



HILLINGDON  
LONDON



# Health and Wellbeing Board

**Date:** TUESDAY, 6 MARCH 2018

**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: Housing, Environment, Education, Health & Wellbeing

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Lloyd White

Head of Democratic Services

London Borough of Hillingdon,

Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

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# Agenda

## **CHAIRMAN'S ANNOUNCEMENTS**

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 12 December 2017 1 - 8
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

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

- 5 Hillingdon's Joint Health & Wellbeing Strategy 2018-2021 9 - 16
- 6 Children & Young People Mental Health and Emotional Wellbeing Update 17 - 48
- 7 Better Care Fund: Performance Report (Oct-Dec 2017) 49 - 72
- 8 Hillingdon CCG Update 73 - 82
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- 10 Update: Strategic Estate Development 93 - 106
- 11 Board Planner & Future Agenda Items 107 - 110

## **Health and Wellbeing Board Reports - Part II (Private and Not for Publication)**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

- |           |  |           |
|-----------|--|-----------|
| <b>12</b> | To approve PART II minutes of the meeting on 12 December 2017                                    | 111 - 112 |
| <b>13</b> | Strategic Estates Report   | 113 - 116 |
| <b>14</b> | Update on current and emerging issues and any other business the Chairman considers to be urgent | 117 - 118 |

## Minutes

### HEALTH AND WELLBEING BOARD

12 December 2017

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



HILLINGDON  
LONDON

	<p><b>Statutory Voting Board Members Present:</b> Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and Douglas Mills, Dr Ian Goodman and Stephen Otter</p> <p><b>Statutory Non Voting Board Members Present:</b> Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health</p> <p><b>Co-opted Board Members Present:</b> Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Caroline Morison - Hillingdon Clinical Commissioning Group (officer) (substitute) Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) Dan Kennedy - LBH Deputy Director Housing, Environment, Education, Health and Wellbeing</p> <p><b>LBH Officers Present:</b> Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Glen Egan (Office Managing Partner - Legal Services) and Nikki O'Halloran (Democratic Services Manager)</p> <p><b>Press &amp; Public: 2</b></p>
30.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis and Ray Puddifoot, and Mr Shane DeGaris, Mr Richard Sumray, Mr Rob Larkman (Ms Caroline Morison was present as his substitute), Ms Allison Seidler, Dr Kuldhir Johal, Mr Bob Bell (Mr Nick Hunt was present as his substitute) and Ms Robyn Doran (Ms Maria O'Brien was present as her substitute).</p>
31.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 26 SEPTEMBER 2017</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 26 September 2017 be agreed as a correct record.</p>
32.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 15 would be considered in public. Agenda Items 16 and 17 would be considered in private.</p>

33.	<p><b>HILLINGDON'S JOINT HEALTH &amp; WELLBEING STRATEGY 2018-2021</b> (<i>Agenda Item 5</i>)</p> <p>It was confirmed that consultation on Hillingdon's Joint Health and Wellbeing Strategy 2018-2021 had been undertaken and the feedback had been included within the report as well as reference to a review of the Air Quality action plan which was linked to Heathrow expansion. The Strategy would help to develop performance as well as enabling partners to hold each other to account. The Transformation Group had been invited to undertake some work and this would be reported to the next Health and Wellbeing Board meeting.</p> <p>Board members were aware that a lot of work had gone into this report. It demonstrated strong alignment with the local chapter of the STP and the HCCG commissioning intentions as well as building on joint plans such as the Better Care Fund. It also illustrated examples of the Council and NHS bodies working together to bring about benefits for Hillingdon residents, such as the Council issuing 'no waiting' tickets to tackle pollution. Further consideration would need to be given to issues faced by the Council that could be alleviated by NHS partners, and vice versa.</p> <p><b>RESOLVED: That the Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li><b>1. noted the positive outcomes from the public consultation and approved the Hillingdon Joint Health and Wellbeing Strategy 2018-2021.</b></li> <li><b>2. noted the proposals to take forward performance management of the strategy through the Transformation Group and to report back to the Board at each of its meetings.</b></li> </ol>
34.	<p><b>HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT</b> (<i>Agenda Item 6</i>)</p> <p>The Joint Strategic Needs Assessment (JSNA) provided the evidence base for all other plans and strategies which meant that it would evolve incrementally over time. The document formed the backbone on which partners' understanding of issues within the Borough could be built. It was noted that in the paper, the current action plan had omitted reference to work on the musculoskeletal and respiratory needs assessments.</p> <p>Air pollution issues had a significant impact on the health of some residents in some areas of the Borough. It was suggested that issues like this made Hillingdon unique and that this uniqueness needed to be reflected in the Assessment. Furthermore, with Heathrow being such a large variable in the health of residents, consideration needed to be given to breaking away from the standard JSNA template.</p> <p>It was noted that there had been an issue of accuracy which would need to be taken into account. It was also acknowledged that care needed to be taken with regard to reading the figures in the report. For example, although Hillingdon was above the national average in relation to violent crime, it was below the London average. The data included in the Hillingdon Health Profile 2017 had been taken from the most recent Public Health Outcomes Framework so extended to 2016 only. It was agreed that more recent data, where available, would be included in future reports.</p> <p>The Work Plan at Appendix 2 of the report identified the key activities scheduled to develop the JSNA. In addition to these activities, a range of other work was being undertaken which included action around STDs, obesity, drugs and alcohol and dual diagnosis. It was noted that the key work centred around the core offer to HCCG, issues identified through the transformation work and last year's work plan. Where data collected had identified issues of real concern, associated work streams had been developed in the Borough.</p>

	<p>As the framework was developed, it would come back to the Health and Wellbeing Board so that progress could be tracked. Although national comparators were used, Hillingdon would continue to compare to its statistical neighbours, the London average, etc. This would provide a more accurate picture of the Borough.</p> <p><b>RESOLVED: That the Health and Wellbeing Board:</b></p> <p><b>1) noted the headlines from Hillingdon’s Joint Strategic Needs Assessment (JSNA) which were being considered in developing updated commissioning plans.</b></p> <p><b>2) noted the proposed JSNA work priorities (as set out in Appendix 2 of the report and subject to the inclusions agreed in the meeting) which ensured that it remained a key source of local intelligence to underpin effective service planning.</b></p>
35.	<p><b>BETTER CARE FUND: PERFORMANCE REPORT</b> (<i>Agenda Item 7</i>)</p> <p>The report covered the first two quarters of 2017/2018 and noted that Hillingdon’s Better Care Fund (BCF) Plan for 2017/19 had been approved by NHS England without conditions. Although Board members were encouraged by the work that had been undertaken to manage during this difficult winter period, it was important not to underestimate the pressures on Hillingdon Hospital and the effort that was involved in keeping the service running.</p> <p>The basis for Discharge to Assess had been agreed and the Care Connection Teams were progressing well. Early indications of improved Delayed Transfer of Care figures were encouraging. Although it was still too early to predict final outcomes, a lot of positive partnership work had been completed on discharge.</p> <p><b>RESOLVED: That the Health and Wellbeing Board noted the progress in delivering the plan during the Q1 and Q2 review period.</b></p>
36.	<p><b>PHARMACEUTICAL NEEDS ASSESSMENT 2018</b> (<i>Agenda Item 8</i>)</p> <p>It was noted that the viability of funding arrangements of some pharmacies in the Borough had concerned Board members for some time. A number of pharmacies in the Borough had signed up for the Quality Payment Scheme.</p> <p>Choosing Wisely (which had been renamed 'Prescribing Wisely') was a North West London initiative which had replicated things done elsewhere in the NHS and should not be confused with the national NHS review. Prescribing Wisely was looking to address the issue of some pharmacies filling complete prescriptions for some patients without identifying which items were actually needed. Pharmacies were now being more selective about who this service was being offered to and patients were being encouraged to manage their own medicines and book appointments online. There were 28 medication groups identified which had limited effectiveness or could be bought over the counter. It was hoped that the initiative would help to prevent patients from being as dependent on the NHS and get them to take more control of managing their own medicines.</p> <p>Prescribing Wisely had coincided with the timings for the Pharmaceutical Needs Assessment (PNA) and the national campaign. However, the national information had not been available at the start of the PNA and it was unclear what would happen with</p>

regard to the NHS national brief. It was anticipated that there would be a small financial impact on pharmacies but that there would be no impact on their viability. For example, revenue may be lost on the dispensing fees for medicine such as paracetamol which could be bought over the counter.

Concern was expressed about the lack of interoperability of systems used by GPs and Hillingdon Hospital. The introduction of a Clinical Information Exchange would enable patients to use an app on their phones within the next year or so.

**RESOLVED: That the Health and Wellbeing Board:**

- 1. agreed the final version of Hillingdon's Pharmaceutical Needs Assessment (PNA) including the recommendations and inclusion of summarised comments from the statutory 60 day consultation.**
- 2. agreed that the PNA be published in January 2018.**
- 3. agreed to delegate further amendments to Hillingdon's PNA 2018 prior to publication to officers in consultation with the Chairman of the Health and Wellbeing Board, should further changes be required.**

37.

**CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND WELLBEING UPDATE**  
*(Agenda Item 9)*

It was noted that the update received by the Health and Wellbeing Board at its meeting in September had focussed primarily on the Anna Freud report. It had been recognised that the journey to the current situation had taken too long and that update reports needed to be included on the Board agenda as a regular item. Concern had been expressed by the Board and the Council's Children, Young People and Learning Policy Overview Committee regarding the lack of continuity to help gauge progress between September and December. Although partners knew what they wanted to achieve, consideration needed to be given to what action was taken next.

The report included an implementation plan for children and people's emotional health and mental health transformation and covered the period from 2018/2019 towards 2020. It was anticipated that the transformation plan would support reducing in-patient care and improve access to evidence based care closer to home through specialist support services such as: the Community Eating Disorders Service; crisis - urgent care, emergency and out of hours service (including self harm); learning disability; and access to waiting times. Since the out of hours service had been in place, Hillingdon had become one of the best performing areas and it was anticipated that CNWL would save £1m this year which would be reinvested in services in North West London. It was agreed that the Board would receive a report at its next meeting about how this additional funding could help with the preventative work and that all future CAMHS reports should fully reflect progress made on the commissioning of the new preventative service.

A lot of work had been undertaken to reduce the waiting time and the 18 week target had now been met. Training programmes were also being developed and a green paper had been published in the previous week on the role of schools which might prove helpful. It was noted that schools were an ongoing challenge where greater engagement was needed. Improvements also needed to be undertaken to present issues back to schools so that they could then take action to address them.

It was noted that the implementation plan had been phased to deal with the crisis and high risk issues first and then the ongoing and preventative work. Ms Morison advised that she would circulate information about this work to the Board members before the

	<p>next meeting and would include an update in the report considered by the Board on 6 March 2018. Preventative work had been undertaken but was still in progress as the figures continued to rise.</p> <p>Concern was expressed that the Working Group had not met since September 2017 and that this delay would not help to progress the implementation plan. It was confirmed that Mr Tom Murphy was the Council's representative on this Group.</p> <p>The report noted that a mapping exercise would be undertaken to highlight the current provision and identify any gaps or duplication. It was suggested that, as three had already been undertaken, an additional mapping exercise would add no value.</p> <p>Mr Otter queried: how partners were improving the service; the uptake of mental health first aid training in secondary schools in the Borough; and who would be responsible for the implementation of the Healthy London Programme and where the associated budget would come from. It was noted that some action that had previously been undertaken had not been effective. Mr Zaman advised that he would investigate and organise a response to the queries raised by Mr Otter.</p> <p>Communication seemed to be at the heart of many of the issues discussed and improvements were needed. Concern was expressed that, externally, there appeared to be a lack of urgency in the actions taken. As such, more work needed to be undertaken offline to coordinate the work undertaken and relationships needed to be developed further with schools in the Borough. It was noted that there were currently three schools that were actively involved with the other schools to provide them with signposts.</p> <p><b>RESOLVED: That the Health and Wellbeing Board:</b></p> <ul style="list-style-type: none"> <li>a) noted progress to date in achieving the Transformation Plan;</li> <li>b) noted and agreed the Implementation Plan for 2018/9 towards 2020; and</li> <li>c) noted the refreshed 2017/18 Hillingdon Local Transformation Plan.</li> </ul>
38.	<p><b>UPDATE: STRATEGIC ESTATE DEVELOPMENT</b> (<i>Agenda Item 10</i>)</p> <p>It was noted that a large number of development projects in the Borough would be signed off by 17 December 2017. Although the direction of travel appeared to be positive, consideration now needed to be given to the examination of other parts of the estate where facilities were not necessarily fit for purpose.</p> <p>It was agreed that, whilst it would be important to retain a Part I report, subsequent Board meetings would also need to include a confidential report which detailed specific local challenges and opportunities to inform a fuller discussion.</p> <p>A memorandum of understanding had been developed for London Health and Care Devolution Programme between all 32 London CCGs and other national partners which included NHS Property Services. Any developments would need to be monitored.</p> <p><b>RESOLVED: That the Health and Wellbeing Board noted the progress being made towards the delivery of the CCGs strategic estates plans.</b></p>
39.	<p><b>LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT</b> (<i>Agenda Item 11</i>)</p> <p>The report set out the progress made by the Hillingdon Local Safeguarding Children Board (LSCB) during 2016/2017 and provided partners with assurance of the</p>

	<p>safeguarding work that was being undertaken in the Borough.</p> <p>It was noted that there was a requirement for the LSCB, in its current form, to come to an end. Although the Council, police and CCG were currently deemed to be statutory bodies, consultation was currently underway regarding the inclusion of other organisations such as schools.</p> <p>The Board was advised that feedback was sought regarding any action that had been undertaken but which had not added any value. It was anticipated that the more feedback received, the better the service could become.</p> <p><b>RESOLVED: That the Health and Wellbeing Board noted the content of the Annual Report and work of the Local Safeguarding Children Board during 2016/17.</b></p>
40.	<p><b>SAFEGUARDING ADULTS PARTNERSHIP BOARD (SAPB) ANNUAL REPORT</b> <i>(Agenda Item 12)</i></p> <p>The Board noted that publication of the Hillingdon Safeguarding Adults Partnership Board report had been delayed by the lateness of contributions from some members. Although the report was deemed to be acceptable, the leadership of some partners was thought to be under par. Officers had been tasked to work with the independent Chair to make improvements.</p> <p><b>RESOLVED: That the Health and Wellbeing Board noted the Annual Report and work of the Safeguarding Adults Partnership Board during 2016/17.</b></p>
41.	<p><b>HILLINGDON CCG UPDATE</b> <i>(Agenda Item 13)</i></p> <p>Hillingdon CCG had been rated as Green for the new Patient and Community Engagement Indicator (two of the five domains had been rated as outstanding and two as good). Work would be undertaken to improve the outcomes for the CCG's engagement work which had been assessed as requiring improvement.</p> <p>Work had been undertaken to support winter readiness in the Borough. This work included initiatives such as Discharge to Assess (D2A).</p> <p>The Board was advised that the redesign of Urgent and Emergency Care services in Hillingdon was a key priority for 2017/2018 and beyond. A competitive tender process had been undertaken for the provision of the service and Greenbrook had been appointed to work with the Accountable Care Partnership (ACP) to deliver the service.</p> <p>With regard to the ACP, statistics on the Care Connection Team were included in reports to the Health and Wellbeing Board. Of the 718 Patient Activation Measure (PAM) assessments that had been conducted since the H4All Wellbeing Service had started, 186 of these had improved scores indicating improved motivation and self management. Further information in relation to PAM would be included in the Better Care Fund report to future Board meetings.</p> <p>It was anticipated that the CCG budget would be tight in 2017/2018. As savings against the QIPP target were slightly behind (it was thought that 85% of the target would be achieved by year end), the shortfall would need to be made up of savings in other areas.</p>

The NHS was currently negotiating a new mandate to focus on the prevention of emergency admissions. Concern was expressed as to where this might lead the CCG and what other issues might arise. It was thought that this would add scope for flexibility and an opportunity to make a huge impact with little investment required. If patients were self-managing and signposting was in place, the focus could be on emergency admissions. However, the focus would initially need to be at the primary care level and this took longer.

North West London (NWL) CCGs were currently reviewing collaborative working arrangements. It was anticipated that there would be a reorganisation of corporate functions but that Hillingdon CCG would remain untouched or would be enhanced to ensure that local partnership working was maintained. It was noted that, at a primary care level, standards would be set for all providers and they would be monitored on their achievement. Consideration would need to be given to what action would be taken when different standards were achieved in different boroughs.

Whilst collaborative working was welcomed as it would increase purchasing power, concern was expressed regarding the impact that these changes would have on local residents and the ability to meet their needs. It was thought that it would be some time before this impact would be measurable. As GPs were seen to be trusted, retaining a strong element of local decision making would be very important.

Concern was expressed that awareness of the Primary Care Hubs was very limited. As a result of NHS England (NHSE) funding, GP service provision was now available from 8am to 8pm on Saturday and Sunday in three locations across the Borough and was available to any resident registered with a GP in Hillingdon. Communication regarding this service had initially been low key to ensure that the infrastructure that had been put in place was safe. It was noted that, as all GP records were now linked and all three sites were up and running, communications would now be more widely distributed. A London-wide communications campaign had been launched by NHSE and Healthwatch Hillingdon was undertaking a survey of patients. It was noted that the pilot had relied on patients booking appointments at the last minute (rather than well in advance) as this reduced the number of DNAs (Did Not Attend). Those residents that had used the service had had good experiences

The official launch of the Brunel Partners Academic Centre for Health Sciences had taken place on 17 November 2017. The Board praised this partnership working which comprised Brunel University, THH and CNWL and it was suggested that consideration be given to how to get the most out of the partnership and how to identify possible opportunities. Although the Partnership's Memorandum of Understanding had been focussing on the staff, action would be taken to reach out to the community regarding, for example, apprenticeships. It was suggested that information about this initiative be included in Hillingdon People.

**RESOLVED: That the Health and Wellbeing Board noted the report.**

42. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 14*)

Healthwatch Hillingdon was currently running an online survey to gather residents' views in the 'extended hours appointments' being provided in primary care. 650 responses had been received to date but more were still required.

Funding had been received from Hillingdon Community Trust to undertake a pilot of the Mental Health, Wellbeing and Life Skills programme at Barnhill Community High

	<p>School. Work had also been undertaken to set up a Young Healthwatch Hillingdon with young people aged 11 to 25.</p> <p>With regard to the concerns and complaints categories included within the report, it was suggested that further information would be helpful in future on context and to illustrate the trajectory.</p> <p>It was noted that this would be Mr Stephen Otter's last meeting as Chair of Healthwatch Hillingdon. The Chairman of the Board thanked him for his insightful contribution and for his role as a critical friend. Mr Otter noted that there would be a Healthwatch Hillingdon Board meeting held on 13 December 2017 to plan the recruitment of a new Chair.</p> <p><b>RESOLVED: That the Health and Wellbeing Board noted the report.</b></p>
43.	<p><b>BOARD PLANNER &amp; FUTURE AGENDA ITEMS</b> (<i>Agenda Item 15</i>)</p> <p>It was noted that there would be no need to receive another report on the Pharmaceutical Needs Assessment at the Board's next meeting.</p> <p><b>RESOLVED: That the Board Planner, as amended, be agreed.</b></p>
44.	<p><b>TO APPROVE PART II MINUTES OF THE MEETING ON 26 SEPTEMBER 2017</b> (<i>Agenda Item 16</i>)</p> <p><b>RESOLVED: That the confidential minutes of the meeting held on 26 September 2017 be agreed as a correct record.</b></p>
45.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 17</i>)</p> <p>The Board discussed a number of issues in relation to estate management and maintenance.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
	<p>The meeting, which commenced at 2.35 pm, closed at 4.15 pm.</p>

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

## HILLINGDON'S JOINT 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 Health Integration Sarah Walker HCCG Transformation and QIPP
Papers with report	None

### 1. HEADLINE INFORMATION

Summary	<p>This paper proposes an approach to reporting against the Hillingdon Joint Health and Wellbeing Strategy 2018-2021, which was agreed by the Board on 12 December 2017.</p> <p>It also highlights key current issue that are considered important to bring to the Board's attention regarding progress in implementing the Strategy.</p>
Contribution to plans and strategies	<p>The Hillingdon Joint Health and Wellbeing Strategy (JHWBS) and the Hillingdon Sustainability and Transformation Plan (STP) local chapter have been developed as a partnership plan reflecting priorities across health and care services in the Borough. Both are closely aligned to the North West London 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.</p> <p>The JHWB strategy encompasses activity that is underway including through various commissioning plans, the Better Care Fund and in taking Hillingdon towards an Accountable Care System.</p>
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

### 2. RECOMMENDATION

**That the Health and Wellbeing Board notes the proposals to take forward performance management of the Hillingdon Joint Health and Wellbeing Strategy, through the Hillingdon Transformation Group, and to report back to the Board at each of its meetings.**

### **3. INFORMATION**

#### **Background Information**

##### **1. Performance and Programme management of the Joint Strategy**

###### **1.1. Background**

The Board agreed the Hillingdon Joint Health and Wellbeing Strategy at its meeting on 12<sup>th</sup> December 2017 and requested that the Hillingdon Transformation Group develop proposals to offer the Board assurance that the priorities in the strategy were being implemented. It was also recognised that existing reporting requirements should be utilised so that the approach was proportionate and could be achieved within existing resources.

The Board also reiterated its ambition to have in place one overarching strategy for Hillingdon and one overall progress report. It also recognised that this will only be achieved over time, given the number of different reporting arrangements required through each governing body and onwards to NHSE such as for the STP and the Better Care Fund plan.

The transformation agenda is overseen through joint working via the Hillingdon Transformation Board, which includes the chairman of the Health and Wellbeing Board (HWB) amongst its membership. Supporting the Transformation Board is the Hillingdon Transformation Group and this is focused on programme management. Discussions at the Transformation Group provide oversight of the actions and help to streamline reporting upwards to the HWB on matters of significance.

###### **1.2. Developing Reporting**

The Hillingdon Transformation Group is monitoring progress against the five "Delivery Areas" and ten "Transformation Themes" in our local STP. As part of enhancing oversight, the Group is supporting the development of a standard, operationally-based Highlight Reports for each Transformation Theme. Once finalised and fully in place, the Highlight Reports will be aggregated into a single Progress Report for submission to the Transformation Board and HWB.

The Highlight Reports will provide a narrative update, set out strategic objectives, outline upcoming and completed project phasing, highlight risks and issues requiring discussion, and next steps. The strategic objectives include key Public Health Outcomes Framework (PHOF) indicators relevant to each Delivery Area comparing Hillingdon's position with the England average, and are aligned to the priorities of the NWL STP and Hillingdon JHWBS.

A draft version of the proposed Highlight Report was reviewed at the January meeting of the Group and felt to provide the right level of detail for the Hillingdon Transformation Group to manage operational-level delivery. The example covered the Transformation Theme of delivering Integrated Care for Children and Young People, for which key outcomes include enhancing coordination of support provided by health and social care services, improving outcomes for children and young people with long-term conditions, reducing unplanned care needs and risks of harm, and increasing vaccination rates. It also includes reducing hospital attendances and reducing the numbers of mothers who smoke, as well as improving the initiation and continuance of breastfeeding. A highlight report for this key objective could

include, under the headings above, progress updates on local vaccination programmes, the roll out of integrated community children’s clinics, asthma care services, continuity of care in maternity services, and the joint review of therapy provision. Alongside this PHOF measures would be shown including breastfeeding initiation and continuance, smoking status of mothers at time of delivery, teenage conception rates, child obesity rates, dental decay in five year olds, hospital admission and immunisation rates.

Work is continuing to develop a highlight report for each of the priority areas. The process will also take into consideration reporting covering activity by NHS and Council services as well as provision by other agencies.

Once set up, the highlight reports will assure the Hillingdon Transformation Group of delivery achievements and risks to support discussion and mitigation between stakeholders. These individual reports will then be summarised into a single overarching Progress Report which will be presented to the Hillingdon Transformation Board with a borough based account of progress, setting out red performance issues and mitigation of risks. This will be important to ensure that the HWB is able to consider the health and care system issues from a local perspective. We envisage that the HWB report moving forward would be based on the summary Progress Report containing top issues that require decision or noting at the higher level strategic Board. Toward this format, this paper sets out the current key issues below by Delivery Area and Transformation Theme as a first step in assuring the HWB of prioritisation and progress to achieving local JHWBS outcomes.

## 2. Current Key Issues

### Delivery Area, Transformation Programme and Progress Update

#### DA 1 Radically upgrading prevention and wellbeing

##### T9. Public Health and Prevention of Disease and ill-health

- A new Prevention working group is in development, which will aim to address local public social, health and prevention priorities.
- A draft public health core offer to the CCG from 2018/19 is in development.
- An updated Hillingdon Carers Strategy is being developed for consideration by the Council's Cabinet and the CCG's Governing Body.
- A draft Hillingdon Suicide Prevention Plan has been produced and a working group set up to review and move it to delivery.

##### T7. Integrated care for Children and Young People

Integrated community paediatric clinic roll-outs in the north of the borough have begun from mid-end January. Work continues to facilitate integration between services, as well as identify top-presenting LTCs to support prioritisation of the children’s agenda going forward. Additional focus is needed on vaccination programme and approach to improve immunisation rates.

**T2. New Primary Care Model of Care**

An increasing number of activities are taking place within GP surgeries to prevent avoidable attendance and admission to hospital. Linked to this is the new preventative role being undertaken by the 15 Care Connection Teams, 14 of which are now operational. The challenges posed by the expanded role within the context of a growing population with more diverse and complex needs warrant a continuing focus of attention.

**DA2 Eliminating unwarranted variation and improving LTC management**

**T4. Integrated Support for People with Long Term Conditions**

Many long-term conditions, e.g. heart disease, stroke, diabetes and kidney disease, are preventable and a key challenge is to support healthier lifestyles to reduce the number of people acquiring these conditions. Another challenge is how to encourage people to self-care should they acquire such a condition. This will help to prevent hospital attendances and admissions that are avoidable.

Dementia is also a long-term condition mainly attributed to old age and it is expected to pose particular challenges to Hillingdon's health and care system as the numbers aged 80 and over increase.

Locally, Hillingdon is implementing respiratory/COPD clinics, early diagnosis and prevention of stroke through managing atrial fibrillation and hypertension, diabetes management in the community, primary care and at home, as well as empowering patients through the MyHealth programme and patient activation measures.

**T5. Transforming Care for People with Cancer**

Testing, research and piloting of safety-netting in GP practices is underway to support improved awareness and timely, early diagnosis of cancer. This will support evaluation of screening and outreach to identify best practice. Additionally, direct access (DA) and straight-to-test (STT) pathways are being improved with to support access and maintain the high standard of care in Hillingdon. For survivors of prostate cancer, follow-ups in the community are being implemented with good initial take-up from GPs as from December, with the potential to develop community self-support models being reviewed as part of a survivorship model. New priorities for 18/19 include colorectal and lung cancers.

**DA3 Achieving better outcomes and experiences for older people**

**T3. Integrating Services for People at the End of their Life**

Implementation of the new integrated service model has been delayed due to the scarcity of skilled palliative and end-of-life care health workforce to support overnight care. Enhanced focus in this area has nevertheless seen improve access and use of the Coordinate My Care (CMC) Record, and improving coordination between existing services as part of efforts to achieve integration goals.

**T1. Transforming Care for Older People**

Integration between health partners and also between health and social care is likely to be a continuing theme. It is indicated above where integration between health and social care and/or closer working between the NHS and the Council, is contributing to meeting the needs of residents and is reflected in the BCF plan. The BCF performance report on the Board's agenda addresses the prospective next steps in the Government's integration agenda.

**DA4 Improving outcomes for children & adults with mental health needs**

**T6. Effective Support for people with a Mental Health need and those with Learning Disabilities**

A key issue that applies equally to people with mental health needs and people with learning disabilities is the development of pathways that support people into the least restrictive living environment possible. Supporting the transfer of people with autism into the community from long stay specialist hospitals is included within this.

Addressing crisis care needs to prevent frequent but avoidable attendances at A & E is also an important issue.

Hillingdon will also need to respond to the Mayor's consultation on pan-London health-based places of safety provision, e.g. those circumstances where the Police identify someone who appears to have a mental disorder and is in need of a place of safety.

Hillingdon has made progress in delivering the commitments in the Local Transformation Plan for children and young people. 14% more young people with mental health problems have been seen than last year and more of those people are being seen within the 18 week time frame. The most vulnerable Children and Young People and those in crisis are seen more rapidly and closer to home. The THRIVE model is being rolled out in partnership with all providers, schools and community groups and a network established. A fuller report is included in this meeting's agenda.

**DA5 Ensuring we have safe, high quality, sustainable acute services**

**T10. Transformation in Local Services**

Good progress has been made against the delayed transfer of care targets set out the Better Care Fund report, despite challenges of winter and increased demand affecting A&E waiting times.

Intensive work between partners to transform the hospital discharge model is underway, the results of which will be implemented during Q4 2017/18. A key outcome will be a single point of referral within Hillingdon Hospital for all discharges. More information on progress in this area is contained within the BCF report separately on this meeting's agenda.

Work with partners is also underway to address delayed transfers of care (DTCs) attributed to mental health, which represent the greatest proportion (60%) of delayed days for Hillingdon.

### **T8. Integration across Urgent & Emergency Care Services**

Hillingdon is participating in the development of a NWL wide integrated urgent care approach and in particular the rollout of the new 111 service model. The UCC has recently been re-commissioned with enhanced KPIs to national guidance and the service will continue with the current provider. New guidance encouraging greater focus on Ambulatory Care Pathways is supporting existing and ongoing local efforts in this area. Unplanned attendances to A&E are nevertheless rising, and greater community awareness to accessing earlier care and clinical guidance from GPs, nurses, and other health staff will support improved population health outcomes. The CCG held a health roadshow for 3 months September – December 2017, and has invested in extended primary care hours to support enhanced, non-emergency care access and capacity in Hillingdon.

### **Enablers**

#### **E1. Developing the Digital Environment for the Future**

Hillingdon is seeing improved access to shared care records, with the focus turning to support stakeholder organisations to use these in day-to-day operations to support personalised care. The local system is also implementing a 'Paper Switch Off' date in April to align with national guidance and NWL plans for the delivery of a paperless system. New priorities are developing plans for self-care as well as clinical decision support tools.

#### **E2. Creating the Workforce for the Future**

Work is underway to develop plans and priorities to address challenges at a NWL STP level, as well as locally, with particular recognition of workforce recruitment issues in the Heathrow area.

#### **E3. Delivering our Strategic Estates Priorities**

Separate reports are included in parts 1&2 setting out progress in developing the North of Hillingdon and the Uxbridge and West Drayton hubs together with issues regarding GP provision at Yiewsley, Hayes and Heathrow Villages.

#### **E4. Delivery of our Statutory Targets**

Hillingdon has a robust performance management structure in place that is delivering updated demand modelling as part of 18/19 operational planning.

#### **E5. Medicines optimisation**

Hillingdon has an existing and ongoing annually updated programme to assure medicines optimisation including focus on similar or identical medicines, reduce wastage and inappropriate use of antibiotics, as well as the Choosing Wisely programme, e.g. the campaign that is focused on avoiding unnecessary medical tests, treatments and procedures

## **E6. Redefining the Provider Market**

The ACP, known as Hillingdon Health and Care Partners (HHCP), is the CCG's preferred delivery vehicle for integrated care and reflects the national policy direction for establishing accountable care organisations as set out in the Next Steps on the Five Year Forward View (NHSE March 2017). HHCP is about to move into its operational phase (from April 2018). The Council continues to work with HHCP through their joint board and at an operational level to help shape the business plan, financial modelling and the model of care.

The sustainability of the local care market is an issue that cuts across all others referred to in this report. The issues are about ensuring a supply of quality providers to meet the care and support needs of residents and to also give them choice. Some key actions being taken to address this are included within the BCF plan, e.g. integrated homecare and care home development and the work being done to support care homes. The exploration of partnership working opportunities to support the care workforce is also critical to supporting the sustainability of care market.

### **Financial Implications**

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

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

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

The framework proposed will enable the Board to drive forwards its leadership of health and wellbeing in Hillingdon.

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

None.

### **Policy Overview Committee comments**

None at this stage.

## **5. CORPORATE IMPLICATIONS**

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

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

### **Hillingdon Council Legal comments**

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

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## CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE

<b>Relevant Board Member(s)</b>	Dr Ian Goodman Councillor Philip Corthorne
<b>Organisation</b>	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
<b>Report author</b>	Jane Hainstock and Judy Mace, HCCG
<b>Papers with report</b>	Appendix 1: Local Transformation Implementation Plan Appendix 2: Performance Report Month 9 2017/18

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>Good progress has been made in developing the THRIVE model as part of the Hillingdon Children and Young People's Mental Health (MH) and Emotional Wellbeing Transformation Plan. A Hillingdon Thrive Network has been established and CYP are being supported in 'Getting Help' and 'Getting More Help', through earlier and easier access to 'specialist children and young people (CYP) mental health services (CAMHS).</p> <p>Performance Improvements have been seen for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from NHS commissioned services as at M9 (December) 2017-2018. The paper also reviews the Green Paper 'Transforming Children and Young People's Mental Health Provision' published on 7 December 2017.</p>
<b>Contribution to plans and strategies</b>	<ul style="list-style-type: none"> <li>• Hillingdon's Health and Wellbeing Strategy</li> <li>• Hillingdon's Sustainability and Transformation Plan</li> <li>• Hillingdon CCG's Commissioning Intentions 2017/18</li> <li>• Hillingdon Children and Young Persons Emotional Health &amp; Wellbeing Transformation Plan</li> </ul> <p>National:</p> <ul style="list-style-type: none"> <li>• 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing' (2015)</li> <li>• The Five Year Forward View For Mental Health – report from the independent Mental Health Taskforce to the NHS in England (February 2016)</li> <li>• Implementing the Five Year Forward View for Mental Health (NHSE 2016)</li> <li>• NHS ENGLAND specialised commissioning Children &amp; Adolescent Mental Health Services (CAMHS) case for change (NHSE August 2016)</li> </ul>

Financial Cost	This paper does not seek approval for costs, the Board received the indicative proposals for 2018/19 in the December Board Paper.
Ward(s) affected	All

## **2. RECOMMENDATIONS**

That the Health and Wellbeing Board notes the progress made:

1. in implementing the Local Transformation Plan (Appendix 1);
2. in developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention);
3. in establishing the Hillingdon Thrive Network with the planned developments to support CYP 'Getting Help' and 'Getting More Help', through earlier and easier access to 'specialist CYP MH services (CAMHS); and
4. for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from NHS commissioned services as at M9 (December).

## **3. INFORMATION**

3.1. Hillingdon has made progress, with 14% more young people with mental health problems receiving help than last year, and more of those young people are being seen within the 18 week time frame. The most vulnerable Children and Young People and those in crisis are seen more rapidly and closer to home. Other NWL boroughs have commented positively on the Hillingdon local approach to Thrive; which is further ahead than in some areas.

3.2 New early intervention and prevention approaches are in place and will be monitored to ensure that they make the expected impact and support CYP and their families.

3.3. The work so far has demonstrated the breadth of provision in the Borough, some of which was not fully recognised as such up to now. The improvements in performance and feedback from the recent event with front line staff reinforces the desire to better co-ordinate activity, identify gaps as necessary and to continuously improve. Stronger governance will enable providers to be held to account for delivery. This incremental approach to improvement is felt more likely to succeed than a more substantial re-commissioning of services.

3.4 .Given the Board's formal adoption of the Thrive framework, the information within this report is framed within the 4 Thrive domains in order to provide an appropriate and consistent structure to the process of updating the Health and Wellbeing Board on the transformation of children's mental health and emotional health and wellbeing services and the associated work being progressed to establish the Thrive model in Hillingdon.

3.5. This paper updates on progress made since the last Health and Wellbeing Board Meeting on the implementation of the Hillingdon Children and Young People's Emotional and Mental Health Wellbeing Local Transformation Plan including planned developments in Getting Help/Getting More Help, further information on 'Getting Advice' and 'Getting Help' (resilience/early intervention and prevention) components of the model, new developments

planned for and performance data from 'Getting More Help' and 'Getting Risk Support' via NHS commissioned services as at M9 (December) 2017-2018.

#### 4. The THRIVE model



The Thrive domains:

**Getting Advice:** a CYP/F family have issues and need advice and support

**Getting Help:** the CYP/Family have a Mental Health issue that is likely to be helped with a goal focused intervention working with a professional

**Getting More Help:** the support required is a multi-agency intervention

**Risk Support:** CYP with a high risk but for various reasons there is not a goal focused intervention that is thought likely to help but the CYP needs to be kept safe.

4.1. Progress has been made against the four domains of the THRIVE model and as agreed in the Local Transformation Plan (Appendix 1). Achievements of note are:

#### 5.1 Thrive Components - Getting Advice and Getting Help

5.2 Our recent 'Thrive' event identified and validated existing local services working within the Thrive framework 'Getting Advice' and 'Getting Help' segments. The list of preventative services below illustrates the range of services in existence belonging in the getting advice and getting help components of the Thrive model:

- **Child and Family Development Services:** providing a range of mental health and emotional health and well-being related early learning, childcare and family development services delivered through early years centres and children's centres.
- **Health Visiting Services:** Supporting families before new babies arrive, in the early weeks following birth and during the early years by providing a range of services including antenatal visits, health reviews, parenting support and child health drop-in clinics.
- **School Nursing Services:** School health nurses work in partnership with parents, school staff, GPs, health visitors, and other agencies to protect children from serious disease, through screening and immunisation, reduce childhood obesity by promoting healthy eating and physical activity and identify health issues early, so support can be provided in a timely manner.
- **Targeted Programmes:** Meeting the needs of families by securing and providing targeted programmes of developmental activity that enable family members to develop and use enhanced personal and social capabilities in their lives, to support their progression and attainment and reduce their risk of experiencing negative outcomes. Services include the Link adolescent counselling service and targeted programmes to address risks associated with unsafe sex and alcohol and substance misuse.
- **Key-working Services:** Meeting the needs of families by providing integrated 1-1 support and challenge to enable them to overcome problems. The service provides case workers

who work with individual children and their families by consent and following assessment have a plan which is delivered and reviewed for progress against identified child and family vulnerabilities. The plan is delivered in the home, school or wider community settings. The Early Help Assessment and Team around the Family are delivered through the Key Working Service.

- **SEND Early Support Services:** providing a range of services based in the home that work in partnership with parent/carers in order to build strength and resilience and to increase the chances that disabled children, young people and their families are able to live 'ordinary' lives.
- **The Educational Psychology Services:** Supporting schools and early years settings for children and young people with severe and complex educational needs. Providing advice on the needs of children and young people who are undergoing statutory assessment in relation to severe and complex educational difficulties and working to ensure that the continuing needs of children and young people with an Education, Health and Care Plan or statement of special educational needs are met.

5.3 Work continues in order to further understand the range of services in the system that contribute, including wider voluntary and community sector providers and faith groups.

5.4 This work includes improving the specification and coordination of these services within the overall context of the Thrive model. It will also enable the strengthening of the Thrive model by enhanced specification of preventative services or informed commissioning to address gaps. Plans in place to address gaps identified in the 2017 LTP are described below

### **2018/19 Developments - Digitally based support**

5.5 Hillingdon Link provides a highly valued face to face counselling service for young people that is easily accessed (self and other referral into the service). The service is particularly important for those whose needs indicated that direct contact with a counsellor would best meet their needs.

5.6 To complement the work of Link, and other counselling available through the schools community, based on the experience and information from other boroughs we are piloting an online counselling, support and advice service for 11-19 year olds to “test the concept” 2018-19 for one year.

The proposed model includes offers:

- An online “drop-in” service
- Sign posting and advice for emotional health
- Peer support
- 1:1 online counselling for 6-8 online sessions provided by recognised British credited Counsellors
- Liaison and integrated working with the local specialist service, MASH and other relevant services for crisis and safeguarding issues
- Working closely with local children and young people’s emotional and mental health services to enable smooth transfer to other services as required.

5.7 This service will be “tested” for outcomes and collect performance indicators, including:

- Safety and impact on other services of the pilot
- Value for money (effective, efficient, economic)

- Improved health outcomes
- Gender
- Age

5.8 There are 4,500 Hillingdon 16 to 19 year old residents attending Uxbridge and Harrow College as well as 2,500 young people from Harrow. The College is keen to work together to provide online service for their CYP and have made an internal bid for funding. The London Borough of Harrow has confirmed that they will financially contribute to the service, which will enable all students to benefit.

5.9 In line with NH S governance and procurement processes the aim is for the service to be operational during Q1 (April-June) 2018.

5.10 The current 'CYP MH Green Paper' Consultation recognises the current challenges faced by health, care and education system and is seeking views on proposed developments including increased support to Schools via new 'Mental Health Support Teams,' piloting a waiting time target of 4 weeks and management and funding arrangements for joint teams. The consultation is expected to report in September 2018. Funding for the proposals is dependent on the Spending Review.

5.11 As a stepped approach and until funding becomes available we are providing training for schools to begin to develop expertise/champions. Linked with the telephone help line and MDT Webinar we aim to increase knowledge and skills.

### **Mental Health First Aid Training to schools**

5.12 Two schools have been identified as "host" schools for the training. The training is taking place in the Summer Term 2018.

### **Young MINDs Practitioner Training**

5.13 'Young Minds' Practitioner training events for schools, based on advice from Schools Leads, are booked to take place in the Summer Term 2018. There are five all day events providing:

- awareness of emotional health for 25 leads,

Building resilience and supporting children and young people. Two sessions for early years for 50 leads and two sessions for secondary level for 50 leads

## **6. Thrive Component - Getting More Help update**

6.1 When considering services within this segment of the Thrive model, it is important to note that the service functions in question may not be exclusively related to children and young people's mental health and emotional health wellbeing but instead contribute to the securing of good emotional health and wellbeing outcomes. These include services such as Health Visiting and wider 0-5 / early years services in general whereby practitioners promote and enable emotional health and wellbeing as part of their core child and family development work.

6.2. As set out in the Transformation Plan, an event was organised for 31 January to explore the role of existing CYP services. It concluded that many straddle the different Thrive

segments. The event also enabled a fuller understanding of the nature and volume of preventative services in the system including those that play a preventative role in a manner that may not be defined as a 'CAMHS' service but nonetheless make an important contribution to the overall pathway and Thrive model. A number of services within 'Getting Help' and 'Getting More Help' segment of the model are described below. They include proposed new developments as well as services already in place. The transformation process will continue to identify the full range of services within this component. They will be validated as part of the Thrive framework and provision coordinated through the newly created Thrive network. The network will also provide the opportunity to keep partners updated about the new services and ensure they are embedded and aligned alongside existing services.

### **Child Wellbeing Workers**

6.3 CNWL has secured investment for 2 whole time equivalent (wte) Child Well-Being Workers to "test" the optimum model of providing support to schools and the wider community. These two posts are for one year and recruitment is underway. At this point we do not have a start date but managers are aiming for them to be in post by May 2018. In order to maximise the roles and to raise awareness the local team are identifying the localities (schools and primary care) who use services to ensure the post holders can be targeted and improve local knowledge and optimise support to get best value for Hillingdon residents.

### **The Gateway (single point of referral)**

6.4 The 'CNWL Gateway' is being rolled out in the local specialist CYP MH services from mid-January, once fully operational it will provide a centralised administration hub for referrals to specialist core CYP Mental Health Service. This was put in place to improve productivity and throughput because it was recognised that some clinical interpretations of criteria resulted in inconsistency for children and families.

6.5 As part of the Gateway we are testing the potential to introduce a telephone help line for schools and GPs to access advice. Planning is at an early stage and is technology dependent.

### **Integrated clinics**

6.6 Based on learning from general paediatrics we will "introduce" regular Multi-Disciplinary face to face seminars / webinars for schools and GP's, to enhance shared learning and to build a network across the Borough. The MDT will be advertised to schools and GPs and followed up by more targeted approaches to schools and practices through routine training and networks. The frequency of the webinars will be determined based on the learning from the paediatric MDT. To be operational from June 2018, technology dependent.

## **7. Thrive component: 'Getting Risk Support' and 'Getting More Help' Performance update**

7.1 There have been achievements in supporting and treating the most vulnerable Hillingdon Children and Young People and those in crisis; earlier and closer to home through the introduction of North West London services (Community Eating Disorder, Crisis and Liaison Service) and Local services (Learning Disability, Out of Hours and Complex Case Team) and the remodelling of specialist CAMHS community capacity.

7.2 The 18 week waiting list target (85% of referrals receive 2 interventions in 18 weeks) was achieved in M8, November and M9, December 2017 (Slides 2&3). Achieving this target with a 14% increase in referrals proved challenging.

7.3 Reviewing the available data and prevalence of Mental Health issues it is expected that activity will continue to increase through the remainder of 2017/18 and forward to 2020/21. Discussions are taking place about the changes needed within the CNWL service and the wider system to sustain the target going forward.

7.4 Routine recording of the outcome of treatment dipped to 50% in M9, December 2017. The dip in performance was due to a combination of staff sickness, annual leave and family holidays. A review of the cases that chose not to attend follow up appointments is underway to identify the reasons and determine any actions that need to be considered going forward. Managers anecdotally report an improvement in M10.

7.5 Hillingdon Children and Young People continue to utilise the new North West London specialist services (Appendix 2 - Slides 2, 5 & 6).

7.6 Future in Mind laid out the expectation that in order to respond to the prevalence of Mental Health issues within the CYP population, the percentage CYP seen within Community Mental Health services needs to increase from 25% to 35% by 2020/21. Only those CYP in receipt of NHS funded services can be included within the numbers. The 2016/17 % increase target for achieved and the recently reported quarter 2 2017/18 position is being validated.

## **8. Thrive component: 'Getting Risk Support'**

### **NHSE commissioned services**

8.0 The introduction of specialist community based services (Community Eating Disorder Crisis and Liaison/ out of hours services) has supported the reduction in length of stay in NHSE (tier 4) bed based services (slide 9 Appendix 1). This reduction this has produced an NHSE saving of £1m across the North West London footprint. These savings are being reinvested by NHS England in the Crisis and Liaison services which go live on 1 April 2018 will operate 24/7; providing short term interventions and support. This service will have a hub situated in Hillingdon. The new specialist community services straddle the Getting More Help and Getting Risk Support segments.

### **CYP Liaison and Diversion & Child Sex Abuse Hub Development**

8.1 Two new 'Getting Risk Support' services, Young offenders CYP Liaison and Diversion and a NWL Child Sex Abuse Hub (CSA Hub) are being set up. Performance data is expected to be available from the CYP Liaison and Diversion service by the end of 2018/19, the timeline for the CSA Data is not yet confirmed.

8.2. Good progress has been made with both services, an additional full time 'CAMHS' (1wte) post is being recruited to by CNWL and will be based in the Youth Offending Service (YOS) team to establish the CYP Liaison and Diversion Service. Specialist training needs for the wider YOS team identified by the needs assessment are being sourced and include: Trauma, Cognitive Self Change Motivational Training, Mental Health and Autism awareness training.

8.3. Hillingdon is leading on the development of a NWL Child Sex Abuse Hub. The service model introduces a central location for clinical examination and specially trained Case Workers to provide emotional one to one support for the child/young person and their families/carers. The Case Worker will support the child and family/carers in the community, at a place chosen by the child, young person and family

8.4 Procurement is underway for the Case Worker training Programme and the Hub is expected to be operational in September 2018.

## **9. Mobilising Hillingdon Thrive**

9.1 The Hillingdon THRIVE event (31 January) brought together a range of service providers and service users, establishing a network of delivery services and explored how their services “fit” within the framework.

9.2 As ‘tweeted’ by someone attending the session ‘Hillingdon Thrive is Live’ and the picture below gives a flavour of what is happening.



9.3 Going forward the network will:

- Operationalise the transformation of children and young people’s emotional, mental health services
- Be a mechanism to improve co-ordination of services and service responses e.g. SMART transition between services.
- improve communication between and about organisations and teams
- provide opportunities for learning and skilling the workforce

9.4 Improving outcomes for CYP and their families as well as support professionals in the work they do with CYP and families.

9.5. The event highlighted that as expected there is a high number of services provided at the preventative and early intervention level (Getting Advice, Getting Help), than at a high more complex level (Getting More Help, Getting Risk support) and confirmed that the services being procured will complement existing provision.

9.6. The Hillingdon Thrive network will meet bi-monthly and have a wide membership including local parent/family support groups to ensure that the voice of Hillingdon CYP and their families are embedded and that work continues to be co-produced.

## **10. GOVERNANCE**

10.1 To support the approach set out in the Transformation Plan the proposed governance arrangements are:

- **A Hillingdon THRIVE** network leading the operational implementation of the framework with membership from the range of commissioned service providers and the system commissioners. The network improves communication, integrates and co-ordinates provision and supports innovative approaches
- **A Strategic Commissioning Group** with membership from the Council, CCG and Schools. This will utilise incidence prevalence data, plan, commission and monitor performance. Reports to:
- **The Children Strategic Transformation Group which** has a joint membership from the Council, CCG, Healthwatch Hillingdon, and wider membership relating to CYP services. This group reports to the Hillingdon Transformation Board and upwards to the Health and Wellbeing Board.

10.2. To drive the agenda forward and to continue a dedicated focus the CCG is recruiting a Children and Young People Mental Health & Emotional Wellbeing Programme Lead for a two year fixed term period (4 days a week). The recruitment process timetable starts at the end of January, this timeline sees someone in post during May 2018. The CCG will continue to employ an interim to maintain the dedicated work until May 2018.

10.3 The Hillingdon Thrive network and strategic commissioning group replaces the functions of the current CAMHS steering group.

## **11. GREEN PAPER CONSULTATION**

11.1 The Government has signalled the potential of additional investment via the autumn spending review to improve Children and Young People Mental Health and Emotional Wellbeing particularly the early intervention and prevention support available within schools and colleges. The Green Paper was published on the 7 December 2017 and seeks views by 2 March 2018 on the proposals. These focus on increasing support to tackle early signs of mental health issues through schools and colleges by:

- Incentivising every school and college to identify a Designated Senior Lead to oversee mental health and wellbeing to provide rapid advice, consultation and signposting.
- Funding new Mental Health Support Teams jointly managed by NHS Schools and Colleges; supervised by NHS staff. The teams will enhance capacity for early intervention and ongoing help for mild to moderate needs.
- As Support Teams are rolled out pilot areas will “test” a four week waiting target aiming to reduce waiting times by 2022/23

11.2. Local discussions to date on this have supported the approach as the gap in this area is recognised locally and across the North West London Footprint. Concerns have been raised as to how a joint managed arrangement across the complex education system would work effectively. The consultation encourages individuals as well as organisations to respond.

## **12. FINANCIAL IMPLICATIONS**

This paper does not seek approval for costs. The Board noted the indicative funding for Hillingdon's Children and Young People Mental Health and Emotional Wellbeing Local Transformation Funding at the December 2017 meeting.

## **13. EFFECTS ON RESIDENTS, SERVICE USERS & COMMUNITIES**

**The effects of the plan.** The transformation of services that provide emotional health and wellbeing and mental health services relate to the total child and young people population and their families/carers in Hillingdon. They also impact on the wider community.

**Consultation** has been presented in previous papers and will be referred to as relevant throughout this paper.

## **14. BACKGROUND PAPERS**

Previous papers to the Board  
Appendix 1: Local Transformation Plan  
Appendix 2: M 9 Performance Report

Implementation Plan 2017 Q3 to 2018/19

\*CCG clinical commissioning Group \*\* London Borough of Hillingdon. All relevant work streams are and will continue to be co-produced with children, young people and their families / carers. NOTE Consider Trajectories for work streams with time lines.

Priority 1 THRIVE – redesign the system from tiers	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<b>Actions:</b>							
1 THRIVE modelling to identify: 1. Full scope of current provision across partners based on THRIVE Framework 2. Gaps, what needs to change : define the “To –Be” 3. Action planning	CCG* with LBH **	THRIVE Map key stakeholders CAMHS Users Schools early years Specialist services e.g. YOS, LAC Third sector, Voluntary and religious organisations.	Map and confirm across the borough: What is already being provided across the THRIVE framework Gap analysis.	Design and agree actions Map and plan implementation of model  Model estimated numbers across THRIVE re capacity: contract variation or commission to fill gaps where funding is available	Implementation	Implementation  Publication Communicate Model  Addendums to relevant contracts	By the end of 2019:  THRIVE model is in place and working across the system and is recognised as framework in Hillingdon
2. Integration: what where and how	CCG and LBH			As part of the modelling identify integrated models	As part of implementation above		As part of the THRIVE Model services will be integrated where it makes sense to families C&YP <sup>1</sup>

<sup>1</sup> C&YP – children & young people

2 Continue to reducing stigma Labelling and messaging – avoid labelling	CCG with LBH	Continue to work across communication teams to build positive emotional health & wellbeing messages across Hillingdon		From the above workshop plan identify current gaps/issues and disseminate messages			Children’s emotional and mental health have parity of esteem with physical health.
4. “Yearly review workshops” – to critically review and identify service across THRIVE with key stakeholders including children young people and their families/carers/ first date Q1 2019	CCG with LBH	Set dates. Agree stakeholders. Book venues for September 2019	Send out invites. Plan presentation: What’s been progress, what’s planned?	Deliver Review workshops 1	Develop plan to resolve gaps.		Developments and progress will be held to account by key stakeholders and users.
5 Agree system wide performance score card	CCG and LBH	Scope score card and KPI’s	Agree score card and leads responsible for monitoring and system	Implement new score card			There will be an agreed score card across the system that informs progress and issues

Priority 2 Access	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<b>Actions:</b>							
3 Stream line referral process, with appropriate sign posting. Supporting C&YP and their families to receive the <i>“right help at the right time”</i>	CCG	Scope and plan SMART referral and sign-posting system		Implement model	Monitor		There will be a SMART referral and sign posting system making referral simple with sign posting for these requiring alternative services.
4 Scope the model of Single Point of Access/ Referral, capacity, viability and cost	CCG with LBH	Model scoped with options appraised	Map and plan implementation of preferred option	Establish project plan for implementation based on agreement of options. Cost analysis.	Implement	Implementation/ monitoring	By 2019 there will be one route into Specialised CAMHS services
5 Continue to reduce waiting times for specialist CAMHS. <ul style="list-style-type: none"> <li>All referrals are screened by duty senior clinicians on the same day for urgency</li> <li>Clinically urgent are prioritised and progressed to the complex care element of the service for urgent response.</li> <li>Urgent response times: <ul style="list-style-type: none"> <li>2 hours</li> <li>24-48 hours</li> <li>2-3 weeks</li> <li>Non-urgent 85% to be seen within 18 weeks.</li> </ul> </li> </ul>	CCG and LBH	Maintain referral targets	Maintain referral targets	Maintain referral targets  Determine proposed waiting times across THRIVE and agree data collection fit		Work to continue to reduce the waiting time targets, across THRIVE	Waiting times consistently within targets. Sufficient capacity in work force to meet need across THRIVE

<p>6 Online Support &amp; Technology CCG Technology Solutions working with LBH Lead Officer will develop a tailored, interactive website covering local CAMHS provision.</p> <p>Ref: LTP 2018 On line support and technology to work jointly to ensure an interactive web site for CAMHS provision and the Introduction of monthly webinars led by specialist clinicians to support primary care and schools and other community based practitioners.</p> <p>Using existing sites: Provider KISS Local Offer</p>	CCG and LBH	<p>Implement quick wins e.g. NHS recommended web sites and apps and other local CCG systems.</p> <p>Identify if funding stream available</p>	<p>With LBH and CCG communication teams develop local site.</p> <p>Link with other local CCG's where appropriate.</p>	Test	Implement	Communication/ launch	By 2019 there will be the foundation of a matrix of electronic provision – across THRIVE
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Priority 3 Workforce Training	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<b>Actions:</b>							
<p>1 Actions identified from needs assessment, prioritised work plan.</p> <p>Ref: The training needs identified in the 2016 JSNA highlighted the following training areas: Schools training teachers in Mental health issues, tackling bullying, better use of school nurses, and mental health and wellbeing to be included in the curriculum. Self-harm, reducing stigma and thresholds for the wider workforce. The CCG ensured the plan and new specialist providers/services have a training and outreach remit and are engaging with schools to identify the most effective way support the training teachers require. 11.01.2017 meeting with Uxbridge College – training needs required for staff working with the 16-18 year olds cohort.</p>	CCG with LBH	<p>Continue training programme across the system: Children Centres Early intervention Schools General Practice Social Care C&amp;YP – Peers Families / carers</p> <p>Scope Webinars provided across the borough provided by existing team/serve providers.</p>	<p>Deliver programmes within existing budgets.</p> <p>Develop training matrix with in current contracts – to encourage take up credit for validation and continuing professional development.</p>		Launch training matrix		Programme of workforce training available year on year

<p>2 Schools &amp; College: Young MINDs Practitioner, by Q4, Q1: funding £5K</p> <p>Mental Health First Aid Training – NHSE offer one free place for training per secondary school.</p>	CCG with LBH and schools and College	<p>‘Young Minds’ Practitioner training event for Schools and Uxbridge College. 5 all day events.</p> <p>Every secondary school take up training offer from NHSE for MHFA Continue working with Heads Forum representatives.</p>	<p>Number of schools participated – Who trained by Primary and secondary school.</p> <p>Identification next steps and funding streams working with schools.</p>	<p>Based on funding availability, as for Q1 and Q3 in Priority 3.</p> <p>MHFA</p>			<p>Five full day events attended.</p> <p>Mental Health Training attended with identified MHFA champion per secondary school. To inform key worker/ coordinator, Menco type role.</p>
<p>3 Explore and test the concept of Co-ordinator/ key worker/ Menco role within existing workforce working towards the “Green Paper” Dec 2017 <a href="https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper">https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper</a></p>	CCG and Schools	Scope evidence based approaches and models.	Building on MHFA champion model.				Hillingdon model agreed and developed for all schools
4 C&YP IaPT	CNWL	Identify number of CNWL staff and number trained in IaPT (Base line data) Locate past data.	Plan training model need for sustainability. Include wider workforce needs.				CNWL staff trained in IaPT

Priority 4 Review newly commissioned services for impact	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<b>Actions:</b>							
1 Review : ED LD and Crisis new services	CCG	Scope review criteria and measures; Hillingdon focus	Carry out review		Analysis of findings and implement improvements, within existing resource		Hillingdon CCG will be assured that quality and Value For Money are received for investment
2 Sustainability for Specialist Getting More Help based on: Outcomes Activity model sustainability – see Priority 6	CCG	As for priority 6 below					
3 Young people passport for crisis – young people suggested that they would like a passport system to access Getting More Help. “Test the concept”	CCG		Working with young people in crisis scope what would constitute a passport approach. With providers develop concept – validate with young people	Redesign and implement – within existing budgets			Young people will have a validated “passport” approach for access and support
7 Identify peer support programme with cost analysis.	CCG with LBH	Funding dependent develop Peer support programs	Actions: Within budget				Peer support in place – wit identified budget.

Priority 5 Vulnerable** children and young people	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<b>Actions:</b>							
<p>1 Review and scope emotional health and mental health gaps across the vulnerable cohort</p> <p>Ref: Commissioning Int Plan 2016-20)“Children &amp; young people with additional needs includes, those with physical, learning and sensory disability, those with mental health issues, long-term conditions, palliative care needs, looked after, young carers, CIN, and young offenders, child carers and others not included here”</p>	CCG and council	<p>Identify key leads across the vulnerable cohort groups</p> <p>Current provision per group.</p> <p>Gap identification:</p>	<p>Implement easy wins.</p> <p>Evidence based interventions, how to fill gaps</p>	Close gaps	Close gaps	No gaps: Monitoring outcomes	All children and young people in the identified vulnerable groups to have access to emotional health and wellbeing and mental health care appropriate to needs.
2 CSA Hub NWL development:	CCG with NWL	<p>Rapid review: Estates Consultant Rota Commission support for children and young people.</p> <p>Commission voluntary sector to work with young people to identify if technology solution</p> <p>Present update to the NWL commissioners.</p>	<p>Evidence based Support in place. Secure estates and rota</p>	Agree service specification and conditions of provision across NWL.	Sign off and implement provision across NWL including sustainability requirements.	Provision in place.	There will be a NWL CSA hub approach in place. Children will be supported from disclosure to resolution and will feel safe and supported.

3 CYP Liaison & Diversion Hillingdon development	CCG with LBH	<p>Current provider to recruit based on NWL model.</p> <p>Agree training programme with priority staff</p> <p>Research and Model technology solutions</p> <p>Data reporting in place to NHSE.</p>	<p>Deliver training.</p> <p>Update and promote pathways, including criteria and support.</p> <p>Full model in place.</p>	Continue development, monitoring and sustainable model.			Young people will be diverted from crime, and feel they have and support to positively change their future.
4 Integrated pathways Specialist CAMHS and Children's Development Centre	CCG and CNWL	<p>Provider to work to integrate current provision.</p> <p>Gap identification – already in place</p>	Agree model Identify what / how to fill gaps.		Launch new pathways		There will be an integrated pathway

<p>8 Behaviour: There is a number of support approaches in place, which are however fragmented. Teams currently providing behavioural support: Inclusion team Virtual schools team Early intervention &amp; prevention Parenting SEND outreach Troubled families Parenting programs NWL – Person Centred Planning (e-learning) for carers supporting people with autism. Positive Behavioural Support training for CYP/Adult health and social care staff.</p> <p>To be prepared for bids as they become available.</p>	<p>CCG with LBH and partners</p>	<p>Clarify existing provision across the system, e.g.</p> <p>Identify gaps.</p> <p>Within existing resources: Agree evidenced based approach across the life course.</p>	<p>Map shared model of pathways.</p> <p>Matrix of service provision across existing services.</p>	<p>Training and develop identified across the borough.</p> <p>Methods to provide and meet gaps.</p>			<p>There will be an agreed approach to behaviour management and systems across the borough within existing resources.</p> <p>Successful bid applications.</p>
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\*\*vulnerable Children & young people includes, those with physical, learning and sensory disability, those with mental health issues, long-term conditions, palliative care needs, looked after, young carers, CIN, and young offenders, child carers and others not included here.

Priority 6 Sustainability	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<b>Actions:</b>							
1 Business case identification across funding gaps and following reviews	CCG		Development and process as soon as identified.				Funding decisions for all work streams.
2 Multi-agency workforce planning across the system, including children centres, schools, colleges	CCG, LBH, ALL						Planning for future capacity
3 Develop sustainable financial model for system wide THRIVE model.  Sustainable financial modelling will be in place, with corresponding business case a THRIVE emotional health and wellbeing and mental health THRIVE model for Hillingdon children young people their families and carers beyond 2020.	CCG with Council	Develop specialist task and finish group: Data Finance and analysts to support modelling. Or agree the process to secure sustainability.			Business case with financial modelling in place and being processed through the relevant governance systems.		By Q 4 2019/20 THRIVE will be in place and understood across Hillingdon.

## Risks and Mitigation

Priority	Risk	Mitigation	Lead Responsible
<b>1 THRIVE – redesign the system from tiers</b>	Demand continues to outstrip capacity. Nationally difficult to recruit staff.	Prevention and pathway transformation. Education and training for families and children and young people to self-manage at “low” level to prevent escalation of issues. Early identification – crisis service.	All partners across the system.
<b>2 Access</b>	Limited innovation using 21 <sup>st</sup> century solutions to increase capacity and early intervention.	Remodelling based on learning across the country.	CCG
<b>3 Workforce Training</b>	Capacity change management - Behaviour / skills may be slow to embed.	Identify champions and leaders in the system Training programs, within system. Children’s laPT training.	All partners across the system and

		Scope webinar	individual statutory organisations e.g. CCG, LLBH, CNWL, Schools
<b>4 Review newly commissioned services for impact</b>	May not provide value for money for Hillingdon, unable to disaggregate provision.	Ensure Hillingdon representation at NWL Monitoring reviews, developments as progressed to ensure Hillingdon interests met.	NWL and CCG with LBH
<b>5 Vulnerable children and young people</b>	Limited funding across the system for specific provision.	Bid for national funding and developments. Scope bid template ready for timely response for funding. Develop economic model demonstrating invest to save across the system.	CCG with LBH
<b>6 Sustainability</b>	Economic Modelling highlighting funding gaps.	Business case development by the end of 2019, processed through governance decision making processes. Financial control system in place.	CCG for specialist commissioned services. LBH and Schools for relevant elements NWL for eight borough approaches

# Hillingdon's Child and Adolescent Mental Health Performance

January 2017

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

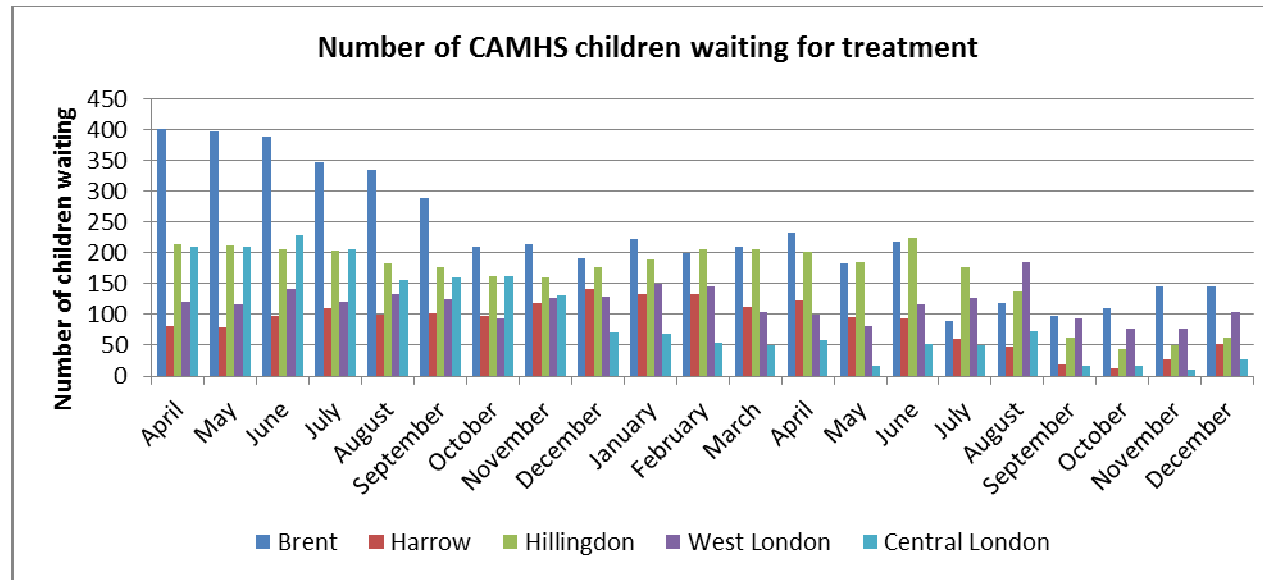


**HILLINGDON**  
LONDON

# HCCG Month 9 Integrated Performance Report (CAMHS) CNWL Report

	Mental Health - CAMHS	Frequency	Threshold (month)	Prev month	Month 9	YTD
	CAMHS - 1st Appt. DNA Rates	Monthly	<15%	12.3%	17.1%	11.8%
	CAMHS -FU Appt. DNA Rates	Monthly	<15%	9.7%	16.5%	13.9%
	Outcome measure completed on acceptance	Monthly	80%	88.2%	86.2%	92.7%
	Outcome measure completed on discharges	Monthly	80%	80%	50%	80.6%
	CAMHS Eating Disorder - Urgent Referrals seen within 1 week (NB family choice accepting appointment after target time)	Monthly	100%	No Activity	No Activity	75%
	CAMHS Eating Disorder – Routine Referrals seen within 4 weeks	Monthly	>75%	100%	100%	87.5%
	CAMHS 18 weeks waiting times	Monthly	85%	93.6%	85.7%	69.1%

## Number of Children Waiting for treatment – CNWL Core specialist services CNWL Report



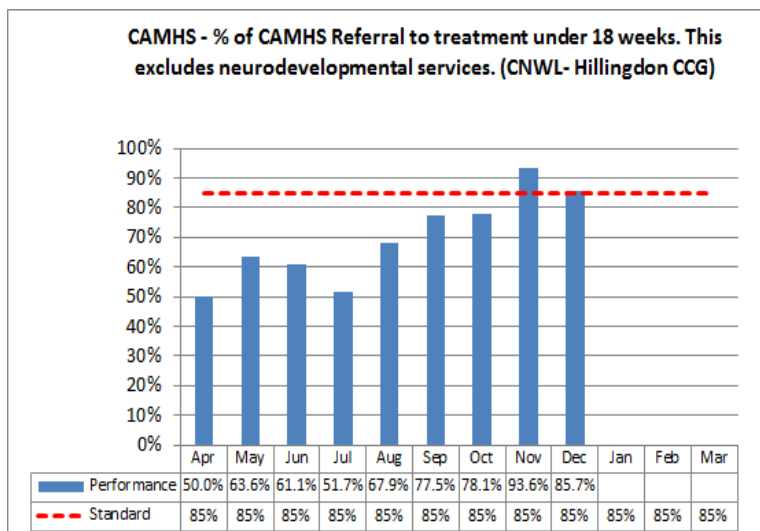
In order to meet the waiting time target the service has increased productivity through:

- Increasing capacity for face to face sessions in teams
- Increasing patient throughput through roll out of evidence based care pathways
- Stopping the clock more quickly through improved recording and first treatment interventions delivered more quickly

In addition to the focus on waiting times CNWL is also working on a number of additional transformation projects. These are:

- Brief Treatment and Intervention
- Redesign of core CAMHS
- T4 New Models of Care
- Development of a 24/7 intensive Community Support Service
- Piloting Child Wellbeing Practitioners (CWP)

# Month 9 CAMHS Exception report



**Mitigating Actions:**  
 Service will continue to utilise additional capacity to ensure more children are assessed and treated. Embedding new models of care.

**Assurances:**  
 On-going monitoring via CQG and PFIG. Improvement in performance has resulted from recruitment of additional staff increasing capacity in service and staff working extra hours in the evenings and weekends to focus on assessments.

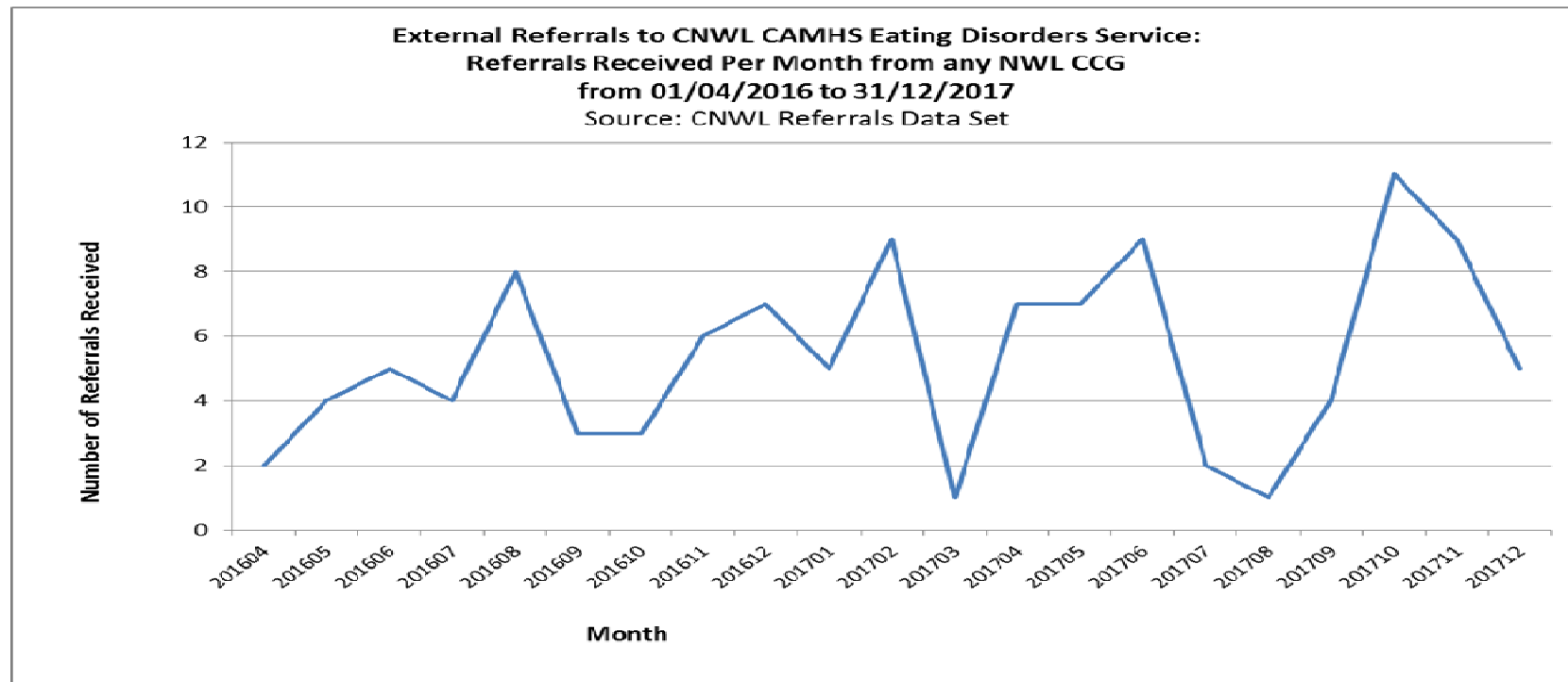
Hillingdon CCG achieved M08 and M09 in month target.

**Gaps in Assurance:**  
 2016-17 YTD target not achieved by Trust.

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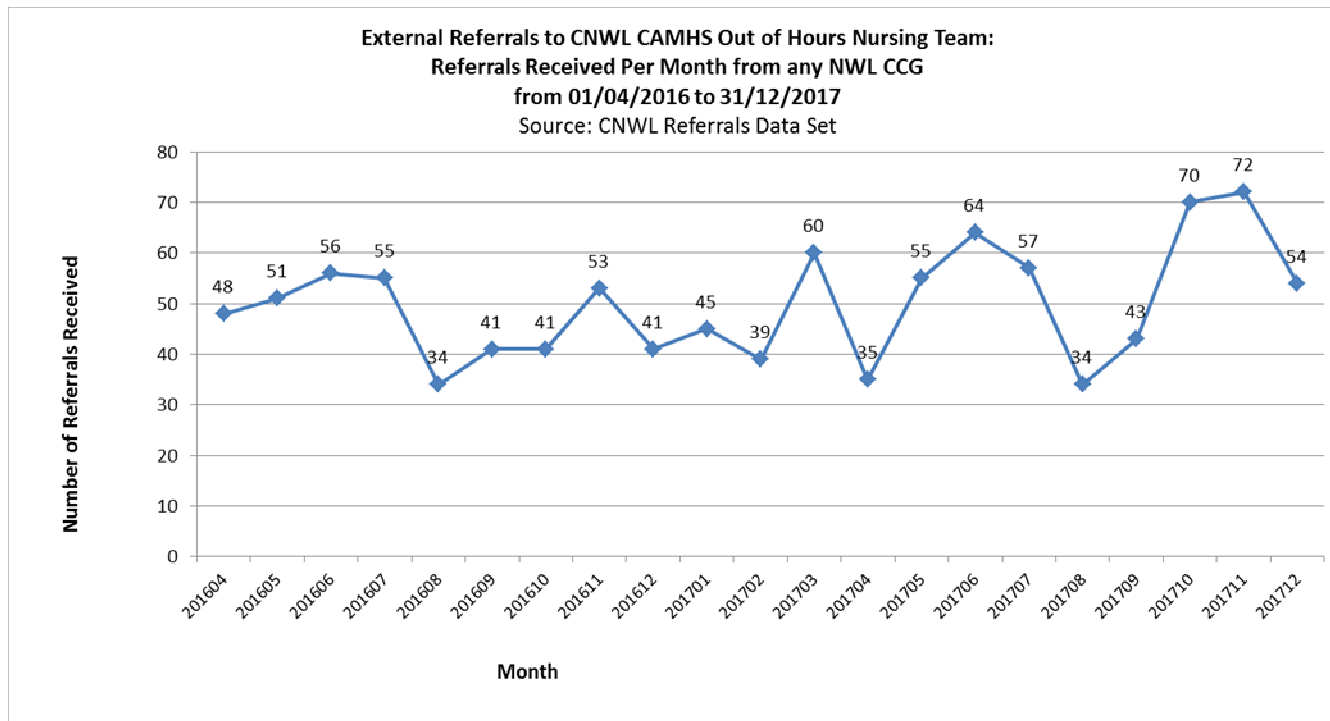
Issue	Provider	Action	Action Status	Plan in Place?	CCG Owner	Provider Owner	On Track	Original Delivery Date	Revised Delivery Date	Contract Status	Contract Penalties to date
Underperformance against CAMHS 18 weeks RTT	CNWL	The teams all operate 'speedy slots' where an urgent assessment can take place should someone need to be prioritised.	Open	Yes	AN	MR	Yes	On-going until 31/03/18	N/A	N/A	N/A
		The service has moved to a new model of care whereby children will be provided with up to six sessions of intervention following assessment before review by senior clinicians in the team and discharge.	Open	Yes	AN	MR	Yes	On-going until 31/03/18	N/A	N/A	N/A

## NWL CNWL Eating disorders service – referrals received.



- Total of 112 external referrals between 01/04/2016 and 31/12/2017  
28 were for Hillingdon CCG young people
- Interventions offered – family based intervention ( Anorexia), Systemic Family Therapy, CBT
- Individual goals set with family
- Outcomes from evaluation include reduction in Tier 4 admissions to ED units.

# NWL CAMHS crisis out of hours service: Number of CYP assessed by Out of Hours Team.



## Referrals

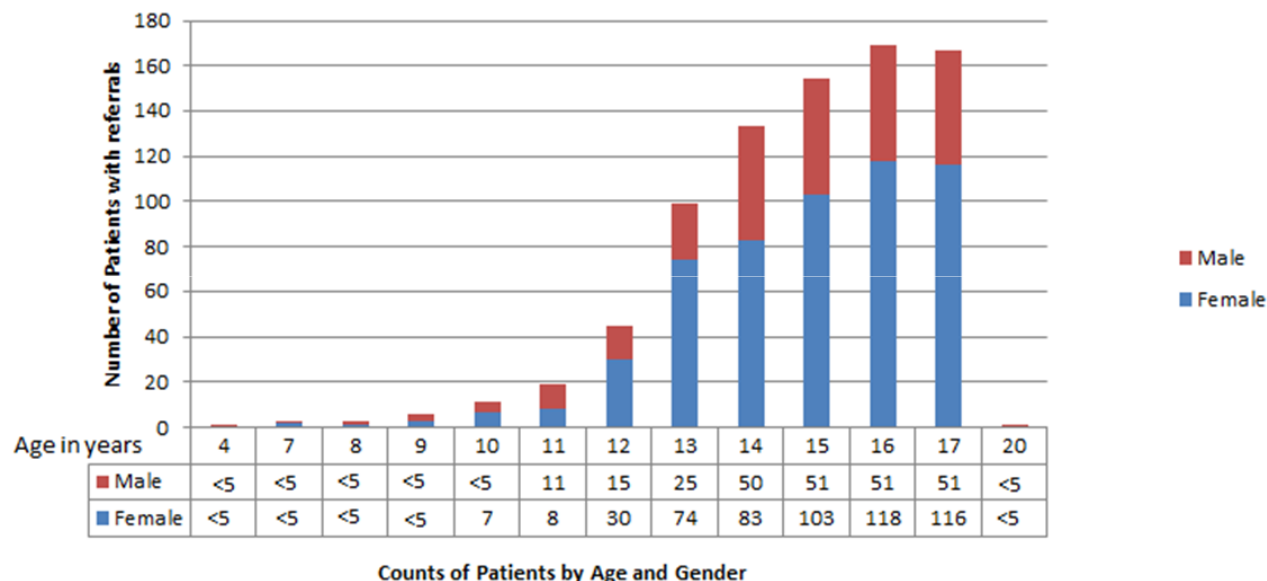
- 1,048 external referrals were received by the CNWL CAMHS Out of Hours Nursing Team between 01/04/2016 and 31/12/2017.
- Of these, 238 (10.5%) were referrals for Hillingdon CCG patients.

From July 2017, this service will be called the crisis and liaison service and operate 24/7.

# CAMHS crisis out of hours service – Number of CYP assessed by Out of Hours team by gender and age

## Patients Referred by Age and Gender - CAMHS Out of Hours

Patients from any NWL CCG referred to CNWL CAMHS Out of Hours Nursing team between 1/4/2016 and 31/12/2017. (Only external referrals are included).



The data above supports targeting online and face to face counselling services for young people over the age of 11 years. Complimenting the existing face to face Hillingdon counselling services currently available. The new service will have a ‘Hub’ based in Hillingdon.

NB This chart and table only counts each patient once, even if they were referred multiple times between 01/04/2016 and 31/12/2017.

# Month 9 CAMHS performance ( CNWL)

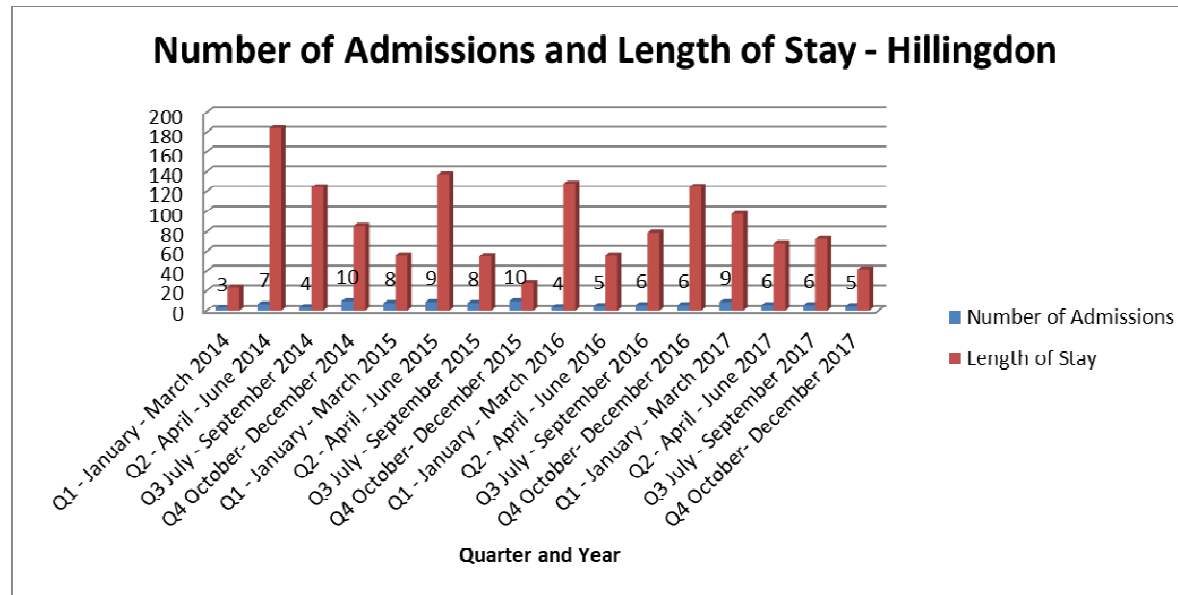
Local Quality Requirements					TRUST TOTAL		BHH FEDERATION	
Category	Quality Requirement	Description	Reporting Frequency	Threshold	CENTRAL & NORTH WEST LONDON NHS FOUNDATION TRUST		NHS HILLINGDON CCG	
					In mth/qtr	YTD	In mth/qtr	YTD
DNA	CAMHS DNA 1st appointments	% DNA for 1st appointments	Monthly	<15%	13.8%	11.6%	17.1%	11.8%
	CAMHS DNA follow-up appointments	% DNA for Follow Up appointments	Monthly	<15%	12.7%	11.5%	16.5%	13.9%
CAMHS Eating Disorder	Urgent Referrals seen within 1 week	% of CYP with ED (urgent cases) referred with a suspected ED will access NICE concordant treatment within 1 week of referral	Monthly	100%	100.0%	82.1%	NO ACTIVITY	75.0%
	Routine Referrals seen within 4 weeks	% of CYP referred (routine cases) with suspected ED that started treatment within 4 week of referral in the reporting period	Monthly	>75%	85.7%	74.6%	100.0%	87.5%
Outcome Measures	Outcome measure completed on acceptance	% of CYPIAPT/ CAMHS Outcome Research Consortium (CORC) measure completed for patients accepted into the service	Monthly	80%	89.3%	91.1%	86.2%	92.7%
	Outcome measure completed on discharges	% of appropriate CYPIAPT/ CAMHS Outcome Research Consortium (CORC) measure completed for patients discharged from the service	Monthly	80%	78.3%	83.3%	50.0%	80.6%
	Outcome measure improvement	% of young people discharged with CYPIAPT/ CAMHS Outcome Research Consortium (CORC) measure showing improvement between acceptance and discharge	Monthly	>50%	69.4%	72.6%	60.0%	70.0%
Appointments	Location - 1st appointments	% of first appointments to be offered in locations other than CAMHS clinic buildings, excluding eating disorder service	Quarterly	>10%	27.3%	26.5%	20.2%	18.9%
	Location - follow-up appointments	% of follow up appointments to be offered in locations other than CAMHS clinic buildings, excluding eating disorder service	Quarterly	>10%	27.3%	27.7%	18.9%	18.3%
Waiting Times	CAMHS 18 weeks waiting times	% of CAMHS Referral to treatment under 18 weeks. This excludes neurodevelopmental services.	Monthly	85%	92.5%	82.7%	85.7%	69.1%

## Inpatient care (Formally Tier4)

Average number of admissions per month has reduced from 2.5 (2014-15) to 1.8 (2017-18 M9)

Distance from home has seen an improvement with an average of 25 miles. This does not always take into account any transfers following placements out of area. Please note PICU, Low Secure and LD beds are being established in the North West London Footprint.

Length of stay has improved from average of 97 days to average of 70 days.



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# Agenda Item 7

## BETTER CARE FUND: PERFORMANCE REPORT (OCT - DEC 2017)

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne Dr Ian Goodman
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Paul Whaymand, Finance, LBH Tony Zaman, Adult Social Care, LBH Kevin Byrne, Health Integration and Partnerships, LBH Caroline Morison, HCCG
<b>Papers with report</b>	Appendix 1) BCF Monitoring report - Month 7 - 9: Oct - December 2017 Appendix 2) BCF Metrics Scorecard

### HEADLINE INFORMATION

<b>Summary</b>	This report provides the Board with the second performance report on the delivery of the 2017/19 Better Care Fund plan.
<b>Contribution to plans and strategies</b>	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.
<b>Financial Cost</b>	This report sets out the budget monitoring position of the BCF pooled fund of £36,814k for 2017/19 as at month 9 2017/18.
<b>Ward(s) affected</b>	All

### RECOMMENDATIONS

That the Health and Wellbeing Board:

- a. notes the progress in delivering the plan during the Q3 review period;
- b. supports the development of a Carers' Memorandum of Understanding containing the seven principles set out in the report (paragraph 9) as the basis for an updated Carers' Strategy for 2018/21; and
- c. gives delegated authority to the Council's Corporate Director of Adult, Children and Young People's Services, in consultation with the Chairman of the Health and Wellbeing Board, the Chairman of Hillingdon Clinical Commissioning Group's Governing Body and the Interim Chairman of Healthwatch Hillingdon's Board, to agree revised Better Care Fund targets for 2018/19, subject to advice about deliverability from the Council's Corporate Director and Hillingdon Clinical Commissioning Group's Chief Operating Officer.

## **INFORMATION**

1. This is the second performance report to the HWBB on the delivery of Hillingdon's Better Care Fund (BCF) Plan for 2017/19 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 that both the Council's Cabinet and Hillingdon Clinical Commissioning Group's (HCCG) Governing Body approved in December 2017.
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 summary update against the six key performance indicators (KPIs).
3. The key headlines from the monitoring report are:
  - *Emergency admissions - Not on track:* There were 2,869 emergency admissions of people aged 65 and over in Q3 compared to 2,514 during the same period in 2016/17. Projections based on April to December 2017 activity data suggest an outturn for 2017/18 of 11,088 against a ceiling of 9,428. 2017/18 has seen an increase in the number of admissions to Hillingdon Hospital across all age groups but predominantly amongst the 18 to 64 age group. Actual attendances at the Hospital has remained largely static during the April to December 2017 period and even fell during December and January 2018 in comparison with the same period in 2016/17.
  - *Falls-related emergency admissions - Not on track:* In the period April to December 2017 there were 644 falls-related emergency admissions to hospital compared to 607 during the same period in 2016/17. This suggests a 2017/18 outturn of 858 admissions on a straight line projection against a ceiling of 787.
  - *Emergency admissions from care homes - Not on track:* During the review period there were 609 emergency admissions of people aged 65 and over from care homes. On a straight line projection this would suggest a total of 812 admissions during 2017/18, which would represent a 3% increase on the 2016/17 outturn of 791 admissions. More detailed analysis that will now be undertaken by officers that will also consider London Ambulance Service (LAS) conveyances to Hillingdon Hospital, reasons for conveyance and length of stay post admission. The latter will help to shape conclusions about the appropriateness of admission. An update will be provided to the Board at its next meeting.
  - *Permanent admissions to care homes - Not on track:* During the period 1<sup>st</sup> April to 31<sup>st</sup> December 2017 there were 134 permanent admissions to care homes. On a straightline projection this suggests an outturn for 2017/18 of 179 permanent admissions against a ceiling of 150 for the year.
  - *Delayed transfers of care (DTC) - On track:* At the end of Q3 there were 5,559 delayed days, which would suggest a 2017/18 outturn of 8,612 delayed days against an NHSE imposed ceiling of 9,337 delayed days. On a straight line projection this would suggest an outturn 725 delayed days below the ceiling.
  - *Still at home 91 days after discharge from hospital to Reablement: On track:* The position to the end of December 2017 showed an average of 89% of people still at home 91 days after discharge against a target of 88%.

- *Disabled Facilities Grants* - 64 people aged 60 and over were assisted to stay in their own home through the provision of disabled facilities grants (DFGs), which represented 66% of the grants provided. This has prevented the need to identify alternative housing options at a time when housing is in short supply.

4. The key milestones within the agreed plan for Q3 are as follows:

- *Approval of 2017/19 BCF plan by NHSE* - Confirmation was received on 30 October 2017 that Hillingdon's plan had been approved without conditions.
- *Section 75 agreement approved by Council's Cabinet and CCG Governing Body* - The agreement giving legal effect to the BCF plan was agreed by Cabinet and HCCG's Governing Body in December 2017.
- *Recruitment to posts within the Care Connection Teams completed* - This means that all fifteen Teams will be mobilised by the end of Q4, which will assist in the early detection of older people at risk of escalated needs (see paragraph 2.7, **Appendix 1**).
- *Introduction of monthly liaison meetings between Mental Health & Housing* - This started in October 2017 and has assisted in addressing issues at a much earlier stage (see paragraph 2.26, **Appendix 1**).
- *Integrated homecare model operational* - The integrated homecare pilot became operational in November 2017 (see paragraph 2.35, **Appendix 1**).
- *Start of GP support for care homes pilot* - This started in December with one dedicated GP supporting four care homes. A further GP is due to be appointed in Q4 and the model evaluated in March 2018 (see paragraph 2.38, **Appendix 1**).

5. The key milestones that were not achieved were:

- *Launch of new discharge policy to support choice at The Hillingdon Hospitals* - This is delayed pending the outcome of further discussions about the integrated hospital discharge model (see paragraph 6 below).
- *Business case on use of DFG flexibilities under Regulatory Reform Order to support anticipatory care needs and early hospital discharge submitted* - This will be progressed in Q4.
- *Agreement on advice, support & advocacy functions within discharge pathways* - This is linked to the outcome of discussions on the integrated hospital discharge model in Q4.

### **Integrated Hospital Discharge Model**

6. Q3 saw further work undertaken between the Council, Hillingdon Hospital, CNWL and the CCG to expedite the hospital discharge process. This included the Council establishing a block contract with a homecare provider for 120 hours care per week specifically to support hospital discharge. The cost of this was underwritten by the Hospital.

7. During Q3 a discharge executive group comprising of the Council's Corporate Director of Adult, Children and Young People's Services, Hillingdon Hospital and the CCG's Chief

Operating Officers and CNWL's Deputy Chief Operating Officer was formed with the specific intention of providing the leadership required to deliver a simplified and integrated hospital discharge process. Whilst there is still work in progress, the target is to have a new model in place by March 2017. Significant areas on which there is agreement between the partners include:

- *Single point of referral for hospital discharges:* Although the majority of Hillingdon Hospital in-patients are discharged without need of further assistance, for people who do require support it is proposed that wards refer into a single, multi-agency team using a single referral form. This team will be jointly managed by the Council and CNWL.
- *Hospital Discharge Homecare Service:* The Council commissioned this service for an initial pilot that started before Christmas and it has proved successful in expediting the discharge process. It is proposed to extend this for 2018/19 and Council officers will shortly be seeking approval from the Leader of the Council and the Cabinet Member for Social Services, Housing, Health and Wellbeing to award a contract to the incumbent provider under a new specification for one year. During this time it will be possible to review the hospital discharge model, the support arrangements required to sustain it and appropriate procurement options. Funding for this service in 2018/19 is being provided through additional hospital pressures funding made available by the Department of Health.
- *Step-down bed management:* NHS partners have commissioned 14 step-down beds in two care homes in the Borough and it is proposed that the Council manage the flow through these beds. Funding for the social care staff required to undertake this task is being made available through the additional hospital pressures money referred to above.

8. It is proposed to address the governance implications of the above through amendments to the BCF section 75 between the Council and the CCG. The Leader of the Council and the Cabinet Member for Social Services, Housing, Health and Wellbeing and HCCG's Governing Body will be asked to consider a report on the proposed amendments for 2018/19 in Q4. A memorandum of understanding will confirm operational arrangements between the Council and other health partners.

## **Supporting Carers**

9. NHSE has developed a template for a local memorandum of understanding (MoU) between partners to co-operate with each other, to promote the wellbeing of individual Carers and to adopt a whole family approach in their work to support local Carers of all ages. This also includes seven principles which local partners are using to frame a proposed updated Carers' Strategy. The draft strategy will be submitted for consideration to the Council's Cabinet and HCCG Governing Body in Q1 2018/19. In the meantime, partners are being asked to sign-up to the MoU, which reflects a recognition by the Hillingdon health and care community of the importance of the role of Carers to the sustainability of the local health and care system and is consistent with BCF scheme 2: *An integrated approach to supporting Carers*. The MoU is a statement of intent and not a legal document.

10. The seven principles contained within the MoU are:

- *Principle 1* – We will support the identification, recognition and registration of Carers in primary care.
- *Principle 2* - Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health.

- *Principle 3* - Carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after.
- *Principle 4* – The staff of partners to this agreement will be aware of the needs of Carers and of their value to our communities.
- *Principle 5* - Carers will be supported by information sharing between health, social care, Carer support organisations and other partners to this agreement.
- *Principle 6* - Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision- making and reviewing services.
- *Principle 7* - The support needs of Carers who are more vulnerable or at key transition points will be identified early.

11. The partners being asked to sign-up to the MoU include:

- The Council;
- Hillingdon Clinical Commissioning Group;
- The Hillingdon Hospitals NHS Foundation Trust;
- Central and North West London NHS Foundation Trust;
- Hillingdon GP Confederation;
- H4All; and
- The Hillingdon Carers' Partnership

### **2018/19 BCF Plan Requirements**

12. From feedback received from the NHSE Better Care Support Team it is expected that a template will be received at some point during Q4 seeking details of any revisions to the metrics, progress in delivering the high impact change model to improve discharge from hospital and also changes in financial contributions to the pooled budget. The template is unlikely to be available until after the publication of the NHS Mandate, which is expected by the end of March. The Mandate will determine the approach that will also be taken about whether a DTOC target will be imposed on Hillingdon for 2018/19, which reflects the 2017/18 position.

### **Post-April 2019 Position**

13. The current 2017/19 BCF plan ends on the 31<sup>st</sup> March 2019. At time of drafting no information was available about the Government's intentions after expiry of the current plan, although feedback from the NHSE Better Care Support Team suggests that this may be influenced by both the NHS Mandate and the social care green paper due to be published in the summer of 2018.

### **Conclusions**

14. Performance against key indicators for the review period is so far showing a mixed picture regarding the impact of the considerable amount of work in progress on the health and care system. One area showing considerable improvement is in respect of DTOCs where the projected outturn for the year is suggesting that performance will be significantly below the nationally set ceiling. However, there some areas that require more intensive analysis in order to more fully understand the reasons behind the data, e.g. emergency admissions from care homes.

15. The review period has seen the implementation of the integrated homecare service pilot, which represents considerable progress in integration between health and social care. This has so far enabled the Social Care homecare capacity requirements to be met but it is as yet too

early to draw any conclusions about system impact at this stage. A full update will be included in the Q4 performance update.

16. The work in progress between the partners on the hospital discharge model should transform the way that the discharge process within Hillingdon Hospital is managed and improve the experience of care for patients.

### **Financial Implications**

17. The Quarter 3 performance report for the Better Care Fund shows a forecast net underspend for 2017/8 of £169k against the approved pooled BCF budget of £36,815k. This forecast underspend arises from staff vacancies in the Council's Reablement team and reductions in the prescribing of Community Equipment offset mainly by forecast overspends in the Council's provision of packages of care and the Telecareline Service. Expenditure commissioned by Hillingdon CCG is on target with their pooled budget share.

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

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

18. *Performance report* - The monitoring of the BCF ensures effective governance of delivery via the Health and Wellbeing Board.

19. *Carers' memorandum of understanding (MoU)* - The existence of a specific scheme dedicated to supporting Carers in the BCF shows recognition by health and care partners of the critical role that they have in supporting the health and care system. The proposed MoU establishes a set of key principles that create an opportunity to deliver a consistent approach to supporting Carers across health and care partners in Hillingdon. Signing up to the MoU would demonstrate the commitment of the partner organisations to abide by the principles. A Carers' Strategy and delivery plan framed around the principles would then show how this would be done within the context of available resources.

20. *Delegated authority* - The recommendation is intended to give flexibility to allow targets to be agreed within nationally set timescales where there is local satisfaction that they are deliverable. The recommendation does not prevent the Chairman from directing that proposed targets should be discussed at a full Board meeting should he wish to do so.

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

21. Hillingdon Hospital, CNWL and H4All have been consulted in the drafting of this report.

#### **Policy Overview Committee Comments**

22. None at this stage.

### **CORPORATE IMPLICATIONS**

#### **Corporate Finance Comments**

23. Corporate Finance has reviewed this report and notes that there are no direct financial implications associated with the recommendations therein. It is further noted that a net

underspend of £169k is projected against the Council managed elements of the pooled Better Care Fund Budget.

### **Hillingdon Council Legal Comments**

24. 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**

Appendix 1) BCF Monitoring report - Month 7 - 9: Oct - December 2017.

Appendix 2) BCF Metrics Scorecard.

## BCF Monitoring Report

<b>Programme: Hillingdon Better Care Fund</b>	
<b>Date:</b> March 2018	<b>Period covered:</b> Oct - Dec 2017 - Month 7 - 9
<b>Core Group Sponsors:</b> Caroline Morison/Tony Zaman /Paul Whaymand/Jonathan Tymms/ Kevin Byrne	
<b>Finance Leads:</b> Paul Whaymand/Jonathan Tymms	

<b>Key: RAG Rating Definitions and Required Actions</b>		
	<b>Definitions</b>	<b>Required Actions</b>
<b>GREEN</b>	The project is on target to succeed. The timeline/cost/objectives are within plan.	No action required.
<b>AMBER</b>	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.
<b>RED</b>	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.

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

## A. Financials

1.1 Table 1 below summarises the financial contribution to the BCF plan in 2017/18.

BCF Financial Summary 2017/18					
Key Components of BCF Pooled Funding (revenue unless classified as Capital )	Approved Pooled Budget 2017/18	Forecast Outturn to March 2018	Variance as at Quarter 3	Variance as at Quarter 2	Movement from Quarter 2
	£000's	£000's	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	17,158	17,158	0	0	0
LB Hillingdon - Commissioned Services	15,842	15,673	(169)	(126)	(42)
LB Hillingdon - Commissioned Capital Expenditure	3,815	3,815	0	0	0
<b>Overall Totals</b>	<b>36,815</b>	<b>36,646</b>	<b>(169)</b>	<b>(126)</b>	<b>(42)</b>

## B. Outcomes for Residents: Performance Metrics

1.2 This section comments on those of the four national metrics that Hillingdon is required to report on where information is available. This information is summarised in the Better Care Fund Dashboard (**Appendix 2**). References throughout this document to the 'review period' mean Q3 2017/18 unless otherwise stated.

1.3 **Emergency admissions target (also known as non-elective admissions)** - *Not on track*: There were 2,869 emergency admissions of people aged 65 and over in Q3 compared to 2,514 during the same period in 2016/17. Projections based on April to December 2017 activity data suggest an outturn for 2017/18 of 11,088 against a ceiling of 9,428. The outturn for 2016/17 was 10,249, which is therefore suggesting a possible 8% increase in activity in 2017/18 on the previous year.

1.4 75% of emergency admissions for the 65 and over age group in the April to December 2017 period were to Hillingdon Hospital, which is showing a nearly 13% increase (from 4,821 admissions to 6,246) compared to the same period in 2016/17. The other 25% of admissions was to hospitals such as Northwick Park, Watford General, etc. During the period April to December 2017 there has been a 16.5% increase in emergency admissions to Hillingdon across all age groups but with the most significant increase in the 18 to 64 age group. There has also been an increase in the number of people being admitted with a single diagnosis and a length of stay of less than 48 hours. Overall during the review period there has been a reduction in length of stay for people admitted as a result of an emergency.

1.5 **Delayed transfers of care (DTOCS)** - *On track*: Table 1 below suggests that on a straight line projection based on activity during the period April to December 2017 could be -1,925 delayed days below the ceiling set for Hillingdon by NHSE. Table 1 also shows that the projections for delays attributed to the NHS, Social Care and both the NHS and Social Care are likely to be below the ceilings set for each.

Table 1: April - Dec 2017 DTOC Breakdown						
Delay Source	Acute	Non-acute	Total	2017/18 Target	Projection 2017/18	Variance
NHS	1,790	1,794	3,584	6,005	4,779	-1,226
Social Care	478	1,164	1,642	2,271	2,189	-82
Both NHS & Social Care	39	294	333	1,062	444	-618
<b>Total</b>	<b>2,307</b>	<b>3,252</b>	<b>5,559</b>	<b>9,337</b>	<b>7,412</b>	<b>-1,925</b>

1.6 During the period April to December 2017 nearly 17% (943) of all delays, e.g. health and social care, were attributed to issues with securing residential care placements and 20% (1,134) to difficulties with securing nursing home placements. Nearly 66% (233) of all social care delays in Q3 were related to issues in securing care homes placements. Nearly 51% (178) in Q3 of the social care delays related to residential care home placements and nearly 16% (55) to nursing homes. A combination of difficulties in securing placements for people with the more challenging behaviours as well as complex family dynamics are the main factors contributing to these delays.

1.7 **Permanent admissions to care homes target** - *Not on track*: During the period 1<sup>st</sup> April to 31<sup>st</sup> December 2017 there were 134 permanent admissions to care homes. On a straight line projection this suggests an outturn for 2017/18 of 179 permanent admissions against a ceiling of 150 for the year. The issue has been entering care homes as a short-term measure converting to permanent placements, which is attributed to the speed with which people become institutionalised. The aim is to avoid people going into care homes at all and the opening of the new extra care sheltered housing schemes will provide an alternative care setting. This will also include step-up provision that will enable people to have a short respite from their own home where a period of convalescence is required. Some clarity about the definition is also being sought from NHSE that may impact positively on the outturn.

1.8 **Percentage of people aged 65 and over still at home 91 days after discharge from hospital to reablement** - *On track*: The position to the end of December 2017 showed an average of 89% of people still at home 91 days after discharge against a target of 88%. However, it should be noted that the review period for the purposes of the national metric is Q3 and that verified results will not be available until May 2018.

## 2. Scheme Delivery

Scheme 1: Early intervention and prevention.	<b>Scheme RAG Rating</b>	<b>Amber</b>
	<b>a) Finance</b>	<b>Amber</b>
	<b>b) Scheme Delivery</b>	<b>Green</b>

Scheme 1 Funding	Approved Pooled Budget 2017/18	Forecast Outturn to March 2018	Variance as at Quarter 3	Variance as at Quarter 2	Movement from Quarter 2
	£000's	£000's	£000's	£000's	£000's
<b>Hillingdon CCG - Commissioned Services</b>	2,353	2,353	0	0	0
<b>LB Hillingdon - Commissioned Services</b>	1,245	1,270	25	(0)	25
<b>LB Hillingdon - Commissioned Capital Expenditure</b>	3,815	3,815	0	0	0
<b>Overall Totals</b>	<b>7,413</b>	<b>7,438</b>	<b>25</b>	<b>(0)</b>	<b>25</b>

### Scheme Financials

2.1 There is currently a forecast £25k pressure on the Telecareline service provided by the Council. Expenditure commissioned by Hillingdon CCG is on target with their pooled budget share.

### Scheme Delivery

2.2 *Connect to Support* - From 1st October to 31<sup>st</sup> December 2017, 3,251 individuals accessed Connect to Support and completed 4,883 sessions reviewing the information & advice pages and/or details of available services and support. The volume of activity is consistent with the same period in 2016/17.

2.3 During Q3, 24 people completed online social care assessments and 11 were by people completing it for themselves and 13 by Carers or professionals completing on behalf of another person. 24 self-assessments were 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 were 7 self-assessments undertaken by Carers during the first half of 2017/18.

2.4 A refresh of Connect to Support will be undertaken during Q4 and a programme to promote the system delivered in 2018/19. The Council and NHS partners will also be working together to establish an interface with NHS information systems.

2.5 *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.

2.6 The Wellbeing Service uses three measures to evidence in improvements as a result of the intervention of the service and these are:

- *A. The Patient Activation Measure (PAM) tool* - People referred to the service are supported to complete a questionnaire comprising of 13 questions both before and after H4All all interventions. This provides a PAM Level between 1 and 4 and PAM Score between 0 to 100, which is representative of the person's ability and motivation to self-manage their own health and wellbeing. The lower the level and score the lower the person's ability/motivation to self-manage. During the review period 72 people showed an improvement in their PAM scoring. 11 people showed a decrease in their score. Research by the University of Oregon in 2013 suggests that just 1 point improvement in a person's PAM score can result in an equivalent to £400 a year saving to the NHS.
- *B. The Campaign to End Loneliness Measure* - The tool has been developed by the Campaign to End Loneliness in Later Life presents people with three statements and these are:
  - I am content with my friendship and relationships;
  - I have enough people I feel comfortable asking for help at any time; and
  - My friendships are as satisfying as I would want them to be.
- A full report on the outcomes of the use of this tool will be reflected in the Q4 performance update.
- *C. Service User Experience Satisfaction Questionnaires* - During Q3 there were 148 respondents to satisfaction questionnaires and the results are shown in table 2 below.

Nature of Enquiry	Satisfied with Outcome			Unknown/NA
	Yes	No	Partially	
Improved Health & Wellbeing	45	45	53	5
Reduced Social Isolation	71	48	22	8
Less Contact with Health Services	33	66	37	13
Help to Manage Long-term Condition	34	2	3	82
Appropriate Service Received	132	5	10	2
Additional Support Required	18	9	8	4
Would Use the Service Again	139	-	1	8
Effective Signposting/Referral	22	3	4	113

2.7 *Care Connection Teams* - At the end of December 14 out of the intended 15 CCTs were operational and carrying a caseload of 706 people. In the period between April and December 2017 was 2,016 people were referred to the CCTs. The methodology to assess the impact for the individual on their emergency activity before and after the interventions by the CCTs is

currently being finalised, but clinicians working in the service estimate that just under 2,000 hospital admissions were avoided. Admissions avoided included cases where people with a urinary tract infection (UTI) or respiratory tract infection (LRTI) and they were supported with appropriate medication or helped to manage their symptoms. It also included patients being supported by another service such as Rapid Response, District Nursing or having their medication reviewed or receiving care at home instead of in hospital if they were on the palliative care pathway and wanted to die at home.

2.8 *Falls-related Admissions* - In the period April to December 2017 there were 644 falls-related emergency admissions to hospital compared to 607 during the same period in 2016/17. This suggests a 2017/18 outturn of 858 admissions on a straight line projection against a ceiling of 787. Further analysis is required in order to understand the reasons behind these figures, e.g. the extent to which it is attributable to increasing frailty and/or the number of persistent fallers. Possible linkages between the increase in admissions from care homes and the increase in number of admissions attributable to falls will also be explored and the outcome reported to in the next performance update.

<b>Scheme 2: An integrated approach to supporting Carers.</b>	<b>Scheme RAG Rating</b>	<b>Green</b>
	<b>a) Finance</b>	<b>Green</b>
	<b>b) Scheme Delivery</b>	<b>Green</b>

<b>Scheme 2 Funding</b>	<b>Approved Pooled Budget 2017/18</b>	<b>Forecast Outturn to March 2018</b>	<b>Variance as at Quarter 3</b>	<b>Variance as at Quarter 2</b>	<b>Movement from Quarter 2</b>
	£000's	£000's	£000's	£000's	£000's
<b>Hillingdon CCG - Commissioned Services</b>	18	18	0	0	0
<b>LB Hillingdon - Commissioned Services</b>	862	863	1	21	(20)
<b>Overall Totals</b>	<b>880</b>	<b>881</b>	<b>1</b>	<b>21</b>	<b>-20</b>

## **Scheme Financials**

2.9 Expenditure on target with Pooled Budget.

## **Scheme Delivery**

2.10 269 Carer's assessments were completed during the review period. The projected outturn for 2017/18 on a straight line projection is 890 assessments against a target of 569. The assessment figures reflect full assessments and triage assessments (known as Type 1 assessments) that have been undertaken by Hillingdon Carers that have not proceeded to full assessments. Since June 2017 all new Carers' assessments have been completed on Connect to Support.

2.11 During the review period 240 Carers were provided with respite or another carer service at a cost of £377k. This compares to 178 Carers being supported at a cost of £376k during the same period in 2016/17. This includes bed-based respite and home-based replacement care as well as voluntary sector provided services and services directly purchased via Direct Payments.

The reason for the apparent reduction in unit cost of support to Carers is that the financial figures do not include those circumstances where respite is included against the cared for person's support plan. This means that it is not possible to accurately cost the support being provided to Carers.

2.12 *Identification of Carers* - At 31<sup>st</sup> December 2017 there were 6,641 Adult Carers and 804 Young Carers registered with the Hillingdon Carers' Partnership (HCP). Q3 saw 228 new Adult Carers and 30 new Young Carers register. Newly-registering Carers are now offered a Carer's Assessment as part of the registration process.

2.13 *Young Carers* - Following a six-month pilot funded via the Council's Carers in Hillingdon contract with the Hillingdon Carers' Partnership, Hillingdon Carers started a new Family Support Service with a three-year grant from Children In Need. The service offers short-term but intensive support to 'complex' families with Young Carers. By addressing the wider social issues of the whole family, the child(ren) can be better supported. Families supported under this programme usually involve mental health or drug and alcohol issues.

2.14 A new Cognitive Behavioural Therapy (CBT) programme for Young Carers called 'Headquarters' started in Q3. This is a four-session programme of emotional support workshops with seven young carers (10-14 years). It was developed by a member of the Hillingdon Carers' staff team who has a degree in Psychology and is studying for an MSc in Clinical Psychology.

#### Cognitive Behavioural Therapy Explained

CBT is a talking therapy that can help a person to manage their problems by changing the way they think and behave. It's most common use is to treat anxiety and depression.

2.15 Referrals to HCP from schools in the Borough have risen by 47% in Q2 and Q3. This has largely been as a result of a) outreach activity and new Schools Guide to Supporting Young Carers; and b) the strategic links available through the new Young Carers Strategy Group e.g. access to central meetings of school governors.

2.16 *Supporting working Carers* - The Working for Carers programme – a pan-London initiative funded through Big Lottery and the European Social Fund is now well-established. Activity in Hillingdon in Q3 is as follows:

- 3 Hillingdon workshops
- Weekly drop-in Employment Advice sessions
- 3 Hillingdon carers supported back into employment
- 2 carers into volunteering

2.17 Working carers have access to the Healthier Carers Hillingdon programme and during Q3 12 working carers received 6 x 1:1 personal training sessions at a time and venue to suit their working patterns and 15 accessed a series of evening health and wellbeing workshops.

2.18 *External funding* - During Q3 an additional £111k was secured from the Henry Smith Foundation to support young adult Carers in transition from school into whatever comes next for them. The grant is for the period 1<sup>st</sup> November 2017 to 31<sup>st</sup> July 2018.

Scheme 3: Better care at end of life.	<b>Scheme RAG Rating</b>	<b>Amber</b>
	<b>a) Finance</b>	<b>Green</b>
	<b>b) Scheme Delivery</b>	<b>Amber</b>

Scheme 3 Financials	Approved Pooled Budget 2017/18	Forecast Outturn to March 2018	Variance as at Quarter 3	Variance as at Quarter 2	Movement from Quarter 2
	£000's	£000's	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	992	992	0	0	0
LB Hillingdon - Commissioned Services	50	50	0	0	0
<b>Overall Totals</b>	<b>1,042</b>	<b>1,042</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Scheme Financials

2.19 Expenditure on target with Pooled Budget.

### Issues/Risks

2.20 This scheme is rated as amber because of delays in recruiting to all of the posts in the single point of access and overnight nursing service to be provided by CNWL that will improve access to the right end of life care and support. The intention was that the service open in February 2018 but it is critical that all of the staff posts have people in place to ensure the effectiveness of the service. Recruitment issues mean that the service unlikely to open until Q1 2018/19.

Scheme 4: Integrated Hospital Discharge.	<b>Scheme RAG Rating</b>	<b>Amber</b>
	<b>a) Finance</b>	<b>Amber</b>
	<b>b) Scheme Delivery</b>	<b>Amber</b>

Scheme 4 Funding	Approved Pooled Budget 2017/18	Forecast Outturn to March 2018	Variance as at Quarter 3	Variance as at Quarter 2	Movement from Quarter 2
	£000's	£000's	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	11,406	11,406	0	0	0
LB Hillingdon - Commissioned Services	4,607	4,417	(190)	(230)	40
<b>Overall Totals</b>	<b>16,013</b>	<b>15,823</b>	<b>(190)</b>	<b>(230)</b>	<b>40</b>

### Scheme Financials

2.21 There is currently a forecast underspend of £305k mainly arising from staffing vacancies in

the Council's reablement service and reductions in the Community Equipment budget of £68k offset by pressures from the granting of care packages of £183k. Expenditure commissioned by Hillingdon CCG is on target with the pooled budget share.

### **Scheme Delivery**

2.22 *Discharge to Assess (D2A)* - The first half of 2017/18 was the testing phase of the D2A model. Three discharge pathways were agreed under this model and these are:

- *Pathway 0 (Simple Discharges)* - This is for people whose needs can safely be met at home and need no additional assessment. The person can go directly home either without care or with a care package restart. It is envisaged that the majority of patients will be discharged on this pathway.
- *Pathway 1 (Discharge to Assess)* - This is for people who are medically optimised who have needs that can safely be met at home (including a residential or nursing care home) with additional assistance. Any care, equipment or rehabilitation will be provided at home, including a Continuing Healthcare assessment where appropriate. The discharge will be managed by the ward with input from the Discharge Coordinators or the Integrated Discharge Team (IDT) when required.
- *Pathway 2 (Cannot return home)* - This is for people who are unable to return home as they require a period of further rehabilitation, their care needs cannot be safely met in their usual place of residence or their home needs preparation or adaptation.

2.23 Whilst there has been a reduction in length of stay for people aged 65 and over from 10.9 days between April and December 2017 to 8.6 days during the same period in 2016/17, D2A has not significantly impacted on the number of 'stranded' patients in the Hospital, i.e. people admitted for seven days or more.

2.24 To address the demand surge that generally occurs during the winter period the Council, the Hospital, CNWL and the CCG have worked closely to develop the hospital discharge model. This included the Council establishing a block contract with a homecare provider for 120 hours care per week specifically to support hospital discharge. The cost of this was underwritten by the Hospital. Finalisation of the discharge model will take place in Q4 with the aim to start the implementation process before the end of 2017/18.

2.25 *Introduction of monthly liaison meetings between Mental Health & Housing* - This started in October 2017 and has assisted in addressing issues at a much earlier stage. This is also being combined with training for mental health teams on the scope of the Council's homelessness responsibilities. Training is also being provided for Housing staff to raise awareness of the needs of people living with mental health conditions.

2.26 *Seven day working* - Table 3 illustrates performance against seven day metrics at Hillingdon Hospital and shows that performance is comparable with 2016/17 activity but some distance away from the 2017/18 targets.

<b>Table 3: Hillingdon Hospital Discharges before Midday and at Weekends</b>			
<b>Item</b>	<b>2017/18 Target</b>	<b>2016/17 Baseline</b>	<b>Q1 - Q3 2017/18 Outturn</b>
<b>Medicine Directorate, inc A &amp; E</b>			
Discharges before midday	33%	21.3%	20.2%
Weekend discharges	65%	16.2%	16.9%
<b>Surgery Directorate</b>			
Discharges before midday	33%	19.2%	18.6%
Weekend discharges	65%	20.9%	12.9%

2.27 *Reablement Team activity* - During Q3 the Reablement Team received 195 referrals and of these 158 were from hospitals, primarily Hillingdon Hospital and the other 37 were from the community. The community referrals represented potential hospital attendances and admissions that were consequently avoided. During the review period there were 80 referrals of new people to the service and of these nearly 88% (70) completed their period of reablement with no on-going social care needs, which is above the target of 85%.

2.28 *Rapid Response Team activity* - In Q3 the Rapid Response Team received 1,136 referrals, 62% (701) of which came from Hillingdon Hospital, 22% (252) from GPs, 9% (99) from community services such as District Nursing and the remaining 7% (84) came from a combination of the London Ambulance Service (LAS), care homes and self-referrals. Of the 701 referrals received from Hillingdon Hospital, 54% (382) came from A&E, of which 212 (55%) were discharged with Rapid Response input, 145 (38%) following assessment were not medically cleared for discharge and 25 (7%) were either out of area or inappropriate referrals. 20% (136 of 701) came from Homesafe, 26% (184 of 701) came from Discharge to Assess. All 435 people referred from the community source received input from the Rapid Response Team. There's also been a reduction in hospital usage of the Rapid Response Team since spring 2017 and work is underway to strengthen pathways of care back into the community from A&E.

2.29 *Hospital Discharge Team activity* - The Council's Hospital Discharge Team supported the early discharge of 197 people from Hillingdon Hospital and Mount Vernon Hospital during Q3 and also 76 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 643 bed days avoided, thereby assisting the Hospital with patient flow. For other hospitals 355 bed days were avoided.

2.30 *DFGs* - During the review period 64 people aged 60 and over were assisted to stay in their own home through the provision of disabled facilities grants (DFGs), which represented 66% of the grants provided. 27% (17) of the people receiving DFG's were owner occupiers, 70% (45) were social housing tenants and 3% (2) were private tenants.

### **Issues/Risks**

2.31 During the review period nearly 37% (273) of discharge notices served on the Council by Hillingdon Hospital in accordance with the Care Act were withdrawn. This impacts on market capacity where there is late notification and packages of care have already been put in place. In these circumstances the care also has to be funded which has resource implications. There is also a further impact on officer time in terms of follow up, updating support plans with new

dates, resending to providers, confirming new discharge dates and then contacting the relevant ward to ensure that the discharge is definitely taking place. The work referred to in paragraph 2.25 to develop the hospital discharge model should address this issue.

2.32 The RAG rating of this scheme is attributed to a number of items within the DTOC action plan where there has been slippage (including significant slippage) and these include:

#### Acute Care, e.g. Hillingdon Hospital

- *Establish robust systems for verifying numbers of delayed transfers of care prior to submission by providers to NHS Digital* - Changes in personnel at Hillingdon Hospital has resulted in some issues regarding the verification of DTOCs in Q3. This will be addressed by the creation of written procedures that will in the future militate against the risks posed by movement of staff within partner organisations. Work is also in progress with CNWL to address a similar issue in respect of mental health-related DTOCs.
- *Establish electronic transfer of assessment and discharge notices and withdrawal and change of circumstances notices* - Progress has been delayed due to a technical issue that ICT Teams within the Council and Hillingdon Hospital are seeking to address.
- *Complete development of a joint discharge policy based on patient choice* - This will be completed once there is final agreement on the integrated hospital discharge model.
- *Review weekend infrastructure requirements at THH to support seven day working* - The issue for the Hospital is the consistent availability of medical decision making capacity, pharmacy and transport to support discharges at weekends.
- *Establish trusted assessor arrangements between health and care partners and care home providers* - The outcome of this action would be to expedite discharge of people from the Hospital where a care home was the appropriate destination. It would mean that care homes would accept assessments from health professionals without the need to undertake their own assessments. Discussions with care home managers on taking this forward will be started in Q4 and this will include how to address their concerns about the consistent accuracy and reliability of assessments.

#### Mental Health

- *A section 117 funding split policy to be developed between the Council and HCCG* - Section 117 after care is provided to people free of charge who have previously been detained in a mental health hospital under the 1983 Mental Health Act. A tool and protocol has now been developed and is awaiting approval by the CCG.
- *Review Funding Panel decision-making process* - A workshop in Q4 will look at the operation of the panels and how the decision-making process can be expedited.
- *Training and guidance to staff to improve quality of cases presented to the Funding Panel to expedite decision-making* - This will now take place in Q1 2018/19 once the review of the decision-making process has been completed.
- *Establish a joint mental health/housing working protocol* - This will be completed in Q4.

Scheme 5: Care market management and development	Scheme RAG Rating	Amber
	a) Finance	Green
	b) Scheme Delivery	Amber

Scheme 5 Financials	Approved Pooled Budget 2017/18	Forecast Outturn to March 2018	Variance as at Quarter 3	Variance as at Quarter 2	Movement from Quarter 2
	£000's	£000's	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	2,389	2,389	0	0	0
LB Hillingdon - Commissioned Services	8,695	8,694	(1)	84	(85)
<b>Overall Totals</b>	<b>11,084</b>	<b>11,083</b>	<b>(1)</b>	<b>84</b>	<b>(85)</b>

### Scheme Financials

2.33 Expenditure on target with Pooled Budget.

### Scheme Delivery

2.34 *Integrated homecare* - The new contract started in November for the Dynamic Purchasing System intended to address the homecare needs of the CCG and provide additional capacity for the Council where existing block contract providers are unable to assist. This is a two year pilot that is intended to help inform the model from October 2019 when the Council's block homecare contracts end. The pilot represents an increase in the integration ambitions of both the Council and the CCG.

#### Dynamic Purchasing System (DPS) Explained

A DPS is like having an electronic list of approved providers. Procurement of services through a DPS takes place electronically and is subject to certain criteria being met.

New providers can join a DPS at any time as long as they satisfy the membership rules.

2.35 *Emergency admissions from care homes - Not on track*: During the review period there were 609 emergency admissions of people aged 65 and over from care homes. On a straight line projection this would suggest a total of 812 admissions during 2017/18, which would represent a 3% increase on the 2016/17 outturn of 791 admissions. 77% of admissions from care homes were to Hillingdon Hospital, which has seen a nearly 10% (45) increase on the same period in 2016/17. It should be noted that these figures do not reflect emergency admissions to Hillingdon Hospital of people living in care homes who do not have a Hillingdon GP, which will primarily homes outside of the borough.

2.36 As a result of this data there will be more detailed analysis that will also consider London Ambulance Service (LAS) conveyances to Hillingdon Hospital, reasons for conveyance and length of stay post admission. The latter will help to shape conclusions about the appropriateness of admission.

2.38 *Care homes* - A pilot support service for four care homes started run by a GP with a specialist interest started. This will help to inform the model of GP support for care homes and extra care schemes which the CCG's Governing Body will be asked to consider in Q4.

2.37 *Care homes* - Training for care home staff on the better management of falls, a major cause of admissions to hospital from care homes, concluded. All 30 care homes supporting older people have receiving briefings in using a specially designed falls pack that provides information about key issues and approaches and 28 of these homes have sent staff on falls management training. The remaining two homes wished to rely on their corporate in-house training and corporate processes and procedures.

2.38 *Support for extra care sheltered housing schemes* - The new contract for the Care and Wellbeing Service provided in the Council's two existing extra care schemes, Cottesmore House and Triscott House, started in November. The provider, Carewatch Services Ltd will also be providing care in the two new schemes, Grassy meadow Court and Park View Court, due to open in June and September 2018 respectively. Mobilisation work is in progress and task and finish groups have been established to focus on the significant and varied actions required to deliver these schemes, which also includes how health needs of tenants will be addressed.

### **Issues/Risks**

2.39 This scheme is RAG rated as amber against delivery because of performance against emergency admissions from care homes metric.

<b>Scheme 6: Living well with dementia</b>	<b>Scheme RAG Rating</b>	<b>Green</b>
	<b>a) Finance</b>	<b>Green</b>
	<b>b) Scheme Delivery</b>	<b>Green</b>

<b>Scheme 6 Financials</b>	<b>Approved Pooled Budget 2017/18</b>	<b>Forecast Outturn to March 2018</b>	<b>Variance as at Quarter 3</b>	<b>Variance as at Quarter 2</b>	<b>Movement from Quarter 2</b>
	£000's	£000's	£000's	£000's	£000's
<b>Hillingdon CCG - Commissioned Services</b>	0	0	0	0	0
<b>LB Hillingdon - Commissioned Services</b>	300	299	(1)	(0)	(1)
<b>Overall Totals</b>	<b>300</b>	<b>299</b>	<b>(1)</b>	<b>(0)</b>	<b>(1)</b>

### **Scheme Financials**

2.42 Expenditure on target with Pooled Budget.

### **Scheme Delivery**

2.43 Linking in with Scheme 1: *Prevention and early intervention*, a range of activities continue to be in place to support people living with dementia and these include:

- **Tovertafel** - The Tovertafel is a little box that can be mounted on the ceiling above the dining room table of a care home or a table in a library. Inside the box is a high-quality projector, infrared sensors, speaker, and processor that work together to project the games onto the table. Because the colourful objects respond to hand and arm movements, residents get to play with the light itself. The first Tovertafel was installed in Uxbridge library and launched on the 24th November. A regular Friday group has been established with between 6-14 older people attending to 'play' with the table weekly. Some older people have started to book to come and use the table in their own time. Work is currently underway to develop an efficient booking system which can accommodate both groups and individuals. A further three tables are due to be installed at Northwood Hills, Ruislip Manor and Botwell libraries.
- **Dementia Action Alliance** - The final Alliance meeting of the year was held on the 15th November at Uxbridge Library. 23 partners attended. The event showcased the Tovertafel to partner organisations. As a result there have been requests from a Care Home and the Memory Clinic to bring a group in to Uxbridge library to use the Tovertafel. The Alliance will be working towards gaining dementia friendly accreditation in 2018. A series of topic based events were agreed for the new year including a first event in February focused on 'building a dementia friendly generation.' The Alliance currently has 27 partner organisations.
- **Dementia Coffee Mornings** - The coffee mornings continue at both libraries with members now attending other activities such as the Tovertafel sessions and events. There are regular new attendees at Uxbridge and new links were established with Triscott House to promote residents attendance at the Botwell Coffee morning. Overall there are 40 older people who regularly make use of the coffee mornings.
- **Dementia Friends** - Three sessions were held with a total of 15 people attending. Sessions are now booked on a bimonthly basis for 2018.
- **Dementia Friendly Walk** - The walks continue although attendance has been low during the colder weather. Plans are to link the walk with Grassy Meadow Court when it opens in the summer.
- **Christmas Extravaganza** - This was held at the Civic Centre on the 28th November for people living with dementia and older people who are housebound or socially isolated. A total of 95 older people attended the event. Transport was provided. Feedback included several older people stating this was the first time they had been out of the house in a long while. A further event is planned for Q4.

<b>BCF Programme Management Costs</b>					
<b>Programme Management Costs</b>	<b>Approved Pooled Budget 2017/18</b>	<b>Forecast Outturn to March 2018</b>	<b>Variance as at Quarter 3</b>	<b>Variance as at Quarter 2</b>	<b>Movement from Quarter 2</b>
	£000's	£000's	£000's	£000's	£000's
<b>BCF Programme Management Expenditure</b>	82	82	0	0	0
<b>Overall Totals</b>	<b>82</b>	<b>82</b>	<b>0</b>	<b>0</b>	<b>0</b>

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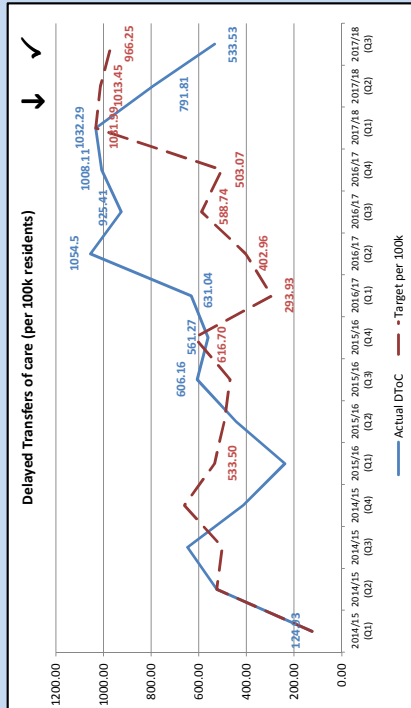
# Better Care Fund

01/04/2017 to 31/12/2017  
 Period: 9  
 Month Number:

# Appendix 2

## High Level Summary

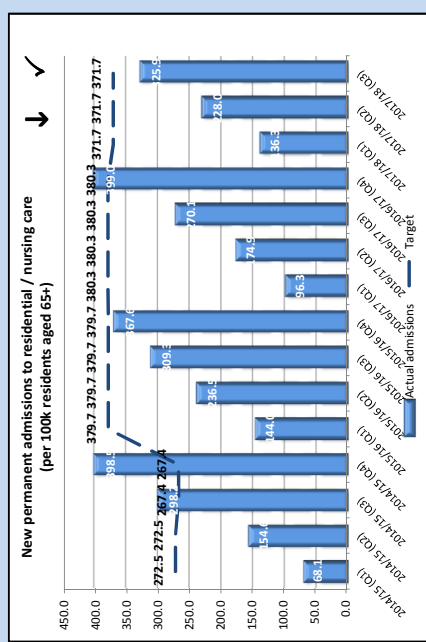
Non-Selective Admissions	Pay for performance period			
	Q1 (Apr - Jun)	Q2 (Jul - Sept)	Q3 (Oct - Dec)	Q4 (Jan - Mar)
2016 Actual	2,537	2,420	2,514	2,682
Req. Reduction for 2017	180	63	157	325
Target for 2017	2,357	2,357	2,357	2,357
Actual 2017	2,697	2,749	2,669	2,357
Difference from Target	+340	+392	+512	-2,357



Delayed Transfers of Care <small>(There is a 1 month lag on the availability of the data)</small>	To the end of period		Residents	Per 100k
	Number (1/dly)	Residents		
Baseline (2015/16)	4,196	229,303	1,829.9	
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	235,788	1,008.1	
2016/17 (Full Year)	8,364	235,788	3,547.3	
2016/17 (Target)	4,117	235,788	1,746.1	
Variance from Target	+4,247	235,788	1,801.2	
2017/18 (Q1)	2,434	235,788	1,032.3	
2017/18 (Q2)	1,867	235,788	791.8	
2017/18 (Q3)	1,258	235,788	533.5	
2017/18 (Q4)	0	235,788	0.0	
2017/18 (YTD)	5,559	235,788	2,357.6	
Variance from YTD Target	-1,444	235,788	-612.3	
2017/18 (Target)	9,337	235,788	3,959.9	
Variance from Target	-3,778	235,788	-1,602.3	

ASCOF 2B	To the end of period		Residents	Per 100k
	Number (Cum)	Residents		
% of clients still at home 91 days after discharge	93.8%	2016-17 (Target)	229,303	1,829.9
Variance from Target	N/A	2016-17 (Q4)	229,303	631.0
		2017-18 (Target)	229,303	1,054.5
		2017-18 (Q3)	235,788	1,008.1
		2017-18 (Q4)	235,788	1,032.3
		2017-18 (YTD)	235,788	791.8
		2017-18 (Q3)	235,788	533.5
		2017-18 (Q4)	235,788	0.0
		2017-18 (YTD)	235,788	2,357.6
		2017-18 (Q3)	235,788	-612.3
		2017-18 (Q4)	235,788	3,959.9
		2017-18 (YTD)	235,788	-1,602.3

Key components of BCF funding 2017/18	Budget	Outturn	Variance
HCCG Commissioned services funding	17,158	17,158	0
LBH - Protecting Social Care Funding (including Care Act New Burdens)	15,842	15,673	-169
LBH - Protecting Social Care Capital Funding	3,815	3,815	0
Overall BCF Total funding	36,815	36,646	-169



Permanent admissions to Residential / Nursing care (residents aged 65+)	To the end of period		Residents	Per 100k
	Number (Cum)	Residents		
Baseline (2015/16)	100	39,445	253.5	
2016/17 (Q1)	38	39,445	96.3	
2016/17 (Q2)	69	39,445	174.9	
2016/17 (Q3)	109	39,445	276.3	
2016/17 (Q4)	161	40,354	399.0	
2016/17 (YTD)	150	40,354	371.7	
Variance from Target	+11	40,354	27.3	
2017/18 (Q1)	55	40,354	136.3	
2017/18 (Q2)	92	40,354	228.0	
2017/18 (Q3)	134	40,354	332.1	
2017/18 (Q4)		40,354	0.0	
2017/18 (YTD Target)	112.5	40,354	278.8	
Variance from YTD Target	-21	40,354	-50.8	
2017/18 (Target)	150	40,354	371.7	
Variance from Target	-16	40,354	-39.6	

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## HILLINGDON CCG UPDATE

<b>Relevant Board Member(s)</b>	Dr Ian Goodman
<b>Organisation</b>	Hillingdon Clinical Commissioning Group
<b>Report author</b>	Caroline Morison, Joan Veysey; Jonathan Tymms; Sarah Walker
<b>Papers with report</b>	Update Paper

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses:</p> <ul style="list-style-type: none"> <li>• Business Planning 2018/19</li> <li>• Financial position 2017/18</li> <li>• QIPP performance 2017/18</li> <li>• ACP update</li> <li>• MSK re-design</li> <li>• Collaborative working</li> <li>• Changes to Governing Body</li> </ul>
<b>Contribution to plans and strategies</b>	<p>The items above relate to the HCCGs:</p> <ul style="list-style-type: none"> <li>• 5 year strategic plan</li> <li>• Out of hospital ( local services) strategy</li> <li>• Financial strategy</li> <li>• Shaping a Healthier Future</li> </ul>
<b>Financial Cost</b>	Not applicable to this paper
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	External Services Overview and Scrutiny Committee
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATION

**That the Health and Wellbeing Board 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.

## Business planning 2018/19

Operating plan guidance issued in February included a range of measures to support CCGs with an additional £1.4 billion during 2018/19 including:

- The requirement for CCGs to underspend 0.5% of their allocations has been lifted for 2018/19, releasing £370 million of CCGs' resources to fund local pressures and transformation priorities (Hillingdon benefit £2m)
- £600 million will be added to CCG allocations for 2018/19 distributed in proportion to updated target allocations (Hillingdon benefit £3m);
- a new £400 million Commissioner Sustainability Fund (CSF) will be created, to enable CCGs to return to in-year financial balance, whilst supporting and incentivising CCGs to deliver against their financial control totals.

Following publication of the guidance the current assessment of the QIPP target for Hillingdon CCG is around £15m. The CCG has identified £13.5m and is working with other CCGs to identify opportunities that will support delivery of the additional £1.5m.

Sector-wide discussions are also in train to ensure that variations to the 2 year contracts signed with providers in December 2016 are agreed by 23<sup>rd</sup> March. Hillingdon CCG is working closely with Hillingdon Hospital to reconcile financial and activity plans and ensure that the contract structure and growth assumptions align with our transformation programmes.

As reported in previous updates the CCG is working with Hillingdon Health and Care Partners (Hillingdon Hospital FT, CNWL FT, Hillingdon Primary Care Confederation and Hillingdon For All) to agree a capitated budget for the over 65 population to support the delivery of integrated care for the older population. This will form part of the finance and activity discussions with our providers and once agreed will be monitored via the outcomes framework which measures population level outcomes rather than activity.

### 3.1 Financial position 17/18

Overall at Month 09, the CCG is reporting it is on target against its YTD in-year surplus of £0.4m and forecasting achievement of its £0.5m planned in-year surplus by year end.

There is a significant overspend forecast on the CCG's Continuing Care budget of £3.2m (over 15% of budget) so the achievement of the FOT is dependent upon both full deployment of the CCG's contingency reserve and other non-recurrent items such as £1.9m of balance sheet gains from 16/17 and other budget underspends.

QIPP performance at M09 is reported as £2.4m behind plan YTD (£2m at M08) with a £3.4m FOT shortfall (£3.5m at M08). QIPP schemes are significantly back-ended with £3.7m (34%) still to be delivered in the last 3 months of the financial year in order to achieve the FOT.

With regards to the CCG's actual expenditure rate, achievement of the FOT requires the CCG to reduce its current expenditure run-rate by £1.8m compared to a straight-line extrapolation.

The CCG's 2017/18 exit underlying position at M09 is a surplus of £0.1m (£0.2m surplus at M08), which reflects a deterioration of £5.6m compared to plan. The in-year position is balanced by non-recurrent benefits of £3.4m and balance sheet gains of £1.9m.

## Overall Position- Executive Summary Month 9 YTD and FOT

Table 1

EXECUTIVE SUMMARY	Year to Date Month 9				Forecast Outturn Position		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
<b>Commissioning of Healthcare</b>							
Acute Contracts	217,263	163,468	163,948	(480)	217,066	197	(2,617)
Acute/QIPP Risk Reserve	(3,865)	0	0	0	(800)	(3,065)	(526)
Other Acute Commissioning	12,793	9,242	9,408	(166)	12,992	(200)	(20)
Mental Health Commissioning	25,507	18,922	19,177	(255)	25,722	(215)	28
Continuing Care	20,305	14,878	17,929	(3,051)	23,506	(3,200)	(188)
Community	35,501	26,517	26,436	81	35,349	152	(125)
Prescribing	35,955	27,090	27,154	(64)	35,711	245	(74)
Primary Care	41,661	30,544	29,459	1,085	39,881	1,780	0
<b>Sub-total</b>	<b>385,121</b>	<b>290,660</b>	<b>293,510</b>	<b>(2,851)</b>	<b>389,427</b>	<b>(4,306)</b>	<b>(3,522)</b>
<b>Corporate &amp; Estates</b>	<b>4,407</b>	<b>3,202</b>	<b>3,181</b>	<b>21</b>	<b>4,361</b>	<b>46</b>	<b>0</b>
<b>TOTAL</b>	<b>389,528</b>	<b>293,861</b>	<b>296,691</b>	<b>(2,830)</b>	<b>393,787</b>	<b>(4,260)</b>	<b>(3,522)</b>
<b>Reserves &amp; Contingency</b>							
Contingency	2,086	1,397	0	1,397	0	2,086	0
Uncommitted Reserves	1,764	0	0	0	1,764	0	0
2016/17 Balance Sheet Gains	(1,000)	(1,000)	(2,277)	1,277	(2,898)	1,898	0
<b>RESERVES Total:</b>	<b>2,849</b>	<b>397</b>	<b>(2,277)</b>	<b>2,674</b>	<b>(1,135)</b>	<b>3,984</b>	<b>0</b>
<b>Total 2017/18 Programme Budgets</b>	<b>392,377</b>	<b>294,259</b>	<b>294,414</b>	<b>(155)</b>	<b>392,653</b>	<b>(276)</b>	<b>(3,522)</b>
<b>Total Programme</b>	<b>392,377</b>	<b>294,259</b>	<b>294,414</b>	<b>(155)</b>	<b>392,653</b>	<b>(276)</b>	<b>(3,522)</b>
<b>RUNNING COSTS</b>							
Running Costs	5,784	4,301	4,145	155	5,508	276	103
<b>CCG Total Expenditure</b>	<b>398,161</b>	<b>298,560</b>	<b>298,560</b>	<b>0</b>	<b>398,161</b>	<b>0</b>	<b>(3,419)</b>
<b>In-Year Surplus/(Deficit)</b>	<b>488</b>	<b>366</b>	<b>0</b>	<b>366</b>	<b>0</b>	<b>488</b>	<b>0</b>
<b>MEMORANDUM NOTE</b>							
Historic Surplus/(Deficit)	7,764	5,823	0	5,823	0	7,764	0

## Year To Date Position- Acute Contracts and Continuing Care

**Table 2**

### **Acute Contracts**

	Final Budgets (£000)	Year to Date Month 9		
		YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
<b>In Sector SLAs</b>				
Chelsea And Westminster Hospital NHS Foundation Trust	2,595	1,952	1,815	137
Imperial College Healthcare NHS Trust	12,505	9,402	10,047	(645)
London North West Hospitals NHS Trust	18,048	13,519	13,311	208
Royal Brompton And Harefield NHS Foundation Trust	7,901	5,932	5,148	784
The Hillingdon Hospitals NHS Foundation Trust	140,767	106,068	107,213	(1,145)
<b>Sub-total - In Sector SLAs</b>	<b>181,815</b>	<b>136,873</b>	<b>137,533</b>	<b>(660)</b>
<b>Sub-total - Out of Sector SLAs</b>	<b>33,678</b>	<b>25,269</b>	<b>25,141</b>	<b>129</b>
<b>Sub-total - Non NHS SLAs</b>	<b>1,769</b>	<b>1,325</b>	<b>1,274</b>	<b>51</b>
<b>Total - Acute SLAs</b>	<b>217,263</b>	<b>163,468</b>	<b>163,948</b>	<b>(480)</b>

### Continuing Care

	Final Budgets (£000)	Year to Date Month 9		
		YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EMI (Over 65) - Residential	2,913	2,185	2,036	148
Mental Health EMI (Over 65) - Domiciliary	199	149	250	(101)
Physical Disabilities (Under 65) - Residential	1,895	1,421	2,288	(866)
Physical Disabilities (Under 65) - Domiciliary	2,370	1,778	1,623	154
Elderly Frail (Over 65) - Residential	1,968	1,476	2,007	(531)
Elderly Frail (Over 65) - Domiciliary	251	188	217	(29)
Palliative Care - Residential	509	382	428	(46)
Palliative Care - Domiciliary	596	447	448	(2)
<b>Sub-total - CHC Adult Fully Funded</b>	<b>10,701</b>	<b>8,026</b>	<b>9,299</b>	<b>(1,273)</b>
<b>Sub-total - Funded Nursing Care</b>	<b>3,025</b>	<b>2,269</b>	<b>2,176</b>	<b>93</b>
<b>Sub-total - CHC Children</b>	<b>1,445</b>	<b>1,084</b>	<b>1,835</b>	<b>(751)</b>
<b>Sub-total - CHC Other</b>	<b>1,325</b>	<b>994</b>	<b>1,022</b>	<b>(28)</b>
<b>Sub-total - CHC Learning Disabilities</b>	<b>3,809</b>	<b>2,506</b>	<b>3,598</b>	<b>(1,092)</b>
<b>Total - Continuing Care</b>	<b>20,305</b>	<b>14,878</b>	<b>17,929</b>	<b>(3,051)</b>

## FOT Position- Acute Contracts and Continuing Care

**Table 3**

### Acute Contracts

	Final Budgets (£000)	Year to Date Month 9			Forecast Outturn Position		
		YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
<b>In Sector SLAs</b>							
Chelsea And Westminster Hospital NHS Foundation Trust	2,595	1,952	1,815	137	2,423	172	(16)
Imperial College Healthcare NHS Trust	12,505	9,402	10,047	(645)	13,383	(878)	(87)
London North West Hospitals NHS Trust	18,048	13,519	13,311	208	17,813	235	(194)
Royal Brompton And Harefield NHS Foundation Trust	7,901	5,932	5,148	784	6,914	987	(40)
The Hillingdon Hospitals NHS Foundation Trust	140,767	106,068	107,213	(1,145)	141,665	(899)	(2,251)
<b>Sub-total - In Sector SLAs</b>	<b>181,815</b>	<b>136,873</b>	<b>137,533</b>	<b>(660)</b>	<b>182,198</b>	<b>(383)</b>	<b>(2,588)</b>
<b>Sub-total - Out of Sector SLAs</b>	<b>33,678</b>	<b>25,269</b>	<b>25,141</b>	<b>129</b>	<b>33,167</b>	<b>511</b>	<b>(29)</b>
<b>Sub-total - Non NHS SLAs</b>	<b>1,769</b>	<b>1,325</b>	<b>1,274</b>	<b>51</b>	<b>1,701</b>	<b>68</b>	<b>0</b>
<b>Total - Acute SLAs</b>	<b>217,263</b>	<b>163,468</b>	<b>163,948</b>	<b>(480)</b>	<b>217,066</b>	<b>197</b>	<b>(2,617)</b>

### Continuing Care

	Final Budgets (£000)	Year to Date Month 9			Forecast Outturn Position		
		YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
Mental Health EMI (Over 65) - Residential	2,913	2,185	2,036	148	2,684	229	
Mental Health EMI (Over 65) - Domiciliary	199	149	250	(101)	334	(134)	
Physical Disabilities (Under 65) - Residential	1,895	1,421	2,288	(866)	2,942	(1,047)	
Physical Disabilities (Under 65) - Domiciliary	2,370	1,778	1,623	154	2,141	229	
Elderly Frail (Over 65) - Residential	1,968	1,476	2,007	(531)	2,611	(643)	
Elderly Frail (Over 65) - Domiciliary	251	188	217	(29)	287	(36)	
Palliative Care - Residential	509	382	428	(46)	625	(115)	
Palliative Care - Domiciliary	596	447	448	(2)	660	(64)	
<b>Sub-total - CHC Adult Fully Funded</b>	<b>10,701</b>	<b>8,026</b>	<b>9,299</b>	<b>(1,273)</b>	<b>12,283</b>	<b>(1,582)</b>	<b>0</b>
<b>Sub-total - Funded Nursing Care</b>	<b>3,025</b>	<b>2,269</b>	<b>2,176</b>	<b>93</b>	<b>2,879</b>	<b>146</b>	<b>0</b>
<b>Sub-total - CHC Children</b>	<b>1,445</b>	<b>1,084</b>	<b>1,835</b>	<b>(751)</b>	<b>2,145</b>	<b>(700)</b>	<b>0</b>
<b>Sub-total - CHC Other</b>	<b>1,325</b>	<b>994</b>	<b>1,022</b>	<b>(28)</b>	<b>1,416</b>	<b>(91)</b>	<b>(149)</b>
<b>Sub-total - CHC Learning Disabilities</b>	<b>3,809</b>	<b>2,506</b>	<b>3,598</b>	<b>(1,092)</b>	<b>4,782</b>	<b>(973)</b>	<b>(39)</b>
<b>Total - Continuing Care</b>	<b>20,305</b>	<b>14,878</b>	<b>17,929</b>	<b>(3,051)</b>	<b>23,506</b>	<b>(3,200)</b>	<b>(188)</b>

### 3.3 QIPP performance 17/18

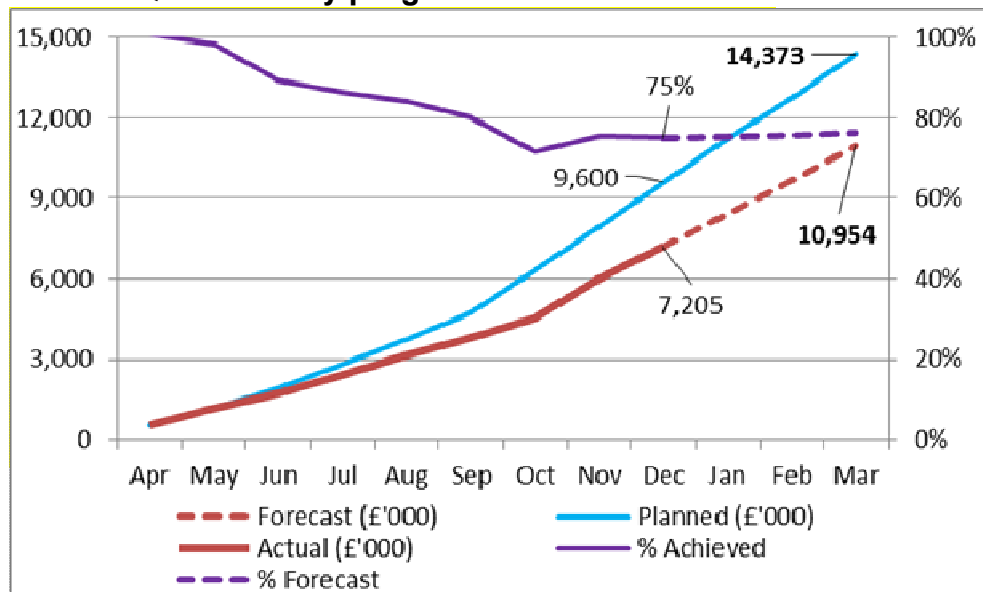
The 2017/18 QIPP target is £14.4m, or 4% of the CCG allocation.

The CCG is £2,395k behind target for M9 (Nov), achieving £7,205k of £9,600k YTD plan, or 75% delivery. QIPP delivered grew £1,1193k from M7.

Year-end delivery is forecast at £10,954k, or 76% of the QIPP target, as at M9 (Dec). This has improved slightly from £10,916 (75%) FYE forecast at M8 (Nov). An average delivery of £1,250k per month is forecast to achieve this.

Performance is impacted by delays to mobilisation of a number of STP projects, below-trajectory performance in long term conditions and primary care initiatives against challenging targets to support delivery of the required QIPP target. Where delivery against planned care QIPP has been challenged the CCG is claiming credits against a number of services that have not delivered their contracted impact in 17/18.

### 2017/18 QIPP delivery progress & forecast as at Dec 2017 – M9 YTD



### 3.4 ACP Update

Hillingdon is currently in year one of the two year testing period (2017-19) of the development and implementation of an integrated care system for people age 65 and over. Work has accelerated on the capitated payment model and risk /gain share approach, with the CCG and Hillingdon Health and Care Partners (HHCP) working jointly to develop arrangements for scaling up in 2018/19. This includes HHCP and CCG testing how to share collective responsibility for risk and gain which is proportionally shared between partners based on the ability of each party to impact on costs and savings. This will enable greater focus on managing risk as an integrated care system rather than transferring risk between parties. When developed and tested, these features will enable care to be organised and delivered regardless of provider/organisation, with ability to flex resources to secure the best outcomes, based on agreed population outcomes.

Work is also progressing on the development of both the care model with Care Connection Teams fully recruited to, and the population outcomes framework.

The mid-year review of progress for 2017/18 has been completed. As well as highlighting significant progress, the mid-year review has identified learning and areas where pace and scale can be accelerated to embed improvements for residents. This will include greater alignment of clinical transformation programs across HHCP and CCG commissioners where these can address system challenges. Hillingdon will continue to develop and test capitated payment, risk share and outcomes in 2018/19, the learning from which will inform the development of longer term arrangements for an integrated care system (accountable care) in Hillingdon by 2021 as part of our Sustainability and Transformation Plan.

### 3.5 Musculo-skeletal (MSK) pathway redesign

Hillingdon CCG is re-designing the MSK services' pathway. The proposed MSK service will be delivered as a single service, this will address the current challenges of fragmentation and duplication of referrals which impacts patient experience and leads to inefficiencies in the health system. The CCG plans to commission a seamless, pathway-based model, which would deliver the full spectrum of services from acute orthopaedic to community-based services as part of a single specified contract. The implications of the changes for patients are captured below:

Changes to access to MSK services:

- Single Point of Access: Patients will be referred to a single triage point to ensure that they access the most clinically treatment in a timely manner. The CCG is also looking at ways to speed up access to physiotherapy and avoid unnecessary GP appointments.
- The current proposals seek to increase the opening times available as these are currently limited.
- There will be no withdrawal of in-patient, out-patient, day patient or diagnostic facilities
- The current service is delivered from hospital and community sites. It is possible that the locations of service delivery may change depending on which provider is awarded the contract following the procurement process.
- It is not anticipated that the changes will unduly affect access to MSK services for people with protected characteristics. An Equality Impact Assessment is currently being undertaken and will be presented to the March Patient and Public Involvement/Engagement Committee

Changes to the methods of service delivery:

- We are exploring a model of self-referral which will involve initial telephone triage, followed by a booking into face to face physiotherapy if patients require it.
- There will be provision in the new specification for the potential development of new technology methods of service delivery (e.g. Skype consultations, apps, web-based information/support)

It is envisaged that the proposed changes to the MSK pathway will not affect the type of services and/ or the range of services available to local people. However, the manner in which patient access the service is likely to change and therefore, the CCG will shortly be commencing engagement during February and March to ensure that individual service users and patient groups potentially affected by these changes are engaged in order to inform the service specification and contribute to the on-going development of the local MSK service.

Prioritised groups for engagement include:

- Patients using current MSK services (and who have done so within the last 12months) and Current Service Providers
- Local groups supporting residents who are likely to have particular conditions relevant to MSK services e.g. Pensioners, over 50 clubs, residents with arthritis, joint pain and/ or similar conditions
- Carers/families
- Local residents/ Members of General Public
- GPs

Following the engagement process a report will be compiled incorporating all responses with the findings fed into the service specification.

### 3.6 Collaborative working

Hillingdon CCG has been working with the other 7 NWL CCGs to further develop and strengthen collaborative commissioning across our eight CCGs. In September we agreed in principle to establish a Joint Committee and to appoint a shared Accountable Officer (A.O.) and a shared Chief Financial Officer (C.F.O.), as well as to carry out further detailed design work in relation to:

- The operating model for a Joint Committee
- The current operating models of the Governing bodies and associated committees
- A refreshed financial strategy for NW London
- Developing the organisational design of CCGs in support of more collaborative working

In January CCGs agreed the remit of collaborative working (set out below) and approved the establishment of a Joint Committee that will oversee those areas in shadow form (without formal decision making powers). It is anticipated that the Joint Committee will go live with joint decision-making following CCG member votes no earlier than 1 April 2018.

	Seeking public and patient views	Assessing needs	Reviewing service provision	Deciding priorities	Designing services	Shaping structure of supply	Planning capacity & managing demand	Supporting patient choice	Managing performance
<b>Primary care (Inc. Tier 1 MH, excluding OOH &amp; 111)</b>	Primarily local	Local, with collaborative support	Local, with collaborative support	Primarily local, with collaborative input from strategy	Primarily local, with collaborative input on standards	Local	Local	Local	Local
<b>Community</b>	Primarily local	Primarily local, with collaborative support	Primarily local, with collaborative support	Primarily local, with collaborative input from strategy	Primarily local, with collaborative input on standards	Primarily local	Primarily local	Primarily local	Primarily local
<b>Tier 2 &amp; 3 Mental health</b>	Primarily local	Collaborative with local input	Collaborative with local input	Collaborative with local input	Collaborative with local input	Collaborative	Collaborative	Collaborative	Collaborative with local input
<b>Acute</b>	Primarily local	Collaborative with local input	Collaborative with local input	Collaborative with local input	Collaborative with local input	Collaborative	Collaborative	Collaborative	Collaborative with local input
<b>ACPs</b>	Primarily local	Primarily local	Primarily local	Primarily local, with collaborative input on strategy	Primarily local	Primarily local	Primarily local	Primarily local	Primarily local

The single C.F.O. for NWL has been confirmed as Neil Ferelly (previously C.F.O. for Brent, Harrow and Hillingdon CCGs). The recruitment process for the single A.O. is underway.

### 3.7 Changes to CCG Governing Body

We are pleased to confirm that Dr Simria Tanvir (North Hyde Surgery) has been appointed to the Governing Body for Uxbridge and West Drayton following Dr Sujata Chadha stepping down in November.

#### **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 2017/18
- London Primary Care Strategic Commissioning Framework

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## HEALTHWATCH HILLINGDON UPDATE

<b>Relevant Board Member(s)</b>	Turkay Mahmoud, Acting Chair
<b>Organisation</b>	Healthwatch Hillingdon
<b>Report author</b>	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	To receive a report from Healthwatch Hillingdon on the delivery of its statutory functions for this period.
<b>Contribution to plans and strategies</b>	Joint Health and Wellbeing Strategy
<b>Financial Cost</b>	None
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	N/A
<b>Ward(s) affected</b>	N/A

### RECOMMENDATION

**That the Health and Wellbeing Board note 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.

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**

Following Stephen Otter's departure as Chair at the end of December 2017 Healthwatch Hillingdon would advise that Turkey Mahmoud will be acting as Chair whilst we undergo a recruitment process. A nomination for a substitute to attend the Health and Wellbeing Board will be submitted following the next Healthwatch Hillingdon Board meeting at the end of March 2018.

### **4. ACCOUNTS 2016-2017**

The Healthwatch Hillingdon Accounts for 2016-17 were agreed by the Healthwatch Hillingdon Board in October 2017 and submitted to the Charities Commission and Companies House in December 2017.

A copy of the accounts verified by accountants Wilkins Kennedy are available at: <http://bit.ly/2CpWbLC>

### **5. 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 third quarter of 2017-18.

#### **5.1. GP "extended hours appointments" survey**

Our engagement on the views of residents on the 'extended hours appointments' being provided in primary care in the evenings and at weekends has finished. In total we had over 1000 responses. We are working to publish a full report of the results and if completed in time will provide copies for members of the Health and Wellbeing Board at this meeting.

#### **5.2. Healthwatch Hillingdon 'Bridging the Gap'**

The Local Government Association have published a best practice case study, which looks at how Healthwatch Hillingdon and the Health and Wellbeing Board have worked closely together to bring a focus to children and young people's emotional and mental wellbeing. The case study is taken from their forthcoming publication '*Lessons in local leadership and accountability for children's mental health services*'.

<http://bit.ly/2BmMGjs>

#### **5.3. Children and young people's emotional and mental wellbeing services**

It is extremely pleasing to see recent performance data, which has shown a significant reduction in the number of young people from Hillingdon in NHS mental health inpatient beds. This is really good news, and a culmination of a great effort from Central North West London (CNWL) following additional funding by the Hillingdon Clinical Commissioning Group. CNWL have also been working hard to reduce waiting lists and treatment times in main stream children and adolescent mental health service and data also shows that targets are now being met.

We have also seen a renewed focus by Hillingdon Council and Hillingdon CCG on children and young people's emotional and mental wellbeing, and a real impetus to better

coordinate and improve prevention and early intervention services, and the support provided for children in schools.

After all the hard work that has gone into reducing waiting lists and the need for inpatient beds, Healthwatch Hillingdon would hope that this impetus marks a step change in the speed in which prevention and early intervention work is progressed.

As we have evidenced, this is a real opportunity to improve the health and wellbeing of the Borough's young people and not only further reduce the need for acute children and adolescent mental health services, but the adult services of the future.

#### **5.4. Mental Health, Wellbeing and Life Skills Programme**

##### Barnhill Community High School Pilot

We are over halfway through our delivery of the Mental Health, Wellbeing and Life Skills programme at Barnhill. To date the students have shared their mental health awareness campaign and delivered a mental health survey to the whole school. Early results of the survey have provided some very interesting insights into students' views and experiences of mental health. We are currently working with the school to help students who have expressed a support need. The next step for the students involved in this work will be to write a report on the survey's findings and present their work to the whole school and a delegation of professionals from the Council, Clinical Commissioning Group and NHS providers.

##### Northwood School

The learning taken from the pilot programme at Barnhill has already enable us to enhance the programme for future delivery.

This will be tested from late February when we begin the delivery a shortened version of the Mental Health, Wellbeing and Life Skills Programme with Year 10 students at Northwood School as part of their PSHE curriculum.

##### Global Academy

We would advise that Healthwatch Hillingdon have been selected by Global Academy in Hayes as the charity it's Year 12s will work with on their Enterprise Assignment Project. This project involves Year 12 students receiving a brief from different organisations and creating a multiplatform advertising and promotion content to fit this brief. We have given them the task to raise awareness of mental health with a particular focus on stigma and discrimination, encouraging young people to talk about mental health and to reach out for help when they need it. Students will pitch their ideas to us on Tuesday 20 March 2018. The media produced will then be used in a campaign to promote and widen the awareness of emotional and mental wellbeing across the borough.

#### **5.5. Young Healthwatch Hillingdon (YHwH)**

We have now recruited 17 young volunteers between the ages of 11 and 20 to our YHwH Programme. In partnership with the Council we delivered a welcome and training event during February half term. At the event our young volunteers received training to help build their knowledge, skills and confidence to begin their role with YHwH.

The programme is now accredited through the Council's Hillingdon Young Volunteer Awards project and we already have interest from organisations about involving YHwH in a

variety of projects, which will see them engage with their peers to give children and young people in Hillingdon a voice.

## 6. ENQUIRIES FROM THE PUBLIC

Healthwatch Hillingdon recorded 247 enquiries from the public this quarter. This resulted in 118 people's experiences being logged on our Customer Relationship Management database and 129 residents being the recipient of our information, advice and signposting service.

### 6.1. Experiences

At the last Health and Wellbeing Board, members asked Healthwatch if we could provide overall trends and themes for the feedback we receive. The reasons for people contacting us is varied and therefore although there are trends and themes, as the next table shows, these are generally across different organisations and specialities.

Hospital Services		Social Care Svs		Primary Care / Community Svs		Other Services	
Accident & Emergency	6	Assisted Living	2	Community Nursing Service	2	Community Stroke Support	1
Acute services with overnight beds	1	Care of the Elderly	1	Community Mental Health Team (CMHT)	4	Continuing Health Care	2
Audiology	1	Children Services	1	Community services for people with a learning disability	3	Equipment Service	1
General surgery	1	Day Care	2	Community Transport	2	NHS 111	2
Maternity	2	Domiciliary Care/Care at home	1	Dentist	2	Other (Community services)	2
Ophthalmology	3	Nursing Care Home	1	GP Practice	16		
Orthopaedics	3	Occupational Therapy	1	Pharmacy	3		
Physiotherapy	1	Residential Care Home	2				
Acute Mental Health/ Psychiatry	5						
Renal Medicine	1						
Respiratory Medicine	1						

We do not feel that reporting these in this way would be beneficial to the Board, however, as we continue to monitor the experience data we receive, we do see exceptions and it is these that we have highlighted to the Board in the past and will continue to report.

## Overview

Due to the nature of our service the majority of the 118 people who contact us to feedback on the service they had received, did so because they are unhappy with an element of their care. This quarter almost 70% of the experiences we recorded were negative, with 35 people listing their feedback as a complaint.

The top 5 reasons for negative feedback listed by people are:

Service delivery by organisation or staff	41	20%
Staff attitude	35	17%
Quality of care	23	11%
Other	20	10%
Quality of treatment	12	6%

These were as a result of a number of issues, the top 5 being:

Access to services	40	21%
Information provided	21	11%
Diagnosis	17	9%
Booking appointments	16	8%
Waiting times for treatment	14	7%

The top 5 professionals mentioned by people involved in their negative experience are:

Doctors	28	28%
All my care professionals	20	20%
Receptionists	12	12%
Nurses	11	11%
Administration	10	10%

## Report by exception

This month there is a particular area we would bring to the Boards attention which we have identified, which although primary relates to the recommissioning of community dental services by NHS England it raises a wider question around the oversight of service procurement within the borough.

One of the complaints we received this quarter was from an individual who advised us they had been receiving the community dental service in Uxbridge provided by Central and North West London NHS FT for many years and they had now been told they would have to go to the Whittington Health NHS Trust, in Archway, North London.

On investigation we found that NHS England had undergone a pan-London procurement exercise to recommission all community dental services. NHS England advised that the contract in Hillingdon was awarded to the Whittington Health NHS Trust and although it was due to commence in April 2017, to date, this had not happened. They advised that this was because CNWL did not want to make their premises available to the successful bidder and the Whittington have been looking to secure alternative premises in Hillingdon to deliver the service. CNWL have advised that there are other reasons why they could not make the premises available and that they had informed NHS England from the outset of the procurement. In the interim NHS England have continued to provide a service to

Hillingdon patients by extending the contract they had with CNWL until such time as the new premises are found.

There was a similar outcome experienced when London Borough of Hillingdon Public Health carried out procurement of sexual health services in 2016/2017. Not only did the winning bidder have to find alternative premises, but the award of the contract had a destabilising effect upon the sustainability of the sexual wellbeing service at Hillingdon Hospital, provided for people living with HIV.

Regardless of the reasons behind the difficulties following these procurements, it does raise a general question for Healthwatch Hillingdon about the oversight of procurement in the Borough. Especially when run by external commissioners, such as NHS England.

We feel that mechanisms need to be put in place to give the Health and Wellbeing Board and External Services Scrutiny Committee, knowledge and oversight of such procurements. This should include receiving adequate assurances of how the residents of Hillingdon have informed the procurement. And how Hillingdon's wider health and social care economy are to be engaged in completing thorough impact assessments. Such a mechanism should ensure issues are foreseen during the procurement process and safeguard both the public and providers from the adverse effects to services we have highlighted in this report.

## 6.2. Signposting Service

During this quarter we recorded a total of 129 enquiries from residents which resulted in us providing information, advice, signposting or referral. 78 of these we would categorise as universal and 51, as a result of advising individuals following a complaint, or concern.

We continue to signpost to a wide range of statutory and voluntary organisations across health and social care. There is no pattern or major themes that have arisen this quarter, and when aggregating with previous quarters it shows the same varied picture.

How did we assist?	Qty	%
Signpost to a health or care service	45	38%
Signpost to voluntary sector service	42	36%
Requesting information / advice	22	19%
Requesting help / assistance	2	2%
General Enquiry	18	15%
Unknown	0	0%
<b>Total</b>	<b>129</b>	

Signposted to?	Qty	%
GP	15	13%
Voluntary - other	13	11%
Citizens Advice	12	10%
NHS - Other	11	9%
LBH - Social Services	8	7%
Mental Health	8	7%
DASH	8	7%

## 6.3. Referring to Advocacy

We have referred several individuals this quarter to make sure residents were supported with their issues. The majority of these were to POhWER for NHS complaints advocacy and Action against Medical Accidents (AvMA), for support following harm suffered during medical care.

<b>Advocacy Referrals</b>	<b>Qty</b>
POhWER	9
AvMA	4
LBH Safeguarding	2
NHS England GP Complaints	2
<b>Total</b>	<b>17</b>

## **7. ENGAGEMENT OVERVIEW**

This quarter we directly engaged with over 2000 people through our targeted approach at a wide variety of community events. Our attendance enabled us to speak to residents of all ages, backgrounds and borough localities.

### **GP Access Project**

Engagement activities for this quarter focused on gathering residents' views on the recently launched 'extended hours GP service', as part of our Access to GP Services project.

Between early November and late December; we spoke to over 1000 residents at various locations and events across Hillingdon and invited them to complete our survey to obtain their views on this service.

An online version of the survey was also available and extensively promoted throughout Hillingdon including; Hillingdon Council, Brunel University, the CCG, libraries and to many of the community groups we currently work in partnership with. This resulted in an additional 300 surveys being completed online.

Some of the events we attended this quarter as part of our engagement for this project included; Afternoon Tea at Hillingdon Fire station, Christmas Jumper Day at Hillingdon Sports and Leisure Complex and a Health & Wellbeing Day at Uxbridge College. We also hosted a stall in the waiting area of Mount Vernon Hospital and spoke to patients while they waited to be called for their appointments.

Our engagement for the GP Access Project also enabled us to raise awareness of the work of Healthwatch Hillingdon as we handed out Healthwatch literature to many of the residents we spoke to.

### **Young Peoples Projects**

Our work in schools and with youth organisations to recruit our Young Healthwatch volunteers has enabled us to reach 766 young people and staff. As these projects become established the profile of Healthwatch and the individuals we can inform and help, is going to increase exponentially.

### **Hillingdon Carers Reading Group**

At the Hillingdon Carers Reading Group which is held weekly at Yeading Library, we spoke with carers about their views on local services from a carers perspective. The group expressed their dissatisfaction at not being prioritised for GP appointments which was a

real issue for these carers because they have far less flexibility to see a GP because of their caring responsibilities

### **Afternoon tea at Hillingdon Fire Station**

A highlight of our engagement this quarter was an invitation to host a stall at an afternoon tea event held at Hillingdon Fire Station before Christmas. Hillingdon Fire Station had opened its doors to 20 older residents who enjoyed tea, cakes and a lively Christmas Choir with the Borough Commander and his team.

We were one of only two stall holders invited to the event and the team at Hillingdon Fire Station were happy for us to speak to all the residents about our work and hand out literature.

### **Volunteering**

This quarter our volunteers have continued to represent Healthwatch Hillingdon at meetings, at engagement events and in the office by editing our newsletter and entering data onto our CRM database.

However, due to the absence of our volunteer coordinator during September and October, some volunteers were unable to continue their role until their return. As a result, volunteers logged a total of 363 hours this quarter, which was significantly lower than the previous period.

We are confident that these figures will pick again during the next quarter as existing volunteers settle back into their roles and we recruit volunteers to fill new and vacant roles.

### **Social Media**

Twitter followers have remained relatively unchanged over the current quarter with only a small increase between October – December 2017. However, figures for tweet impressions - which tell us how many times a tweet has been seen; almost doubled in October and November compared to the previous three quarters.

This tells us that although we did not gain many followers over the last few months; there has been a significant increase in the number people who have seen our tweets. And interestingly, our most viewed tweet this quarter and in fact for the last 12 months was for our Access to GP services survey which gained over 11,000 impressions.

Post engagement figures for Facebook peaked in December with an engagement reach of 29. This figure reflects an increase in activity during December for instance we uploaded posts for Young Healthwatch, our GP survey and Healthwatch Christmas closure.

We continue to use Instagram as a visual platform for showcasing our work and although we do not report on the figures, we continue to build our followers. More recently we posted an image of our GP Access leaflets which generated likes and comments.

	October	November	December
Twitter Followers	1182	1187	1187
Tweet Impressions (1000s)	26,800	26700	15600
Post Visits	470	794	611
Facebook likes	415	416	412
Facebook Post Engagement	18	10	29

## 8. ENTER AND VIEW ACTIVITY

### Patient Led Assessments of Care Environments (PLACE)

Healthwatch Hillingdon assessors continued to support The Hillingdon Hospitals NHS Foundation Trust by assisting in PLACE at both Hillingdon and Mount Vernon Hospitals. There were only 2 assessments scheduled for this quarter, in November, and 2 assessors joined the Trust on both days.

## 9. FINANCIAL STATEMENT

To end of Quarter 3 - 2017-2018

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	124,686
Bought forward 2016/2017*	5,886
Additional income	12,694
Total income	143,266
Expenditure	
Operational costs	9,763
Staffing costs	105,629
Office costs**	7,793
Total expenditure	123,185
Surplus to c/f	20,081

\*Audited figure

\*\*Rates and Insurance paid in month 1 for whole year

## 10. KEY PERFORMANCE INDICATORS

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 2017-2019.

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

## Key Performance Indicators 2017/18

KPI no.	Description	Relevant Strategic Priority	Monthly Target 2017-18	Q1			Q2			Q3			Q4			Accumulative Totals	
				2015-2016	2016-2017	2017-2018	2015-2016	2016-2017	2017-2018	2015-2016	2016-2017	2017-2018	2015-2016	2015-2016	2017-2018	Target	Actual
1	Hours contributed by volunteers	SP4	525	550	637	540	625	522	504	462	491	363	729	516		1575	1407
2	People directly engaged	SP1 SP4	300	354	434	220	333	270	675	250	634	2027	354	347		900	2922
3	New enquiries from the public	SP1 SP5	125	232	177	208	402	296	286	241	173	247	227	248		375	741
4	Referrals to complaints or advocacy services	SP5	N/A*	9	12	24	14	8	23	7	1	17	7	18		N/A*	64
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	50	49	93	62	60	69	70	54	69	52	72	58		150	184
6	Consumer group meetings / events	SP1 SP7	10	22	16	26	25	15	23	10	15	13	22	22		30	62
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	0	0	0	0	1	1	0	0	0		N/A*	0
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	7	3	5	4	3	2	3	3	2	7	7		N/A*	9

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

## UPDATE: STRATEGIC ESTATE DEVELOPMENT

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

### 1. HEADLINE INFORMATION

<b>Summary</b>	This paper updates the Health and Wellbeing Board on the CCG strategic estate initiatives and the proposed spend of S106 health facilities contributions in the Borough.
<b>Contribution to plans and strategies</b>	Joint Health & Wellbeing Strategy, Out of Hospital Strategy, Strategic Service Delivery Plan
<b>Financial Cost</b>	To be identified as part of the business case for each individual project
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	N/A
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATION

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

### 3. HILLINGDON ESTATE STRATEGY - OVERVIEW

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.

### 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 estates plan

- § The need to progress the aims of the Out of Hospital strategy. Focussing investment in locations which support implementation of the strategy at Uxbridge/West Drayton, North Hillingdon and Hayes & Harlington
- § The need to secure long term premises solution for the Shakespeare Medical Centre and Yeading Court Surgery.
- § The need to address poor primary care infrastructure by making sure GP practices are in the right location and in fit for purpose accommodation.
- § To build primary care estate capacity in Hayes Town to respond to the growth derived from the Housing Zone.
- § To secure a replacement site for Yiewsley Health Centre and build additional capacity to respond to local residential development.
- § The need to improve access to health care for people living in the Heathrow Villages.
- § Consideration of any potential impact from the Southall Gas Works site development on Hillingdon practices.

- § To develop a plan for the future of the Northwood and Pinner Community Hospital that respects the heritage of the site and realises the potential of its location.
- § Consider any opportunity created by the future plans of Brunel University.
- § Support The Hillingdon Hospital Trust with its master planning for both sites.

Current status of strategic estate priorities

The table below summarises the projects and the current status.

Project	Status	Indicative Timeline
Create an Out of Hospital Hub in North Hillingdon	The CCG has completed a Project Initiation Document for the creation of a new Out of Hospital Hub for the North of the Borough preferably on the Mount Vernon Hospital site. In addition to considering locating the Hub on the Mount Vernon site the CCG has also explored the option of the Hub being located on the former Northwood and Pinner Community Hospital site as part of the potential re-provision of Northwood Health Centre. This option would be dependent upon the outcome of NHS Property Services (NHS PS) discussions with the Council planning team.	Site options appraisal completed Dec 2017.  Target date for outline business case May 18  Projected project completion April 2020
Create an Out of Hospital Hub in Uxbridge and West Drayton	The CCG has continued to work in partnership with Central and North West London NHS Foundation Trust (CNWL) to identify a potential location for the Hub. A feasibility study has been undertaken that identifies that there is development potential on the existing Uxbridge Health Centre site to meet the Hub requirements. The CCG has completed an Options Appraisal that identifies a redevelopment on the Uxbridge Health Centre site as the preferred option. The CCG will now commence production of the outline business case and as part of this work establish where services may be decanted to whilst the development takes place.	Site options completed Dec 17.  Target date of outline business case May 18  Projected project completion April 2020
Building capacity for Hayes and Harlington	The CCG, working in partnership with the Council, has been successful in securing circa 900m2 of accommodation for a new health facility as part of the Old Vinyl Factory development. The Section106 agreement has now been signed and the provision of a health facility, subject to commercial terms being agreed, has been secured. Using Council housing projections the CCG has established a further requirement of circa 600 m2 of health care space in Hayes to accommodate the new population. The inclusion of a health facility is to be considered as an option at the canteen building at the former Nestles site..	S106 agreed for the OVF  Detailed design and commercial negotiations to commence April/May 18
New premises for Shakespeare Medical Centre and Yeading Court Surgery	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 signed by the practice. The Cabinet has agreed to proceed with a planning application for the scheme. Project meetings between the Council, CCG and practices continue to oversee scheme development.	Planning application submitted Dec 17 and decision due March 18
Yiewsley Health Centre	The CCG has been successful in securing funding to refurbish vacant space at the site into additional clinical accommodation. This will create additional capacity for primary care provision at the site. In addition a proposal to spend some health S106 funding on improving the entrance, reception and waiting area has been agreed. A long term solution for the site is still being explored with the support of CNWL and the Council planning team.	NHS England due diligence completed Dec 17 and release of funding agreed  Target date for project commencement March 18
Future of	The project team appointed by NHSPS continue to work on	Planning pre-application

<p>Northwood and Pinner Community Hospital</p>	<p>plans to re-provide the current health facilities whilst maximising value and ensuring best use of the site is achieved.</p> <p>NHS PS and the CCG had a very positive initial meeting with the occupants at Northwood Health Centre towards the end of 2017, providing an update on the redevelopment plans for Northwood and Pinner Hospital site. There will be continued engagement with the occupants as the project progressed and an engagement plan will be developed to share and inform patients and the wider community of the proposals.</p> <p>Further to the meeting with the Council in July 2017 there has been a date set in February 2018 for a pre-application meeting with the Hillingdon planning team. This is with the intention of submitting a planning application at the earliest possible date</p> <p>Following the options appraisal process for the North Hillingdon Hub the potential for including the Hub space requirement within the future plans for the Hospital site will be explored.</p>	<p>process target February 18</p>
<p>Improving Access to Primary Care</p>	<p>The CCG continues to review the quality and capacity of primary care premises across the Borough. A primary care strategy has been developed and was approved by the CCG in November 2017.</p> <p>Thirteen GP practices have received NHS funding to invest in improving practice premises. The total amount of investment being made totals £2.7 million and will benefit more than 70,000 patients.</p> <p>The three schemes to be delivered in 2018/19 have now been given formal approval to proceed by NHS England.</p>	<p><b>Parkview Surgery</b> completed in 2016  <b>Wood Lane Medical Centre</b> completed in 2016  <b>Hillingdon Health Centre</b> completed in 2016  <b>Cedar Brook Practice</b> completed in 2016  <b>King Edwards and Swakeleys Medical Centres</b> completed in 2017  <b>Otterfield Medical Centre</b> completed in 2017  <b>Kincora Surgery</b> funding awarded in Oct 2017 works underway  <b>Heathrow Medical Centre</b> works progressing on site – expected to complete May 2018  <b>Yiewsley HC</b> – works to commence in March 18 and expected to be completed end of June 2018.  <b>St Martin’s Medical Centre</b> planning consent for revised scheme obtained and confirmation of project commencement awaited.  <b>Three</b> other schemes due for delivery in 2018/19</p>

NHS financial considerations

The NWL Strategic Outline Case Part 1 (SoC1) for the first tranche of capital required to deliver the Shaping Healthier Future and Strategic Transformation Plan estates projects has been approved by NHS England. The SoC was a bid for £513m of capital funding to invest in

buildings and facilities for GP practices and Hubs across NW London and acute hospitals in outer NWL.

In Hillingdon, this includes:

- additional investment in a number of GP practice premises to improve access, clinical capacity and quality;
- the capital investment required to deliver the North Hillingdon and Uxbridge & West Drayton Hubs; and
- the expansion of A&E and the maternity unit at Hillingdon Hospital.

The SoC will also require the approval of NHS Improvement, the Department of Health and Treasury and a programme is in place for approvals to be progressed throughout the remainder of the year.

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.

## **S106 HEALTH CONTRIBUTIONS HELD BY THE COUNCIL**

Appendix 1 attached to this report details all of the s106 health facilities contributions held by the Council as at 31st December 2017. The Council has not received any new contributions since the last report to the Board in December. As at 31st December 2017, the Council therefore held a total of £1,298,174.40 towards the provision of health care facilities in the Borough.

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. A request to allocate individual contributions towards further schemes will be submitted as each scheme is brought forward.

Since the last report to the Board in December, NHS PS has formally requested that a total of £87k from six separate s106 health facilities contributions is allocated towards a scheme to provide additional clinical space at the existing Yiewsley Health Centre. The scheme as outlined in the table above, is intended as an interim measure until a location for a new health Centre has been determined.

In line with the Council's S106 allocation process, a Cabinet Member Report to request the allocation and release of the funds towards the scheme was submitted in December and received Cabinet Member Approval on 17 January 2018. These funds have subsequently been transferred to NHS PS to be spent towards the scheme.

To note included in the allocation are two contributions held at case references H/20/238F (£31.4K) and H/37/301E (£13K) which have spend deadlines within the next 18 month period. These contributions were originally earmarked by Hillingdon HCCG towards the provision of a new health hub in the North of the Borough. However, given the short timescales for spending these contributions, they have been included in the allocation towards the Yiewsley Health Centre scheme. This will ensure that they are utilised towards an eligible scheme within the prescribed time limits.

## HILLINGDON COUNCIL FINANCIAL IMPLICATIONS

As at 31 December 2017, there is £2,881,271 of Social Services, Housing, Health and Wellbeing S106 contributions available, of which £1,583,097 has been identified as contributions towards affordable housing. The remaining £1,298,174 is available to be utilised towards the provision of facilities for health and £564,596 of these contributions have no time limits attached to them.

The S106 contributions referenced H/20/238F and H/37/301E have a time limit to spend by February 2018 and July 2018 respectively. In order to avoid returning both these contributions to the developer and due to the short utilisation time remaining, both contributions have been used towards the Yiewsley Health Centre refurbishment scheme. In total £89k has been transferred to NHS Property Services in early February 2018 to utilise towards the Yiewsley Health Centre refurbishment scheme.

Officers in conjunction with the CCG and NHSP continue to work actively towards allocating all outstanding health contribution to eligible schemes. To date funds totalling £1,161,840 are provisionally earmarked towards proposed health hub schemes as detailed by below:

<b>Proposed Health Hub Scheme</b>	<b>Amount</b>
North Hub	140,484
Uxbridge / West Drayton Hub	520,593
Yiewsley Health Centre Refurbishment	88,691
New Yiewsley Health Centre	408,170
Pine Medical Centre	3,902
<b>Total Earmarked</b>	<b>1,161,840</b>
<b>To be determined</b>	<b>136,334</b>
<b>Total</b>	<b>1,298,174</b>

The remaining balance of £136,334 comprising three separate contributions is yet to be earmarked to any schemes although it is anticipated that they will be expedited by their respective deadlines. The contributions are £35,621 (ref H/30/276G), £19,385 (ref H/69/404F) and £81,329 (ref H/70/40M) respectively.

## HILLINGDON COUNCIL LEGAL IMPLICATIONS

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.

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CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2018)
			AS AT 31/12/17	AS AT 31/12/17			
H/11/195B *57	Ruislip	Highgrove House, Eastcote 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/22/239E *74	Eastcote	Highgrove House, Eastcote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/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 facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/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 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.
H/34/282F *92	West Ruislip	Lyon Court, 28-30 Pembroke Road, Ruislip 66985/APP/2011/3049	15,031.25	15,031.25	2019 (Feb)	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.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2018)
			<b>AS AT 31/12/17</b>	<b>AS AT 31/12/17</b>			
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.
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
<b>Total "earmarked " towards North Hub</b>			<b>140,483.58</b>	<b>140,483.58</b>			
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.
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 facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/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.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2018)
			<b>AS AT 31/12/17</b>	<b>AS AT 31/12/17</b>			
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 facilities 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 provision 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.
<b>Total "earmarked" towards Uxbridge/West Drayton Hub</b>			<b>697,951.28</b>	<b>520,592.97</b>			
H/32/284C *89	Yiewsley	Former Honeywell site, Trout Road, West Drayton (live/work units). 335/APP/2010/1615	5,280.23	5,280.23	No time limits	<b>Yiewsley HC ( refurb)</b>	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend. <b>The location of the new health centre is still to be determined. These funds have therefore been allocated towards an interim scheme to refurbish and improve the existing health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2018)
			<b>AS AT 31/12/17</b>	<b>AS AT 31/12/17</b>			
H/33/291C *91	West Drayton	Former Swan PH, Swan Road, West Drayton. 68248/APP/2011/3013	5,416.75	5,416.75	No time limits	<b>Yiewsley HC ( refurb)</b>	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises at local level. Any new facility required to compensate for loss of a health facility caused by the development. <b>The location of the new health centre is still to be determined. These funds have therefore been allocated towards an interim scheme to refurbish and improve the existing health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
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 health 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)	<b>Yiewsley HC ( refurb)</b>	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). <b>The location of the new health centre is still to be determined. These funds have therefore been allocated towards an interim scheme to refurbish and improve the existing health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS</b>
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).
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.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2018)
			<b>AS AT 31/12/17</b>	<b>AS AT 31/12/17</b>			
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)	Yiewsley HC ( refurb)	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. <b>The location of the new health centre is still to be determined. These funds have therefore been allocated towards an interim scheme to refurbish and improve the existing health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
H/67/402E	Yiewsley	21 High Street, Yiewsley 26628/APP2014/675	18,799.72	18,799.72	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 limit for spend
H/20/238F *72	West Ruislip	Former Mill Works, Bury Street, Ruislip. 6157/APP/2009/2069	31,441.99	31,441.99	2018 (Feb)	Yiewsley HC ( refurb)	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. <b>Due to the short time scale for spending this contribution, these funds have been allocated towards a scheme to improve Yiewsley Health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
H/37/301E *95	Northwood	37-45 Ducks Hill Rd, Northwood 59214/APP/2010/1766	12,958.84	12,958.84	2018 (July)	Yiewsley HC ( refurb)	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. <b>Due to the short time scale for spending this contribution, these funds have been allocated towards a scheme to improve Yiewsley Health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
<b>Total "earmarked" towards existing/new Yiewsley Health Centre</b>			<b>496,861.03</b>	<b>496,861.03</b>			
H/18/219C *70	Yeading	Land rear of Sydney Court, Perth Avenue, Hayes. 65936/APP/2009/2629	3,902.00	3,902.00	No time limits	Pine Medical Centre	Funds received towards the cost of providing health facilities in the Authorities Area. No time limits. £1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval. Confirmation received from NHS PS to confirm that the scheme is still valid. £1,800 allocated towards Pine Medical Centre improvements (Cabinet Member Decision 29/05/2015).
<b>Total "earmarked" towards Pine Medical Centre</b>			<b>3,902.00</b>	<b>3,902.00</b>			

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2018)
			<b>AS AT 31/12/17</b>	<b>AS AT 31/12/17</b>			
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.
H/69/404F	Botwell	The Gatefold Building, land east of the former EMI site , Blyth Road, Hayes 51588/APP/2011/2253	19,384.77	19,384.77	2024 (Apr)	To be determined	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health services at the 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 (April 2024).
H/70/40M	Botwell	Old Vinyl Factory (Boiler House & Materials Store), Blyth Rd, Hayes. 59872/APP/2012/1838 & 59872/APP/2013/3775	81,329.25	81,329.25	2024 (Jul)	To be determined	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. Fund to be spent within 7 years of receipt (July 2024).
<b>To be determined</b>			<b>212,837.08</b>	<b>136,334.82</b>			
		<b>TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES</b>	<b>1,552,034.97</b>	<b>1,298,174.40</b>			

## BOARD PLANNER & FUTURE AGENDA ITEMS

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Nikki O'Halloran, Chief Executive's Office
<b>Papers with report</b>	Appendix 1 - Board Planner 2018/2019

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2018/2019 Board Planner, attached at Appendix 1.

### 3. INFORMATION

#### Supporting Information

##### Reporting to the Board

The draft Board Planner for 2018/2019, 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 2018/2019 were considered and ratified by Council at its meeting on 18 January 2018 as part of the authority's Programme of Meetings for the new municipal year. The dates and report deadlines for the 2018/2019 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.

## BOARD PLANNER 2018/2019

26 June 2018  2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Friday 8 June 2018
	Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	<b>Agenda Published:</b> 18 June 2018
	Hillingdon CCG Update (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Hillingdon CCG Operating Plan	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Final Sustainability and Transformation Plan (STP)	LBH / CCG	
	<b>PART II</b> - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	<b>PART II</b> - Update: Strategic Estate Development (SI)	HCCG	
25 Sept 2018  2.30pm Committee Room 6	Business / Reports	Lead	
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Friday 7 September 2018
	Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	<b>Agenda Published:</b> 17 September 2018
	Hillingdon CCG Update Report (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Healthwatch Hillingdon Update (SI) - <i>including Annual Report</i>	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	HCCG Commissioning Intentions 2018-19	HCCG	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Local Safeguarding Children's Board (LSCB) Annual Report	LBH	
	Safeguarding Adults Partnership Board (SAPB)	LBH	
	<b>PART II</b> - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	<b>PART II</b> - Update: Strategic Estate Development (SI)	HCCG	

<b>4 Dec 2018</b>	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Friday 16 November 2018  <b>Agenda Published</b> 26 November 2018
	Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update Report (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Hillingdon's Joint Strategic Needs Assessment	LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Board Planner & Future Agenda Items (SI)	LBH	
	<b>PART II</b> - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	<b>PART II</b> - Update: Strategic Estate Development (SI)	HCCG	

<b>5 Mar 2019</b>	<b>Business / Reports</b>	<b>Lead</b>	<b>Timings</b>
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Friday 15 February 2019  <b>Agenda Published:</b> 25 February 2019
	Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update Report (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	HCCG Operating Plan	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Annual Report Board Planner & Future Agenda Items (SI)	LBH	
	<b>PART II</b> - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	<b>PART II:</b> Update: Strategic Estate Development (SI)	HCCG / LBH	

\* SI = Standing Item

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

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