Public Document Pack

HILLINGDON
LONDON

A

Health and Wellbeing Board

Date: **TUESDAY, 27 JUNE 2017**

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 Philip Corthorne MCIPD (Chairman)
Councillor David Simmonds CBE (Vice-Chairman)
Councillor Jonathan Bianco
Councillor Keith Burrows
Councillor Richard Lewis
Councillor Douglas Mills
Councillor Raymond Puddifoot MBE
Dr Ian Goodman, Chair - Hillingdon CCG
Stephen Otter, 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

Published: Monday, 19 June 2017

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

This Agenda is available online at:
http://modgov.hillingdon.gov.uk/ieListMeetings.aspx?CId=322&Year=0

Putting our residents first

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

Useful information for residents and visitors

Travel and parking

Bus routes 427, U1, U3, U4 and U7 all stop at the Civic Centre. Uxbridge underground station, with the Piccadilly and Metropolitan lines, is a short walk away. Limited parking is available at the Civic Centre. For details on availability and how to book a parking space, please contact Democratic Services. Please enter from the Council's main reception where you will be directed to the Committee Room.

Accessibility

For accessibility options regarding this agenda please contact Democratic Services. For those hard of hearing an Induction Loop System is available for use in the various meeting rooms.

Attending, reporting and filming of meetings

For the public part of this meeting, residents and the media are welcomed to attend, and if they wish, report on it, broadcast, record or film proceedings as long as it does not disrupt proceedings. It is recommended to give advance notice to ensure any particular requirements can be met. The Council will provide a seating area for residents/public, an area for the media and high speed WiFi access to all attending. The officer shown on the front of this agenda should be contacted for further information and will be available at the meeting to assist if required. Kindly ensure all mobile or similar devices on silent mode.

Please note that the Council may also record or film this meeting and publish this online.

Emergency procedures

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

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

Agenda

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 14 March 2017	1 - 6
4	To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private	

Health and Wellbeing Board Reports - Part I (Public)

5	Board Membership Update	7 - 10
6	Hillingdon's Health & Wellbeing Strategy 2018-2021	11 - 30
7	Better Care Fund Plan 2017-2019	**TO FOLLOW**
8	Better Care Fund: Performance Report (January - March 2017)	31 - 46
9	Pharmaceutical Needs Assessment	47 - 52
10	Hillingdon CCG Update	53 - 66
11	Healthwatch Hillingdon Update	67 - 116
12	Update: Strategic Estate Development	117 - 130
13	CAMHS Update Report	131 - 138
14	Board Planner & Future Agenda Items	139 - 142

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

The reports listed above in Part II are not made public because they contain exempt information under Part I of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

HEALTH AND WELLBEING BOARD

14 March 2017

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

HILLINGDON
LONDON

	Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), Douglas Mills, David Simmonds, Dr Ian Goodman and Stephen Otter **Statutory Non Voting Board Members Present**: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health **Co-opted Board Members Present:** Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) Robert J Bell - Royal Brompton and Harefield NHS Foundation Trust Rob Larkman - Hillingdon Clinical Commissioning Group (officer) Dr Kuldhir Johal - Hillingdon Clinical Commissioning Group (clinician) Nigel Dicker - LBH Deputy Director Residents Services **LBH Officers Present**: Kevin Byrne (Head of Policy and Partnerships), Gary Collier (Better Care Fund Programme), Glen Egan (Legal Services) and Khalid Ahmed (Democratic Services Manager).
48.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence were received from Councillors Lewis and Puddifoot and from Ms Robyn Doran (Ms Maria O'Brien was present as her substitute).
49	**TO APPROVE THE MINUTES OF THE MEETING ON 8 DECEMBER 2016** *(Agenda Item 3)* **RESOLVED:** **1. That the minutes of the meeting held on 8 December 2016 be agreed as a correct record, subject to an amendment to Minute No. 35 - Hillingdon's Joint Strategic Needs Assessment, 3rd paragraph, so that the sentence takes out reference to the Council commissioning vaccines.**
50.	**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 Agenda Items 5 to 12 would be considered in public. Agenda Items 13 and 14 would be considered in private.

51	**HILLINGDON'S HEALTH & WELLBEING STRATEGY AND SUSTAINABILITY AND TRANSFORMATION DELIVERY PLAN** *(Agenda Item 5)* The paper provided the Board with a draft delivery plan for the Hillingdon Sustainability and Transformation Plan (STP) together with timescales and proposals for governance. The Board was informed that this would form part of the next Hillingdon Joint Health and Wellbeing Strategy. The Chairman reported that everything had to be brought together by September. Reference was made to the expectation of very little transformation funding from a social care perspective which would impact on the ability to transform services. The Board was informed that the Hillingdon STP had been developed to transform local health and care services and to address the projected funding gap which was likely to be experienced between 2016 and 2021. Reference was made to the Hillingdon STP delivery plan which provided details of the programme of work for system transformation. The importance of taking this forward and the consultation which was allied to this was noted. Discussion took place on the difficulty of trying to follow what Hillingdon was trying to achieve and the need for clarity on the proposed recommendations. A Hillingdon solution should be adopted because of concerns on a national level. In relation to governance, there were no milestones set. However, it was important that locally consideration should be given to how progress was measured. It was agreed that Hillingdon had its own plan which should be taken forward, working closely with partners. Reference was made to the North West London STP and that Hillingdon's STP was strongly aligned to that to ensure the delivery met the needs of local people. **RESOLVED: That the Health and Wellbeing Board:** **1. Noted the update provided on taking forward decisions made by the Board regarding developing the next Hillingdon Joint Health and Wellbeing Strategy to encompass STP delivery.** **2. Asked that the comments made in relation to the draft Hillingdon ST delivery plan, including the timescales and proposals for governance, detailed in annexes 1 and 2, be noted and be taken into consideration.**
52.	**BETTER CARE FUND: PERFORMANCE REPORT (OCTOBER-DECEMBER 2016)** *(Agenda Item 6)* The Board was provided with the third performance report on the delivery of Hillingdon's Better Care Fund Plan for 2016/17 and the management of the pooled budget hosted by the Council. Reference was made to the key headlines from the monitoring report and particular mention was made to the good performance (94.2%) against target (93.8%) of the average number of older people aged 65 and over, who were still at home 91 days after discharge from hospital to reablement. Discussion took place on Delayed Transfers of Care and how this was proving challenging. As reported at the December Board meeting there were a number of key reasons and particular reference was made to the complex and fragmented nature of

	the local health and care system which contributed to the problem. Reference was made to over 65s with mental health issues, and that this would always present a challenge due to the complexity of cases. The Board noted that in quarter 3 68% of delays were attributed to the NHS, 22% to social care and 10% to both. The Board was also informed that Healthwatch was providing input into the DTOC action plan. There had been positive performances in relation to emergency admissions to hospital of people aged 65 and over with a 4% drop compared to the 3rd quarter. **RESOLVED: That the Health and Wellbeing Board:** 1. **Noted the contents of the report.**
53.	**BETTER CARE FUND PLAN 2017-2019: PROPOSED PRIORITIES** *(Agenda Item 7)* The Board was informed that the report proposed that the next iteration of the plan more closely demonstrate how the BCF plan would contribute to the implementation of delivery areas within the STP. The focus on the joint management and development of the care market was highlighted, as well as looking at opportunities for the Council to join the emerging Accountable Care Partnership to deliver integration and better outcomes for residents. NHSE guidance that will set out the detailed requirements for the new plan was still awaited. **RESOLVED: That the Health and Wellbeing Board instructed officers to:** **1. Complete the development of priorities and associated actions as described in Appendix 1 of the report.** **2. Bring back a completed draft plan that complied with NHSE guidance back to the June Board meeting for consideration.**
54.	**CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE** *(Agenda Item 8)* The report provided the Board with details of the next steps in accelerating the transformation of CAMHS in Hillingdon, together with an update on the CAMHS transformation plan. The Board was reminded that the Anna Freud Centre had facilitated a strategic seminar to look at the possibility of an integrated CAMHS pathway without tiers. Detailed co-production work would be required, together with discussions with schools to enhance the preventative aspects of a future CAMHS pathway. The Board noted the proposal that organisational resources could be pooled through the Better Care Fund which might allow an additional level of governance and transparency. **RESOLVED: That the Health and Wellbeing Board:** **1. Noted the proposals to develop a new approach to commissioning CAMHS services which are to be developed and are subject to approval by Hillingdon Clinical Commissioning Group and the London Borough of Hillingdon.** **2. Noted the potential management of the CAMHS implementation plan through the Better Care Fund.**

	3. Noted the progress in implementing the agreed 2016/17 Local Transformation Plan.
55.	**HILLINGDON CCG UPDATE** *(Agenda Item 9)* The Board was provided with a paper which provided an update on a number of key areas of CCG work. It was noted that it had been agreed that level 3 delegated commissioning would take place. This would mean that Hillingdon CCG would take full responsibility for the management of their GP and primary care services. Over time this delegation would improve the access for residents of primary care services. A report would be brought back providing an update on progress made on delegation of primary care commissioning. The Board was informed that the due diligence process for Hillingdon Health and Care Partners was underway. The "Accountable Care Partnership" had been given challenging milestones to achieve. Reference was made to the precarious financial position which the CCG was still in, with further challenges ahead. Details of the main areas of slippage were reported **RESOLVED: That the Health and Wellbeing Board:** 1. **Noted the update report provided.**
56.	**HEALTHWATCH HILLINGDON UPDATE** *(Agenda Item 10)* The Board was provided with a report which summarised the outcomes, impacts and progress made by Healthwatch Hillingdon. Particular mention was made of the Discharge from Hillingdon Hospital Project, detailed in Appendix 1. The project provided details with the insight into older people's experiences of being discharged from Hillingdon Hospital and the care and support provided to them in the community. The Board noted the extent of the problem and that there had been acknowledgment that there was a problem. The representative from Hillingdon Hospital reported that steps were being taken to improve the process, with all partners working closely together to improve the hospital discharge for elderly patients. What was required was a more joined up process, better communication with patients and carers which would make the experience better and more efficient. The Board agreed that Hospital Discharges needed to be monitored to improve the process. **RESOLVED: That the Health and Wellbeing Board:** **1. Noted the report received and thanked the efforts of the volunteers at Hillingdon Healthwatch for the work they carried out.**
57.	**UPDATE: STRATEGIC ESTATE DEVELOPMENT** *(Agenda Item 11)* The Board was provided with a report from the Hillingdon Clinical Commissioning Group which provided an update on strategic estate initiatives and the proposed spend

	of S106 health facility contributions in the Borough. Reference was made to the work which was taking place with the Council on establishing the impact of the Hayes Housing Zone on local health services and the improvement of the access to Primary Care which the Council's External Services Scrutiny Committee was looking at. In relation to the creation of an out of hospital Hub in North Hillingdon, the Council's planners were working closely with the CCG with negotiations ongoing to locate the North Hub on the Mount Vernon Hospital site. **RESOLVED: That the Health and Wellbeing Board:** 1. **Noted the progress made towards the delivery of the CCGs strategic estates plans.**
58.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 12)* Consideration was given to the Health and Wellbeing Board's Board Planner. **RESOLVED: That the Health and Wellbeing Board:** **1. Noted the Board Planner.** **2. Noted the updated Board membership as detailed in Appendix 2.**
59.	**TO APPROVE THE PART II MINUTES OF THE MEETING ON 8 DECEMBER 2016** *(Agenda Item 13)* **RESOLVED:** **1. That the Part II minutes of the meeting held on 29 September 2016 be agreed as a correct record.**
60.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 14)* The Board considered and discussed the possibility of health provision facilities throughout possible sites within the Borough **RESOLVED: That:** **1. the discussion be noted.**
	The meeting, which commenced at 2.30 pm, closed at 3.40pm.

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.

This page is intentionally left blank

BOARD MEMBERSHIP UPDATE

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

1. HEADLINE INFORMATION

Summary	The Health and Wellbeing Board has been established since 1 April 2013. Board members are now asked to consider any proposed changes to its membership.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That the Health and Wellbeing Board agree that Ms Caroline Morison replace Mr Neil Ferrelly as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted (Officer) Substitute member on the Board.

3. INFORMATION

Supporting Information

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

A request has been made by Hillingdon Clinical Commissioning Group that Ms Caroline Morison replaces Mr Neil Ferrelly as the organisation's Non-Voting Co-opted (Officer) Substitute member on the Hillingdon Health and Wellbeing Board. It should be noted that, as this is a proposed change to the Non-Voting Co-opted membership of the Board, there is no need for it to be ratified by Council and, if agreed by the Board, can be implemented immediately.

Voting Rights

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

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

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

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A.

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

Sections 195 and 196 of the Health and Social Care Act 2012 specify the functions of the Board. These duties are to encourage persons engaged in the provision of any health or social care services "to work in an integrated manner" and to "provide advice, assistance or other

support" to encourage joint working between local authorities and NHS bodies. Section 196 also specifies that the Board is to exercise the Council's functions under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 - assessment of health and social care needs in the Borough and the preparation of the Joint Health and Wellbeing Strategy.

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

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

6. BACKGROUND PAPERS

NIL.

APPENDIX 1

HEALTH AND WELLBEING BOARD MEMBERSHIP 2017/2018
subject to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Organisation	Name of Member	Substitute
STATUTORY MEMBERS (VOTING)		
Chairman	Councillor Corthorne	Any Elected Member
Vice-Chairman	Councillor Simmonds	Any Elected Member
Members	Councillor Puddifoot	Any Elected Member
	Councillor Mills	Any Elected Member
	Councillor Bianco	Any Elected Member
	Councillor Burrows	Any Elected Member
	Councillor Lewis	Any Elected Member
Healthwatch Hillingdon	Mr Stephen Otter	Mr Turkay Mahmoud
Clinical Commissioning Group	Dr Ian Goodman	Dr Kuldhir Johal
For information Membership also includes:		
STATUTORY MEMBERS (NON-VOTING)		
Statutory Director of Adult Social Services	Mr Tony Zaman	Mr Nick Ellender
Statutory Director of Children's Services	Mr Tony Zaman	Mr Tom Murphy
Statutory Director of Public Health	Dr Steve Hajioff	Ms Sharon Daye
CO-OPTED MEMBERS (NON-VOTING)		
The Hillingdon Hospitals NHS Foundation Trust	Mr Shane DeGaris	Mr Richard Sumray
Central and North West London NHS Foundation Trust	Ms Robyn Doran	Ms Maria O'Brien
Royal Brompton and Harefield NHS Foundation Trust	Mr Robert J Bell	Mr Nick Hunt
LBH	Mr Nigel Dicker	N/A
Clinical Commissioning Group (Officer)	Mr Rob Larkman	***Ms Caroline Morison***
Clinical Commissioning Group (Clinician)	Ms Allison Seidlar	Dr Kuldhir Johal

HILLINGDON'S HEALTH AND WELLBEING STRATEGY 2018-2021

Relevant Board Member(s)	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon CCG
Report author	Kevin Byrne, LBH Sarah Walker, HCCG Transformation
Papers with report	Annex 1: Outline draft Health and Wellbeing Strategy

1. HEADLINE INFORMATION

Summary	This paper provides the Board with an update on progress in developing Hillingdon's Joint Health and Wellbeing Strategy 2018-2021, which incorporates delivery of the Hillingdon Sustainability and Transformation Plan.
Contribution to plans and strategies	Producing a Joint Health and Wellbeing Strategy is a statutory requirement placed on Health and Wellbeing Boards by the Health and Social Care Act 2012. The Hillingdon STP has been developed as a partnership plan reflecting priorities across health and care services. The Hillingdon STP is also closely aligned to the NWL STP to ensure that delivery meets the needs of local people and supports development of solutions in the best interests of health and care in Hillingdon.
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **notes the progress in developing the Hillingdon's Joint Health and Wellbeing Strategy 2018-21.**
2. **agrees to further work being undertaken across partners to develop the outline draft and establish an implementation plan, with a view to a consultation draft coming back to the Board at its meeting on 26 September 2017.**

3. INFORMATION

Background Information

The Board has agreed (at its meeting on 14 March 2017) that the next iteration of Hillingdon's Joint Health and Wellbeing Strategy (JHWBS) should take into account the significant effort across partners that went into developing the Hillingdon Sustainability and Transformation Plan (STP) and that delivery of the STP should be encompassed within delivery of the JHWB Strategy - with the aim of moving towards one strategy and one performance report. The Board also received an outline delivery plan for JHWBS and the STP and a proposed governance structure.

Further discussions have taken place amongst partners and under the auspices of the Transformation Board to consider how best to develop the next JHWB Strategy. Some concerns regarding the current (2014-17) JHWBS were registered. Whilst fully compliant and capturing a range of positive and effective activity, it was felt to not be strategic or transformational enough. It was also felt that the plan was perhaps perceived as reporting what had happened rather than gauging progress in driving change in key areas. In addition, the strategy had focussed on commissioner (HCCG and Hillingdon Council) led activity rather than reporting on whole system improvements required.

It has been recognised that the joint partnership working that has supported firstly the development of the Hillingdon STP and then establishment of the Hillingdon Care Partners (Accountable Care Partnership) and progress against Better Care Fund Plan all present a great opportunity to bring strategic plans across partners together into Hillingdon's 2018-2021 Joint Health and Wellbeing Strategy. This would enable the Board to provide stronger leadership and oversight over the key issues affecting health and care of people in Hillingdon.

In addition, buy-in from all partners would be critical and further discussion will take place through the Transformation Board to resolve some outstanding issues of the Strategy, namely:

- How the local plan relates to the overall programme requirements of the North West London footprint STP. Whilst the Hillingdon STP aligns closely to the NWL STP footprint plan, it is also recognised that "double reporting" would be unhelpful.
- Programme management and reporting of outcomes from the implementation actions.
- Agreeing leads for individual workstreams together with timescales and prioritisation.
- A greater understanding of risks attached to priorities.

Consideration will also need to be given to:

- Opportunities such as via NWL STP process to access new funding for particular areas (as earlier in year on diabetes, cancer and Mental Health).
- Defining workstreams for post 2019, including the path towards Health and Care Integration and also developments such as the potential Brunel Health Campus.

The outline draft plan at Annex 1 therefore:

- describes how Hillingdon's health and care system works.
- sets out the local Health and Wellbeing needs as identified through the Joint Strategic Needs Assessment.
- our vision and aims, including the nine priorities of the Hillingdon STP and their alignment to the five delivery areas of the NWL STP.
- progress so far and against previous plan.

- The detailed implementation plans for 2017/18 and 2018/19.
- Future priorities.

The Board should also note that detailed drafting requires further work and is content is likely to change. In addition, the proposed schemes for the 2017/18 and 2018/19 Better Care Fund (see separate item on today's agenda) provide more detailed proposals under delivery areas one, two and three of the draft strategy.

The next steps will be to workshop through some of these issues amongst partners and through the Transformation Board before bringing a more developed draft to the Board's September meeting.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

The STP is designed to improve health and care systems in Hillingdon.

Consultation Carried Out or Required

It is envisaged that, subject to the Board's views, the next iteration of the Hillingdon JHWBS be brought back to the Board in September for approval in principle, prior to being offered out for public consultation. A final version taking into account feedback received through consultation, would then come back to the Board for approval before the end of the year.

Hillingdon STP engagements and consultations to date build on our local approach of continuous dialogue with the public and partners as a platform for the co-design and co-production of health and wellbeing plans. We have embedded inclusion of patient, public, provider and other stakeholder input to the initial stages of research, development and testing of system transformation projects.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

The Health and Social Care Act 2012 (‘The 2012 Act’) amends the Local Government and Public Involvement in Health Act 2007. Under ‘The 2012 Act’, Local Authorities and Clinical

Commissioning Groups (CCGs) have an equal and joint duty to prepare a Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) for meeting the needs identified in JSNAs. This duty is to be delivered through the Health and Wellbeing Board (HWB).

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

6. BACKGROUND PAPERS

Previous Board papers.

Hillingdon
Health and Wellbeing Strategy
2018-21

Contents

Foreword

Welcome to our Health and Wellbeing Strategy. This is a strategy for everyone in Hillingdon. It sets out how people, public services, businesses, voluntary and community groups will join together so that everyone can access the best opportunities to be healthy and well.

Hillingdon is a healthy borough for people to live in. We have excellent leisure facilities, open green spaces and diverse resilient communities. Our local economy is strong and recent transport developments have already led to further growth with greater connections in the south of the Hillingdon. Health and wellbeing in Hillingdon is good overall, but we are determined to build on our record to date and make it even better for everyone

The NHS however faces a time of unprecedented challenge. Our task is to make the best use of our resources to provide high quality health and social care our growing population and need for more complex, seamless care. A strong partnership in health and care delivery partners in Hillingdon will help us to rise to meet these challenges.

Signed

Cllr Philip Corthorne

Chairman of Hillingdon Health and Wellbeing Board

1 Introduction

This strategy represents a commitment to prioritising prevention and early intervention. It will influence the commissioning and delivery of services and Hillingdon's Health and Wellbeing Board will continue to advise, inform and challenge decisions made about health and care in our borough.

When anyone in our communities experiences mental or physical ill health or is living with a physical or mental health disability and requires support, partners will come together to deliver high quality care in a setting that is appropriate and convenient for patients and service users.

Hillingdon's local STP takes the five delivery areas set at NW London level and maps local priorities onto them. This strategy reflects the local plan and utilises the delivery areas to set out local activity.

These priorities will be the focus of Hillingdon's Health and Wellbeing Board over the next four years. We will focus on prevention and wellbeing rather than treating illness. We will ensure healthcare is delivered consistently well and improve the management of long term conditions. We will achieve better experience and greater choice for older people in our communities. We will improve outcomes for children and adults with mental health and wellbeing needs and we will ensure we have safe, high quality sustainable hospital services.

We will deliver on our priorities by addressing quality of life, people's experience of our health and care system, Outcomes for each delivery area set out our aspirations for the health and wellbeing of people in Hillingdon. We will develop a detailed implementation plan that will identify how we will put our commitments into action. The delivery of the plan will be overseen by the health and wellbeing board as the Leader of the Borough's health and care system bringing together the Council, Hillingdon Clinical Commissioning Group , our main providers in The Hillingdon Hospital, The Central and North West London Mental Health Trust and The Royal Brompton and Harefield Hospital and Hillingdon Health watch.

2 Our people and communities

Hillingdon is a diverse, prosperous borough in West London bordered by Hertfordshire, Buckinghamshire, Hounslow, Ealing, and Harrow. We have a growing population - our residents are living longer and we have seen significant increase in the number of new births in recent years. Population estimates indicate we were 309,300 residents strong in 2016, and forecasts suggest we can anticipate a figure of 321,000 in 2021.

Hillingdon is a borough of contrasts. It is the second largest of London's 32 boroughs covering an area of 42 square miles (11571 hectares), over half of which is a mosaic of countryside including canals, rivers, parks and woodland, and includes Ruislip Woods National Nature Reserve. The north of the borough is semi-rural with a large proportion protected by green belt regulation with Ruislip as the major centre of population. The south of Hillingdon is more densely populated, urban in character and contains the administrative centre of Uxbridge and towns of Hayes and West Drayton. Hillingdon is a borough where town and country meet, boasting 800 acres of woodland, country parks, fields and farms, several rivers and the Grand Union Canal. We have more land under prestigious Green Flag status than any other local authority.

In addition to greenspace, there are a range of opportunities to live well including:

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

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

Hillingdon boasts significant infrastructure and recent investments continue to enhance the local economy. We are the home of Heathrow Airport, London's foremost gateway to the world. Heathrow airport is situated in the south of the borough and is the largest employer offering a range of relatively well-paid skilled and unskilled manual positions. There are a number of major manufacturing and retail organisations with headquarters and sites in Hillingdon. Stockley Park, to the north of Heathrow, is one of Europe's largest business parks. We are also home to the largest RAF airport at RAF Northolt. Hillingdon Council, RAF Northolt, Brunel University, Harefield and Hillingdon hospitals are major public sector employers within the area. Hillingdon residents in the south of the borough can also anticipate greater transport links with Elizabeth Line (Crossrail).

3 Our local health and care system

Notes:

- organisations involved in providing care
- major investments
- digital infrastructure – relatively mature
- interaction with NWL STP
- Likeminded
- Tele/e-health services
- Existing service support to manage LTCs
- Ongoing dialogue/engagement with patients and residents
- Rehabilitation programmes
-

4 Our local health and wellbeing needs

Our local health needs are derived from the Hillingdon Joint Strategic Needs Assessment (JSNA). The JSNA looks at the information available for the community of Hillingdon and tells the story of the local population in terms of health and wellbeing. By providing analyses of the data it is possible to show the current and future health and wellbeing needs of the population, over both the short-term and the longer term to inform strategic planning. We highlight below the main health needs for Hillingdon.

Overall, the health and wellbeing of Hillingdon's residents is good and continues to improve. Based on key indicators and other data, the key headlines from the needs analysis shows that for people living in Hillingdon compared to England on average:

- Life expectancy for both men and women in Hillingdon is higher.
- Lower levels of mothers smoke during pregnancy.
- There are higher levels of breast feeding.
- Children living in deprivation are lower.
- Levels of teenage pregnancy are similar to that of England.
- Hospital stays related to alcohol and self-harm are lower.
- Long term unemployment is lower.
- Rates of homelessness are lower than England.

As with all Boroughs, local analysis indicates some challenges to improve health and wellbeing. These include:

- Historically higher levels of violent crime in Hillingdon.
- Higher rates of sexually transmitted infections and tuberculosis.
- People diagnosed with diabetes in Hillingdon is higher than average.
- The percentage of physically active adults is lower than England.

The biggest cause of death in Hillingdon continues to be cardio-vascular disease (heart disease and stroke), cancer and respiratory diseases. Diabetes is a significant cause of illness (morbidity) and predisposes to other diseases e.g. heart disease and stroke, kidney disease and blindness. Certain lifestyle factors will increase the risk of ill-health, including smoking, poor diet, lack of regular

exercise and higher levels of alcohol consumption and/or binge drinking. Age and other related conditions also affect health and wellbeing. Many people aged 65 and over are diagnosed with one or more long term conditions, of whom over half are typically diagnosed with multiple long term conditions which increases dependency on care and support. Other conditions include learning disability and child and adult mental health, including dementia. To improve health and wellbeing, commissioning plans should consider how to prevent ill health, early identification of any long-term condition, early intervention to prevent harm from long term conditions and tackling risk factors.

Our key local health and wellbeing needs are summarised below.

4.1 Giving children the best start in life

Levels of excess weight and obesity are a growing threat to population health. Currently, excess weight in 4-5 year olds is 21% and, in 10-11 year olds is 32.6%. In 2021 we want to see sustained reductions in excess weight in line with the national ambition to give children a better start in life.

4.2 Provide opportunities to live an active lifestyle

Excess weight prevalence in adults (63.4%) is similar to the national average (64.6%), with 55% of our residents saying they are physically active. Hillingdon's utilisation of outdoor space (14.7%) is however below the national average (17.9%), despite the significant amount of greenspace and active opportunities in the borough. We want to ensure everyone has the opportunity to live an active lifestyle. As such, Hillingdon Council is working on increasing activity levels through a number of initiatives and by 2021 we aim to see an increase physical activity rates in all age groups.

4.3 Reduce smoking prevalence

Smoking prevalence in those aged over 18 in Hillingdon is 17.1%. This is similar to the England average (18%) and the London average (17%). Meanwhile, smoking in pregnancy is 7.4% which is better than England (11.4%), but worse than the London average (4.8%). In order to enhance the good health and wellbeing of mothers and children in Hillingdon, in 2021 we aim to reduce smoking prevalence in pregnancy due to high levels of premature births in Hillingdon.

4.4 Reduce alcohol and drug admissions to hospital

Alcohol related admissions to hospital indicate a significant need for strong social care and support for those living with addiction. Hillingdon already has liaison and support services in place, and we aim to continue to improve upon our track record.

4.5 Support good mental health

Good mental health is of great importance to ensuring the health and wellbeing of our people and communities. The prevalence of self-reported depression and anxiety in the Hillingdon GP registered population is 9.9%, with hospital admissions for self-harm (10-24 years) was 234.7 per 100,000 population. By 2021 we will have improved pathways and response for individuals with mental health needs through our Children and Adults Mental Health Services (CAMHS). We want to ensure those with Serious Mental Illness, Learning Disabilities, and Anxiety have access to the right care, advice, and support.

4.6 Improve social networks

Social isolation remains a challenge in an age of significant digital connectivity. Currently, the proportion of people who use services (43%) and their carers (26%) who reported that they have as much social contact as they would like. In 2021, we will have embedded opportunities to enhance social networks that will see a sustained increase in users and carers who report getting as much social contact as they would like.

4.7 Support to manage long term conditions

Health and wellbeing needs are growing increasingly complex, with more and more people reporting living with chronic conditions. Long term conditions such as diabetes, respiratory (COPD/asthma), neurological (eg epilepsy), and heart disease, with some people managing multiple conditions, are a unique challenge to health and wellbeing today. Health and care partners are working on a common understanding of identifying risk factors for morbidity and mortality from long term conditions to better provide support for managing need in the borough.

4.8 Cancer

Cancer screening rates in Hillingdon are lower than the national average, with too few patients diagnosed in the early stages, enabling a swifter response and better health outcomes. We have recently invested in enhanced cancer screening and survivorship services in Hillingdon, but more must be done. We aim to improve cancer screening and diagnosis to national targets by 2021.

4.9 Older people

Our population is aging and the number of people enjoying their retirement years is increasing. We will ensure we have responsive services to deliver joined up, coordinated care as individual needs evolve.

5 Our vision and aims

5.1 Vision

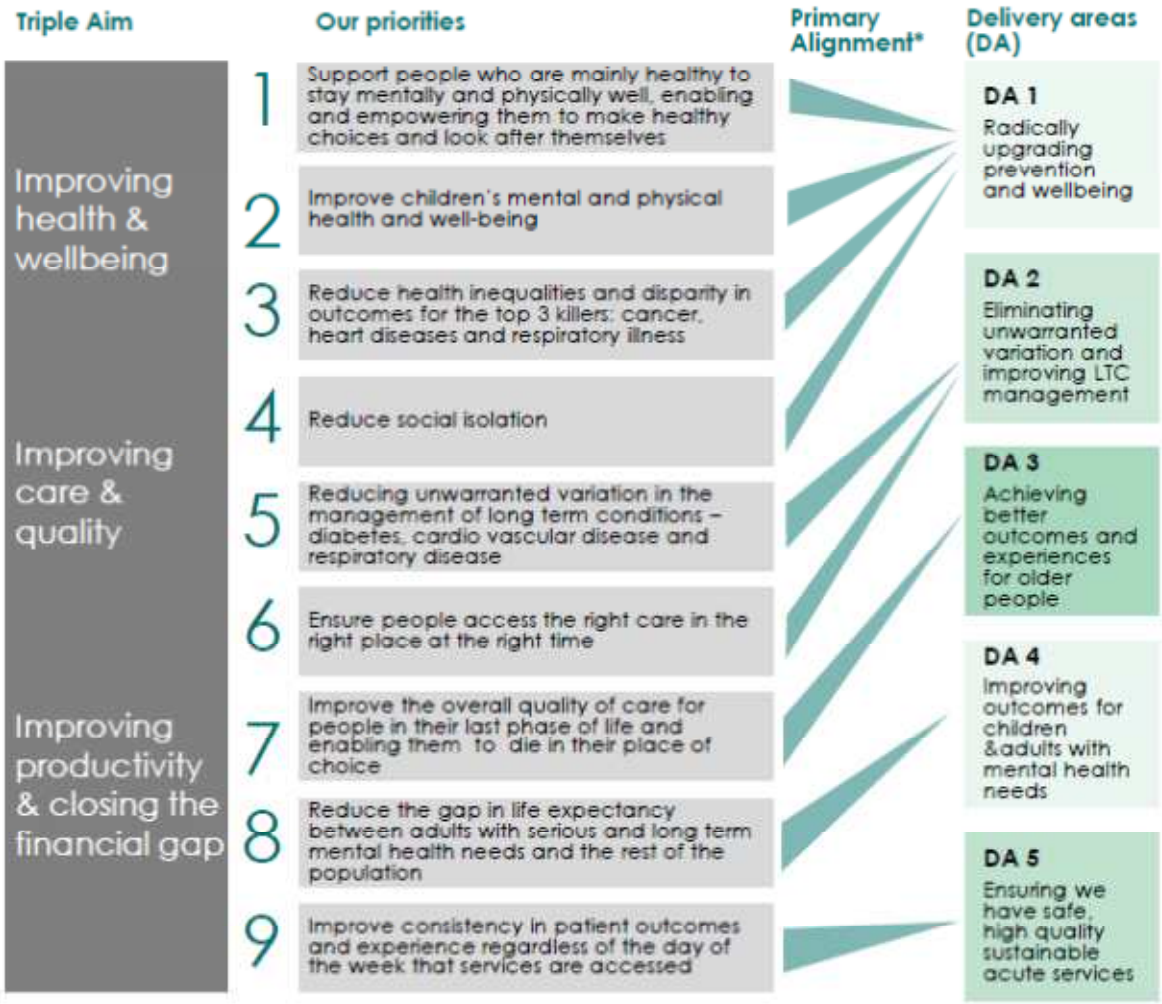
In order for this strategy to work, all partners need to work towards an agreed and common set of outcomes.

We want residents to be able to say:

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

5.2 Aims, Priorities and Delivery Areas

Hillingdon plans will align to the Triple Aims, Priorities and five Delivery Areas of the NWL STP to ensure a coordinated response to local needs within the broader footprint. The North West London Sustainability and Transformation Plan (NWL STP) sets out the shared Triple Aims for the five years to 2021 for all of NWL, of which Hillingdon is a locality. The STP brings together health and care organisations in partnership to deliver genuine place-based plans. The STP will act as a platform for the development of new and innovative ways of delivering health and care in Hillingdon. We describe in the following sections our local approach to achieving NWL-wide goals.



5.2.1 Aims

5.2.1.1 Health and Wellbeing

We will work collaboratively across health, social care and public health we will improve outcomes and reduce inequalities for our population with a focus on those with both traditional Long Term Conditions (including both physical and mental health LTCs) and emergent categories of LTCs such as pain, frailty and social isolation.

Our coordinated programme of work will bring together our existing plans for the Better Care Fund (BCF) and our Health & Wellbeing Strategy and engage our whole community to create a resilient population and assist people to remain independent with a better quality of life for longer.

5.2.1.2 Care & Quality

We will provide care that is safe, effective and delivered by experienced practitioners through collaborative working across health and social care services. We will be able to share information that improves the quality of health and social care services and that enables our population to make informed choices. We will deliver the best and highest quality care possible within the constraints of our local economy and the growth in demand that we are predicting.

5.2.1.3 Sustainable services

We are committed to ways to achieve better outcomes for individuals and their families through the better integration of services and an increased focus on prevention and supported patient empowerment to manage their condition(s).

5.2.2 Delivery Areas

5.2.2.1 DA1 – Prevention and Wellbeing

Our focus will be on developing services that place far greater emphasis on keeping people healthy and well in order to lead longer, more illness-free lives; preventing rather than treating illness. Our healthcare services will be focused on engaging people in keeping healthy. People in Hillingdon will have the support they need to manage of their own health and maintain their independence.

Key transformation themes:

- Better Care Fund integrated working
- Prevention of disease and ill health
- New primary model of care at scale
- Integrated care for children and young people
- Mothers and babies

5.2.2.2 DA2 – Supporting Long Term Conditions

Healthcare services in Hillingdon are still not sufficiently joined up and do not deliver the best outcomes for patients. Services will work better together and there will be a reduction in variation in both quality of care and access to care throughout our Borough. Patients will receive more responsive, personalised care delivered out of hospital in a safe and effective way; such as our existing dermatology and pain management services. People with long term conditions will be supported to help lead a healthier life.

Key transformation themes:

- Integrated support for people with long term conditions
- Transformation care for people with cancer

5.2.2.3 DA3 – Improving Older People's care

Our health and social care services will work better together to ensure local people receive better coordinated care –especially those with multiple long term conditions. The expansion of our

community outreach programme will provide support for nurses and carers working to help their patients stay in the home for longer, rather than being taken into hospital. Mental health professionals and GPs will work better together with care home staff so they can help patients more effectively. We will have community based teams oflocal specialist clinicians including practice and community nurses, social care workers, allied health professionals, community mental health workers, GPs, and geriatricians.

Key transformation themes:

- New model of integrated care for older people
- Integrated service and coordinate support for people at the end of life

5.2.2.4 DA4 – Improving outcomes for children and adults with mental health needs

People in Hillingdon with mental health needs will have a single point of access and their requirements identified early to ensure prevention and improved wellbeing. Those with long term conditions will have psychological support in a community setting through local well-being and prevention services that are provided by primary, community and social care services working together in a coordinated way. Community based services will provide urgent, enhanced crisis and out of hours support giving people the care they need, in the best place and in a timely manner providing better opportunities for healthy active lives.

Key transformation theme:

- Effective support for people with mental health needs

5.2.2.5 DA5 – Ensuring we have safe, high quality sustainable hospital services

Our hospitals will operate to a higher quality without the need for extra unplanned financial support with the ability to respond more effectively to increases in demand and provide more efficient diagnosis, timely triage and consultant services and effective transfer and discharge processes. Patients will see care beyond general practice services including specialist primary care outpatient clinics, treatment diagnostics and urgent care. Services will be coordinated and people in Hillingdon will receive complete 'joined up' care.

Key transformation themes:

- Transformation in local services
- Integration across urgent and emergency care services

5.2.2.6 Enablers

- Developing the Digital Environment for the Future
- Creating the Workforce for the Future
- Delivery of our Statutory Targets
- Medicines Optimisation
- Redefining the Provider Market

6 Our priorities and plans

Notes:

- One system, one strategy

6.1 Delivery to date

[Summary of achievements in 2017 from workplan]

7 Our priorities and plans

7.1 Delivery Programme 2018-2019

Delivery Area & Transformation Theme	2018	2019
DA1 Radically upgrading prevention and wellbeing		
Better Care Fund	•Evaluation of the effectiveness of interventions / schemes, and assessment of impact of benefit realisation on the NHS and LA	
Prevention of Disease and ill-health	•By the end of 2017 we will have rolled out a Joint Physical Activity strategy •From April 2017 we will begin to implement our Prevention Strategy	•By January 2018 the Hillingdon Prevention Strategy will be fully implemented
New Primary Model of Care	•Rollout of Proactive Case Finding in Primary Care to be ready by September 2017 •Rationalisation of Primary Care Contracts and investment in enhanced, at scale primary care •Implementation of Primary Care Model of Care	•Delivery of Primary Care Model of Care
Integrated care for CYP	•Delivery of wellbeing training programme for schools •Improved access to consultant led paediatric services •Rollout SPA for CYP	•Further delivery of wellbeing programme training programme for schools •CYP SPA –evaluation process
Mothers and babies	•Implementation of the recommendations from the audit of neo-natal births & babies screening programmes	

Delivery Area & Transformation Theme	2018	2019
DA2 Eliminating unwarranted variation and improving LTC management		
Integrated Support for People with Long Term Conditions	•By June 2017 we will roll out our approach to tackling co-morbidities and complex needs •By June2017 we will complete analyses to help us close the gap between those who have diagnosed and un-diagnosed LTCs •By September 2017 we will have mobilised new AF and stroke pathways and services •By September 2017 we will have expanded the Empowered Patients Programme to cover a wider range of conditions •We will expand Personal Health Budgets in Hillingdon, putting patients in charge of their treatment options •Expand the usage of Patient Activation Measures (PAM) •Expand access to and use of online information and advice	•Proactive identification and engagement at primary care level with groups at high risk of developing LTCs •By March 2019 we will have evidence of closing the prevalence gaps between those with diagnosed and un-diagnosed LTCs •By April 2018 we will complete evaluation and further development of Empowered Patient Programme •Further implementation of Personal Health Budgets focusing on patients outside of Continuing Care •Expanded access to and use of online advice •Evaluation of screening outreach programmes •Psychological support to people with long-term conditions will be fully embedded within Hillingdon health systems
Transforming Care for People with Cancer	•Ongoing rollout of actions from our Cancer Improvement Plan •Continued delivery of National Cancer Vanguard Programme	•By March 2019 we will complete a review and evaluation of our Cancer Improvement Plan •We will continue delivery of the National Cancer Vanguard Programme

Delivery Area & Transformation Theme	2018	2019
DA3 Achieving better outcomes and experiences for older people		
Integrating Services for People at the End of their Life	•Rollout of the EoL Strategy and new integrated service model	•Delivery of EoL Strategy and new integrated service model
Transforming Care for Older People	•By April 2017 we will have embedded Care Connection Teams across Hillingdon •From April 2017 we will rollout new models of care for care homes integrating Primary, Community and Secondary Care support including embedding the use of frailty tools •Implementation of post discharge follow ups in the community •Increase access to Coordinate My Care (CMC) •By April 2017 we will achieve full integration of Co-ordinate my Care and Primary Care clinical systems •Ongoing implementation of the Hillingdon Carers Strategy	•Evaluation and further development of programmes focussed on the care homes population •Further expanded access to Coordinate My Care (CMC) for proactive care planning
DA4 Improving outcomes for children & adults with mental health needs		
Effective Support for people with a Mental Heallth need and those with Learning Disabilities	•Delivery of the Like Minded Programme •Improve support for patients with MH related LTCs •Implement MH support for people with a physical LTC •Expand integrated care planning to include people with MH needs •Rollout new model of Community MH Support •Development of psychological support for people with long-term conditions including access to Talking Therapies •Implementation of the strategy for adults and children with autism •Implement crisis and out of hours support for CAMHS	•Ongoing delivery of the Like Minded Programme •Delivery of new model of Community MH Support •By January 2019 full operational delivery of the strategy for adults and children with autism •By March 2019 we will complete evaluation of support programmes for patients with MH related LTCs •Delivery of Community LD Services

Delivery Area & Transformation Theme	2018	2019
DA5 Ensuring we have safe, high quality, sustainable acute services		
Transformation in Local Services	•Provide medical retina services at Mount Vernon hospital to treat macular degeneration •Focus on additional 7 Day Standards •Enhanced progression of BHH RightCare Programme in line with strategic plans developed in October 2016	•Full implementation of 7 Day Standards •Enhanced progression of BHH RightCare Programme
Integration across Urgent & Emergency Care Services	•Develop ambulatory acute care for frail elderly by adopting a networked approach •Finalise Local Services Strategy for Hillingdon •Rollout new 111 Service and Primary Care Triage Model	
Enablers		
Redefining the Provider Market	•By June 2017 we will have rolled out the accountable care partnership model of care for older people	•Further development of the ACP Model
Developing the Digital Environment for the Future	•Additional promotion of assistive technologies eg telecare and telehealth •Delivery of a paperless system through the full integration of Co-ordinate my Care and primary care clinical systems	

7.2 Areas for focus 2019-2020

BETTER CARE FUND: PERFORMANCE REPORT (JANUARY - MARCH 2017)

Relevant Board Member(s)	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon
Report author	Paul Whaymand, LBH Finance Tony Zaman, LBH Adult Social Care Kevin Byrne, LBH Policy and Partnerships Caroline Morison, HCCG
Papers with report	Appendix 1) BCF Monitoring report - Month 7-9: October-December 2016 Appendix 2) BCF Metrics Scorecard

HEADLINE INFORMATION

Summary	This report provides the Board with the fourth and final performance report on the delivery of the 2016/17 Better Care Fund plan.
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 the budget monitoring position of the BCF pooled fund of £22,531k for 2016/17 as at month 12.
Ward(s) affected	All

RECOMMENDATION

That the Health and Wellbeing Board notes the contents of the report.

INFORMATION

1. This is the fourth and final performance report to the Health and Wellbeing Board (HWBB) on the delivery of Hillingdon's Better Care Fund (BCF) Plan for 2016/17 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 the Council's 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:

- *Emergency admissions - Target missed*: During 2016/17 there were 10,252 emergency admissions (also known as non-elective admissions) which exceeded the ceiling for the year of 9,700. However, the performance was similar to the outturn for 2015/16, which was 10,210 emergency admissions.

- *Falls-related emergency admissions - Target missed*: There were 816 falls-related emergency admissions in 2016/17 compared to 764 in 2015/16.

- *Emergency admissions from care homes - Improved performance*: There were 787 emergency admissions from care homes of people aged 65 and over during 2016/17, which compares to 838 in 2015/16 and is an improvement in performance.

- *Delayed transfers of care (DTOC) - Target missed*: There were 8,364 delayed days during 2016/17 against a ceiling of 4,117 delayed days. 66% of the delayed days were attributed to the NHS, 22% to social care and 12% to both.

- *Permanent admissions to care homes - Target missed*: There were 161 permanent admissions to care homes in 2016/17 against a ceiling of 150 permanent admissions.

- *Still at home 91 days after discharge from hospital to reablement - Target missed*: The 2016/17 outturn was 86.1% against a target of 93.5%.

- *User experience metric: Social care-related quality of life - Target exceeded:* This metric was tested through the Adult Social Care Survey undertaken each year in Q4. The results are scored out of 24 and the higher the number the better. The target for 2016/17 was 18.6 and the outturn was 19.

- *User experience metric: People who have found it easy to access information and advice - Target missed*: This metric is also tested through the Adult Social Care Survey. The target for 2016/17 was 75.5% and the provisional outturn was 73.3%.

- *Seven day working* - In Q4, there was a 26% increase in discharges on a Saturday, which is solely attributed to the 59% increase in discharges of people admitted to Hillingdon Hospital for planned procedures.

- *Connect to Support* - 10,789 people accessed Connect to Support during 2016/17 and completed 15,412 sessions. This represents increases of 44% (4,791) and 39% (4,791) respectively on 2015/16 activity and suggests that not only was promotional activity during 2016/17 successful but also that residents found the system useful.

- *Disabled Facilities Grants* - In Q4, 23 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs). During 2016/17, 113 people aged 60 and over were supported to live at home through the provision of DFGs.

Delayed Transfers of Care (DTOC)

4. The reasons for Hillingdon's DTOCs have been highlighted to the Board in previous reports and continue to be:

- Increasing complexity of need of people admitted to hospital;

- Inefficient post-admission processes, such as an inconsistently applied approach to discharge planning;
- A local health and care system that remains complex and fragmented; and
- A lack of care home market capacity and willingness to address the placement needs of people with complex needs, including challenging behaviours.

5. Hillingdon Hospital has been receiving support from NHS Improvement (NHSI)'s Emergency Care Improvement Programme (ECIP). ECIP has been supporting the Trust to diagnose, review and facilitate improving patient flow across the whole hospital. ECIP has also been looking at the whole system with a view to reducing the length of stay of people admitted to the Hospital who are medically fit to leave. Actions arising from ECIP's as well as actions identified by other partners, including Healthwatch, have been reflected in the draft Delayed Transfers of Care Action Plan that all areas are required to produce as one of the national conditions for the 2017/19 BCF plan. This will form part of the 2017/19 plan submission that the Board will be asked to approve in due course.

Financial Implications

6. The Outturn position for the Better Care Fund 2016/17shows a net forecast underspend of £226k, a decrease of £3k from quarter 3. The underspend arises from a favourable movement in the expenditure for both organisations of £216k on the Community Equipment budget. The demand management exercise undertaken during the last two financial years to manage the community equipment budget is now delivering an improved financial outcome. There are a number of offsetting minor movements within the LBH-Protecting Care funding due to increased demand on placement budgets offset by staffing underspends mainly within the Reablement Service.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

7. The monitoring of the BCF ensures effective governance of delivery via the Health and Wellbeing Board.

Consultation Carried Out or Required

8. The 2015/16 BCF Plan was developed with key stakeholders in the health and social care sector and through engagement with residents and the 2016/17 plan represents a logical progression of that plan and an extension in some areas, e.g. care home and home care market development. Hillingdon Hospital, CNWL and H4All have been consulted in the drafting of this report.

Policy Overview Committee Comments

9. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

10. Corporate Finance has reviewed the report and notes the financial position as set out in the financial implications above.

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: June 2017	**Period covered:** Jan - March 2017 - Month 10 - 12
Core Group Sponsors: Caroline Morison/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 the Council's Cabinet/HCCG Governing Body.

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

A. Financials

Key components of BCF Pooled Fund 2016/17 (Revenue Funding unless classified as Capital)	**Approved Pooled Budget**	**Outturn**	**Variance as at Month 12**	**Variance as at Month 9**	**Movement from Month 9**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding	11,965	11855	(110)	(110)	0

LBH - Protecting Social Care Funding	7,109	6,993	(116)	(119)	3
LBH - Protecting Social Care Capital Funding	3,457	3,457	0	0	0
Overall BCF Total funding	**22,531**	**22,305**	**(226)**	**(229)**	**3**

1.1 The outturn position continues to show an underspend on the BCF in 2016/17 of £226k due mainly to demand management action to bring the Community Equipment expenditure back in line with budget.

B. Outcomes for Residents: Performance Metrics

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

1.3 **Emergency admissions target (known as non-elective admissions)** - During 2016/17 there were 10,252 emergency admissions (also known as non-elective admissions) which exceeded the ceiling for the year of 9,700. However, the performance was at a similar level to the outurn for 2015/16, which was 10,210 emergency admissions. Emergency admissions of older people represent nearly 30% of all emergency admissions.

1.4 **Delayed transfers of care (DTOCS) -** There were 8,364 delayed days during 2016/17 against a ceiling of 4,117 delayed days. 66% of the delayed days were attributed to the NHS, 22% to social care and 12% to both. Table 2 provides a breakdown of the delayed days during 2016/17.

Table 2: Q1 - 4 DTOC Breakdown			
Delay Source	**Acute**	**Non-acute**	**Total**
NHS	2,783	2,753	5,536
Social Care	1,013	853	1,866
Both NHS & Social Care	36	926	926
Total	**3,832**	**4,532**	**8,364**

1.5 Nearly 60% (4,953) of all delayed days during 2016/17 were as a result of difficulties in securing appropriate placements and actions to address this are reflected in the 2017/19 DTOC action that will form part of Hillingdon's 2017/19 Better Care Fund plan submission.

1.6 Table 3 shows the breakdown of delayed days by the five NHS trusts that are hosting nearly 95% of the delays in 2016/17.

Table 3: Distribution of Delayed Days by NHS Trust	
Trust	**Number of Delayed Days (Q1-4)**
1. CNWL	3,917
2. Hillingdon Hospitals	2,747
3. North West London (Northwick Park and Ealing)	700
4. West London Mental Health Trust	282
5. West Hertfordshire (Watford General)	274
TOTAL	**7,920**

1.7 **Care home admission target** - During Q4 there were 26 permanent placements into care homes (12 nursing homes and 14 residential homes) and conversion of another 26 short-term placements into permanent placements. As a result the total number of permanent placements in 2016/17 was 161 against a ceiling of 150.

1.8 It should be noted that the new permanent admissions figure in paragraph 1.7 above is a gross figure that does not reflect the fact that there were 50 people who were in permanent care home placements also left during the period 1st January 2017 to 31st March 2017. As a result, at the end of Q4 there were 462 older people permanently living in care homes (225 in residential care and 237 in nursing care). This figure also includes people who reached their sixty-fifth birthday in Q4 and were, therefore, counted as older people.

1.9 **Percentage of people aged 65 and over still at home 91 days after discharge from hospital to reablement** - The 2016/17 outturn was 86.1% against a target of 93.8%, which means that the target was not achieved. The sample period for this metric was people being discharged from hospital into reablement during Q3, which was 115 and of these 99 were still at home 91 days later. Of the 16 people who were not at home 91 days after discharge 7 had passed away, 1 person had been admitted to a care home and the remaining 8 had experienced a readmission to hospital. The needs of the population group to which this metric applies means that deaths and readmissions for reasons unrelated to the original cause of admission are inevitable. Improved performance against the metric could be achieved by limiting access to reablement to older people with less complex needs, which would have implications for the wider health and care system.

1.10 ***User experience metric: Quality of life*** - *Social care-related quality of life:* This metric was tested through the annual Adult Social Care Survey undertaken in Q4 2016/17. The results for this metric are scored out of 24 and the higher the number the better. The target for 2016/17 was 18.6 and the outturn was 19. The questionnaire is sent to a sample of adults in receipt of social care services and asks questions about issues such as control over daily life, social contact, personal safety, personal appearance, nutrition, etc.

1.11 ***User experience metric: People who have found it easy to access information and advice*** - This metric is also tested through the Adult Social Care Survey. The target for 2016/17 was 75.5% and the provisional outturn was 73.3%.

2. Scheme Delivery

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

Scheme 1 Funding	Approved Budget	Outturn	Variance as at Month 12	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
LBH - Protecting Social Care	657	657	0	0	0
HCCG Commissioned Services funding	390	390	0	0	0
Total Scheme 1	**1,047**	**1,047**	**0**	**0**	**0**

Scheme Financials

2.1 The outturn expenditure is in line with the approved budget.

Scheme Delivery

2.2 *Connect to Support* - From 1st January to 31st March 2017, 4,344 individuals accessed Connect to Support and completed 5,982 sessions reviewing the information & advice pages and/or details of available services and support. This represents an increase of 3,178 people and 3,997 sessions on the same period in 2015/16.

2.3 During Q4, 21 people completed online social care assessments and 12 were by people completing it for themselves and 9 by Carers or professionals completing on behalf of another person. 11 self-assessments have been submitted to the Council to progress and the remainder have been sent to residents at their request in order for them to decide in their own time how they wish to proceed. There have been 8 self-assessments undertaken by Carers in Q4.

2.4 *H4All Wellbeing Service* - The service provides older residents in Hillingdon with:

- Information and advice
- Home visits
- Practical support, e.g. welfare benefits advice, falls prevention advice, counselling, home help, transport.
- Individual motivational interviewing, goal setting and ongoing support to enable them to manage their long-term conditions.
- Befriending and mentoring
- Sign-posting and referral to voluntary or statutory sector services
- Input into care plans and care planning.

2.5 During Q4 the service supported 807 residents and dealt with 2,026 enquiries. There were 5,439 contacts, e.g. telephone calls, home visits and letters. The Wellbeing Service has been using the Patient Activation Measure (PAM) tool for identifying the extent to which people are motivated to manage their own health and wellbeing. Health coaching, which is bespoke to the needs of residents who have been identified with a low PAM scoring following an assessment, was provided to 111 people during Q4. The purpose of this coaching is to increase PAM score, which would indicate that residents have improved motivation to manage their long-term condition (s).

2.6 H4All has employed a Community Development Officer (CDO) who has responsibility for finding innovative solutions to emerging needs and challenges, engaging with community groups and developing the community 'offer' to residents. The work of the CDO in Q4 has resulted in a Continence Support Group being established from April 2017. Working in partnership with the NHS Continence Service, this is a support group that also provides information sessions for residents living with continence issues and their Carers. It is for people who want to engage in the community and/or community services but are afraid or embarrassed by the issues related to their condition. A new buddy-up service will start in June 2017 that offers 1:1 initial support and transport for residents undertaking new activities, e.g. attending a new club for the first time, who require someone to accompany them where they are unable to attend be themselves or lack the confidence to do so.

2.7 *Falls-related Admissions* - There were 209 falls-related admissions during Q4 against a ceiling of 180 for the quarter, which contributed to a total of 816 admissions in 2016/17 against a ceiling of 720. It is also higher than the 2015/16 outturn of 764 and reflects Hillingdon's ageing population.

2.8 The Atrial Fibrillation (AF) screening pilot started in three community pharmacies and officers continue to work with other pharmacies with the intention of extending the pilot to 12 providers across the borough. Evaluation of the pilot is dependent on securing the additional community pharmacies and the volume of checks undertaken.

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**	**Outturn**	**Variance as at Month 12**	**Variance as at Month 9**	**Movement from Month 9**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**
LBH - Protecting Social Care	50	46	(4)	1	(5)
HCCG Commissioned Services funding	106	106	0	0	0
Total Scheme 2	**156**	**152**	**(4)**	**(1)**	**(5)**

Scheme Financials

2.9 The outturn shows a minor variance on the provision of services by Harlington Hospice.

Scheme Delivery

2.10 An action in the 2016/17 BCF plan was to commission an integrated specialist end of life care at home service. This was delayed pending the outcome of the bid for external funding to develop an integrated end of life service in Hillingdon. Following remodelling of the bid to reflect the creation of a single people of access this has been resubmitted by the CCG to the external funder and the results are awaited. Options for delivering the specialist care at home service are now reflected in the integrated homecare proposals contained within the draft 2017/19 BCF plan.

Scheme 3: Rapid response and integrated intermediate care.	**Scheme RAG Rating**	**Red**
	a) Finance	**Red**
	b) Scheme Delivery	**Red**

Scheme 3 Funding	**Approved Budget**	**Outturn**	**Variance as at Month 12**	**Variance as at Month 9**	**Movement from Month 9**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding	5,347	5,347	(0)	(0)	(0)
LBH - Protecting Social Care funding	2,920	2,696	(224)	(191)	(33)
Total Scheme 3	**8,267**	**8,043**	**(224)**	**(191)**	**(33)**

Scheme Financials

2.11 The outturn is line with HCCG contracted spend. For LBH, there has been an underspend that is attributed to staff vacancies within the Reablement Service.

Scheme Delivery

2.12 During Q4 the Reablement Team received 208 referrals and of these 148 were from hospitals, primarily Hillingdon Hospital and the other 60 were from the community. The community referrals represented potential hospital attendances and admissions that were consequently avoided. During 2016/17, there were 487 new referrals to the service and of these 86.2% (420) completed their period of reablement with no on-going social care needs, which is above the target of 85%.

2.13 In Q4 the Rapid Response Team received 1,099 referrals, 58% (644) of which came from Hillingdon Hospital, 22% (238) from GPs, 9% (99) from community services such as District Nursing and the remaining 11% (118) came from a combination of the London Ambulance Service (LAS), care homes and self-referrals. Of the 644 referrals received from Hillingdon Hospital, 488 (76%) were discharged with Rapid Response input, 145 (22%) following assessment were not medically cleared for discharge and 11 (2%) were either out of area or inappropriate referrals. All 455 people referred from the community source received input from the Rapid Response Team.

2.14 The Council's Hospital Discharge Team supported the early discharge of 364 people from Hillingdon Hospital and Mount Hospital during 2016/17 and also 108 people from other, out of Hillingdon hospitals. 'Early discharge' means that people were identified and supported into alternative care settings before the Estimated Date of Discharge (EDD). The early discharge from the Hillingdon Hospitals amounted to 689 bed days avoided, thereby assisting the Hospital with patient flow.

2.15 The Hospital has started to implement the 'red to green' initiative as part of the process of implementing a consistent discharge process across all wards. Under this initiative every patient on a ward is discussed by the discharge team as to whether the day ahead is 'red', e.g. a day where there is little or no value towards discharge or 'green', e.g. a day of value for the patient's progress towards discharge. If 'red', action needs to be agreed by the team to create a 'green' day instead.

2.16 The 2014 Care Act sets out the process for the Hospital to refer people who have been admitted and identified as possibly having care and support needs for a social care assessment. During 2016/17 1,418 assessment notices were received by Adult Social Care. Adult Social Care also received 1,494 discharge notices advising of the date of discharge of people admitted to hospital identified as having care and support needs. 46% (686) of these discharge notices were withdrawn during 2016/17. This has implications for provider capacity, e.g. where notification has been received too late to inform a homecare provider. It also impacts on social care staff workloads. The work underway within the Hospital as well as the work between the Hospital and other health and care partners should help to address this issue. However, the fact that Q1 2017/18 activity is showing that a similar trend with 45% of discharge notices having been withdrawn indicates that this has yet to have an impact. The percentage of discharge notices that are withdrawn is one of the indicators that will be monitored by Hillingdon's A & Delivery Board, a multi-agency partnership group that NHSE has mandated be established that has director-level representation from health and care partners and is jointly chaired by the Chief Executive of HCCG and Hillingdon Hospital.

2.17 Other actions relevant to the delivery of this scheme are addressed within the Hospital Discharge action plan and the report to the March Board provided a progress update on its delivery for which there is no further update.

Scheme Risks/Issues

2.18 This scheme is RAG rated as red because of the DTOC performance and the extent of the underspend.

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

Scheme 4 Funding	**Approved Budget**	**Outturn**	**Variance as at Month 12**	**Variance as at Month 9**	**Movement from Month 9**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**
LBH - Protecting Social Care funding	100	100	0	2	(2)
Total Scheme 4	**100**	**100**	**0**	**2**	**(2)**

Scheme Financials

2.19 The outturn shows no movement from budget.

Scheme Delivery

2.20 The actions within this scheme are reflected in the hospital discharge action plan required as part of the national conditions for the 2016/17 BCF plan. As stated in paragraph 1.5 above, this is currently being revised as part of the 2017/19 BCF submission requirements.

2.21 In Q4 there was a 26% (517) in discharges on a Saturday compared with the same period in 2015/16. This was solely attributed to the 59% (546) increase in discharges of people admitted for planned (also known as elective) procedures. Discharges on a Saturday of people admitted as emergencies reduced by nearly 3% (29), but those on a Sunday increased by nearly 2% (16).

2.22 The number of people discharged before midday during Q4 decreased by nearly 3% (101) compared to the same period in 2015/16.

2.23 In conclusion, Q4 activity confirms the trend reported in the Q3 performance report that initiatives to facilitate or a more even distribution of discharges across the week are having an effect in respect of people admitted for planned procedures but not for people admitted as emergencies. Actions to increase the number of people being discharged before midday have yet to have any impact.

Risks/Issues

2.24 This scheme is RAG rated as amber due to slippage in the delivery of tasks reflected in the Hospital Discharge Action Plan that will be included within the 2017/18 DTOC action plan to form part of the 2017/19 BCF plan submission.

Scheme 5: Integrated Community-based Care and Support	**Scheme RAG Rating**	**Amber**
	a) Finance	**Amber**
	b) Scheme Delivery	**Green**

Scheme 5 Funding	**Approved Budget**	**Outturn**	**Variance as at Month 12**	**Variance as at Month 9**	**Movement from Month 9**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding	6,021	5911	(110)	(110)	0
LBH - Protecting Social Care funding	5.405	5639	234	179	55
Total Scheme 5	**11,426**	**11,550**	**124**	**69**	**55**

Scheme Financials

2.25 Both HCCG and LBH show an underspend of £216k against the Community Equipment budget , which results from the success of the joint work carried out between the partners to manage the demand on this budget. The outturn for forecast includes a pressure of £355k for Older People placements. For LBH, this scheme also includes the capital funding grant for Disabled Facilities, which is currently forecast to be fully spent.

2.26 Under the risk and benefit share arrangements contained within the BCF section 75 agreement the underspend on the community equipment service contract will be shared equally between the Council and the CCG.

Scheme Delivery

2.27 In Q4 2016/17 23 people aged 60 and over were assisted to stay in their own home through the provision of disabled facilities grants (DFG's), which represented 61% of the grants provided.

2.28 29% (11) of the people receiving DFG's were owner occupiers, 66% (25) were social housing tenants, and 5% (2) were private tenants.

Scheme 6: Care Home and Supported Living Market Development	**Scheme RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 6 Funding	**Approved Budget**	**Outturn**	**Variance as at Month 12**	**Variance as at Month 9**	**Movement from Month 9**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**
LBH - Protecting Social Care	150	142	(8)	(7)	(1)
HCCG Commissioned Services funding (including non elective performance fund)	83	83	0	0	0
Total Scheme 6	**233**	**225**	**(8)**	**(7)**	**(1)**

Scheme Financials

2.29 The outturn shows a small underspend on staffing.

Scheme Delivery

2.30 *Emergency admissions from care homes* - There were 787 emergency admissions from care homes of people aged 65 and over during 2016/17, which compares to 838 in 2015/16 and is an improvement in performance. 601 of the emergency admissions were at Hillingdon Hospital and 186 in acute trusts in other areas.

Scheme 7: Supporting Carers	**Scheme RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 7 Funding	**Approved Budget**	**Outturn**	**Variance as at Month 12**	**Variance as at Month 9**	**Movement from Month 9**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**
LBH - Protecting Social Care	899	847	(52)	(48)	(4)

HCCG Commissioned Services funding	18	18	0	0	0
Total Scheme 7	**917**	**865**	**(52)**	**(48)**	**(4)**

Scheme Financials

2.31 The outturn shows an underspend on the cost of Carers' assessments.

Scheme Delivery

2.32 138 Carer's assessments were completed in Q4. This is made up of 33 sole assessments completed by Hillingdon Carers, 8 sole assessments completed by LBH and 97 joint assessments completed by LBH. It is projected Carers' assessment outturn for 2016/17 is 516, which reflects full assessments and not triage assessments that have been undertaken by Hillingdon Carers that have not proceeded to full assessments.

2.33 During Q4 193 Carers were provided with respite or another carer service at a cost of £391k. This compares to 118 Carers being supported at a cost of £340k in Q4 2015/16.This includes bed-based respite and home-based replacement care as well as voluntary sector provided services and services directly purchased via Direct Payments.

Scheme 8: Living Well with Dementia	**Scheme RAG Rating**	**Amber**
	a) Finance	**Amber**
	b) Scheme Delivery	**Green**

Scheme 8 Funding	Approved Budget	Outturn	Variance as at Month 12	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
LBH - Protecting Social Care	305	243	(62)	(56)	(6)
Total Scheme 7	**305**	**243**	**(62)**	**(56)**	**(6)**

Scheme Financials

2.34 The outturn showed an underspend of £62k which results from the running of the Wren Centre.

Scheme Delivery

2.35 The development of the Grassy Meadow Court extra care scheme that will contain Hillingdon's purpose built dementia resource centre is on track for handover in June 2018 and work will be undertaken with partners to ensure that maximum benefit is obtained from it for the support of residents living with dementia and their Carers and families.

BCF Programme Management Costs

	Approved Budget	Forecast Outturn	Variance as at Month 12	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
BCF Programme Management	80	81	1	1	0
Total	**80**	**81**	**1**	**1**	**0**

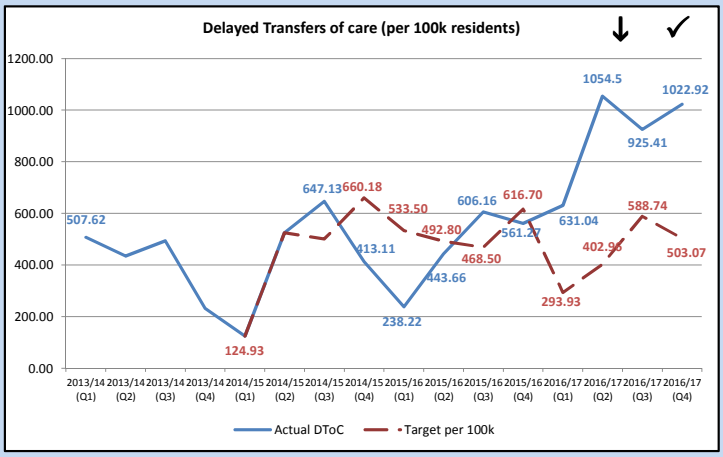
Better Care Fund

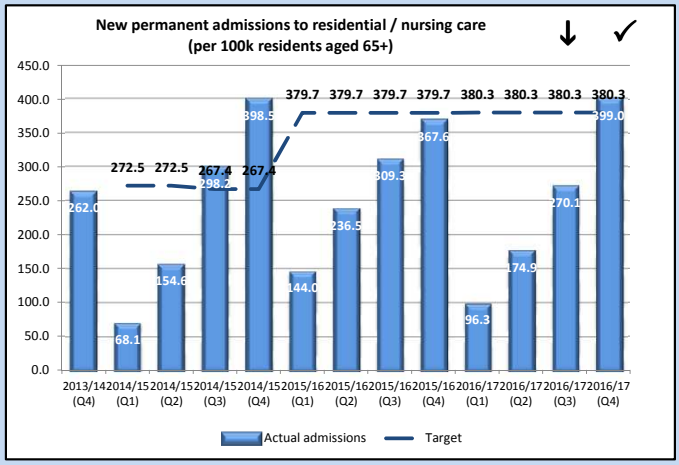
Period: 01/04/2016 to 31/03/2017
Month Number: 12

High Level Summary

Non-Elective Admissions		Pay for performance period Q1 (Apr - Jun)	Q2 (Jul - Sept)	Q3 (Oct - Dec)	Q4 (Jan - Mar)
Non-elective admissions in to hospital (general & acute), 65+.	2015 Actual	2,570	2,468	2,560	2,612
	Req. Reduction for 2016	128	123	128	130
	Target for 2016	2,442	2,345	2,432	2,482
	Actual 2016	2,537	2,420	2,478	
	Difference from Target	+95	+75	+46	

Key components of BCF funding 2016/17	Budget	Outturn	Variance
	£000's	£000's	£000's
HCCG Commissioned services funding	11,965	11,854	- 111
LBH - Protecting Social Care Funding (including Care Act New Burdens)	7,109	6,989	- 120
LBH - Protecting Social Care Capital Funding	3,457	3,457	0
Overall BCF Total funding	22,531	22,300	- 231





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 (2014/15)	3,819	225,846	1,691.0
	2015/16 (Q1)	538	225,846	238.2
	2015/16 (Q2)	1,002	225,846	443.7
	2015/16 (Q3)	1,369	225,846	606.2
	2015/16 (Q4)	1,287	229,303	561.3
	2015/16 (Full Year)	4,196	229,303	1,829.9
	2015/16 (Target)	4,053	229,303	1,767.5
	Variance from Target	+143	229,303	62.4
	2016/17 (Q1)	1,447	229,303	631.0
	2016/17 (Q2)	2,418	229,303	1,054.5
	2016/17 (Q3)	2,122	229,303	925.4
	2016/17 (Q4)	2,377	229,303	1,036.6
	2016/17 (Full Year)	8,364	229,303	3,647.6
	2016/17 (Target)	4,117	229,303	1,795.4
	Variance from Target	+4,247	229,303	1,852.1

Permanent admisisons to Residential / Nursing care (residents aged 65+)	To the end of period	Number (Cum)	Residents	Per 100k
	Baseline (2014/15)	100	36,655	272.8
	2015/16 (Q1)	56	38,895	144.0
	2015/16 (Q2)	92	38,895	236.5
	2015/16 (Q3)	122	39,445	309.3
	2015/16 (Q4)	145	39,445	367.6
	2015/16 (Target)	150	39,445	380.3
	Variance from Target	-5	39,445	-12.7
	2016/17 (Q1)	38	39,445	96.3
	2016/17 (Q2)	69	39,445	174.9
	2016/17 (Q3)	109	40,354	270.1
	2016/17 (Q4)	161	40,354	399.0
	2016/17 (Target)	150	39,445	380.3
	Variance from Target	+11	39,445	27.9

ASCOF 2B	% of clients still at home 91 days after discharge	2015-16 (Target)	2015-16 (Q4)	2016-17 (Target)	2016-17 (Q4)
		95.4%	87.5%	93.8%	86.1%

Adult Social Care Survey measures (from Survey Of Users)

Provisional Data for the 2016-17 survey year

ASCOF 1A	Social care-related quality of life	15-16 (Actual)	16-17 (Target)	16-17 (Actual)
		18.4	18.6	18.8

Adult Social Care Survey measures (from Surveys of Users and Carers)

Provisional Data for the 2016-17 survey year

ASCOF 3D	The proportion of people who use services who find it easy to find information about services	15-16 * (Actual)	16-17 (Target)	16-17 (Actual)
		74.4%	75.5%	73.3%

* Users data from 15/16 survey & Carers data from 14/15 survey

Printed: 15/06/2017 at 11:37

This page is intentionally left blank

PHARMACEUTICAL NEEDS ASSESSMENT

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Dan Kennedy, LBH
Papers with report	None

1. HEADLINE INFORMATION

Summary	From 1 April 2013, the statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area transferred to Health and Wellbeing Boards from Primary Care Trusts. This statement is known as the 'Pharmaceutical Needs Assessment' (PNA). The PNA assists in the commissioning of pharmaceutical services to meet local priorities. NHS England also use the PNA when making decisions on applications to open new pharmacies. This paper presents to the Health and Wellbeing Board (HWB) a proposed programme of work to refresh, complete and publish Hillingdon's pharmaceutical needs assessment (PNA). HWBs are required to revise their current PNA within 3 years of publication. For Hillingdon a revised PNA should be published by 1st April 2018.
Contribution to plans and strategies	An up-to-date pharmaceutical needs assessment contributes to the development of Hillingdon's Health and Wellbeing Strategy.
Financial Cost	There are no direct financial implications arising from the recommendations set out in this report.
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **note the requirement to prepare and publish a refreshed pharmaceutical needs assessment (PNA) for Hillingdon by 1 April 2018.**

2. **consider and agree the proposed plan to review and publish Hillingdon's PNA by the required deadline, including the requirement to undertake a minimum 60 day consultation.**

3. **agree to delegate the final approval of the arrangements for the statutory consultation to officers in consultation with the Chairman of the Health and Wellbeing Board, including approval of the draft PNA for consultation.**

3. INFORMATION

Background to the Pharmaceutical Needs Assessment (PNA)

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

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

3. HWBs were required to publish their first PNA by 1 April 2015, and the revised PNA will need to be published by 1 April 2018 as set out in the Act. The PNA will need to be revised on a three-yearly cycle. Non-compliance with the regulations may lead to a legal challenge, for example where a party believes that they have been disadvantaged following the refusal of their application to open a new pharmacy business.

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

   - Essential services - which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service. This includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.

   - Advanced services - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary. These are currently Medicines Use Reviews (MUR) and the New Medicines Service from community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.

   - Locally commissioned services - known as enhanced services. These could include the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, on smoking cessation and out-of-hours services.

5. The PNA must align with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA). The pharmaceutical needs assessment should be a statement which has regard to the following:
   - the demography of the area;
   - the pharmaceutical services available in the area of the Health and Wellbeing Board;

- whether in the area there is sufficient choice with regard to obtaining pharmaceutical services;
- any different needs of different localities within the area; and
- the pharmaceutical services provided in the area of any neighbouring HWB which affect:
  - the need for pharmaceutical services;
  - whether further provision of pharmaceutical services in the area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type (this could include, for example, new services in response to new housing developments).

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

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

Proposed Timetable to Update the Pharmaceutical Needs Assessment

8. The following presents a proposed list of key actions and the timetable to produce the refreshed HWB pharmaceutical needs assessment by 1 April 2018. A meeting is being arranged with partners to progress the completion of the PNA. The Board is asked to agree to the proposed timetable and actions:

Ref	Timescale	Action
1	April – June 2017	• Complete a desk top analysis of key pharmaceutical services data for Hillingdon. This will include collecting information from pharmacies about the services they provide. • Prepare an updated analysis of the population and health needs data for the assessment. • Circulate the questionnaire to pharmacies. • Work with partners to review the draft needs data.
2	July – September 2017	• Collate supplementary information. Finalise the draft assessment. • Prepare draft conclusions and draft recommendations for review and agreement with the Chairman, HWB.
3	September – November 2017	• Undertake the statutory minimum 60-day consultation for the PNA.
4	November – December 2017	• Feedback from stakeholder consultation considered by task and finish group. • Draft assessment amended for the HWB.
5	December 2017 – February 2018	• Present to the HWB the final PNA for consideration and agreement.
6	By 1st April 2018	• Publish the updated PNA. Notify NHS England.

Statutory Consultation

9. The HWB is required to undertake consultation on the draft pharmaceutical needs assessment for a minimum period of 60 days. The HWB is required to consult with a number of prescribed stakeholders including Healthwatch, NHS England, the Local Pharmaceutical Committee, the Local Medical Committee, local pharmacies and any dispensing doctors listed for its area, neighbouring HWBs and any NHS trust or NHS foundation trust in the area.

10. This report recommends to the Board to delegate to officers in consultation with the Chairman of the Health and Wellbeing Board the approval of the arrangements for the 60-day consultation, including the approval of the draft PNA document for consultation.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

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

Consultation Carried Out or Required

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

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

From the 1 April 2013, *The Health and Social Care Act 2012* placed a statutory obligation on local authorities, through Health and Wellbeing Boards (HWBs), to develop and update Pharmaceutical Needs Assessments (PNAs). Pursuant to *The National Health Service*

(Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, HWBs are required to produce their first PNAs by 1 April 2015, and reviewed every three years thereafter. Schedule 1 of the *2013 Regulations* sets out matters to be covered in the PNAs.

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

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

6. BACKGROUND PAPERS

The Pharmaceutical needs assessments, information pack for Health and Wellbeing Boards, May 2013 can be found here:

https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

This page is intentionally left blank

HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Caroline Morison, Joan Veysey; Jonathan Tymms; Sarah Walker
Papers with report	Choosing Wisely stakeholder letter

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: • Delegation of primary care commissioning • Accountable care partnership progress and next steps • Year-end position 16/17 and financial plan 17/18 • QIPP delivery 16/17 and plans for 17/18 • Choosing wisely
Contribution to plans and strategies	The items above relate to the HCCGs: • 5 year strategic plan • Out of hospital (local services) strategy • Financial strategy • Shaping a Healthier Future
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

The Health and Wellbeing Board to note this update.

3. INFORMATION

The following section summarises key areas of work the CCG wishes to bring to the attention of the Health and Wellbeing Board.

3.1 Delegation of primary care commissioning

On 1 of April 2017, Hillingdon CCG commenced level 3 delegation of primary care (general practice) commissioning. The CCG has established a Primary Care Board, in place of the

previous Co-commissioning Committee, with oversight of contract awards and management, investment, strategy and other key enablers such as workforce and estates development.

The CCG has invested in additional management resource to support the effective delivery of primary care commissioning and is also working collaboratively with members of the contracts team previously situated at NHS England who are now located within NWL.

A primary care strategy is under development with initial focus on general practice. The strategy will focus on the following aspects of primary care in Hillingdon:

- Mapping of current and future health needs of the population in Hillingdon
- New models of 'co-ordinated, proactive and accessible' primary care and how these will meet our residents' needs
- How general practice will be different in 5 years' time for those who use it, work in it and commission it
- How we will support general practice in Hillingdon to be robust and resilient through innovative approaches to workforce, retaining our current clinicians and attracting new ones to the area
- Plans for estates and facilities that are fit for purpose and suitable to deliver the care our residents need

The primary care strategy will build on the priorities set out in the STP and support delivery of the system-wide transformation required for a sustainable health and care system in Hillingdon.

As part of its primary care commissioning responsibilities, the CCG is now leading the process of reviewing personal medical services (PMS) contracts within Hillingdon. The objective of the process is to reduce variation between practices commissioned on general medical services (GMS) contracts and those on PMS contracts. The process was initiated in 2015 by NHS England but was 'paused' whilst negotiations with Local Medical Committees (LMCs) were underway. The process was re-started in December last year and is now devolved to CCGs with assurance of locally developed plans undertaken by NHS England and the London-wide LMCs. The CCG has met with the 9 practices in Hillingdon who currently hold PMS contracts. Initial discussions are underway on the implications of the review for each, the proposed transition process and immediate next steps which include agreeing contract baselines and defining the services in and out of scope of the national contract. Current proposals for re-investment of the funding across all practices focus on access and long term conditions.

Following the end of the pre-election purdah period the CCG will recommence its engagement programme with Hayes residents as part of the procurement process for the APMS contract at the HESA Centre.

3.2 Accountable Care Partnership

In May, the CCG completed a review of the current stage of development of Hillingdon Health and Care Partners (HHCP) prior to taking a decision about moving to the "testing phase" in 2017/18.

The testing phase will build on work carried out to date to determine whether the ingredients for accountable care are robust and fit for purpose. A two year testing period is intended to inform and begin to embed new ways of working as a whole system, with integrated governance arrangements to support delivery of improved outcomes. This will support laying the foundation

for establishing a longer term accountable care contract in Hillingdon, such as a capitated, outcomes-based alliance contract. The testing phase also aims to determine whether the model of care and system enablers deliver expected improvements in outcomes of care, patient experience and system sustainability. Next steps in the testing phase will also include an assessment of scale and pace for rolling out integrated accountable care to other population groups, ongoing development of both the ACP and how accountable care is commissioned.

Hillingdon Health and Care Partners (HHCP - an alliance of Hillingdon Hospitals Foundation Trust, Central and North West London Foundation Trust, the Hillingdon GP Confederation and Hillingdon for All) held a launch event for staff on 25 May which was well attended by teams across all organisations. The session was hosted by the Chief Executives of each organisation and set out the vision and ambition for the partnership. On the ground, the new HHCP care connection teams are now in place (1 June) and will begin to mobilise during June and July to deliver the new integrated model of care for people over 65.

3.3 Year-end position 16/17 & 17/18 Financial Plan

3.3.1 2016/17 Outturn

The CCG finished the financial year with an overall surplus of £7.764m which is in line with the CCG's control total for the year. The final outturn surplus was £4.148m higher than the CCG's original plan for the year.

The additional surplus generated at the end of the year was a result of the release of the CCG's uncommitted reserve in line with NHSE requirements. This surplus has been carried forward into the 2017/18 financial year.

In delivering this position, the CCG achieved QIPP savings of £8.2m for the year which was 95% of its planned target (details below).

Although the CCG achieved a surplus of £7.764m, its underlying financial position at the year-end was a £48k surplus. The difference relates to non-recurrent income received of £5.4m and other non-recurrent expenditure benefits of £2.3m.

Executive Summary 2016/17 Outturn Position

Table 1

		Outturn Position		
	Final Budgets (£000)	Outturn Actual (£000)	Variance Sur/(deficit) (£000)	Outturn QIPP Variance (£000)
Commissioning of Healthcare				
Acute Contracts	206,486	213,133	(6,647)	(1,159)
Acute Reserves	2,335	0	2,335	0
Other Acute Commissioning	13,965	14,387	(422)	351
Mental Health Commissioning	25,250	25,144	106	238
Continuing Care	16,004	20,020	(4,016)	(109)
Community	31,847	31,838	9	(60)
Prescribing	35,784	35,434	350	320
Primary Care	6,928	5,647	1,281	0
Sub-total	**338,599**	**345,603**	**(7,004)**	**(418)**
Corporate & Estates	5,067	4,749	318	0
TOTAL	**343,666**	**350,352**	**(6,686)**	**(418)**
Reserves & Contingency				
Contingency	2,001	0	2,001	0
Uncommitted Reserves	4,148	0	4,148	0
2015/16 Balance Sheet Gains	0	(3,744)	3,744	0
RESERVES Total:	**6,149**	**(3,744)**	**9,893**	**0**
Total 2016-17 Programme Budgets	**349,815**	**346,608**	**3,207**	**(418)**
Planned Surplus/(Deficit)	3,616	**0**	**3,616**	**0**
Total Programme	**353,431**	**346,608**	**6,823**	**(418)**
RUNNING COSTS				
Running Costs	**6,298**	**5,356**	**942**	**0**
CCG Total	**359,729**	**351,964**	**7,764**	**(418)**

3.3.2 2017/18 Financial Plan

The CCG has submitted a financial plan in 2017/18 to deliver a surplus of £7.764m in line with the 2016/17 outturn (this equates to an in-year break-even position after allowing for the carry forward of 2016/17 as noted above).

The plan complies with NHSE Business Rules, including retention of 0.5% of its funding as uncommitted at the planning stage in 2017/18 (£1.8m) in addition to the usual 0.5% contingency.

The plan includes the requirement to deliver a 4% QIPP in 2017/18 of c£14m (net). This is significantly higher than the £8m delivered in 2016/17 and in previous years.

The CCG's financial plan for 2017/18 now includes for the first time the Primary Care delegated budgets of £38.2m previously held by NHSE.

SUMMARY	FOT 16/17 £000s	Budgets 2017/18 £000s
Acute	227,520	225,592
Mental Health	25,144	25,075
Continuing Care	20,020	19,838
Community	31,838	36,025
Primary Care*	5,647	41,388
Prescribing	35,434	35,799
Corporate (incl. Running Costs)	10,105	9,788
Total Programme & RC	**355,708**	**393,505**
Reserves & Contingency	(3,744)	3,568
TOTAL CCG Expenditure	**351,964**	**397,073**
RRL	**359,729**	**404,835**
Surplus/(Deficit)	7,765	7,762

***17/18 Budget includes PC delgated Budgets**

3.4 QIPP delivery 2016/17 and plans for 2017/18

During 2016/17, the CCG delivered a net QIPP saving of £8,227k against a target of £8,645k (variance of £418k below target). QIPP delivery in 2015/16 was £7,033k.

2017/18 is anticipated to be a challenging year for the NHS and the level of QIPP delivery required of the CCG to meet local and NWL needs reflecting this. The CCG has an internal target of £12.6m net QIPP delivery, with a stretch aim of £14m. This represents a 70% increase on the 2016/17 QIPP delivery and presents a significant challenge to Hillingdon locally, and NWL as a system.

Highlights of some of the major 2017/18 initiatives are listed below:

- *Ambulatory Care Pathways*. The CCG and Hillingdon hospitals are working to clarify pathways to support identification and treatment of urgent and emergency care needs of attendees to A&E.
  QIPP value (all unplanned care) - £2m

- *MSK pain management, CATS service and pathways*. The CCG is working to develop a fully integrated MSK pathway to ensure a seamless patient experience from referral to rehabilitation.
  QIPP value (all planned care) - £1.6m

- *Multi-morbidities*. The CCG is continuing to embed and develop care for patients with multi-morbidities, with emphasis on long term conditions management of diseases such as diabetes, respiratory, and cardiovascular.

QIPP value (all long term conditions) - £2m

- *Older people's care*. The CCG is working closely with the Hillingdon Health and Care Partners Accountable Care Partnership to develop enhanced service coordination and offer for Hillingdon patients aged 65 and over, with developments in Care Connection Teams and frailty pathways. This also includes a pilot end of life single point of access and urgent support with a palliative overnight nursing service in collaboration with Social Finance.
  QIPP value - £2.2m

- *Mental Health*. Hillingdon CCG is a proactive participant in the NWL LikeMinded programme and continues to work to improve services for those with learning disability and serious mental illness, as well as acting to address early anxiety and stress to improve general health and well-being.
  QIPP value - £1m

We continue to build on our programme of medicine's management and have work underway on delivering transformation to children's services as well as continuing to release contractual savings on our community contract with CNWL. Further schemes are being worked up as part of the 'stretch' on our target.

3.5 Choosing Wisely

Across NWL, the 8 CCGs have embarked on a period of engagement on a set of proposals regarding changes to the way that we prescribe in the area. These proposals will be going to the CCG Governing Body for a decision on 14 July 2017 and we are entering a three week period of engagement before that date. Feedback from the engagement process will feed in to our final proposals for discussion at the Governing Body meeting.

NHS North West London Collaboration of CCGs needs to save nearly £135 million, around 5% of our annual expenditure, in the financial year 2017/18 in order to balance our budgets. Working together as a sector, NWL is looking at opportunities to reduce expenditure that will not impact on residents' health and essential NHS services. We are exploring a number of areas where we could make sensible changes to address this significant financial challenge. These difficult decisions about where we could save money need to be made locally, in a planned way with the input of patients and residents.

If we don't make the decisions proposed here, we could be forced into making unplanned cuts which affect essential NHS services.

This piece of work covers all the boroughs of NWL to ensure consistency across the eight boroughs and are similar to initiatives taking places in other parts of the country including areas of Greater London. It consists of the following proposals:

1. GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription
2. In general, GPs will not prescribe certain medicines and products (listed in stakeholder letter appended) which can be bought without a prescription
3. To reduce waste we will ask patients to order their own repeat prescriptions

It is important to view these proposals in the context of the transformation we are making to our health system across NWL. As we move from a reactive model of care that waits for people to

get ill, to a proactive one focussed on keeping people well, the importance of self-care and encouraging people to take a greater responsibility for their health and wellbeing is essential.

These proposals aim to:

- Encourage self-care with community pharmacy support
- Free up prescribers' time for clinical care
- Avoid unnecessary appointments for patients
- Reduce unnecessary spend on prescriptions
- Minimise unwarranted prescribing

The specific items recommended to be part of these proposals are covered in the stakeholder letter appended to this paper. We will be engaging on these proposals with GPs and other stakeholders across NWL, including Council Members, Healthwatch groups, the vulnerable groups highlighted by our equality impact assessment, patients and public.

We have established a web-based engagement site to gather views on these proposals at https://choosingwiselynwlondon.commonplace.is. We shall be promoting this website around the Borough to ensure the widest possible participation in this engagement.

We will also await with interest the results of any national consultations taking place on this topic and will ensure that our policies align with any national policy revisions that result.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

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
- London Primary Care Strategic Commissioning Framework

This page is intentionally left blank

NHS
Hillingdon
Clinical Commissioning Group

Boundary House
Cricket Field Road
Uxbridge
Middlesex UB8 1QG
Tel: 01985 203000
www.hillingdonccg.nhs.uk

Tuesday, 13 June 2017

Choosing Wisely – changing the way we prescribe

We are writing to ask your views on three new proposals to change the way we prescribe medicines across the eight boroughs of North West London (NW London).

These proposals will be going to our CCG Governing Body for a decision on 14th July 2017 and are entering a three week period of engagement before that date. Your valuable feedback will feed in to our final proposals for discussion at this Governing Body meeting.

Demand for healthcare is constantly rising as the population gets older, chronic and complex health conditions become more common and expensive new treatments become available.
Unfortunately our budgets are not increasing at the same rate and we are facing a financial gap.

NHS North West London Collaboration of CCGs needs to save nearly £135 million, around 5% of our annual expenditure, in the financial year 2017/18 in order to balance our budgets. Working together as a sector, NW London is looking at opportunities to reduce expenditure that will not impact on residents' health and essential NHS services. We are exploring a number of areas where we could make sensible changes to address this significant financial challenge.
These difficult decisions about where we could save money need to be made locally, in a planned way with the input of patients and residents.

If we don't make the decisions proposed here, we could be forced into making unplanned cuts which affect essential NHS services.

This piece of work covers all the boroughs of NW London to ensure consistency across the eight boroughs.

The first area we are focusing on is changes to the way we prescribe. In the coming months, we will be looking at some clinical procedures and will come back to ask your views on those.

These proposals are similar to initiatives taking place in other parts of Greater London such as Richmond, Croydon, Greenwich, and Luton, and cover the following proposals:

1. GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription
2. In general, GPs will not prescribe the medicines and products listed below which can be bought without a prescription
3. To reduce waste we will ask patients to order their own repeat prescriptions

It is important to view these proposals in the context of the transformation we are making to our health system across NW London. As we move from a reactive model of care that waits for people to get ill to a proactive one focussed on keeping people well, the importance of self-care and encouraging people to take a greater responsibility for their health and wellbeing is essential.

These proposals aim to:

- Encourage self-care with community pharmacy support
- Free up prescribers' time for clinical care
- Avoid unnecessary appointments for patients
- Reduce unnecessary spend on prescriptions
- Minimise unwarranted prescribing

The proposals below have been developed to reflect a balance of views expressed by GPs in this area.

****

1. **GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription**

Patients can buy some medicines from pharmacies and other high street stores over the counter without a prescription.
The products on this list have a useful role to play in treating or caring for certain conditions. All of these items are licensed safe to be sold without a prescription.

They are usually inexpensive and are mostly for minor illnesses or conditions that will not last
Examples include antihistamines for hay fever or ear drops to soften ear wax.
The £15 million spent last year on these products and the products from proposal two could be put towards medicines and treatments for more serious conditions.
We are proposing that it would be reasonable for most patients to buy these products over the counter without a prescription. We propose advising GPs to ask patients if they are willing to buy these medicines and treatments.

Products on this list:

acne treatments; antacids; antifungal skin products; antihistamines; artificial saliva; barrier creams; benzydamine mouthwash; chloramphenicol eye drops; co-codamol 8/500; cold sore treatments; corticosteroid nasal sprays for hayfever; covering cream or powder; ear wax removers; ibuprofen; laxatives; loperamide for diarrhoea; lubricant products for dry eyes; ointments or creams for eczema and psoriasis; oral rehydration solution sachets; paracetamol; prescribable sun creams; shampoos for eczema and psoriasis; threadworm tablets; vitamins and mineral supplements.

2. **In general, GPs will not prescribe the medicines and products listed below which can be bought without a prescription**

We are asking GPs and other prescribers in NW London to tell us if they can think of any good medical reasons for prescribing certain medicines and products, on the list below, that can be bought without a prescription. The GPs who have contributed to the development of these proposals could not think of any reasonable criteria for prescribing the medicines and products on this list. If GPs cannot think of any reasonable criteria for prescribing these products we would expect there to be very few prescriptions for these in future. We are asking stakeholders whether they agree with the products on this list, and whether any products should be added to this list.

Products on this list:

antiperspirants; bath additives; colic treatment; cough and cold remedies; creams or suppositories for haemorrhoids (piles); herbal and complementary supplements; mouthwashes (except benzydamine); oral rehydration sachets; hair removal products; teething gels; tonics; travel sickness tablets; wart and verruca treatments.

3. **To reduce waste we are asking patients to order their own repeat prescriptions**

We want to improve the way we manage repeat prescriptions, by encouraging patients, carers, GPs and pharmacists to review their use of repeat medicines more often and make sure they are only ordering medicines they need.
Some patients rely on the pharmacy to order repeat prescriptions on their behalf. When prescriptions are ordered on their behalf without checking with patients or carers, there is a risk that patients will get medicines they do not need or do not intend to take.

Wasted medicines waste money, and unused or out of date medicines are a safety risk for patients. Other parts of the country have seen a decrease in over-ordering when prescriptions are ordered directly by patients and carers.

We propose a change to the repeat prescriptions system.

We would like more patients (or their carers) to order their own repeat prescriptions. This will reduce waste, increase safety, increase patient control of the process, and save costs.

Patients and carers could continue to order repeat prescriptions in the following ways:

- Using online methods
- Using mobile phone apps
- Using repeat prescription ordering slips handed in or posted to the GP practice

General practices would consider accepting requests from a community pharmacy on behalf of those patients unable to request their own prescriptions and without a carer who can do it for them.

****

We will be engaging on these proposals with GPs and other stakeholders across NW London, including council members, HealthWatch groups, the vulnerable groups highlighted by our equality impact assessment, patients and public.

We have established a web-based engagement site to gather views on these proposals at https://choosingwiselynwlondon.commonplace.is. We shall be promoting this website around the borough to ensure the widest possible participation in this engagement.

We await with interest the result of any national consultations on this topic and will ensure that our policies align with any national policy revisions that result.

We really value your feedback ahead of the next Hillingdon CCG Governing Body meeting on 14th July and are happy to come to talk to you about this if that would be helpful.

We look forward to hearing from you at choosingwisely@nw.london.nhs.uk.

Yours faithfully

Ian Goodman
CCG Chair
Hillingdon CCG

CCG Chairs
Other 7 NWL boroughs

This page is intentionally left blank

HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Stephen Otter, Chair
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Appendix

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 and Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

RECOMMENDATION

That the Health and Wellbeing Board notes the report received.

1. INFORMATION

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

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

2. SUMMARY

2.1. The body of this report to The London Borough of Hillingdon's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Hillingdon in the delivery of its functions and activities for this period. It should be noted that a comprehensive report is presented by the Chief Executive Officer to the Directors/Trustees

at the Healthwatch Hillingdon Board Meetings and is available to view on our website: (http://healthwatchhillingdon.org.uk/index.php/publications)

3. GOVERNANCE

3.1 We would advise the Health and Wellbeing Board of changes to our Board of Trustees. Christianah Olagunju, Arlene Jobs and Burns Musanu have been recruited to the Board.

3.2 It is with regret we advise that Richard Eason has taken the decision to step down from the Board. Richard has been a Board Member since the establishment of Healthwatch in Hillingdon and we would like to put on record our gratitude to him for his contribution and efforts over the last 4 years.

4. 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 final quarter of 2016-17.

Maternity Care in Hillingdon

Healthwatch Hillingdon have been listening to women who have used Hillingdon's maternity services, to see if the closure of Ealing Hospital Maternity Unit has had any effect on the quality of care that they and their family receive. We published the findings of our engagement programme in our report - "Expecting the Perfect Start" - on Friday 31st March 2017, which we formally submit to the Health and Wellbeing Board as Appendix A.

The report, which draws on the experience and views of over 250 women, their families and maternity staff, outlines the comprehensive feedback we have received and gives an in-depth understanding of Hillingdon's maternity services.

Throughout our engagement programme women and families told us about a dedicated workforce who are committed to providing them and their families with compassionate care. We congratulate both the Hillingdon Hospital and the Borough's Children Centres for the very positive response we received.

Within the report, we have made several recommendations to both commissioners and providers, where evidence suggested that service improvements could be made. These have been incorporated into the Strategic Children's Transformation Group work plan and we will be regularly monitoring their progress through our seat on this group.

Online access to prescribed medications

In quarter 2 our report to the Health and Wellbeing Board highlighted the concerns we had raised with the Medicines and Healthcare Products Regulatory Agency, Healthwatch England and the Care Quality Commission, regarding patients gaining access to restricted, prescription-only medication, via online platforms.

We were therefore delighted to see the regulators and professional bodies acting jointly, to take enforcement action against UK-based online suppliers and launch a high-profile public awareness campaign - to highlight the inherent risks and dangers that off-shore

online suppliers may pose and offer guidance to the public on how to remain safe, when accessing online healthcare services.
http://www.cqc.org.uk/content/choosing-online-healthcare-service

Which received national media coverage:
http://healthwatchhillingdon.org.uk/index.php/2017/03/online-pharmacy-services/
http://www.cqc.org.uk/content/online-healthcare-services
https://www.theguardian.com/society/2017/mar/03/cqc-warns-online-doctor-services-may-pose-risk-to-public
http://www.bbc.co.uk/news/health-39134061
http://www.dailymail.co.uk/health/article-4276968/Risk-web-chemists-dish-drugs-without-checks.html

The evidence we had provided Healthwatch England regarding online healthcare was pivotal for them in developing their position, which they were able to outline on the BBC's Today Programme. This demonstrates how Healthwatch Hillingdon can exert effective influence, at both the national and local level to improve the safety of services for the public.

4.1 Information, Advice and Support

During this quarter we recorded a total of 173 enquires relevant to our function. 108 of these were from residents in receipt of our signposting service. 74% of residents accessed our service through the shop, which remains the main point of contact for our information, advice and support service.

Table A gives a breakdown of the number and type of enquiry we have received.

Type of enquiry	Number	% of enquiries
Refer to a health or care service	30	28
Refer to a voluntary sector service	6	6
Requesting information / advice	20	18
Requesting help / assistance	12	11
General Enquiry	40	37

Table A

Table B shows the source of these enquiries.

Source of enquires	Number	% of source
shopper	80	74
event	1	1
referral	7	6
promo	2	2
advert	0	0
website	0	0
known to us	8	7
other	2	2
unknown source	8	7

Table B

GP miss-diagnosis

Mrs C is 94 frail elderly lady who lives alone in her own home. She is housebound, but does not require a wheelchair, and has full mental capacity. V is her close friend. V is very concerned about XXX GP practice, V claims that the "Dr likes to do only telephone consultations and rarely comes out to see Mrs C. They do medical telephone consultations with a 94 year old that is hard of hearing and almost?" V gave an example of last April (2016): Mrs C was unwell and V had to call Dr X out numerous times. It was a real struggle to get Dr X to come out. Dr X kept saying Mrs C "has viral infection, don't worry". Eventually, after 10 days, V called 999 and Mrs C was taken to The Hillingdon Hospital (THH). The care at THH was "excellent and staff were caring, the doctors at THH saved her life". At THH it was discovered that Mrs C had suffered a heart attack and had fluid on the lungs and infection. Mrs C was discharged home with domiciliary care provided by LBH social services. V: "we don't call the GP anymore as we don't trust the doctors at the practice. We just dial 999 and go to hospital, have had to do this a few weeks ago when Mrs C felt unwell, we went straight to 999 and hospital"

Patient does not wish to make a complaint, or make a fuss, and we provided some assistance to register at a different GP practice.

NHS Accessible Information Standards

M has hearing & speech impairment but is able to use British Sign Language (BSL). M had an outpatient appointment at Hillingdon Hospital and there was no BSL support provided. M found the appointment extremely stressful, difficult and frustrating as she was not able to properly communicate with clinical staff. M has another appointment at Hillingdon Hospital at end of March for an operation and M is very concerned and stressed that Hillingdon Hospital made no effort to arrange BSL support for the operation even though she made clear that she needed BSL.

Healthwatch Hillingdon contacted the Outpatient department at Hillingdon Hospital to ensure that BSL support would be made available for the operation. We also expressed our concern with senior management and raised the issue at the hospitals equality board.

Concerns and complaints

Healthwatch Hillingdon recorded 65 experiences, concerns and complaints in this quarter. The areas by organisational function are broken down in Table C.

Concern/complaint Category	Number	% of recorded
CCG	1	2
Primary care: GP	15	23
Primary care: Pharmacy	3	5
Primary care: Optician	1	2
Primary care: Dental	3	5
Hospitals	24	37
Mental Health Services	3	5
Community Health	3	5
Social Care	8	12
Care Agency	0	0
Care Home	1	2
Patient Transport	0	0
Community Wheel Chair Service	2	3
3rd sector service	0	0

Table C

Referring to Advocacy

18 referrals were made during this quarter:

2 LBH safeguarding, 10 VoiceAbility NHS complaints advocacy, 5 PoHwer NHS complaints advocacy, 1 DASH benefits advocacy.

Overview

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

Hospital Discharge

M is 91 years old, frail elderly with mixed dementia diagnosis. M lives alone. About 4 weeks ago, M fell in her home and broke her arm and damaged her face. M was left lying on floor with broken arm for 8 hours until discovered by domiciliary carers who then immediately called 999 and taken to Hillingdon Hospital. Approximately 2 weeks ago (middle Jan 2017), M was ready to be discharged from Hillingdon Hospital. The consultant doctors and nurses discussed with family the best options for M's on-going needs post-discharge. The consultant doctors advised the family that mum would need nursing home help. The family agreed to this as they were worried about her going home alone. However, London Borough of Hillingdon Social worker assessed M, without involving the family, and informed family that they were "over-riding the doctors, and said your mum doesn't justify a nursing home placement." Family concerned for mum's welfare and are not sure she can look after herself and keep safe and healthy on her home alone: "mum's arm broke last time, what will happen next time she falls, at least in a nursing home there will be someone to look after her and keep her safe."

We advised the family of their rights under the care act and the Family decided to make a formal complaint to the Local Authority.

GP Out-of-Area Notice Letters

K is in her 70s and has been a registered patient with the Warren Medical Centre GP practice for the past **51 years**. For the past 19 years, even though K was out-of-area GP was OK with her as patient. However last year her usual GP retired and the practice taken over by new GP partners. In Jan 2017 K fell ill and during Jan 2017 made numerous visits to see the new GP at the Practice.

K subsequently received a letter from the GP practice which, in curt, basic, terms, informed her that as she was an “Out-of-area" patient she could no longer be seen by the practice and was given 3 weeks to leave and find a new GP practice nearer her home.

K was extremely upset at how she was treated by the practice and believes that the letter was sent in "retaliation", or in response to her numerous recent GP appointments and following her last conversation with the GP. "This letter has caused me really a lot more stress when I am already quite ill, it was the tone of the letter that I found to be rude". K has now no interest in remaining a patient of the Practice and has now registered with another local GP practice. K does feel that the letter was not nice, she has been "forced out" would like to know how to make a complaint "so that they don't treat other patients the way that I was treated".

We advised them of the complaints process and referred them to PoHwer for NHS complaints advocacy.

In recent months Healthwatch Hillingdon has become aware of a number of these “Out-of-Area” letters being sent to patients. We have escalated this to Hillingdon CCG and NHS England, as although GP Practices are within their contract terms to give patients notice who are out of their catchment area, we would question the methodology and equity of recent decisions.

5. STRATEGIC WORKING

In 2016-17 Healthwatch Hillingdon attended 289 health and social care meetings and 53 voluntary sector and community meetings, covering a wide range of subjects.

Our involvement keeps us well informed on all matters and gives us the opportunity to challenge and seek assurances on behalf of our residents. It also ensures that the lived experience of our patients and public are clearly heard and are influencing decisions and improving health and social care in Hillingdon.

Hillingdon Hospital NHS FT – Appointment to the Council of Governors

Healthwatch Hillingdon have been appointed by the Trust to the Board of Governors. We thank the Trust for our appointment and look forward to working with the Trust and our fellow Board Governors, to ensure the views and experiences of the Trust members and wider public are duly represented.

Delegation of primary care commissioning

In February the membership of the Hillingdon CCG voted on whether they would become a level 3 delegated commissioner of Primary Care. Healthwatch Hillingdon oversaw the voting process as an independent observer.

Healthwatch Hillingdon have been invited to attend the Hillingdon Primary Care Board in a non-voting, observer capacity, with speaking rights, and attended the inaugural Board in April 2017.

Fertility Services – Department of Health response to 'IVF' report

We submitted our 'IVF' report to all members of the Backbench Business Debate on the disparity of IVF provision across England, secured by Steve McCabe MP.

In response, MP Nicola Blackwood MP, the Parliamentary Under Secretary of State for Public Health and Innovation, wrote to confirm the Government's commitment to fund three cycles of IVF and outlined proposals to explore the recommendations made in our report, to have a national commissioning framework and tariff for fertility services.

At their March 2017 Committee Meeting, Healthwatch England publicly recognised the contribution Healthwatch Hillingdon has made to the development of a national IVF tariff and national guidance on IVF. https://healthwatch.public-i.tv/core/portal/webcast_interactive/266414. This again demonstrates how Healthwatch Hillingdon is being effective in influencing policy, at both a national and local level.

6. ENGAGEMENT OVERVIEW

This quarter we engaged with 669 residents and patients through 17 community events, talks, presentations and information days. Events attended this quarter include the Health Fair at Uxbridge Library, Uxbridge College Volunteers' Fair, Parkinson's Group Coffee Morning & Hillingdon Carers Forum.

The key highlights for the current quarter was our attendance at Hillingdon Carers Café at Hayes and Harlington Community Centre.

Carers at the Hillingdon Carers Café were extremely vocal about their experiences of services. Below is a snapshot of the comments we recorded.

"To book an appointment with the GP is scarce, not to mention the delay in appointment times"

"Receptionists are too laid back and not attentive enough and do not pass information onto patients"

"More training is needed for frontline staff, especially receptionists"

Carers also expressed concern and anger about the miss-communication and disconnect between health and social care services.

Parent Carers Forum – Mental health Event

In March 2017 we organised and hosted an evening event for the Parent Carers Forum on mental health. The event was well attended and the presentations from, Hillingdon

Council, Hillingdon CCG, CNWL CAMHS, Hillingdon MIND and ourselves were well received.

Uxbridge College

Following a presentation to students at Uxbridge College in March we have been invited to carry out a focused piece of work with a small group of students currently studying Vehicle Mechanics at the Uxbridge Campus. This is an excellent opportunity to obtain the views and experiences of young men aged 17-19 who we don't often engage with our service We have discussed delivering a project on the subject of mental health and plan to start delivery in May. Dates have yet to be confirmed.

The NCS Challenge

We have been approached by The NCS Challenge to facilitate a group of up to 12 young people aged 15-17 from Hillingdon to undertake a one-off volunteer day.

The 'Volunteer Day' will take place in early August and the plan is to get the young people develop and conduct a mental health survey with members of the public in and around Uxbridge Town Centre. The results of the survey will support the ongoing work we are undertaking on mental health services.

Volunteering

Volunteers contributed 516 hours of their time during the last 3 months.

During the current quarter, we provided work experience placements for 3 students from Uxbridge College and Barnhill High School. They shadowed staff at meetings and helped to man stalls engagement events at Uxbridge College and across the borough. The feedback we received from them regarding their placement was very positive and it was a pleasure to work with them.

Recruitment Drive

Since the start of the new year some of our long-standing volunteering have sadly left Healthwatch and have moved on to other pathways including paid employment. This is reflected in the fall in volunteering hours for engagement volunteers from previous quarters.

We are therefore planning a drive to recruit new volunteers for Healthwatch. As part of the Volunteers' Week celebrations in June we are planning a volunteer open day event at the Healthwatch office and a recruitment day in the Pavilions Shopping Centre. We will be promoting both events via social media, our website and we will be distributing leaflets at public venues across the borough.

Digital Engagement

Below are our social media stats and metrics for quarter 3. The figures show an overall increase in engagement on both platforms month on month, with a significant increase in activity in March.

	January 2017	February 2017	March 2017
Twitter Followers	1066	1077	1084
Twitter Impressions (in 1,000)	9824	13,000	17,400
Profile Visits	641	555	1050
Facebook Likes	402	401	404
Facebook Post Reach	175	369	636
Facebook Post Engagement	9	14	21

As we reported in previous quarters, we are now using Instagram as an engagement platform. We have now reached 100 followers, adding an additional 30 new followers in the last quarter.

7. ENTER AND VIEW ACTIVITY

PLACE Assessments

2 Place Assessments were carried out at Hillingdon and Mount Vernon Hospital during this quarter.

8. FINANCIAL STATEMENT 2016-2017

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	175,000
Bought forward 2015/2016	20,050
Additional income	500
Total income	195,550
Expenditure	
Operational costs	26,612
Staffing costs	149,683
Office costs	12,724
Total expenditure	189,019
Balance brought forward	6,531

9. 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 2016/17

KPI no.	Description	Relevant Strategic Priority	Monthly Target 2016-17	Q1			Q2			Q3			Q4			Accumulative Totals	
				2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	Target	Actual
1	Hours contributed by volunteers	SP4	525	692	550	**637**	732	625	**522**	583	462	**491**	637	729	516	2100	**2166**
2	People directly engaged	SP1 SP4	300		354	**434**		333	**270**		250	**634**		354	347	1200	**1685**
3	New enquiries from the public	SP1 SP5	125	124	232	**177**	126	402	**296**	96	241	**173**	98	227	248	500	**894**
4	Referrals to complaints or advocacy services	SP5	N/A*	19	9	**12**	15	14	**8**	18	7	**1**	12	7	18	N/A*	**39**
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	50	68	49	**93**	68	60	**69**	87	54	**69**	112	72	58	200	**289**
6	Consumer group meetings / events	SP1 SP7	10	62	22	**16**	48	25	**15**	42	10	**15**	89	22	22	40	**53**
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	**0**	0	0	**0**	0	1	**0**	0	0	0	N/A*	**0**
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	5	7	**3**	2	4	**3**	4	3	**2**	2	7	2	N/A*	**10**

*Targets are not set for these KPIs as measure is determined by reactive factors.

This page is intentionally left blank

healthwatch Hillingdon

Expecting the Perfect Start

A report on maternity care in Hillingdon

March 2017

Contents

Throughout our engagement programme women and families have told us about a dedicated workforce who are committed to providing them and their families with compassionate care. Healthwatch Hillingdon would like to acknowledge this and say thank you to all the staff within the hospital and across the community who provide maternity care in Hillingdon

Acknowledgements

Healthwatch Hillingdon would like to sincerely thank the women and families who spoke to us during our project. Their open views and honest opinions of their experiences, have given us a clear understanding of the local maternity services provided to women, who give birth at The Hillingdon Hospital.

Throughout our engagement programme women and families have told us about a **dedicated workforce** who are committed to providing them and their families with **compassionate care**.

Healthwatch Hillingdon would like to acknowledge this and say **thank you to all the staff within the hospital and across the community who provide maternity care in Hillingdon.**

We especially thank The Hillingdon Hospital NHS FT, who have worked closely with us on this engagement programme. They have provided us with special access, to staff and women, across the whole maternity pathway, within the hospital and community. Without this partnership working we would not have been able to produce such a comprehensive report.

We express our thanks to the Children's Centres in both Hillingdon and Ealing who opened their doors to our researchers and enabled us to see the full spectrum of services offered to women and gauge their experience of them.

We would also like to thank all other the individuals and organisations who have taken part and assisted us with this project:

- Hillingdon National Childbirth Trust
- The various baby clubs we attended
- Ealing community organisations who facilitated our workshops
- Members of our Volunteer team

Executive Summary

Background:

In July 2015, Ealing Hospital maternity unit was closed under 'Shaping a healthier future'. An initiative to improve the quality of maternity care in North West London. Consequently, it was estimated that approximately 600 more women would deliver at The Hillingdon Hospital. This project intended to discover the potential effect that the closure has had on the quality of care that women and their families are receiving. It also aimed to investigate any possible inequalities that may have arisen owing to the re-configuration.

Methodology:

Healthwatch Hillingdon spoke to a total of 251 women. 198 from Hillingdon and 53 from Ealing. This included women who were currently using the hospitals maternity service and women who had given birth since the changes. We also engaged professional staff such as midwives, children centre workers and doctors. The experiences were collected via a range of methods such as one to one semi structured interviews, survey questionnaires and focus groups. Experiences were collected from women at various locations for example play groups, children centres, antenatal and postnatal clinics, other voluntary organisation programmes and from feedback collected directly at the Hospital.

Outcomes:

Our engagement revealed key themes from the feedback raised by the women and families, which included:

- An overwhelming majority of women stating that they were very happy with the care and service provision at The Hillingdon Hospital at every stage of their maternity care. With many stating that the quality of care given at the hospital is of a very good standard.
- Families were very pleased with the care and empathy provided by maternity staff. In most cases, women described midwives and doctors as informative and helpful.
- Women are very happy with the quality of information they are provided, however quite a few women said they would have preferred to have had a verbal explanation in addition to printed literature.

- Over 50% of women indicated that they were not given the choice of which hospital's maternity service they could use. In the majority of cases this was because their GP routinely referred them to Hillingdon Hospital.
- Over half of the Ealing women who we spoke to described the difficulties with travelling to Hillingdon Hospital and explained a lack of choices/facilities for antenatal and postnatal services in the area.
- From the focus groups targeting women of the BME community it highlighted the need for greater cultural sensitivity.
- The feedback also highlighted the need for language service provision for women with language difficulties.
- Some women explained the need for increased uniformity in breastfeeding information and support from all healthcare professionals.
- 60% of the 40 women who requested smoking cessation did not receive this support.
- Women received mixed experiences of the Triage services, whilst 64% of women were positive about their experiences, 17% highlighted a dissatisfaction due to rudeness of staff and the need for a reduction in labouring in triage without adequate assistance.
- Our engagement showed that the perinatal mental health service is under pressure with waiting lists rising. This was partly attributed to Ealing women being referred to the Hillingdon service instead of the Ealing service.
- Both mothers and maternity staff advised us that they felt more midwives were required.

Recommendations:

Based on our engagement outcomes we have formulated 8 recommendations to help build upon the hospital's good performance and further improve women's experiences.

We recommend that:

1. There is a review of how information is given, so in addition to receiving printed literature, women are provided with more verbal information.

2. A review is undertaken of interpreting services to support women who do not speak, or have little understanding of English, to meet Clinical Maternity Standards[1].
3. To review the continuity of care between women and their health professionals to meet the expectations of The National Maternity Review[2].
4. There is a review of the referral process between the hospital and The London Borough of Hillingdon who provide smoking cessation service.
5. The hospital considers introducing a pager system in the antenatal department to allow women the choice of waiting elsewhere during their appointments.
6. There is a review of the referral pathway for Ealing residents to the Ealing perinatal mental health service; and that the Hillingdon Clinical Commissioning Group (CCG) review the perinatal mental health service in Hillingdon to see how future provision can be met.
7. Greater informed choice be given to women concerning where they can deliver their babies.
8. Hillingdon Clinical Commissioning Group work with The Shaping a Healthier Future team and Hillingdon Hospital to review the provision of antenatal and postnatal clinics in Ealing.

[1] www.rcog.org.uk/en/guidelines-research-services/guidelines/standards-for-maternity-care/

[2] www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

Introduction

Healthwatch Hillingdon is completely independent from the NHS and the local authority. We represent the views of everyone who uses health and social care services in the London Borough of Hillingdon. We make sure that these views are gathered, analysed and acted upon, making services better now and in the future.

We exist to make health and social care services work for the people who use them.

We monitor local services to ensure they reflect the needs of the community, and where necessary, use statutory powers to hold those services to account.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

As part of a network of local Healthwatch from every local authority area in England, we are also uniquely placed to raise issues nationally through Healthwatch England.

Reports and Recommendations:

Healthwatch Hillingdon produces evidence based reports for commissioners and providers, to inform them of the views and experiences of people who use health and social care services in the London Borough of Hillingdon.

Commissioners and providers must have regard for our views, reports and any recommendations made and respond in writing to explain what actions they will take, or why they have decided not to act.

Healthwatch have a duty to publish reports they share with commissioners and providers, and their responses, in public.

Our reports and recommendations are also shared with:

- Hillingdon Health and Wellbeing Board
- Hillingdon External Services Scrutiny Committee

- Healthwatch England
- The Care Quality Commission

Maternity Project

Maternity Care in North West London has been reconfigured under the Shaping a Healthier Future programme. Ealing Hospital's Maternity Unit closed in July 2015 and it was expected that an additional 600 women from Ealing will give birth at Hillingdon Hospital's Maternity Unit in the following year. Births at Hillingdon Hospital were expected to rise due to these changes and population growth from around 4,000 a year to 6,000 by 2018. Approximately 5000 births took place at Hillingdon Hospital during 2016 – 2017. We wanted to measure the impact of the closure of Ealing maternity unit on the experience of women giving birth at Hillingdon Hospital. Healthwatch Hillingdon gathered the views and experiences of women who planned to give birth, or had recently given birth at The Hillingdon Hospital.

Our Aims:

- To determine to what extent, the closure of Ealing Maternity Unit has impacted on the experience of women giving birth at Hillingdon Hospital.
- To identify any potential inequalities that may have arisen following the maternity service reconfiguration.
- To obtain a greater understanding about the barriers and enablers that shape maternity services.
- To provide commissioners and providers with evidence based data which evaluates current maternity provision and informs future delivery.

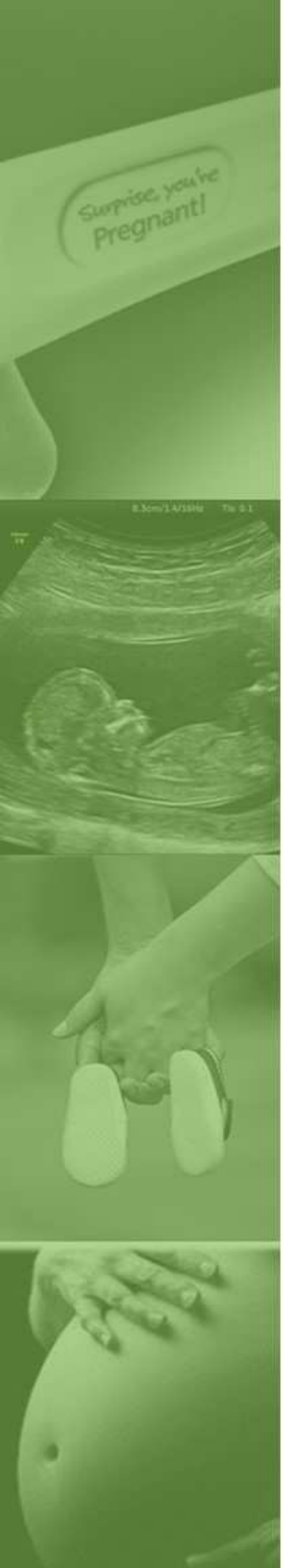
Methodology

Preliminary desk- based research was carried out to help inform the project on current maternity standards, guidelines and gathering local 'best practice'. Data was reviewed from various primary and secondary sources and included information from:

- North West London Maternity dashboard
- Friends and Family Test
- Maternity Liaison Committee reports
- Health Social Care Information Centre
- National Care Quality Commission maternity services survey
- Royal College of Obstetricians & Gynaecologists
- National Institute for Health and Care Excellence

We used a wide range of methods, that incorporated semi- structured discussions, focus groups and online surveys. These were conducted with individuals who used or were involved with the Maternity services at Hillingdon Hospital at all stages from Antenatal care through to Postnatal care. This included expectant mothers, postnatal mothers (baby 0- 6 weeks) recent mothers (baby 6weeks – 12 months), maternity staff, Children centre staff as well as families and spouses.

In total, we engaged with and collected feedback from 251 women on their experience of maternity services at The Hillingdon Hospital. The participants varied in age and ethnicity to help establish themes and trends that would be representative of the patient population. Many of the children centres within the Hillingdon Borough and 4 within the Ealing Borough were contacted to engage with the mothers that used their maternity services and/or baby group sessions. Weekly visits to the Antenatal and Postnatal wards in Hillingdon Hospital were made to collect live feedback of patient's experiences of the maternity care at the hospital. In addition to this, voluntary services, third sector organisations and charities such as National Childbirth Trust, were contacted to capture women's experiences.



Antenatal Feedback

When you first became pregnant who did you contact about antenatal care and how do you rate that experience?

46% of respondents contacted a GP to obtain information about antenatal care once they discovered they were pregnant, whilst 54% of respondents self-referred to the hospital via the online referral system. The majority of service users stated that they had a positive experience at this stage and were satisfied with the information they received describing the online self-referral process as **'straight forward'** and **'easy to navigate'**.

However, for service users that were referred to Hillingdon Hospital via their GP some highlighted the absence of hospital choice being offered with generally little information given to them by their GP. This was evidenced with 51% of respondents stating that they were not given a choice of hospitals to have their baby, many of which were GP referred.

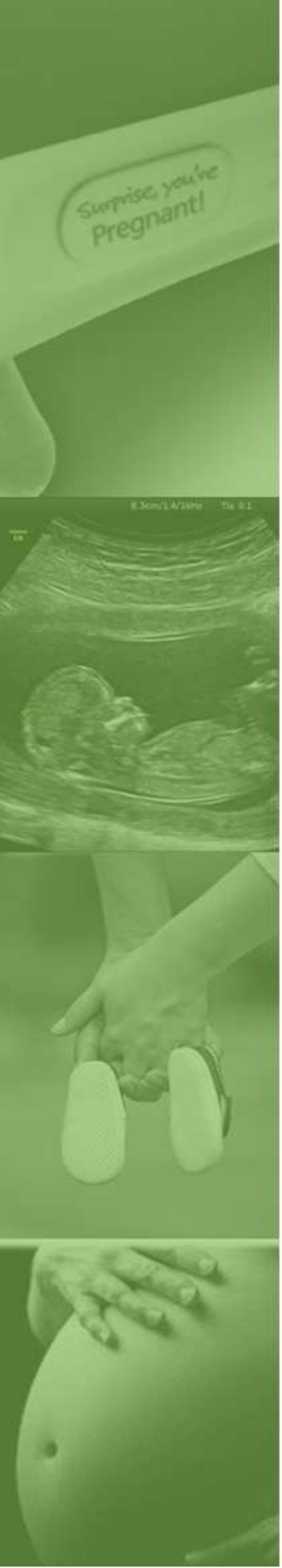
Most women elected to deliver at The Hillingdon Hospital because it was the nearest hospital to them and many previously delivered there, while a smaller number self-referred based on Hospital recommendation and reputation.

Where did you have your first 'booked appointment'?

Almost 80% of expectant mothers had their first booked appointment with a community midwife or a hospital consultant. The remaining 20% had their booked appointments with hospital midwives. When asked at which stage in their pregnancy they had their first booked appointment, 83% of expectant mothers had their first appointment within the first 12 weeks of their pregnancy. For the 16% of expectant mothers who stated that they had their booked appointment at 13 weeks or later, a large majority attributed this to late recognition of pregnancy with many stating **'didn't know I was pregnant'** and others explained that personal relocation was the cause of their late appointment. A very small number of women explained that the reason was due to a delay in receiving an appointment date by the hospital or a lack of their own availability.

Were you offered help to give up smoking during pregnancy?

In total, approximately 77% of expectant and recent mothers did not smoke therefore did not require any stop smoking support. However, for the women who did smoke only 16 were offered smoking support where 24 women were not. We found that the majority of women who



received smoking support were individuals with special medical or social care needs, that therefore needed more care. Where women did not receive smoking support, they told us it was because nobody had come back to them with further information. Whereas in other cases, conflicting information given by health professionals left women unclear about where to seek support or who to seek support from.

> "I requested for help to stop smoking and was told that I would get a phone call from the midwife that does the referrals, well that phone call never came and when I called up a few weeks later to chase this up I was told that that day was her last day before she went on annual leave so I should go to my local pharmacist to get whatever they had to help quit smoking.....this was so unhelpful and extremely unsupportive."
>
> "I was supposed to be referred to someone about stopping smoking, was waiting on the appointment but it never came. I ended up stopping on my own but a bit of support would have been nice though"
>
> "still awaiting smoking support a bit confused as to when I'm going to be seen"

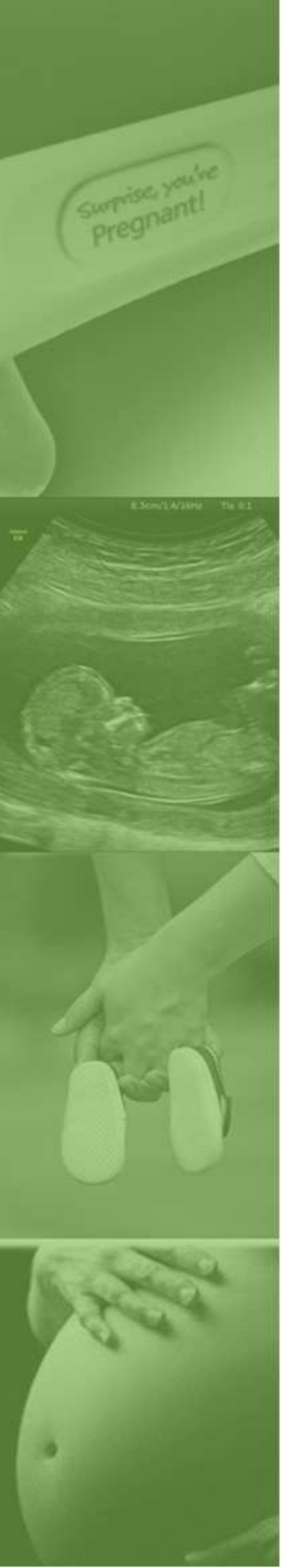
We investigated this further during our research. Women are referred by the hospital to the smoking cessation service provided by The London Borough of Hillingdon. We found that the referral process was not working as efficiently as it could be. After discussing this with the smoking cessation team and the Hospital, work has been undertaken to review the referral process and a new pathway is being developed.

During your pregnancy, did you have a named midwife or midwifery team that you could contact?

The National Maternity Review 2016 states that:

> ''Every woman should have a midwife, who is part of a small team of 4 to 6 midwives, based in the community who knows the women and family, and can provide continuity throughout the pregnancy, birth and postnatally.''

Only 55 expectant mothers of the 156 who responded to this question stated that they had a named midwife or midwifery team. For most



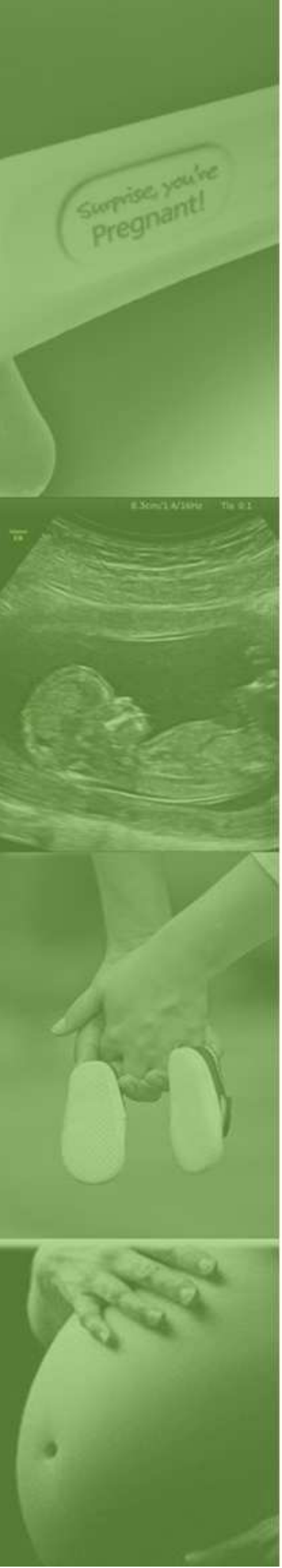
women, this did not seem to affect them as they still said the quality of care given at the hospital is of a very good standard. Where this was an issue it was stated that **'I kept getting seen by different midwives which was a little frustrating because I kept having to give my information repeatedly to each one because the information wasn't being passed on to each midwife'.**

Of the women that did contact their midwives during their pregnancy a majority reported that the service they received was **'very helpful'**. In particular, some expectant mothers with high risk pregnancies expressed that '*the staff were really helpful every time*'. Likewise, another expectant mother stated that

> 'I had gestational diabetes during my pregnancy and the team were really helpful with advising me on what to eat and what type of exercises I should be doing so that was helpful'

Did you attend birthing/antenatal/parent education classes?

When we inquired about expectant mothers' antenatal class attendance 67% stated that they did not engage with antenatal classes. The cause of this included factors, such as non-eligibility for non-first time parents, and a general lack of perceived necessity of the classes. For the 32% of mothers that did attend antenatal classes, in particular those held at The Hillingdon Hospital, mothers said that classes '*were very helpful*'.



Did you feel involved in the choices and decisions made about your care?

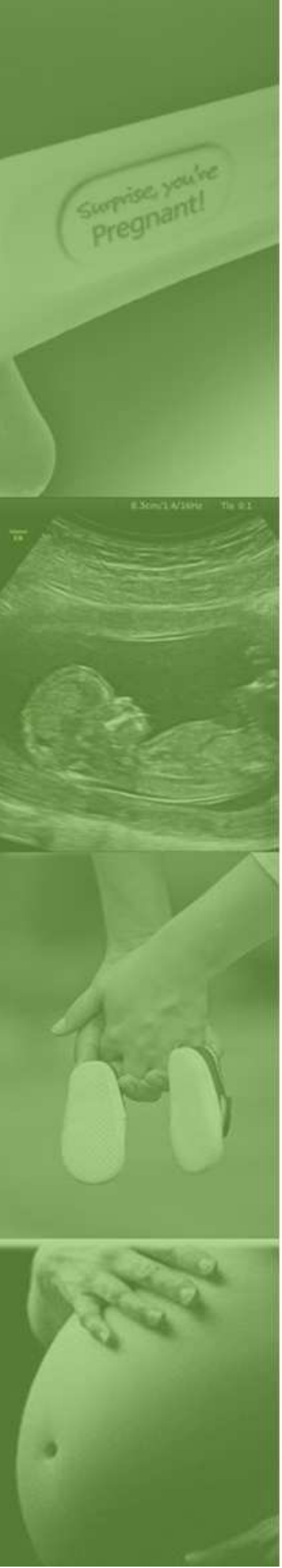
We asked mothers whether they felt that they were involved in the choices and decisions made about various aspects of their pregnancy. The table shows that across many areas expectant mothers highlighted they believed that they were involved and given a choice concerning various aspects. Though our feedback shows that expectant mothers at the hospital are being offered choices, there is more work that can be done to help ensure there is a reduction in the number of mothers who did not feel they had a choice or their choices were not adhered to.

Keeping Women Involved and giving choice	Yes	No
Where to have the antenatal classes	48	11
Where to have screening checks	145	16
The birth plan	120	39
Where to give birth	124	32
What kind of birth to have	129	32
Positions in which to give birth	122	39
How to manage the pain of labour	134	26

Please tell us what went well?

When asked about the helpful factors that made their antenatal experience the majority stated they were very happy with the overall care given by the hospital and community midwives. The Hillingdon Hospital Maternity staff as well as Children Centre staff in charge of antenatal support (such as bump and beyond practitioners). In addition to this, for women who stated that they experienced complications during their pregnancy they specified, that generally staff effectively managed and assisted them throughout the pregnancy giving appropriate support when required.

> "I developed gestational diabetes and the antenatal team were really reassuring and told me what I should and shouldn't be eating and how to stay healthy''
>
> "My wife decided that she wanted a home birth and was very happy with the antenatal care we were given by the home birth team"
>
> "antenatal care had great monitoring, I had pre-eclampsia in my previous and recent pregnancy, when pre-eclampsia symptoms started arising again they admitted me into hospital for a week…"



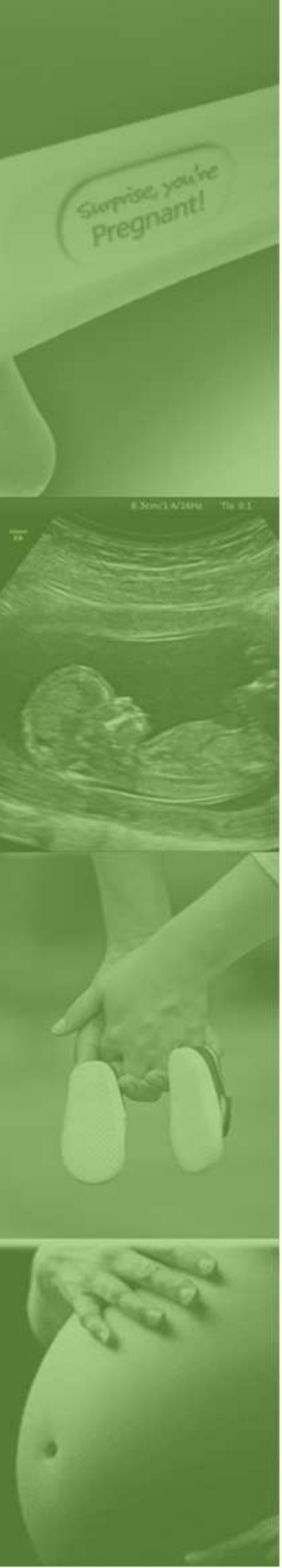
Please tell us what did not work?

Overall, Mothers expressed their satisfaction with the care provision they received. However, there were 63 mothers that expressed their dissatisfaction concerning some areas of their antenatal care service. In particular, 25% commented on excessive waiting times, discomfort and overcrowding in waiting area, 20% in a lack of consistency with health professionals seen, and 30% general lack of effective communication between patients and the hospital.

With regards to waiting times, mothers said that they are rarely seen at their appointed times, with waiting times being more than 2 hours long. In many instances mothers state that there was no communication given to them explaining the cause of the delay or providing information to help estimate waiting time.

For women who had previously delivered at the Hospital many stated that waiting times were significantly worse in comparison to their previous experience. A small minority perceived this change to be due to the influx of women following the closure of Ealing Hospital. Service users described that due to not being seen on time, there were frequent occasions that the antenatal waiting area became excessively crowded and uncomfortable due to the arrival of new appointments clashing with pending appointments. This not only had a negative impact on women's comfort but for some disrupted work schedules and/or child care arrangements. Women who required the accompaniment of a spouse, family member or friend to help with language translation - predominately Ealing/ Southall mothers - said that this often compromised their 'translator's' availability to accompany them, which meant they did not fully understand what was said to them.

> "I don't think that the structure of the antenatal care ward is right, it gets really overcrowded at times because of the long waiting times and it's hard to want to get up and go for a walk because you're scared to miss your appointment. It's a bit frustrating because after waiting hours for your appointment when you are actually seen you're only there for 10/15mins"
>
> "The amount of information I was given seemed fairly limited in comparison to some of the information my friends told me they got, I got given a lot via leaflets would've preferred being spoken to"



A problem associated with these excessive waiting times for a very small percentage of women was the decrease in their desire to attend hospital appointments as they were reluctant to dedicate a whole day for appointments.

A lack of consistency with health professionals seen by expectant mothers was shown to have a negative impact on the information given to them and their continuity of care. Mothers specified that this lack of consistency, inadequate note taking and breakdown in communication between staff caused a discrepancy with the information given to them by the various health professionals.

> "Lack of consistency with the midwives and staff that I saw so I had to repeat information over and over to different staff"

Please tell us what would have made the experience better for you?

When asked to comment on areas of improvement within the antenatal pathway (excluding the requests for a reduction in waiting times and better communication) a few expressed the desire for the hospital to incorporate text messages or alerts that notifies them when they are going to be called in for their appointments. They stated that this would provide them with the opportunity to walk around or wait in a more comfortable environment, if they wished to. Furthermore, mothers explained the desire to be given information verbally concerning issues such as birthing plans, options of pain medication, where to go for antenatal classes provision and what types of birth they could have as opposed to just leaflets. Though these documents contain the relevant information, mothers (particularly first time mothers) stated a preference of speaking through these options with their midwives. Some women explained the frustration of having to wait until subsequent appointments to discuss elements of their care and birth that they had, after reading the literature at home.

> "a lot of information was given to me by leaflets and booklets but would've liked a bit more verbal information"
>
> "would've preferred to have the various options explained to me rather than just given booklets and leaflets

Labour Care

At the start of your labour, did you contact your midwife, hospital or birth centre for advice? If yes, please tell us about your experience when you contacted them?

Mothers were asked whether they contacted the hospital triage or their midwife at the start of labour. Of the 164 responses 58.5% stated that they did and 41.5% stated that they did not. The reasons for not contacting medical advice at the onset of labour varied. A few reasons included; pre-scheduled inductions and personal decision. For the 51 women who told us of their experience of contacting triage, many stated that they had a very positive experience as triage responded to their queries in a timely manner, provided relevant information and admitting them into hospital when needed.

> "Triage were great very informative"
>
> "Triage were amazing, I came in multiple times throughout my pregnancy and they were great every time"

However, approximately 35% fed back that they were unable to access medical advice within a reasonable time- period, many saying that they were left on hold for approximately 30 minutes or more before getting through to triage. This resulted in them coming straight to the hospital. Women also spoke about impoliteness of triage staff, a lack of acknowledgement of the patient's judgement and delays in receiving medical attention.

> "pretty helpful, once I got through to them but that was after waiting on the line for about 30mins"

Though women highlighted their awareness of the current NHS pressures and increasing demands placed on staff, some felt that triage did not have the adequate resources to support them in active labour. This made some women's experiences quite challenging with 10 saying they did not feel fully supported with pain management whilst waiting in triage.

> "I had a very bad experience. I was left waiting in triage without being attended to. I was given no pain medication to assist just gas and air plus it was not very comforting when you're in labour and others around you are just there for appointments"

For a small minority of women, they believed that having a negative experience at the onset of labour had a negative impact on the rest of their maternity experience.

If you had a birth partner, were you both happy with the way they were involved with the birth? Please let us know the reason for the answer.

For women who had birthing partners present during their birth they expressed that health professionals were very efficient with ensuring that both parties were involved with the birth at every stage. 88% of respondents stated they were pleased with the level of involvement that staff gave to the birthing partners.

> "Because I was in a lot of pain I couldn't really understand everything I was told so it was reassuring that they spoke to my boyfriend and gave him the same amount of detail that they gave me so he knew what was going on with me and the baby"
>
> "They were extremely nice to him and supportive of us both"

Did you have skin-to-skin contact with your baby shortly after the birth? If no, was there a reason.

In line with NICE guidelines, 84% of women who delivered at THH had skin-to-skin contact with their babies shortly after the birth. Out of the 15% of women who did not have skin to skin contact a large proportion attributed it to delivering via caesarean section or experiencing medical complications during or after the delivery. In most cases this meant that the new born baby had to be taken away from the mother.

How do you rate the support you received in each of these areas?

Women were asked to rate their experiences on some areas of their maternity care. This included; breastfeeding advice, emotional support, food and drink and advice/ information given after birth. With the exception of breastfeeding, all areas received positive responses with approximately 70% satisfaction rate. In the case of breastfeeding, 59% of women stated that they had a positive experience and received adequate support with the breastfeeding advice given at Hillingdon hospital. Though it is evident that Hillingdon Hospital are currently providing a very good breastfeeding service we believe that some improvements can still be made. The two areas of dissatisfaction that were highlighted were firstly, the inconsistency with breastfeeding information provided by maternity staff created confusion for mothers attempting to learn how to breastfeed. This was particularly daunting for first time mothers as it left them feeling very unsettled and uncertain. Secondly engagement with some mothers, mainly first time mothers, highlighted the desire for more support provided by midwives on the postnatal wards after delivery.

> "the midwives at the hospital were giving slightly different information about how to breastfeed, however one thing that I didn't like was that I was made to overly needy because I actually wanted the midwife to stay with me for an extra few minutes to ensure that I am breastfeeding correctly. My baby latched once and then they were of, they didn't stay so I didn't get a chance to explain that breastfeeding was actually becoming extremely painful"

> "one midwife was really emotionally supportive especially because my baby had jaundice and I was really scared, she really did go above and beyond to put me at ease"

After giving birth, how did you feel about your length of stay in hospital?

Overall 67% of women were happy with their length of stay in hospital after delivery with most stating that they were *'ready to go home'* and others highlighting they were even given the option to stay longer if

they wanted to. However, 19% specified they would have preferred to stay in longer with many explaining that they felt rushed out due to limited bed space. On the other hand, 13% felt their discharge from hospital was too long with a few stating they were waiting to be officially signed off by medical professionals. Others were unaware of the cause of the delay. In quite a few instances women have self-discharged from hospital because of delayed discharge.

> "I want to be discharged but I have to wait for a doctor to sign me off. I've been waiting for hours now.."

> "we really weren't there for very long at all after I had my baby maybe just a few hours but baby and I were fine so it was perfectly fine and I was asked if I was happy to leave"

> "Midwife that was working on my discharge documents went home and didn't transfer my notes so took a total of approx. of 12 hours to finally discharged"

> "I don't feel rushed like I did with my first pregnancy. They are letting me go at my own pace"

12% of women rated their experience on the postnatal ward as poor. Some said that due to the lack of staff availability and support they preferred to be discharged home as they believed that they would receive better support at home.

Please tell us what did work?

Generally, women stated gratitude towards the Hillingdon Maternity staff for their support throughout the labour process and their empathetic care. For some women, the support of staff was the key contributor that enabled them to cope with stresses of labour. Many women highlighted that on the postnatal ward most midwives provided very good support with helping them learn how to take care of the new-born, which was particularly helpful for first time parents.

> "was meant to have a home birth but things didn't end up going to plan because my wife became very dehydrated. The home birth team were amazing, can't fault, they made the decision that we should go into hospital and everyone on the labour ward were great"

> "This was the best part of my care. From triage to delivery midwives put my fears of having a C-section completely at ease. When I told her I'd do anything she'd ask me to do but have a C-section she told me that that was perfectly fine and was extremely positive throughout"

> "I was really appreciative with the emotional support I received because, I really needed it to cope with my baby being born prematurely"

> "Staff were friendly, and I was happy with the overall experience"

Please tell us what did not work?

The majority of the 84 responses of women's experience of labour and postnatal care within the hospital were very varied. The predominant themes were, staffing levels, breastfeeding and impoliteness of staff. For pain relief 12 women said they did not feel their needs were met during labour. 15 women commented on a lack of staff on the postnatal ward saying, staff were extremely busy and rushed. They felt this compromised the quality of their care with 5 women saying that they felt alone or ignored.

> "on postnatal ward staff seemed very busy and didn't give as much support as they did during labour"

One of the biggest concerns from the 15 women who raised breastfeeding was the confusion that came from being advised differently by health professional on the ward.

> "I struggled quite a bit with breastfeeding, it became even more difficult and emotionally distressing because midwives kept giving me different information"

12 women also commented that they felt staff had been rude to them. We noted that this was equally split between triage and the postnatal ward.

It is also worth noting that a distinction was made between the service provided on the postnatal ward between the day and night staff. With a few women saying night staff were less attentive.

A few women we spoke to in the hospital felt that some members of staff that interacted with them, were slightly culturally insensitive. The focus groups we held with the BME communities in Southall and Hayes Town, for women who had given birth in the last year, also highlighted some similar insensitivities. Although small in number, these women told us that this did negatively affect their experience.

> 'I felt that my culture (eastern European) was not respected and I was spoken down to'

These women also explained that they felt there was a lack of accommodation for women who had difficulties with speaking and understanding English. Some saying they mostly used a personal translator (e.g. spouse or family member) to communicate with staff. However, once that person was required to leave the ward they felt they were unable to seek assistance until their translator returned. They also felt that due to the language barrier some staff members were hesitant in attempting to communicate with them.

Please tell us what would have made the experience better for you?

As previously stated feedback in this section is very varied and is covered in the main by the evidence previously laid out in this section. To summarise, feedback highlights that generally women are receiving very good care during labour, however, it revealed some areas that could be improved. Women and their spouse's feedback requested an increase of hospital facilities in various areas such as more staff and more amenities such as birthing pools. Patients highlighted the desire for more regular checks to reduce the amount of time that women are left unattended or kept waiting, especially in triage. For Ealing women who experienced language barriers they expressed the desire for the creation of language facilities, like those that were provided at Ealing hospital. Women also stated that they would have appreciated it if there was greater uniformity with regards to information given to women and families by members of staff.

Community Postnatal Care

Were you told who to contact if you needed advice or information once you were home with your baby?

Over 80% of women and mothers said that they had a positive experience of various areas of their postnatal community support services such as; midwifes home visit, midwives at children's centre and Health visitors. On average, women also stated having a high satisfaction rate with the standard of information and advice they received 6 weeks post-delivery.

Were you given information about the emotional changes you might experience after the birth; such as tearfulness, depression and anxiety?

With regards to perinatal mental health information provision, over 90% of women said that they had received information concerning these services in some form. However, approximately 48% of women stated that this information was given via leaflets and booklets. They said that these leaflets were included in their discharge package but staff never spoke through the information with them. For some women, this was not a problem and they were fine with this format. However, quite a few stated that they would have preferred if information was spoken through with them as opposed to merely receiving literature. Women expressed the overwhelming amount of information given in the discharge packages made it difficult to process.

Please tell us what went well?

On numerous occasions women voiced their appreciation of many services provided by children centres, as these facilities provided essential support and advice. In particular, breastfeeding support was very welcomed by women who had not felt adequately supported when they were in hospital. They expressed their gratitude of children centre staff creating sufficient time to have one to one consultations with them ensuring that women are completely supported.

> "Community support for breastfeeding was great, you can tell that the midwives at the hospital are very busy so maybe cannot

have that one on one time with you"

"The midwife that came to see me at home was great, I have been given all the help and support I needed, I'm very happy with my postnatal care"

"We were under the home birth team and had all our community care from them and they were prefect couldn't fault them they gave us all the information we needed and more"

Please tell us what did not work?

We recognise that tongue tie is rare, as it affects only 4% of new-born babies. However, 5 of the mothers we spoke to advised that the condition was not identified whilst they were in hospital and it was not until they searched for special help, after experiencing a long duration of difficultly breastfeeding, that the tongue tie was not detected. They told us that it would have been useful for information to have been given to mothers about tongue tie whilst in hospital.

The area where the most dissatisfaction was expressed was with regards to a lack of continuity of care with health professionals seen, TB vaccination and problems surrounding a lack of information and uniformity when contacting direct hospital postnatal departments. For women who contacted the hospitals postnatal ward after they were discharged home many experienced difficulties with obtaining comprehensive, uniform advice. Women explained that in some cases they were constantly being referred to different professionals without any resolve.

"when I went home I was feeling quite a lot of pain in my stitches and when I called into the hospital to ask what to do I felt that I was a bit dismissed and just told to take pain medication, like I hadn't already done that"

"I felt that the postnatal care was quite poor especially because everyone would give different information"

Some women, particularly those from Ealing, expressed their concern, and dissatisfaction, that their baby did not receive a TB vaccination at the hospital. Many had received this before at Ealing hospital and were told that this was very important due to where they live, being a high-risk area.

In addition, we found that women were being given different and confusing information about where to get the vaccination. Some were told to go to their GP, who then referred them back to the hospital. GPs were also referring women to private sector providers, advising that the vaccination was not available on the NHS.

> "my baby didn't get any BCG vaccinations and my friend who had her baby at West Middlesex did, I'm being told I have to do it privately which I really can't afford"

Though Hillingdon mothers seem content with the number of available postnatal community facility options in the borough, Ealing mothers (who delivered at Hillingdon) do not feel the same. A small minority of Ealing mothers said that they experienced some difficulty accessing what they felt to be limited postnatal community facilities within the area.

> "The only clinic that I was told was available to me for postnatal checks with a midwife was Jubilee Gardens, though the midwife there was very helpful and the appointment was fine it is still quite far for me to get to and takes me 2 bus journeys, when Ealing was open I could just walk to my appointment, which is what I did with my first pregnancy"

Perinatal Mental Health

The 2016 National Maternity Review and NHS England's independent Mental Health Taskforce stated that:

> 'There should be significant investment in perinatal mental health service in the community and in specialist care'

The 2016 National Maternity review further adds that:

> 'Maternity services should ensure smooth transition between midwife, obstetric and neonatal care, and on-going care in the community from their GP and health visitor'

Our engagement with service professionals and service users highlighted that implementing these recommendations are key to women's wellbeing during pregnancy. Patient feedback concerning the current perinatal services indicated the importance and usefulness of the perinatal services. With women indicating that the supportive service was a pivotal factor in them having a successful pregnancy.

> "Given a lot of support throughout the pregnancy which was very helpful given that I had mental health conditions. Perinatal mental health team were very supportive as well as support workers"

> "If it wasn't for Sarah Finnis I don't know how I would have gotten through this pregnancy, I had suffered a still birth a few months prior to falling pregnant again and was in a terrible mental state, I felt borderline suicidal at times and was definitely depressed, but Sarah gave me much support and techniques which helped me through it I honestly cannot thank her enough"

> "Sarah (Finnis) put on my notes that should've had a private room but it wasn't adhered to and it was really difficult hearing all the other women's babies when I didn't have mine at the time"

The quality of care and service provision received unanimous positive reviews from the mothers and expectant mothers who have used the

services. Quite a few women stated that they wanted to use the perinatal mental health service and explained that they were unable to, owing to the extensive waiting list. In most cases this would mean not being seen until post-delivery. For these women, they described the alternative option provided - Talking Therapies – however, they did not believe this provided adequate support.

> "Given that I had a history of mental health issue (depression, anxiety) I didn't like how I wasn't able to see the prenatal mental health specialist when I said I wasn't coping well with taking care of my baby, they said that they would put me on a waiting list but I never got seen, luckily I was able to find groups to go to on my own but I really don't think this was helpful at all because if it wasn't for the groups I went to I would've had an even worse time than I was already having and the talking therapies line that I was referred to was pretty useless if I'm honest."

Health professionals described the immense difficulty they have with providing a service to Ealing women, given that currently there is no clinical pathway to them. In addition, professionals stated they are seeing more women and the waiting list for perinatal services is getting longer. With no increased capacity, the pressure on the service is rising and this compromises the service's ability to adequately meet the NICE quality standards[3].

[3] www.nice.org.uk/guidance/cg192/chapter/1-recommendations#providing-interventions-in-pregnancy-and-the-postnatal-period-2

Focus Groups

In attempts to have a holistic view of the impact of the Ealing closure, we conducted 3 focus groups. These were targeted at gathering the experiences of women within various BME communities.

In total, 54 women attended the focus groups that we held. 21 women attended our focus groups targeted at Ealing women who used Hillingdon maternity services. Approximately 95% were members of the BME community. For this focus group, much of the feedback given echoed what we had previously received during our engagement programme. This included anxiousness concerning lack of BCG vaccination provision, lack of language support, wanting to receive more verbal information as opposed to only literature and around accessing the hospital. A majority of Ealing women also said they felt that there was a limited midwifery presence within their local areas. Though all were assigned children centres where they were seen by midwives, some expressed the desire to have more options.

Many of the women in this group explained the difficulty they experienced with getting to the hospital in time for their appointments due to distance and traffic. For many of the women from low income families they said that the extra travel costs were challenging. We can fully understand this frustration because during our engagement programme we experienced severe traffic delays when commuting to women in the relevant Ealing areas from Uxbridge, particularly within the Southall region.

Though many residents are aware of the no control that the hospital has concerning this issue, they explained that better thought should have been taken to understand the impact that the closure would have on Ealing women. Due to these challenges, many of the Ealing women we engaged with deemed that the closure of Ealing maternity hospital was a bad idea.

Two of our other focus groups engaged with women from the BME and Eastern European communities, totalling 26 women. During these sessions, women spoke about their personal experiences of the maternity pathway within the past 12 months, in addition to the

experiences of others within their social network and of similar ethnic origin. Approximately 60% of these 26 women expressed their dissatisfaction with what they felt were culturally insensitive statements made by maternity staff. While others stated that they felt that clinical staff were very dismissive of their views, and believed that many of their opinions weren't fully acknowledged. Some thought that this may have been because of language barriers whereas others said it was due to a lack of patience from clinical staff. Though a proportion of the feedback expressed a range of dissatisfaction amongst BME women within the Hillingdon and Ealing borough, some members did state that they received good comprehensive care from the maternity department at Hillingdon Hospital.

What professionals said……

We spoke with various healthcare professionals that work within the maternity department and children centres who engage with expectant and recent mothers. This included community midwives, breastfeeding support workers and children centre staff. We gathered their views on the impact of the Ealing closure and its effects on the service provision at Hillingdon Hospital.

Feedback from the community midwives showed that overall, they believed that the change had not affected the antenatal care provision on a community level. Nevertheless, they believed that there is an overall lack of staffing throughout the whole maternity department. In addition to this, some mentioned that because their colleagues on the postnatal ward tend not to have enough time to fully attend to women after delivery, they discover during home visits that some women are quite ill informed or lack confidence in certain areas due to limited support received during hospital stay, especially with regards to breast feeding. They described that, in the case of breastfeeding, if adequate support is not provided prior to women being discharged, if they encounter difficulties they resort to bottle-feeding. This then increases the difficulty with mother's returning to breastfeeding. Some breast-feeding support workers at children centres described experiences of supporting mothers with babies under 10 days old because some midwives had told new mothers that is where they could get support. However, some of these professionals' state that breastfeeding support for babies of that age should be given by the midwives, as children centre workers have limited knowledge and ability to provide comprehensive support and identify exceptional cases that require special intervention such as tongue tie.

Members of staff within Ealing borough children centres highlighted the inconsistency of Midwives that visit the centres increases the variation of information passed to themselves and patients. They explained the decrease in midwifery presence in South Southall and suggest that this is because of a lack of knowledge of facilities' in the area. They believed that this was triggered by the dispersion of Ealing midwives who were more knowledgeable of facilities within the area. This has resulted in a deficiency of local choices being offered to women in the Ealing borough. It was raised that before maternity facilities were a walkable distance for many Ealing based women, some women now have to take approximately 2 to 3 buses to get to their appointments which is not convenient, especially with women with other small children who have no other mode of transport. They explained that this is problematic for this group of women because a very high proportion of women in Asian communities suffer from pregnancy complications such as gestational diabetes which means they require specialist attention, and more hospital visits. In addition

to this, the travel adds additional cost to women who already have limited financial resources. They explained that a very high percentage of women that live in South Southall are from the BME community and come from low income families. Many of these women are still facing on- going immigration problems so having more transport expenses is added pressures especially given that they have no money coming in.

Area's to Note

Late Antenatal Booking

Late bookings (13 weeks or above) for women's first antenatal appointment was an area of concern identified by the hospital because of the potential risk it carries. Our research revealed that the main reason for late booking was patient availability, and late pregnancy diagnosis.

Antenatal Parenting Classes

Our engagement discovered that only 32% of women and families attended birthing/ antenatal/ parent education classes. Though the majority of the non-attendance was due to choice, many women were not eligible for these classes as they were not first- time mothers. In most cases this was not an issue for mothers however, some of those ineligible mothers expressed their desire to take up antenatal classes and felt it would be beneficial for them and their families to be able to access antenatal classes (e.g. women who have had large time gaps between pregnancies).

Choice of Provider

Though it is evident that limited choice provision is not a key issue at the hospital, evidence would suggest that more work needs to be done with GP's to ensure that women are given the information required to make informed choices.

TB Vaccination

It was brought to our attention by some women that their new-born had not been offered the TB immunisation. This was a concern to them because it had been routinely available at Ealing hospital, due to prevalence of TB within Ealing. We understand that historically The Hillingdon Hospital have not given the TB vaccination to new-borns due to the low risk of TB in the Hillingdon borough.

Now that Ealing women are giving birth at Hillingdon we suggest that the administration of this vaccine be addressed owing to the high risk of TB in the Ealing borough and bordering Hayes area.

Tongue Tie

5 mothers we spoke to advised that their child was diagnosed with tongue tie after they had left the hospital. Although this is small in number given that only 4% of new-born babies are affected by tongue tie, we feel it has a relevance. For these mothers it was a stressful time not understanding why their child was having difficulty breast feeding. These women told us that it would have been useful for

better information to have been given in the hospital about this condition and it is something the hospital may like to consider to improve women's experience.

Triage

Although women's experiences of Triage where relatively good, in comparison to other areas satisfaction rates dipped. Our report has evidenced a number of areas within Triage which if addressed will improve women's experience of maternity care.

We are aware that the hospital has already noted Triage as an area they are looking to enhance and consideration of our evidence will add to the framing of this work stream.

Conclusion

Our engagement programme has provided us with comprehensive feedback. It has given us the opportunity to hear the experiences and views of women, their families and staff, and form a conclusive understanding of our local maternity services.

Healthwatch Hillingdon would like to congratulate The Hillingdon Hospital Maternity department on the results of our engagement. Our evidence clearly shows that the maternity department is providing an excellent service. We especially want to commend them for the supportive and empathic care given to women and their families throughout their maternity pathway and their excellent skin- to- skin rates.

We believe that generally, the maternity department has effectively adjusted to the changes made by the Shaping a Healthier Future re-configuration. They have managed the transition well and as our evidence shows the care of women has not been negatively impacted during this period.

We acknowledge the work carried out by the Children's Centres. Women told us that they really valued the services and support provided to them and their families. Especially the sympathetic support given to help them with breast feeding.

We would also give a special mention to the Perinatal Mental Health Team. Our feedback identifies the excellent support they are providing and the great benefit this has been to women.

We recognise that not all women have received excellent care, some have not felt fully supported during the pregnancy and not all women have said their experience was positive. It is quite likely from our evidence, that an Ealing women would certainly argue that even if the care is good, the closure of Ealing's maternity unit has definitely impacted negatively upon their personal experience.

Engaging with women and their families about their experiences of maternity care has given us the opportunity to hear about what is important to them. We have been able to listen to their suggestions on what they would like to see change and give them the chance to tell us their ideas of how things can be done differently.

Having analysed all the information received, we have identified 8 recommendations, which we consider will help to make the maternity service even better and improve the experiences of women and their families.

Recommendations

Recommendation 1

An overwhelming number of women explained that they were happy with the amount of information they received and the time it was given. However, our engagement highlighted that a number of women would have preferred for this information to also be explained to them verbally.

- *We propose that there is a review of how information is given, so women are provided with verbal information in addition to receiving printed literature.*

Recommendation 2

We heard from women and families who have difficulties speaking and understanding English. They explained that the language difficulties caused challenges between them and health professionals with understanding and communicating information to one another, unless the women had a personal interpreter (usually a family member or friend) present.

In line with the Clinical maternity standards under The Shaping a healthier future initiative that states:

> 'During labour, birth and immediate postnatal care, all women who do not speak English or women with minimal English should receive appropriate interpreting services'

- *We recommend that a review is undertaken of interpreting services, to support women who do not speak or have little understanding of English to improve the experiences and safety of these women.*

Recommendation 3

The feedback we received showed that only 35% of women had a named midwife or midwifery team. Overall, this had little effect on the quality of the care provided, but a number of women highlighted that not being seen to by the same health professional at each appointment did impact on their experience. This was due to variances in the information they received from different professionals.

The National Maternity Review highlights that:

> 'Improving continuity of carer is not an optional luxury. If we are to improve quality, we must improve this'

- *We therefore suggest that to help decrease the variance in information that women are receiving that the maternity department review the continuity of care between women and their health professionals.*

Recommendation 4

Although we note that smoking is not prevalent amongst the women we engaged with, there were a small number of women who felt they were not adequately supported to give up smoking during their pregnancy. Evidence would suggest that the referral process between the hospital and The London Borough of Hillingdon - who provide the smoking cessation service- could be made more efficient.

- *We recommend that there is a review of the referral process between the hospital and The London Borough of Hillingdon smoking cessation service to help increase the proportion of women and their unborn child benefitting from this service.*

Recommendation 5

Women advised that one of the negatives of their experience was waiting in a crowded antenatal department, where there were not always enough seats available and waiting times could be long, without information of when it would be their turn.

- *We would recommend that the hospital consider introducing a similar pager system to that previously used in out-patients Pharmacy. This allowed patients to leave the waiting area and be called back when their medication was ready.*

  By adapting this system for use in the antenatal department, women would have the choice to wait elsewhere, which would alleviate the overcrowding and improve their experience.

Recommendation 6

Women tell us that when seen by the perinatal mental health team the service provided is excellent. We have however recorded a concern from some women that they are waiting a very long time to access the service.

We know that it is a challenge for the service to meet the high numbers of referrals with its current resource. We discovered during our research some instances where Ealing women were being referred to the Hillingdon service rather than the service provided in Ealing. We also noted that there was a lack of knowledge of the provision in Ealing and there was no pathway in place to refer to that service.

- *To manage the demand on Hillingdon's perinatal mental health services we recommend:*

  a) that there is a review of the referral pathway for Ealing residents.

  b) that in line with NHS England Mental Health Forward View that the Hillingdon CCG review the perinatal mental health service in Hillingdon to see how future provision can be met in line with NHS England Mental Health Forward View and NICE guidelines[4]

[4] https://www.nice.org.uk/guidance/cg192/chapter/1-recommendations#providing-interventions-in-pregnancy-and-the-postnatal-period-2

Recommendation 7

Highlighted in the feedback that we received, over 50% of women indicated that they were not given choices of where to deliver their baby. In most cases this was GPs routinely referring them to Hillingdon Hospital.

The Better Births Review states

> Women 'should be able to choose the provider of their antenatal, intrapartum and postnatal care and be in control of exercising those choices….'

- *We recommend that all health professionals, particularly GPs, ensure that all women are provided with the relevant information and opportunity to make an informed choice of the maternity services they wish to use.*

Recommendation 8

Our engagement revealed that although Ealing women received a good quality of care within the hospital, the satisfaction rate of their overall experience was lower than Hillingdon Women. Ealing women expressed dissatisfaction with the difficulties accessing Hillingdon hospital due to traffic, the increased distance and limited direct public transport.

Though the service they received at their antenatal and postnatal community appointments were of a good standard, Ealing women told us that the availability of clinics had reduced following the closure of the Ealing maternity department, and this was limiting their options.

- *We understand that the NHS have no control over the transportation issues that some of these women face. However, we recommend that the Hillingdon CCG work with the Hospital and the 'Shaping a Healthier Future' team to review the provision of antenatal and postnatal clinics for Ealing women, to ensure that their needs are met.*

01895 272997

20 Chequers Square, The Pavilions Shopping Centre, Uxbridge, UB8 1LN

office@healthwatchhillingdon.org.uk

www.healthwatchhillingdon.org.uk

Healthwatch Hillingdon

@HW_Hillingdon

Company Limited by Guarantee | Company Number: 8445068

Registered in England and Wales

Registered Charity Number: 1152553

To request a hard copy of this report, or in an alternative format, please contact us.

UPDATE: STRATEGIC ESTATE DEVELOPMENT

Relevant Board Member(s)	Dr Ian Goodman, Chair, Hillingdon CCG Councillor Phillip Corthorne
Organisation	Hillingdon Clinical Commissioning Group
Report author	Sue Hardy, Head of Strategic Estate Development, Hillingdon CCG Nicola Wyatt, S106 Monitoring & Implementation Officer, Residents Services Directorate, London Borough of Hillingdon
Papers with report	Section 106 Healthcare Facilities Contributions (March 2017)

1. HEADLINE INFORMATION

Summary	This paper updates the Board on the CCG strategic estate initiatives and the proposed spend of s106 health facilities contributions in the Borough.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy, Out of Hospital Strategy, Strategic Service Delivery Plan
Financial Cost	To be identified as part of the business case for each individual project
Relevant Policy Overview & Scrutiny Committee	External Services Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes the progress being made towards the delivery of the CCGs strategic estates plans.

3. BACKGROUND

In 2014, Hillingdon CCG published its Strategic Service Delivery Plan (SSDP) which outlines the local context in Hillingdon CCG, the scale of change required to deliver the Out of Hospital Strategy and the model of care that is being developed at a national, regional and local level.

The document also considers the delivery implications of this new model of care. The aim is to achieve a patient-centred and integrated system of accessible, proactive and coordinated care; but in order to implement this major change to the existing health and care infrastructure is required.

The SSDP presents detailed activity and estates modelling, focusing on the use of the existing health estate, the future space requirements and the identification of potential sites for locality based health and wellbeing hubs.

The pipeline for hubs has been identified as the following:

Hayes and Harlington: Hesa Health Centre (already operational)
Uxbridge and West Drayton: St. Andrew Park development as the preferred location
North Hillingdon: Mount Vernon Hospital site as the preferred location

To realise the benefits outlined in the Five Year Forward View, The Department of Health issued a guidance document in June 2015 titled 'Local Estate Strategies – a framework for commissioners'. CCGs were asked to:

- produce a Local Estate Strategy in partnership with local stakeholders
- establish a Strategic Estate Group

The Hillingdon Strategic Estates Group was formed in September 2015 and has met quarterly since then. Representatives from the Council, Central and North West London Trust, Hillingdon Hospital Trust, NHS Property Services, the Local Medical Council and CCG have been in attendance.

It is essential that service and estates planning are integrated to ensure that quality estate is available to deliver high quality services and make well informed investment decisions. This approach will facilitate the best use of existing property, ensure that new estate developments meet service need and enable the disposal of surplus estate.

Good quality strategic estates' planning is vital to:

- maximising use of facilities
- delivering value for money
- enhancing patients/public experiences

Local circumstances should dictate what is appropriate for local health economies. The strategy should reflect the local footprint and should include secondary and tertiary care in addition to community and primary care and include wider public sector partners in its development.

The main priority of the Strategic Estates Group to date has been to produce the draft estate strategy; this document is based on the SSDP and in addition provides an overview of all estate in the Borough used for the delivery of healthcare services and capture future investment plans of each stakeholder.

The membership of the Group and the Terms of Reference (ToR) has recently been reviewed to reflect the work required to support the delivery of the Sustainability and Transformations Transformation Plan. The revised membership and ToR will help foster greater collaboration between local government and the NHS. The aim is to develop a joint estates strategy taking account of all regeneration and service rationalisation plans, to deliver the agreed network of local hubs and GP practices, supported by the One Public Estate programme.

4. HILLINGDON ESTATE STRATEGY

The CCG is in the process of implementing the key priorities set out in its current estate strategy. An overview of the strategy was presented to the Health and Wellbeing Board in December 2016.

Below is an outline of the Hillingdon vision of how the key priorities outlined within the Five Year Forward view and the STP guidance will be addressed:

Health & Wellbeing

- Working collaboratively across health, social care and public health we will improve outcomes and reduce inequalities for our population with a focus on those with both traditional Long Term Conditions (including both physical and mental health LTCs) and emergent categories of LTCs such as pain, frailty and social isolation.
- Our coordinated programme of work will bring together our existing plans for the BCF and our Health & Wellbeing Strategy (HWBB) and engage our whole community to create a resilient population and assist people to remain independent with better quality of life for longer.

Care & Quality

- We will provide care that is safe, effective and delivered by experienced practitioners through collaborative working across health and social care services.
- We will be able to share information that improves the quality of health and social care services and that enables our population to make informed choices.
- We will deliver the best and highest quality care possible within the constraints of our local economy and the growth in demand that we are predicting.

Finance & Efficiency

- It is simply not viable to continue trying to respond to increasing demand for services, particularly at the expense of preventative action. We are committed to finding financial savings and ways to achieve better outcomes for individuals and their families through the better integration of services and by reducing demand through an increased focus on prevention and patient activation.

The SSDP had previously been developed to identify the estate solution required to support the delivery of the transformation of care and established a plan for a hub service of between 2,700 and 3,600 m^2 split over three key locations across the Borough.

The estate strategy has been further developed to include the Local Authority and primary care estate used for the delivery of health/social care and overall estate metrics on condition, market rent impacts and cost per clinic room/workstation.

Key Drivers and Challenges

- To meet an estimated increase in demand and complexity of care delivered in the community for out of hospital care across the area of 30% - 35%
- Enable a major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes
- A need to improve utilisation of the existing estate and effectively target strategic investment in new estate in locations appropriate for a Hub health care delivery model

Forecast population and demographic growth in Hillingdon suggests an increasingly diverse population.

Key points emerging from the strategic review

- The need to progress the aims of the SSDP and implement the hub strategy. Focussing investment in locations which support the out-of-hospital health care challenge at Uxbridge/West Drayton, North Hillingdon and Hayes & Harlington
- The need to secure long term premises solution for the Shakespeare Medical Centre
- The need to address poor primary care infrastructure by making sure GP practices are in the right location and in fit for purpose accommodation

Current status of strategic estate priorities

The table below summarises the projects and the current status.

Project	Status
Create an out of hospital Hub in North Hillingdon	The Hillingdon Hospital Trust has decided to progress with a planning application to create a new skin clinic on the Mount Vernon site. The planning application was approved by Committee in May 2017 and the Trust will now work with the CCG to establish how its requirements may be accommodated.
Create an out of hospital Hub in Uxbridge and West Drayton	Since the last meeting the land on the St Andrews Park development previously considered for health use has been re-marketed. A third party developer, working with the CCG, bid for the site but was unsuccessful. The CCG continues to work in partnership with Central and North West London NHS Foundation Trust (CNWL) to identify alternative site options and will also approach the new purchaser of the site, once known, to establish whether it may be interested in working with the CCG.
Building capacity for Hayes and Harlington	The CCG is working closely with Council colleagues to establish the impact of the Hayes Town Housing Zone on local health services. It has been identified that in addition to the Hub at Hesa Health Centre accommodation of between 1000m2 and 1500 m2 is required to deliver additional capacity for primary care. This requirement has been built into local infrastructure plans and the Council planning team has been successful in securing 936m2 for health use on the former Vinyl Factory site.
New premises for Shakespeare Medical Centre	Negotiations between the practice, CCG and Council are progressing well for the proposed relocation of the practice to new premises on the former Woodside Day Centre site. The indicative design and final draft Heads of Terms have been received by the practice. The Council Cabinet will now be asked to agree to proceed with a planning application for the scheme.
Yiewsley Health Centre	The CCG has been successful in securing funding to refurbish some recently vacated space at the site into additional clinical accommodation. This will create additional capacity for primary care provision at the site. A

	long term solution for the site is still being explored with the support of CNWL.
Future of Northwood and Pinner Community Hospital	NHS Property Services now has an in-house development team leading the development proposal for the Northwood and Pinner Community Hospital site which is seen as a potential key opportunity site for early delivery of a new health facility and residential development, subject to the necessary required consents and approvals. NHS PS is preparing a business case for its executive approval to commit the funds required to work up the preferred option (redevelopment of both the Northwood and Pinner Community Hospital site and Northwood Health Centre sites to include the re-provision of the health centre on the Pinner Road site) NH PS is in the process of procuring a design team and planning consultants are appointed already. Once the design team is appointed, NHS PS hopes to engage with the CCG in July/August 17 on design and floor space requirements.
Improving Access to Primary Care	The CCG continues to review the quality and capacity of primary care premises across the borough. A primary care strategy is being developed and is due to be approved by the Primary Care Board in June 2017.

Other property considerations

- Further data and property analysis on the condition of the public sector estate undertaken and being incorporated into strategic planning documents.
- A full review of the GP estate by NHS England and the CCG has been undertaken and will inform the production of a primary care strategy in summer 2017
- Conclude work with Hillingdon Hospital Trust over the next 3 months to determine the preferred site for the Hub at Mount Vernon Hospital.
- Work with the planning and property teams at the Council to close down the future health estate requirements within the Hayes Town Housing Zone.

Financial considerations

Across North West London the NHS is undertaking a review of the Implementation Business Case (ImBC) developed for the Shaping a Healthier Future Programme, including both the capital and revenue implications of the Hubs. The NWL CCG Governing Bodies in December 2016 approved the Implementation Business Case for the first tranche of capital required to deliver the Shaping a Healthier Future estates projects including the two Hillingdon Hubs and investment at Hillingdon Hospital. The document is now with NHS England for assurance and approval which is now programmed for June 2017.

Hillingdon Council, in consultation with the NHS in Hillingdon, has been collecting s106 contributions for health from residential developers where the size and scale of the housing scheme has been identified as having an impact on the delivery of local health services. Funding has been secured by the Council for investment in health premises and services in the Borough in order to help meet increased demand for health services as a result of new

development. This additional non-recurrent funding has been used to build capacity within the primary care estate and subject to the Council's formal s106 allocation process, it is proposed that any further contributions received are used to the remainder will help to offset the cost of the Hubs.

The CCG will identify the financial implications of all estate investment as part of the business case development process for each project.

5. S106 HEALTH CONTRIBUTIONS HELD BY THE COUNCIL

1. Appendix 1 attached to this report details all of the s106 health facilities contributions held by the Council as at 31st March 2017. Since the last report to the Board in March, the Council has received the final instalment of the contribution due from the development at Royal Quay, Harefield (held at H/54/343D). As at 31st March 2017, the Council holds a total of £1,178,661 towards the provision of health care facilities in the Borough.

2. The CCG has "earmarked" the s106 health contributions currently held by the Council towards the provision of the health hubs as outlined in Appendix 1. To note, two contributions held at case references H/20/238F (£31.4K) and H/37/301E (£13K) have spend deadlines within the next 18 month period. These are currently earmarked towards the provision of a new health hub in the North of the Borough. A request to allocate individual contributions towards further schemes will be submitted as each scheme is brought forward.

HILLINGDON COUNCIL FINANCIAL IMPLICATIONS

As at 31 March 2017, there is £2,386,655 of Social Services, Housing, Health and Wellbeing s106 contributions available, of which £1,207,994 has been identified as a contribution for affordable housing. The remaining £1,178,661 is available to be utilised towards the provision of facilities for health and £545,797 of these contributions have no time limits attached to them.

The s106 contribution held at H/20/238F has a time limit to spend by February 2018, which has been earmarked to the North Hub Health Scheme. There is a risk that the s106 contribution will be returned to the developer with accrued interest if it is not utilised by the spend deadline of February 2018 as per the s106 agreement.

Officers in conjunction with the CCG and NHSPS are actively working towards allocating the outstanding health contribution to eligible schemes. Funds totalling £1,143,040 are provisionally earmarked towards proposed health hub schemes as follows:

Proposed Health Hub Scheme	**Amount**
North Hub	184,884
Uxbridge / West Drayton Hub	520,593
New Yiewsley Health Centre	433,661
Pine Medical Centre	3,902
Total Earmarked	**1,143,040**

The remaining balance of £35,621 (ref H/30/276G) is yet to be earmarked to a scheme.

HILLINGDON COUNCIL LEGAL IMPLICATIONS

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

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

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

Any planning obligation must be relevant to planning and 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.

This page is intentionally left blank

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2017)
			AS AT 31/03/17	AS AT 31/03/17			
H/11/195B *57	Ruislip	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494	3,156.00	3,156.00	No time limits	North Hub	Funds to be used to support the provision of local healthcare facilities arising from the needs of the development. No time limits.
H/20/238F *72	West Ruislip	Former Mill Works, Bury Street, Ruislip. 6157/APP/2009/2069	31,441.99	31,441.99	2018 (Jun)	North Hub	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/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	North Hub	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/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	North Hub	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/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	North Hub	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)	North Hub	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/44/319D *44	Northwood Hills	117 Pinner Road, Northwood 12055/APP/2006/2510	24,312.54	24,312.54	No time limits	North Hub	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	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2017)
			AS AT 31/03/17	AS AT 31/03/17			
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)	North Hub	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/48/331E *107	Eastcote	216 Field End Road, Eastcote 6331/APP/2010/2411	4,320.40	4,320.40	No time limits	North Hub	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/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	North Hub	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	**17,600.54**	**17,600.54**	No time limits	North Hub	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. **Second instalment of £8,901.77 received towards the same purpose.**
H/53/346D *113	Northwood	42-46 Ducks Hill Road, Northwood 49987/APP/2013/1451	8,434.88	8,434.88	No time limits	North Hub	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/63/385D *129	Northwood Hills	Frank Welch Court, High Meadow Close, Pinner. 186/APP/2013/2958	10,195.29	10,195.29	No time limits	North Hub	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 for spend.
H/57/351D *	Northwood	103,105 & 107 Ducks Hill Road, Northwood 64345/APP/2014/1044	6,212.88	6,212.88	No time limits	North Hub	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
Total "earmarked " towards North Hub			**184,884.41**	**184,884.41**			
H13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Ux/WD Hub	Funds received towards the provision of healthcare facilities in the Borough. No time limits.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2017)
			AS AT 31/03/17	AS AT 31/03/17			
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	Ux/WD Hub	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/39/304C *97	Yeading	Fmr Tasman House, 111 Maple Road, Hayes 38097/APP/2012/3168	6,448.10	6,448.10	2020 (Aug)	Ux/WD Hub	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/55/347D *114	North Uxbridge	Honeycroft Day Centre, Honeycroft Hill, Uxbridge 6046/APP/2013/1834	12,162.78	12,162.78	2022 (May)	Ux/WD Hub	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).
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)	Ux/WD Hub	Funds received the cost of providing healthcare facilites within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.
H/49/283B *108	Uxbridge North	Former RAF Uxbridge, Hillingdon Road, Uxbridge 585/APP/2009/2752	624,507.94	447,149.63	2024 (Aug)	Ux/WD Hub	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.
H/58/348B	North Uxbridge	Lancaster & Hermitage centre, Lancaster Road, Uxbridge 68164/APP/2011/2711	7,587.72	7,587.72	No time limits	Ux/WD Hub	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/64/387E *136	Uxbridge North	Norwich Union House, 1-2 Bakers Road, Uxbridge. 8218/APP/2011/1853	15,518.40	15,518.40	2023 (Sept)	Ux/WD Hub	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 be spent within 7 years of receipt.
Total "earmarked" towards Uxbridge/West Drayton Hub			**697,951.28**	**520,592.97**			

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2017)
			AS AT 31/03/17	AS AT 31/03/17			
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	New Yiewsley HC	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 the provision of a new health centre facility in the Yiewsley area, 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	New Yiewsley HC	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 the provision of a new health centre facility, subject to formal allocation.**
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	New Yiewsley HC	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . Earmarked towards the provision of a new heath centre facility in the Yiewsley/West Drayton area, subject to request for formal allocation.
H/50/333F *109	Yiewsley	39,High Street, Yiewsley 24485/APP/2013/138	12,444.41	12,444.41	No time limits	New Yiewsley HC	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 the provision of a new health centre facility in the Yiewsley area, subject to formal allocation.
H/59/356E *120	Yiewsley	Packet Boat House, Packet Boat Lane, Cowley 20545/APP/2012/2848	14,997.03	14,997.03	No time limits	New Yiewsley HC	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/60/359E *121	Yiewsley	26-36 Horton Rd, Yiewsley 3507/APP/2013/2327	25,273.45	25,273.45	2023 (Jan)	New Yiewsley HC	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. Spend within 7 years of receipt (Jan 2023).
H/61/382F *128	West Drayton	Kitchener House, Warwick Rd, West Drayton. 18218/APP/2013/2183	8,872.64	8,872.64	2026 (April)	New Yiewsley HC	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. Spend within 10 years of receipt (April 2026).

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2017)
			AS AT 31/03/17	AS AT 31/03/17			
H/62/384F *128	Yiewsley	Caxton House, Trout Road, Yiewsley. 3678/APP/2013/3637	15,482.07	15,482.07	No time limits	New Yiewsley HC	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 for spend.
H/66/390D *137	West Drayton	Fmr Anglers Retreat, Cricketfield Road, West Drayton (11981/APP/2013/3307)	8,319.90	8,319.90	2021 (Sept)	New Yiewsley HC	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 be spent within 5 years of receipt.
Total "earmarked" towards New Yiewsley Health Centre			**433,660.48**	**433,660.48**			
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	Pine Medical Centre	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).
H/30/276G * 85	Townfield	Fmr Hayes FC, Church Road, Hayes. 4327/APP/2009/2737	104,319.06	35,620.80	2022 (Feb)	To be determined	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. Remaining balance to be spent by February 2022.
To be determined			**108,221.06**	**39,522.80**			
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	**1,424,717.23**	**1,178,660.66**			

This page is intentionally left blank

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE JUNE 2017

Relevant Board Member(s)	Dr Ian Goodman Councillor Philip Corthorne
Organisation	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
Report author	Pranay Chakravorti (LBH / HCCG)
Papers with report	Appendix 1 - CAMHS local transformation plan performance update.

1. HEADLINE INFORMATION

Summary	This report provides the Board with next steps in accelerating the transformation of CAMHS in Hillingdon together with an update on delivery of Hillingdon's 2017/18 CAMHS Transformation plan.
Contribution to plans and strategies	Hillingdon's Health and Wellbeing Strategy Hillingdon's draft Sustainability and Transformation Plan Hillingdon CCG's Commissioning Intentions 2017/18 Hillingdon Joint Children and Young Persons Emotional Health & Wellbeing Transformation Plan
Financial Cost	The CCG have been provided with additional resources totalling £128k to assist with improving waiting times, which has been spread evenly across 2016/17 and 2017/18. The proposal to move to a more seamless pathway through the system, will require a review of how funding can be better utilised to focus on early intervention and prevention.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

a) **notes ongoing progress towards a new approach to commissioning CAMHS services which are to be developed and are subject to approval by HCCG and LBH.**

b) **notes the current performance against CAMHS waiting times (Appendix 1)**

3. INFORMATION

This paper provides a progress update, further to the paper that went to the Health and Wellbeing Board on 14 March 2017. The intervening period has involved the Anna Freud Centre for Families undertaking several elements of their co-production programme as part of the overall CAMHS pathway redevelopment project.

Current CAMHS performance can be reviewed under Appendix 1 of the report.

Anna Freud Centre Pathway Development and Co-Production timeline:

The Board will recall the intention to commission an integrated CAMHS pathway without tiers, and that the Anna Freud Centre for Families had facilitated a strategic seminar to look at the current service model with the intention to commission an integrated CAMHS pathway without tiers. HCCG and LBH subsequently re-commissioned the 'Anna Freud National Centre for Families' to facilitate a series of co-production workshops in May and June with a summary report to be available to commissioners by end of July. The organisation will work with three service areas, to support a group of young people within each area to co-produce, with professionals; a shared vision for the development of community based crisis services locally.

A timeline of progress on these events is outlined below. Schools representatives have been invited to participate in this work - specifically to enhance the preventative aspects of a future CAMHS pathway. This follows LBH / HCCG officer attendance at the Schools Strategic Partnership Board in April requesting school engagement in development of a new pathway model.

Activity	Date	Status / Comments
Children and Young People and Learning Policy and Overview Committee Meeting	12th April	Officers from Anna Freud, HCCG and LBH presented the co-production project to Members.
Parents Engagement Forum	3rd May	Complete
Children and Young People Engagement Forum	8th May	Complete
Joint Parents and Young People Training Event	10th June	Training for effective participation on CAMHS Pathway Steering Group.
Professional Practitioners Training Event	15th June	Training for effective participation on CAMHS Pathway Steering Group.
Professionals and Young People first stage workshop on the 'End to End CAMHS Pathway'.	W/c 26th June	Anna Freud first stage outline of proposed pathway.
Delivery Seminar / Workshop on proposed pathway.	Mid-July	Wider stakeholder event outlining proposed pathway following co-production events.
Formal Anna Freud Centre report to HCCG and LBH outlining pathway proposal.	End of July	
Service Model Development based on Anna Freud Proposals	August	
Report to HCCG Governing Board and HWBB outlining recommendations.	September	

A new transformational approach to CAMHS delivery, away from tiers, will require closer alignment of programmes and budgets to achieve a more seamless pathway through the system and to move costs from high need into early intervention and prevention. In addition, NHSE continues to monitor the implementation of the existing Local Transformation Plan (LTP) as part of the CCG assurance process.

Governance

The Mental Health Transformation Board and Children and Young People Steering (CYPS) group continue to provide oversight, reporting upwards to the Health and Wellbeing Board. Both groups will review the project plan arising out of the proposed CAMHS pathway, developed from the Anna Freud Centre's pathway development work. Representatives from the Anna Freud organisation report to the CYPS on a monthly basis.

4. FINANCIAL IMPLICATIONS

The performance data in Appendix 1 outlines the ongoing work HCCG and CNWL are undertaking in reducing the waiting time backlog, utilising the 2016/17 investment of £128k provided to the CCG, £64k of which has now been allocated to the 2017/18 financial year.

The proposed new Model of Care for CAMHS will promote an integrated service, without tiers, with a Single Point of Access. The outcome of the Anna Freud Centre pathway development exercise will guide the level of funding to be allocated by organisations towards the integrated CAMHS pathway. Final proposals will come to HCCG governing body and the next HWBB for approval.

At this stage, it is not proposed to include the CAMHS projects costs within the Better Care Fund (BCF) pooled budget. Whilst our ambition remains to move to joint -procurement without tiers, the separate report on the Board's agenda is recommending that the BCF continue to focus on the development and delivery of an improved model of care for older people.

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The transformation of children and young people's emotional wellbeing and mental health services will enable more young people to access evidence based mental health services, which meets their needs. For the wider population of Hillingdon, children and young people will develop skills which will improve their emotional health and wellbeing and improve their emotional resilience.

Consultation Carried Out or Required

The 'Future in Mind team' undertook consultation across NW London, including Hillingdon, in 2015, prior to the submission of the CAMHS Local Transformation Plan. There has also been consultation with children and young people, in Hillingdon at the Youth Council, forums and through schools. A children and young people's mental health event took place in July 2016 (Fundamentals Health Event) to allow children and young people to have their say on Hillingdon services.

In 2015, Healthwatch Hillingdon undertook consultation with children, young people and families which focussed upon self-harm and was instrumental in the development of the new self-harm service.

Feedback from Hillingdon children and young people, to date, has also included CAMHS Focus groups.

Hillingdon CCG has commissioned the 'Anna Freud National Centre for Families' to facilitate a series of co-production workshops between May and July.

Policy Overview Committee comments

None at this stage.

6. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and concurs with the financial implications set out above noting that the £128k investment is funded by HCCG.

Hillingdon Council Legal comments

There are no legal issues arising out of the recommendations within this report.

7. BACKGROUND PAPERS

None.

Appendix 1- LOCAL TRANSFORMATION PLAN: CURRENT PERFORMANCE

a) CAMHS

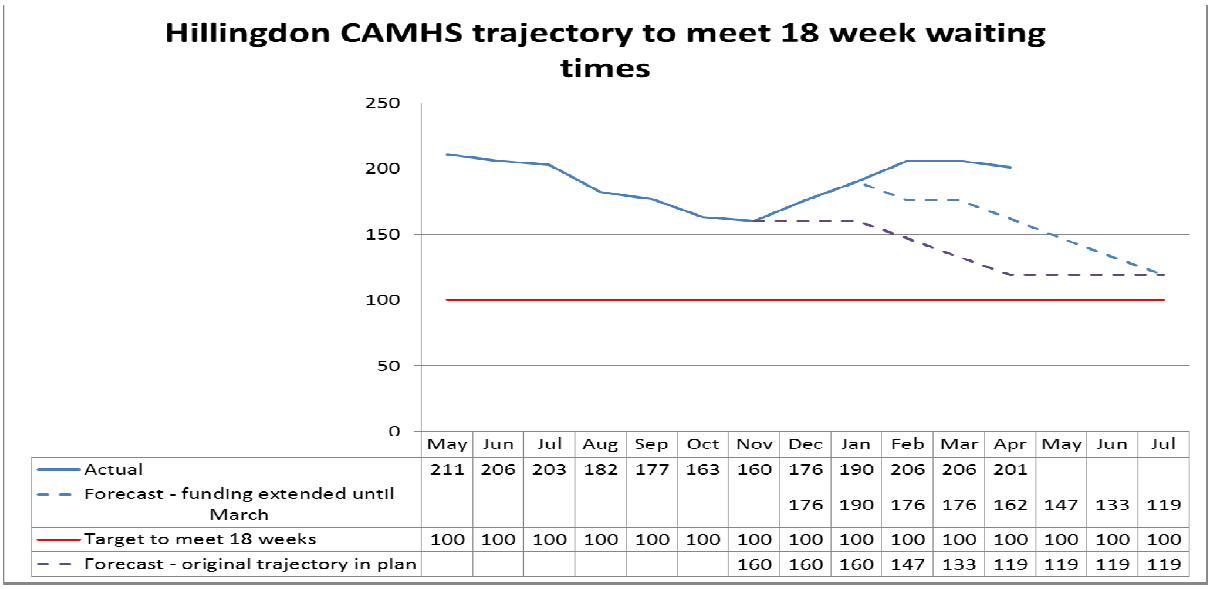
CAMHS performance via HCCG contract with CNWL - 18 Week waiting times

NHS England released funding nationally to all CCG's in 2016 to reduce waiting times for CAMHS services; this funding was not fully utilised in 2016/7 and is therefore being used in 2017/8 to further address the waiting time backlog. CNWL have submitted trajectories for reducing waiting lists with this funding and have received the following allocations. NHS England had provided HCCG with £64,000 in the first tranche of funding to be released and a further £64,000 is the second tranche as outlined below:

CCG	First tranche	Second tranche
Harrow	£53,500	£53,500
Brent	£150,000	
Hillingdon	£64,000	£64,000
Central London	£42,000	£42,000
West London	£51,000	£51,000

Since April 2016 the Hillingdon CAMHS service has been using three agency staff members, who were internally funded, to reduce the backlog of children waiting to be seen. This had successfully reduced the backlog from 211 in May to 160 in November 2016. However due to uncertainty with future funding all three agency staff members left in December 2016 and the backlog has increased since.

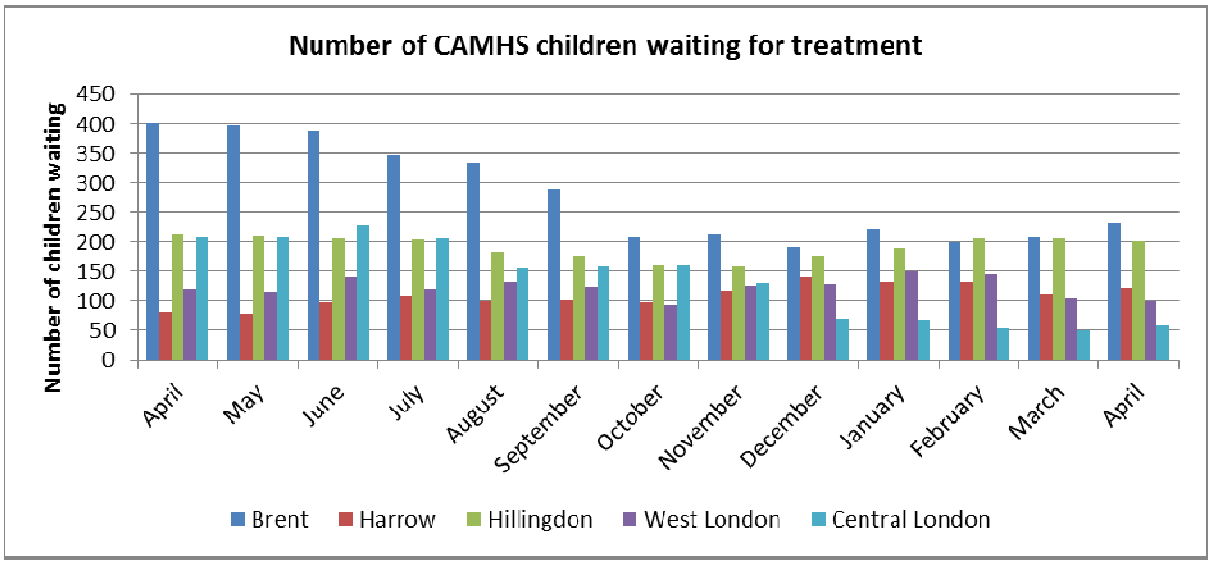
Clarity has now been received regarding ongoing usage of additional funding from NHS England which will allow recruitment to proceed. Given the time required to recruit, it is anticipated that further reductions in the backlog will not be achieved until May 2017, when all staff are in post. The table below details the original trajectory and the planned reduction anticipated upon recruitment in May. This assumes no further growth in referrals above the 14 % already seen.



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Actual	211	206	203	182	177	163	160	176	190	206	206	201			
Forecast - funding extended until March								176	190	176	176	162	147	133	119
Target to meet 18 weeks	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Forecast - original trajectory in plan							160	160	160	147	133	119	119	119	119

The revised plan continues to consider the use of measures such as on-line therapies, with licenses purchased for a 12 month period to ensure that improvements in waiting times continue past the end of the financial year.

CNWL provide CAMHS services to five London boroughs and Milton Keynes. In the five London boroughs, North West London (NWL) CCG's have set CNWL a target to treat 85% of children within 18 weeks of referral. Currently this target is not being met in any of the five boroughs. Historical demand into the service has exceeded capacity, particularly in the three outer boroughs, creating a backlog of children waiting to be seen. Referral levels have continued to increase into 2017/8 with a 7% growth across all boroughs.



b) Paediatric Eating Disorders - Performance Summary April 2017

Target Description	Target	Apr -16	May -16	Jun -16	Jul-16	Aug-	Sep -16	Oct -16	Nov -16	Dec -16	Jan -17	Feb -17	Mar -17	Apr -17
Waiting times - routine	30%	50	100	50	82	75	67	100	100	100	100	100	100	100
Waiting times - urgent	100%	n/a	80	78	25	100	67	100	100	100	100	100	100	100

c) Self-Harm

There are currently two patients in Tier 4 inpatient settings receiving treatment for self-harm. This represents a similar position to the number of patients identified in the last report. HCCG are working closely with NHS England to facilitate safe discharge of these patients when their conditions are stabilised.

Risk Management and Remedial Action for Patients awaiting treatment

	MAY			JUNE				JULY					AUGUST				SEPTEMBER				OCTOBER				
WK beginning			29	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25	2	9	16	23	30
Forecast **Assessments** based on 5 staff assessing 1 per week			*5*	*5*	*5*	*5*	*5*	*5*	*5*	*5*	*5*	*5*	*5*	*5*	*5*	*5*	5	-	-	-		-	-	-	
Forecast **Assessments** based on 2 agency staff assessing 8 per week					*6*	*6*	*6*	*6*	*6*	*6*	*6*	*6*	*6*	*6*	*6*	*6*	6	-	-	-		-	-	-	
Cumulative			*5*	*10*	*21*	*34*	*47*	*60*	*11*	*24*	*37*	*50*	*63*	*76*	*89*	*102*	*115*	-	-	-					
Actual																									
Forecast **Treatments** (2 x agency staff seeing 8 patients from treatment waiting list initially for 6 weeks)			-	*8*	*8*	*8*	*8*	*8*	*8*	*REVIEW*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2 permanent staff								*20*			-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cumulative				8	8	8	8	*28*																	
Actual																									

As of 16th May a total of 62 assessments are required for young people waiting more than 14 weeks.

The table above outlines a new strategy by CNWL to undertake assessment within 14 weeks. This is an attempt to provide lead-in time to mitigate or allow time to undertake assessments for patients who are likely to breach the 18 week NHS standard target for assessment. The CAMHS team is offering existing staff overtime during weekends and after hours to clear the backlog of assessments. The overtime budget has been authorised and this additional work will commence in June. The CAMHS teams already have systems in place for managing and triaging referrals into the service. All teams will prioritise referral and allocations based on urgency and risk presentation, as well as the length of time awaiting treatment.

In addition the CCG are considering a business case to commission the Triple P (Positive Parenting Program) for families awaiting CAMHS assessment (as a means of reducing waiting lists and providing low cost interventions earlier). This will be offered to families

already on the CAMHS waiting list, after assessment for clinical appropriateness by CNWL. Additional clinical support to the online programme will be offered to parents via trained and accredited practitioners within Hillingdon CAMHS.

BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Nikki O'Halloran, Administration Directorate
Papers with report	Appendix 1 - Board Planner 2017/2018

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 draft Board Planner for 2017/2018, 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 Board meeting dates for 2017/2018 were considered and ratified by Council at its meeting on 23 February 2017 as part of the authority's Programme of Meetings for the new municipal year. The dates and report deadlines for the 2017/2018 meetings have been attached to this report as Appendix 1.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

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 2017/2018

26 Sept 2017 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 8 September 2017 **Agenda Published:** 18 September 2017
	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: Strategic Estate Development (SI)	HCCG / LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	HCCG Commissioning Intentions 2018-19	HCCG	
	CAMHS Progress Report (SI)	HCCG / LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	

7 Dec 2017 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 17 November 2017 **Agenda Published** 29 November 2017
	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: Strategic Estate Development (SI)	HCCG / LBH	
	Hillingdon's Joint Strategic Needs Assessment	LBH	
	Local Safeguarding Children's Board (LSCB) Annual Report	LBH	
	Safeguarding Adults Partnership Board (SAPB)	LBH	
	CAMHS Progress Report (SI)	HCCG / LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman	All	

	considers to be urgent		

8 Mar 2018 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 17 February 2018 **Agenda Published:** 28 February 2018
	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: Strategic Estate Development (SI)	HCCG / LBH	
	CAMHS Progress Report (SI)	HCCG / LBH	
	HCCG Operating Plan	HCCG	
	Annual Report Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	

** SI = Standing Item*

Document is Restricted

This page is intentionally left blank