBH	

** SI = Standing Item*

Other possible business of the Board:

1.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government (Access to Information) Act 1985 as amended.

Agenda Item 13

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government (Access to Information) Act 1985 as amended.

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