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Health and Wellbeing Board

Date: **TUESDAY, 12 DECEMBER 2017**

Time: **2.30 PM**

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

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

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

Statutory Members (Non-Voting)
Statutory Director of Adult Social Services
Statutory Director of Children's Services
Statutory Director of Public Health

Co-Opted Members
The Hillingdon Hospitals NHS Foundation Trust
Central & North West London NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Hillingdon Clinical Commissioning Group (officer)
Hillingdon Clinical Commissioning Group (clinician)
LBH - Deputy Director: Housing, Environment, Education, Health & Wellbeing

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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 26 September 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	

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Health and Wellbeing Board Reports - Part II (Private and Not for Publication)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

Minutes

HEALTH AND WELLBEING BOARD

26 September 2017

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

	Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman), Catherine Dann and Douglas Mills, and Dr Ian Goodman **Statutory Non Voting Board Members Present**: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health **Co-opted Board Members Present:** Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust 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 **LBH Officers Present**: 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), John Wheatley (Senior Policy Officer) and Nikki O'Halloran (Democratic Services Manager)
15.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis and Ray Puddifoot and Mr Bob Bell, Ms Robyn Doran (Ms Maria O'Brien was present as her substitute), Mr Nick Hunt, Mr Rob Larkman (Ms Caroline Morison was present as his substitute) and Ms Allison Seidlar.
16.	**TO APPROVE THE MINUTES OF THE MEETING ON 27 JUNE 2017** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 27 June 2017 be agreed as a correct record.**
17.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* It was confirmed that Agenda Items 1 to 14 would be considered in public. Agenda items 15 and 16 would be considered in private. It was agreed that Agenda Item 10 would be taken after Agenda Item 6.
18.	**HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021** *(Agenda Item 5)* The Chairman welcomed the significant amount of work had been undertaken in

	relation to the development of the Joint Health and Wellbeing Strategy over the summer. At its last meeting, the Health and Wellbeing Board members had been critical of the Strategy with regard to it not fully reflecting a Hillingdon dimension, including reflecting issues faced such as air quality, obesity, etc. Discussions had been undertaken at the Transformation Board and, although great progress had been made to include local factors, further work would be needed on the presentation of the information to make it more user friendly via the consultation. It was noted that there would be an opportunity for further work on the Strategy up to the next Health and Wellbeing Board meeting on 7 December 2017. **RESOLVED: That the Health and Wellbeing Board agreed to the draft Hillingdon Joint Health and Wellbeing Strategy 2018-21 being issued for consultation with findings brought back to the Board for consideration at its meeting on 7 December 2017.**
19.	**2017-2019 BETTER CARE FUND PLAN** *(Agenda Item 6)* The report consolidated the information that had previously been included in the report considered by the Health and Wellbeing Board at its meeting in June 2017 and provided detail of the 2017-2019 Better Care Fund (BCF) Plan. It was noted that the guidance for the Plan had not been received until very late, and even then clarification was required. Although the new improved BCF money had been intended to relieve the pressure on social care, the BCF guidance now had a new focus on delayed transfer of care (DTOC). The imposed DTOC targets appeared to be challenging and not without risk but, overall, were felt to be achievable and it would be important to ensure that all agencies worked together as a partnership to achieve them. The Chairman noted that if any funding were to be taken away as a result of underperformance, the Council would strongly object. Key developments under the proposed plan included the closer alignment between Adult Social Care and the Care Connection Teams and maximising the benefits from the purpose-built Dementia Resource Centre at Grassy Meadow Court extra care scheme. Work was also underway to establish the business case for the Accountable Care Partnership to enable the Council to decide whether to join. It was noted that there had been a disconnect nationally between the NHS and local government requirements with regard to DTOC. The local government view recognised that any hospital closing its doors over the winter would be a greater immediate priority than social care but argued that adequate separate funding should, therefore, be in place for DTOC rather than being taken out of other essential budgets. To reduce the number of avoidable admissions and avoid a possible crisis this winter, it was suggested that flu vaccinations be promoted as soon as possible amongst hospital staff and vulnerable residents. In 2016, 80% of Hillingdon Hospital staff were vaccinated and a campaign would be undertaken again this year to promote the initiative. **RESOLVED: That the Health and Wellbeing Board:** **1) approved the 2017/19 Better Care Fund plan for submission to the London Regional Assurance Team by 29 September 2017 as described in the report or with any amendments that it required;**

	2) delegated authority to make any further amendments to the plan following the assurance process to the Corporate Director of Adult and Children and Young People's Services, LBH, and the Chief Operating Officer, HCCG, in discussion with the Chairman of the Health and Wellbeing Board, the Chairman of HCCG's Governing Body and the Chairman of Healthwatch Hillingdon's Board; **3) noted the delayed transfers of care (DTOC) target for 2017/18, noted the provisional target for 2018/19 but made approval of any nationally imposed target for 2018/19 subject to consideration by the Board about its deliverability; and** **4) noted the content of the updated Health and Equality Impact Assessments (Appendices 4 and 5 of the report).**
20.	**DTOC INITIATIVES AND IMPROVEMENTS** *(Agenda Item 10)* It was noted that a number of initiatives were underway at The Hillingdon Hospitals NHS Foundation Trust (THH) to improve performance against the 4 hour emergency care target. Accident and Emergency departments had been ranked in one of four categories: 1 = 95%+; 2 = 90%+; 3 = <90% but with scope to improve to 90%+; 4 = <90% but little chance of improving to 90%+. As THH had been rated as 3, the Emergency Care Improvement Team had been working with the Trust to help improve patient flow and patient experience and performance was being monitored through the A&E System Change Board. Red2Green was a method of ensuring that the care that was planned to take place for a patient on any given day actually took place. This was linked to SAFER (a patient flow bundle) in that the care required through the day was identified at the senior review and then tracked to ensure that it happened through Red2Green. Embedding these initiatives systematically had proven to be a challenge but work was underway to identify planned dates of discharge and ensure that early discharge started sooner in the day. A review had been undertaken of those patients that had been in hospital for more than seven days regardless of the reason for their admission. This had identified that 50% of patients at Hillingdon Hospital were “stranded” against a target of 35-40% (based on best practice in London). With regard to evaluation, THH was beholden to the 4 hour emergency care target, a performance measure which was regularly monitored. However, it was recognised that this target was not currently tracked back to the original investment. This type of tracking would ensure that investments were paying off and would provide sustainable improvements. Ultimately, the question of whether the sum of the parts delivered the headline performance metric needed to be answered. The Chairman asked that partners continue to discuss further, via the Transformation Board, issues around benefits realisation of the new discharge schemes to ensure that improvements were genuinely better for residents and that they were sustainable. **RESOLVED: That the Health and Wellbeing Board noted the content of the paper.**
21.	**PHARMACEUTICAL NEEDS ASSESSMENT** *(Agenda Item 7)* It was noted that a significant amount of work had gone into developing the

	Pharmaceutical Needs Assessment (PNA) since the Health and Wellbeing Board's last meeting and that the PNA would be reported back to the Board before publication. It would be important to ensure that adequate opportunities were available to ensure sustainability. Concern was expressed regarding the provision of services in Heathrow Villages and it was agreed that this situation needed to be monitored. It was noted that the statistical analysis included in the report was indicative of the size of the Borough. The predicted growth over the next five years showed a net migration of approximately 7k new residents. However, the housing development trajectory indicated a need for 13k-14k new homes to be built. As such, it was suggested that population figures should only be used for guidance and it should be recognised that there were other figures in the public sector which indicated very different projected population figures in Hillingdon. It was noted that the Mayor of London's Housing Plan was expected to be published in November 2017. **RESOLVED: That the Health and Wellbeing Board:** **1. agreed the draft recommendations set out in Hillingdon's Pharmaceutical Needs Assessment (PNA).** **2. agreed the plan to review and publish Hillingdon's PNA by the required deadline, including the statutory requirement to undertake a minimum 60 day consultation.** **3. agreed to delegate the final approval of Hillingdon's PNA consultation document prior to consultation to Deputy Director Housing, Environment, Education, Health and Wellbeing in consultation with the Chairman of the Health and Wellbeing Board.**
22.	**CAMHS UPDATE** *(Agenda Item 8)* It was noted that the report outlined the progress that had been made over the summer following the Anna Freud National Centre for Children and Families (AFNCCF) workshop. A more detailed CAMHS report would be considered by the Council's Children, Young People and Learning Policy Overview Committee on 27 September 2017. Ms Caroline Morison would circulate a copy of the report to Board members. The key priority areas identified by AFNCCF for developing a coherent pathway for children's mental health were: • Thriving: Prevention and mental health promotion • Advice and Support • Getting help in mainstream settings • Getting help in targeted and specialist settings It was anticipated that these developments would see the service move from a tiered model to one that was more flexible and responsive to patient needs. There had been a focus on co-production and work was underway with children and young people in schools. The new pathway was due to go live from March/April 2018 and was expected to drive down the waiting list. Furthermore, the Thrive Model of Care was expected to be in place by July 2018 and would provide supportive and effective early intervention services. Consideration was also being given to refreshing mental health transformation which would be led by Jane Hainstock at Hillingdon CCG.

	Whilst the AFNCCF workshop had been a valuable exercise in terms of engaging with schools, it was thought that many of the priority areas had been previously recognised. It would be important to ensure the process not only looked at 'what' but also how financial headroom could be created to help implement changes. This would need to be injected at pace, else it would just be an unimplemented wish list. Board members noted that it had taken too long to get to this position but felt that the Borough was now in a good position to make improvements to the service. CAMHS update reports would be included as a standing item on the Health and Wellbeing Board agenda to enable members to monitor progress. Concern was expressed regarding investment by schools and identifying the relationship between investment and outcomes as there were no models currently available. Consideration would need to be given to identify links with the hospital and to quantify the system benefits/outcomes of funding. The system benefits needed to be traceable back to the original investment and patient outcomes to justify the investment. **RESOLVED: That the Health and Wellbeing Board:** **a) approved recommendations outlining a new approach to commissioning CAMHS services which were to be developed and were subject to approval by HCCG GB and LBH.** **b) noted the current performance against CAMHS waiting times (Appendix 1 of the report).**
23.	**UPDATE: STRATEGIC ESTATE DEVELOPMENT** *(Agenda Item 9)* The report set out the approach to meeting future demand with progress updates but was felt to lack timescales for development, e.g., of new hubs. It was suggested that a more specific timescale be included in the report to provide more clarity and enable the Board to review progress. S106 funding totalling almost £45k had been mentioned in the report with spend deadlines in the next 18 months (else the money could be returned to the developers). Although this money had been earmarked towards a new health hub in the north of the Borough, it was suggested that consideration be given to an alternative project if this one did not look like it would materialise. The Chairman advised that a working group of the Council's External Services Scrutiny Committee had undertaken a review of GP pressures and had looked at alternative delivery of primary care. This review was currently undergoing a redevelopment and it was anticipated the final report would be ready before the end of the municipal year. With regard to the Yiewsley Health Centre, it was noted that the two practices based there had been consulted and the redevelopment would result in additional primary care support. This would manifest itself in the form of additional clinics and could be used as a training practice. **RESOLVED: That the Health and Wellbeing Board noted the progress being made towards the delivery of the CCGs strategic estates plans.**
24.	**HCCG COMMISSIONING INTENTIONS 2018-2019** *(Agenda Item 11)* The report set out that the Clinical Commissioning Group (CCG) was half way through

	a two year commissioning cycle. It gave services an indication of the CCG's direction of travel and areas where the CCG would like to see changes made. There had been a refocus consistent with the draft Joint Health and Wellbeing Strategy and the Sustainability and Transformation Plan (STP) and local chapter priorities so that the document now fitted in well against that suite of strategic documents. Board members suggested that the report read better than it had previously. It was recognised that it better reflected the BCF and the detail could now be drilled down. It was noted that the population figures on page 390 of the agenda were at odds with the population figures included in Agenda Item 7 as the sources were different. This further highlighted the volatility of data. **RESOLVED: That the Health and Wellbeing Board considered and noted Hillingdon CCG's commissioning intentions for 2017-18.**
25.	**HILLINGDON CCG UPDATE** *(Agenda Item 12)* Although Hillingdon CCG had received official confirmation of its assurance rating for 2016-17 and had been rated as 'Good', it aspired to be 'Outstanding'. To achieve an 'Outstanding' rating, improvements would be needed around delivery against the 4 hour A&E standard, use of personal health budgets and ongoing post-diagnosis dementia support. These areas had all been included in the 2017/18 plans. It was noted that the procurement for urgent and emergency care would take place next year to better integrate the emergency services (e.g., being able to book GP appointments and live access to clinicians through the 111 service). It was hoped that this would alleviate some of the challenges currently faced within the existing system. Hillingdon's Accountable Care Partnership (ACP) had moved to the testing phase following an assurance process which was approved by the CCG in May 2017. There was currently a shared budget and investigations were underway on capitation. It was thought that the calculation for capitation would: be more sensitive to patient types; reduce unnecessary admissions; and provide patients with more independence. Four Care Connection Teams had been fully recruited and were linked to multi-disciplinary teams. They aimed to encourage self help and self awareness to ultimately reduce admissions. The CCG had been working with the voluntary sector and Hillingdon4All to extend the service to those with long term conditions such as diabetes and had also been developing an outcomes framework. The CCG's financial position continued to be challenging, particularly in relation to planned and emergency care at Hillingdon Hospital and continuing care budgets. Within North West London (NWL), every CCG and provider had a financial target. CCGs used QIPP to achieve these targets. Although the 2016/2017 target had been tough, it was thought that the 2017/2018 target of £14.4m would be an even bigger challenge. Over the last 2-3 months, the 8 NWL CCGs had been working together to identify improvements. Although the CCGs were not merging and would remain separate entities, they were looking to merge certain functions to gain economies of scale and reduce time spent in meetings. As the CCG governance seemed to be confusing to some, this simplification was welcomed but concern was expressed at the possibility that local decision making would be lost.

	The Board was advised that Sarah Crowther had been appointed as the CCG Governing Body's new lay member for public and patient involvement and engagement. With regard to Choosing Wisely, the Board was advised that there had been two separate processes underway at the same time: 1. the NWL review had been taking place over the last three months and looked to encourage patients to buy over the counter remedies for a range of minor conditions. This had overlapped with the national NHS campaign; and 2. stopping pharmacies from automatically reordering repeat prescriptions without ascertaining whether all of the medication on the prescription was needed. This poor practice had resulted in a 7% wastage of drugs. Patients were being encouraged to register online with their GPs so that they could control their repeat prescriptions as well as view their own medical records. This would help patients to take ownership of their own health whilst still providing them with some support. It was noted that GPs would not be enquiring about patients' means but would be asking all patients if they could buy their medication over the counter instead of getting a prescription for the same thing (where appropriate). Patients would not be forced to pay for medication over the counter. **RESOLVED: That the Health and Wellbeing Board noted the update.**
26.	**HEALTHWATCH HILLINGDON UPDATE** *(Agenda Item 13)* The Chairman thanked Healthwatch Hillingdon on behalf of the Health and Wellbeing Board for an excellent report that reflected the breadth and depth of work it had undertaken. The independent organisation had provided valuable insights and added a great deal to the understanding of a range of issues. It was noted that the report had included a breakdown of 112 experiences, concerns and complaints recorded by Healthwatch Hillingdon in the last quarter. It was suggested that this information needed to be collated alongside the comments received by the Council and the local Trusts to give a fuller picture of public concerns. This information would be made available. **RESOLVED: That the Health and Wellbeing Board noted the report received.**
27.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 14)* It was noted that the Local Safeguarding Children's Board (LSCB) Annual Report would be considered by the Health and Wellbeing Board at its meeting on 7 December 2017. The LSCB had been asked to consider changes that had been brought in which meant that it was now open to the police, NHS and councils to make their own arrangements regarding safeguarding. This was something that Healthwatch Hillingdon might also like to consider. As the Hillingdon Clinical Commissioning Group had difficulties in attending meetings on Thursdays, it was agreed that the meeting scheduled for 8 March 2018 would be changed. **RESOLVED: That, subject to the suggested amendments, the Health and**

	Wellbeing Board's Board Planner be noted.
28.	**TO APPROVE PART II MINUTES OF THE MEETING ON 27 JUNE 2017** *(Agenda Item 15)* **RESOLVED: That the confidential minutes of the meeting held on 27 June 2017 be agreed as a correct record.**
29.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 16)* The Board discussed a number of issues in relation to how the Health and Wellbeing Board was functioning, the MOPAC consultation and a health hub in Uxbridge. **RESOLVED: That the discussion be noted.**
	The meeting, which commenced at 2.34 pm, closed at 3.46 pm.

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

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	Appendix A - Joint Health and Wellbeing Strategy

1. HEADLINE INFORMATION

Summary	The draft Joint Health and Wellbeing Strategy 2018-2021 was issued for consultation until 26 November 2017. Responses have been very positive and do not directly require changes to the approach set out in the Strategy. The Board is invited to approve the strategy and note proposals for developing its ongoing performance management and reporting.
Contribution to plans and strategies	Producing a Joint Health and Wellbeing Strategy is a statutory requirement placed on Health and Wellbeing Boards by the Health and Social Care Act 2012. The Hillingdon STP local chapter has been developed as a partnership plan reflecting priorities across health and care services in the Borough. It is also closely aligned to the NWL STP and ensures that delivery will meet the needs of local people and supports development of solutions in the best interests of health and care in Hillingdon. 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.
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board:

1. **notes the positive outcomes from the public consultation and approves the Hillingdon Joint Health and Wellbeing Strategy 2018-2021.**

2. **notes 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.**

3. INFORMATION

Background Information

1. Consultation

At its September 2017 meeting, the Board agreed that the draft Hillingdon Joint Health and Wellbeing Strategy 2018-21 should be issued for consultation, with findings to be brought back to the Board for consideration at its meeting on 12 December 2017.

A public consultation on the draft Strategy ran until 26 November 2017. The consultation sought views on the key aims of the strategy to improve people's health and reduce health inequalities. The draft Strategy was developed in conjunction with partners including the NHS, and uses the Joint Strategic Needs Assessment as the basis for identifying the key health and wellbeing needs of people in Hillingdon.

The full draft strategy was promoted via the Council's website for comment and to all residents through regular social media. A number of organisations were also contacted directly and asked to promulgate the consultation through their networks, including Healthwatch Hillingdon and voluntary sector partners such as Hillingdon4All.

Following the Board discussion in September, which requested that work was done to ensure that the consultation was presented clearly to residents, consultation questions were structured to ask residents if they agreed with the following priorities, and whether they had any additional comments to make, in addition to comments on the whole Strategy document.

> **Priority 1: Prevention and early intervention**
> We will prioritise **prevention** of disease and ill-health through early detection and intervention by more actively managing patients' wellbeing through GPs and by tackling risk factors such as smoking and obesity. We will work with parents and carers of babies, and children and young people, in order to give the next generation the best start in life.

16 out of 28 respondents strongly agreed with Priority 1 and 7 agreed. 3 said they disagreed strongly and 2 neither agreed nor disagreed. People commented that more should be done to encourage active lifestyles.

> **Priority 1a: Prevention and wellbeing**
> Our strategy to improve public health and prevent disease and ill-health will include: increasing physical activity levels for adults, reducing the number of people who smoke, reducing the harm caused by drugs and alcohol, reducing air pollution, increasing social contact for care users and carers.

16 out of 28 respondents strongly agreed with Priority 1a and 9 agreed. 3 people said they disagreed strongly. Comments focussed on increasing the opportunities for adults and older people to engage in physical activity.

Priority 1b: Children and young people
We want to improve support for children and young people in health and social care services. Our strategy will focus on increasing breastfeeding and vaccination, reducing smoking by pregnant women, and improving support for children with disabilities.

11 out of 28 respondents strongly agreed with Priority 1b and 14 agreed. 1 person neither agreed nor disagreed, and 1 person disagreed strongly, and there was 1 don't know.

Priority 1c: Primary Care
We want to make it easier to get a GP appointment and make it easier for people to receive treatment out of hospital. We want to improve the support offered to vulnerable people, those with mental health needs or learning disabilities.

21 out of 28 respondents strongly agreed with Priority 1C and 5 agreed. 1 person neither agreed nor disagreed, and 1 person disagreed strongly. Comments called for more preventative work, and for access to GPs to be increased to include evenings and weekends.

Priority 2: Helping people with long-term conditions and reducing early deaths
We will ensure healthcare services are delivered consistently by bringing together services to improve the management of **long term conditions**. We will also address variation in health outcomes, particularly when it comes to caring for people with cancer, cardiovascular disease, respiratory disease, diabetes and dementia. We will reduce early deaths from circulatory diseases (heart disease and stroke) through early detection and prevention; and through improving quality and safety of treatment services.

15 out of 28 respondents strongly agreed with Priority 2, and 10 agreed. 1 person disagreed and there were 2 don't knows. Comments called for more preventative work and promotion of active travel to help prevent long-term conditions.

Priority 2a: Long-term conditions
Increasing numbers of people are living with diabetes, heart disease, cancer, mental ill-health or respiratory conditions like asthma or COPD (chronic obstructive pulmonary disease). Our strategy is aimed at improving the identification of people with long-term conditions, improving treatment and helping more people to manage their condition effectively.

19 out of 28 respondents strongly agreed with Priority 2a and 6 agreed. 1 person disagreed strongly, with 2 don't knows. Respondents called for a programme of walks supported by health professionals and for diabetes to be managed with diet and exercise.

Priority 3: Improving care for older people

We will achieve a better experience and greater choice for **older people** in our communities. We will ensure care is coordinated between social, primary, community and acute care services to manage multiple conditions and frailty. We will reduce

isolation and loneliness, especially for people suffering from multiple conditions and for their carers.

15 out of 28 respondents strongly agreed with Priority 3 and 11 agreed. 1 person neither agreed nor disagreed and there was 1 don't know. Comments focussed on the need to encourage more social interaction for older people, respite for carers and transport for older people to day centres. One respondent noted that the flow of care between primary and secondary care settings is sometimes lacking due to poor communication between the two sectors, leaving patients vulnerable, especially with regards to discharge medications.

Priority 3a: Older people
People are living longer, and this increases the demand for health and social care. Our strategy sets out to enable people to live healthy, independent and active lives for as long as possible. We want to reduce the numbers of older people who need residential or nursing home care, as well as enabling older people to leave hospital when they are able to do so, with the right support in place. We want to do more to help identify and tackle dementia.

13 out of 28 respondents strongly agreed with Priority 3a and 12 agreed. 1 person neither agreed nor disagreed and there were 2 don't knows. Comments drew attention to the fear faced by older people at having to sell a home to pay for residential care.

Priority 4: Improving services for people with mental health needs and learning disabilities
We will improve outcomes and opportunities to live well in Hillingdon for children and adults with **mental ill health needs and learning disabilities**.

15 out of 28 respondents strongly agreed with Priority 4 and 8 agreed. 3 people neither agreed nor disagreed and there were 2 don't knows. Comments called for more consultant psychiatrists and access to a round the clock crisis service.

Priority 4a: Children and adults with mental health needs
Our strategy seeks to improve access to mental health services for children and young people and for adults to enable more people to receive the right care, advice and support more quickly.

14 out of 28 respondents strongly agreed with Priority 4a and 10 agreed. 2 people neither agreed nor disagreed and there were 2 don't knows. Comments called for more counselling rather than medication. One respondent commented that there is currently a very limited service available for young people living in Hillingdon who have mental ill health, but are not considered to be diagnosed with Mental Health issues, and called for an increase in service provision.

Priority 5: Providing sustainable, high quality health services
We will ensure we have safe, high quality, sustainable services, which provide people with support appropriate to their health and social care needs.

13 out of 28 respondents strongly agreed with Priority 5 and 13 agreed. There were 2 don't knows. One respondent commented that service provision was designed to help people to manage an emergency or crisis, but both preventative and post-care support is quite weak.

Priority 5a: Safe, high quality and sustainable health and care services
The number of people in Hillingdon continues to rise and people are living longer. At the same time the NHS and local authorities are facing financial challenges. Our strategy is to ensure consistently good access to services across Hillingdon, take actions to help prevent ill-health before treatment is required, and enable more people to take control of their own health and wellbeing.

15 out of 28 respondents strongly agreed and 11 agreed with Priority 5a. 1 person neither agreed nor disagreed and there was 1 don't know. Comments called for an end to free prescriptions, for cheaper access to leisure centres and for more information on the services that are available.

Comments were also received from the Council's Sport and Physical Activity team which drew attention to a programme of preventive work being developed in response to the POC recommendations on Social Isolation and on Stroke Prevention, and indicated that the team would be playing an active role in delivering actions in support of the Strategy.

Conclusions

Overall the volume of responses was relatively low, but a clear majority of those who responded strongly agreeing or agreeing with the priority areas set out in the Strategy. Specific comments can be taken into consideration as delivery plans take shape.

2. Performance and Programme management of the Joint Strategy

At its earlier meetings, the Board has expressed its ambition to work towards having in place one overarching strategy for Hillingdon and one overall performance report, whilst recognising that this could 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 Better Care Fund plan.

The JHWB strategy has been written so as to provide the strategic framework of priority setting for partners in the Hillingdon health and care economy. At its September meeting, the Board also considered a draft set of key performance indicators that could form an outcomes framework to review the priorities in the high level strategy, based on existing data sets, especially the Public Health Outcomes Framework.

Contained within the draft strategy are a number of key actions to 2021 which have their origins in the Hillingdon Chapter of the Sustainability and Transformation Plan (STP) and are based on the five delivery areas and the ten priorities identified. These key actions run to over 100 different areas of activity - some in themselves, such as the first - a commitment to developing an early intervention and prevention strategy, will entail further work to scope fully and to lead onto action plans. It has also become clear that there is no additional support via the STP route to fund bespoke programme and project management for the STP. At present, the transformation agenda is overseen through joint working via the Hillingdon Transformation Board, whilst programme management and delivery is driven by the Transformation Group.

It is proposed, therefore, that given the impracticality of establishing a fully resourced performance and project management office (PMO) approach across partners, the Delivery Area tables in the strategy be used to form the basis of discussion at relevant working levels

and specifically the Transformation Group, which will provide oversight of the actions and help to streamline reporting upwards to the HWB on matters of significance.

This approach will necessarily build onto the performance management arrangements that currently exist within partners, especially the Council and the CCG around business plans and commissioning intentions and joint projects such as the BCF and CAMHS where performance is already developed and reported.

It is recommended that this be discussed further at the Transformation Group and Board and a report be brought back to the next Health and Wellbeing Board based on the approach set out above and highlighting progress over the intervening period.

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 Strategy once agreed will provide the framework for the Board to drive forwards its leadership of health and wellbeing in Hillingdon.

Consultation Carried Out or Required

As previously set out, Hillingdon's engagement and consultation to date builds on our local approach of continuous dialogue with the public and partners, to serve as a platform for the co-design and co-production of health and wellbeing plans. We have embedded inclusion of patient, public, provider and other stakeholder input to the initial stages of research, development and testing of system transformation projects in proposals regarding the STP and including the Better Care Fund.

It is envisaged that delivery of priorities in the JHWBS will be subject to similar ongoing co-design principles with residents and service users as proposals come to the fore and are turned into delivery.

NHS England published a guide for Engaging local people within each ST footprint areas (Sept 2016). The NWL STP has been subject extensive consultation based on this guidance and the results published alongside the October STP submission (as its Appendix D). Its Appendix E responds to the feedback from the first draft plan. See: https://www.healthiernorthwestlondon.nhs.uk/news/2016/11/08/nw-london-october-stp-submission-published

In addition, the Health and Wellbeing Board agreed that the Hillingdon draft strategy, which builds on the above engagement, should in itself be made available for comments. Responses to that consultation are set out in the content of this report.

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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Hillingdon
Health and Wellbeing Strategy
2018-21

Contents

Foreword

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

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

The NHS and Local Government are, however, facing unprecedented challenges. Our task is to make the best use of our resources to provide high quality health and social care that our growing population needs for more complex, seamless care. A strong partnership in health and care delivery in Hillingdon will help us to rise to meet these challenges.

Signed

Cllr Philip Corthorne

Chairman, Hillingdon Health and Wellbeing Board

Introduction

This Joint Health and Wellbeing Strategy outlines our local priorities and plans for ensuring the health and wellbeing of Hillingdon residents. It sets the agenda and focus for Hillingdon's Health and Wellbeing Board to oversee progress in achieving high quality health and care service outcomes in our borough over the next four years.

In order to enable our residents to live well, we commit to the shared North West London Sustainability and Transformation Partnership aims of improving health and wellbeing, the quality of treatment and care, and the sustainability of our health and care system. As a member of the North West London Sustainability and Transformation Partnership (NWL STP), we are aligned to the five Delivery Areas and associated priorities:

1. We will prioritise **prevention** of disease and ill-health through tackling risk factors, early detection, early intervention and proactive case management in primary care. We will work with parents and carers of babies, and children and young people, in order to give the next generation the best start in life with strong public health and social care engagement and support.

2. We will ensure healthcare services are delivered consistently by incentivising the integration of care services to improve the management of **long term conditions**. We will also address variation in health outcomes, particularly when it comes to caring for people with cancer, cardiovascular disease, respiratory disease, diabetes and dementia. We will reduce early deaths from circulatory diseases (heart disease and stroke) through early detection and prevention; and through improving quality and safety of treatment services.

3. We will achieve better experience and greater choice for **older people** in our communities. We will ensure care is coordinated between social, primary, community and acute care services to manage multiple conditions and frailty. We will reduce isolation and loneliness, especially for people suffering from multiple conditions and for their carers.

4. We will improve outcomes and opportunities to live well in Hillingdon for children and adults with **mental ill health needs and learning disability**.

5. We will ensure we have safe, high quality, **sustainable services**, seven days a week.

When anyone in our community experiences mental or physical ill health, or is living with a physical or mental health disability and requires support, health and care partners will come together to deliver high quality care in a setting that is appropriate and convenient for patients and service users. This strategy unifies and aligns local health partners to delivering the national, regional and local health agenda, including: the London Borough of Hillingdon, Hillingdon Clinical Commissioning Group (CCG), Hillingdon Healthwatch and our local health partners: The Hillingdon Hospital Foundation Trust, Central and North West London Foundation Trust, The Royal Brompton and Harefield Hospital, GP Confederation and primary care services, and third sector partners Hillingdon4All, voluntary organisations, and care homes. Through our shared goals, our strategy is our roadmap to achieving our health and wellbeing goals for Hillingdon, together.

Our people and communities

Hillingdon is a diverse, prosperous borough in West London bordered by Hertfordshire, Buckinghamshire, Hounslow, Ealing, and Harrow. Hillingdon is the second largest by area of London's 32 boroughs. The north of the borough is semi-rural with a large proportion protected by green belt regulation with Ruislip as the major centre of population. The south of Hillingdon is more densely populated, urban in character and contains the administrative centre of Uxbridge and towns of Hayes and West Drayton. There is a great deal on offer in Hillingdon to enable its people to live healthy lives. We have large amounts of green and open space. Hillingdon as a whole has around 800 acres of woodland, country parks, fields and farms, several rivers and the Grand Union Canal. We also have excellent leisure facilities, including the Hillingdon Sports and Leisure complex, Ruislip Lido, with a miniature railway and its own sandy beach. Hillingdon can also boast England's first playground designed specifically for disabled children, and several theatres and arts centres. We are proud to have rebuilt or completely refurbished all of our 17 libraries. Additionally, employment rates are high within the borough, and there are low levels of long-term unemployment.

Hillingdon's population is growing, and in 2018 is estimated to be 314,300 people. Hillingdon has one of the highest levels of projected population growth in England for the period 2014-2024, with a projected increase of 16.1%. Our population continues to grow every year and is expected to increase to around 340,000 by 2024. We are anticipating a 16% rise in those aged 65 or over living in Hillingdon, rising from 40,500 to 47,000. The proportion of people aged 85 or over will increase by an even higher proportion, 24.6%, from 5,700 to 7,100. Additionally, more than 78,000 children and young people aged 0-19 live in Hillingdon, representing 26.3% of the total population, slightly higher than the overall London proportion of 24.6%.

Our increasing population is in part due to the significant increase in the number of new births we have seen in recent years. In 2001, 70% of births in Hillingdon were to mothers born in the UK; by 2014 this had fallen to 44%. The largest increase has been births to mothers born in the Middle East, with Asia being the second most common group. The third most common has remained births to mothers born in Africa, and there has been a significant increase in births to mothers born in EU Accession states, now the fourth most common group. We are home to vibrant and diverse communities: one of most diverse boroughs in England with a high Black, Asian, and Minority Ethnic (BAME) population.

We expect the population will continue to grow as new developments progress, bringing new residents to our borough. Within Hillingdon the areas around the town centres of Hayes, West Drayton and Uxbridge are more densely populated. The Great Western mainline also runs through the south of the borough. The construction of Crossrail, scheduled to start operation in 2019 as the Elizabeth Line, is generating major housing growth along its route, including a dedicated Housing Zone in progress in Hayes which includes the former Nestlé factory site. The development of the former RAF Uxbridge site at St Andrews Park, will all contribute to further population growth. Hillingdon also has Stockley Park, one of Europe's largest business parks and employment centres. Many major companies have their headquarters in Stockley Park, Uxbridge and Hayes. Both RAF Northolt and Brunel University are also located in Hillingdon, with Bucks New University at the edge of Uxbridge. Hillingdon is also home to the UK's largest transport hub – Heathrow Airport. Heathrow Airport lies to the south of the M4, the A40 and the Uxbridge Road, which run East-West through the borough.

Our health and wellbeing needs

Overall, our health outcomes in Hillingdon are varied when compared to the average for England. Hillingdon compares well against the England average in many areas, with some positive indicators being:

- People living in Hillingdon live longer and healthier lives compared to the average for England.
- Levels of breastfeeding, which provides the best start in life for babies are higher in Hillingdon than the England average.
- A lower proportion of pregnant women in Hillingdon smoke, compared to the rest of England.
- Fewer people are admitted to hospitals in Hillingdon with an alcohol-related condition than the England average.
- Early death rates (under age 75) from respiratory diseases are lower than the England average.

However, some of our health outcomes are also worse than the national average:

- Rates of social isolation among social care users and their carers are still too high.
- Accommodation and employment needs of adults with learning disabilities are not being adequately met.
- A higher proportion of children aged 10-11 are overweight / obese compared to the national average.
- The proportion of children with dental decay is significantly worse than the national average.
- Rates of childhood vaccination are lower than the national average.
- Proportion of adults who are physically active is lower than the national average.
- Death rates for men aged 75 or under from cardiovascular diseases are significantly higher than the England average.
- Cancer screening rates are low and the percentage of population being offered an NHS health check is low.

Furthermore, health status is not the same in all parts of Hillingdon, There are health inequalities and differences in life expectancy depending on where people are living in the borough. As a result there is a difference of around 8 years in the life expectancy of people living in Botwell ward compared to people living in Eastcote and East Ruislip ward. Socio-economic circumstances have a complex relationship with unhealthy lifestyle choices which increase the risk of ill-health, including smoking, poor diet, lack of physical activity, higher levels of alcohol consumption and/or binge drinking. Our increasing frailty as we age also affects health and wellbeing. Over half of people aged 65 and over are diagnosed with multiple long term conditions, such as dementia, which increases dependency on care and support. Some of us are born with conditions which might require long term care and management, including physical and/or learning disability, and child and adult mental illness.

Hillingdon's Joint Strategic Needs Assessment (JSNA) identifies key health and wellbeing needs of people in Hillingdon. . It is regularly updated with the latest available information to ensure our programs and priorities are able to respond to the changing needs of our population. Our JSNA is available to read online at http://www.hillingdon.gov.uk/jsna. The JSNA is a key document informing the priorities and outcomes in this strategy.

Our strategy for health in Hillingdon

Hillingdon has a history delivering health and care transformation to meet the needs of our residents. Our strategy is built on the findings in our JSNA and follows national guidance from the NHS Five Year Forward View and the NWL STP strategy.

We will continue to build upon the good work done in existing local plans, from which we have already seen the benefits:

- Hillingdon Joint Strategic Needs Assessment
- NHS Five Year Forward View
- The NWL Shaping a Healthier Future Programme
- Hillingdon 2013-17 Health and Wellbeing Strategy
- NWL Local Services Programme
- NWL Whole Systems Integrated Care
- NWL Local Services Strategy
- The NWL Primary Care Transformation Programme
- The GP Forward View
- The London-wide Strategic Commissioning Framework for Primary Care
- The HCCG 2017/18 Operational Plan
- Better Care Fund 2015/17 Plan
- The Council's Older Peoples Plan
- Digital Strategy
- Strategic Estates Plan
- Long Term Conditions Strategy
- End of Life Strategy
- Prevention Strategy Quality, Improvement, Productivity and Prevention (QIPP) Plans

The National Picture: The NHS Five Year Forward View, and the North West London Sustainability and Transformation Partnership

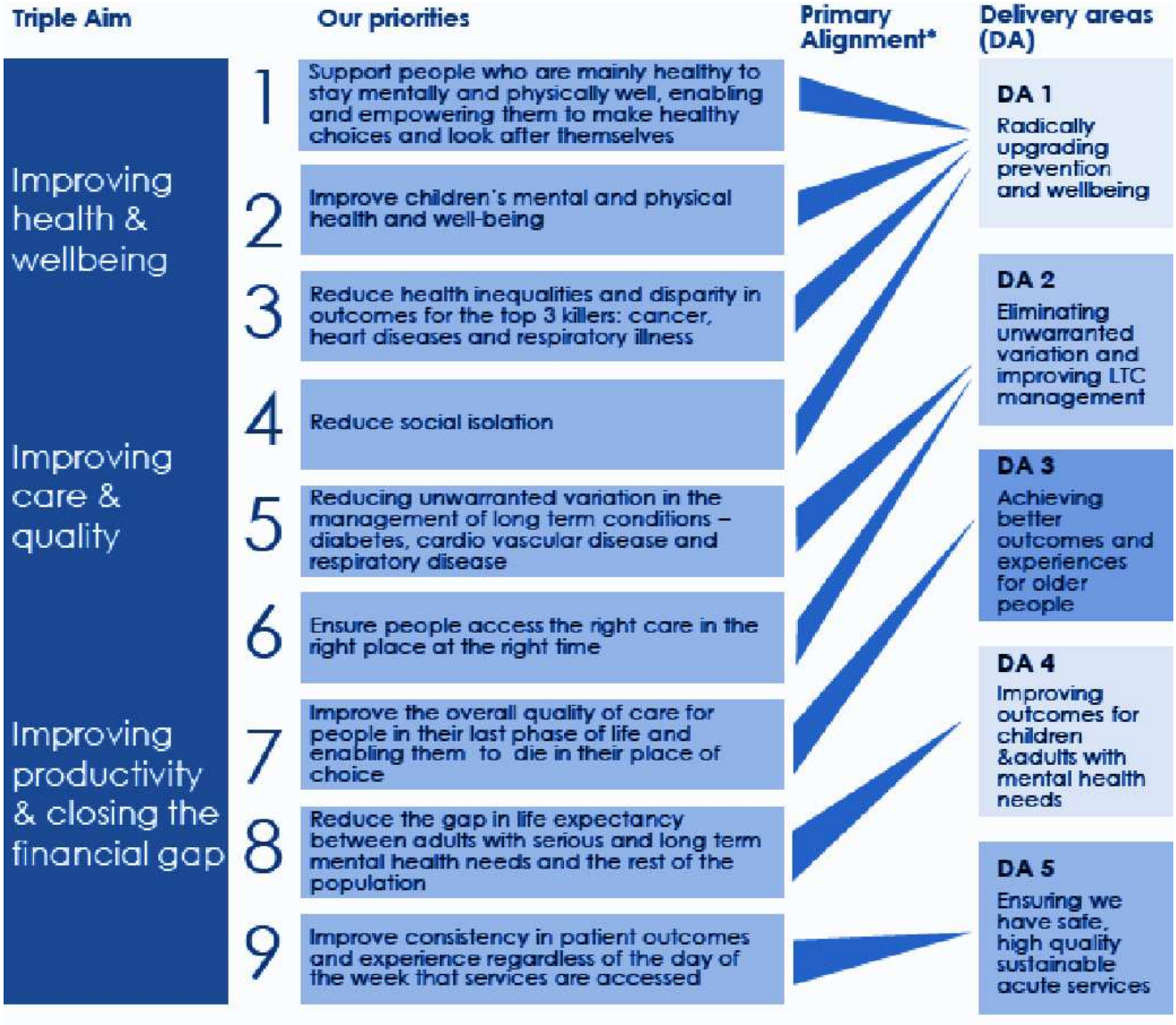
In 2015, the NHS Five Year Forward View articulated a major shift in policy towards place based systems of care through Sustainability and Transformation Partnerships. The approach envisions health and care organisations taking joint responsibility for the health of an entire population, within a particular geographic area. The shift in policy follows a period during which public providers of care services operated with a greater degree of autonomy and competition. The new approach requires organisations to be more strategic and to work to local systems of care.

The Five Year Forward View further sets the Triple Aims of improving people's health and well-being, improving the quality of care that people receive and addressing the financial gap between the cost of expected services and planned budgets. This new approach across health and social care works to ensure that services are planned with a focus on the needs of people living in the area.

As part of this new approach, the NHS recently organised itself into 44 Sustainability and Transformation Partnerships (STP) across England. Hillingdon is a member of the North West London STP (NWL STP). Joined up STP working will address population health and wellbeing needs through new ways of delivering care; better public health and prevention of ill health; joining up services across health and social care; empowering patients and communities; strengthening primary care; and achieving needed efficiencies in health and care services.

In Hillingdon the Health and Wellbeing partners have developed a Sustainability and Transformation Plan that takes as its starting point the priorities locally and aligns them to the approach of the NWL STP. The NWL STP plan is characterised by broad and overarching themes and aims to bring together local organisations to answer the challenge of delivering better health and care services according to the Triple Aims of the Five Year Forward View through nine priorities and five Delivery Areas. The NWL STP priorities and Delivery Areas are set out below.

North West London Priorities and Delivery Areas



The Local Hillingdon Joint Health and Wellbeing STP Strategy Chapter

Hillingdon partners support and promote the high quality, sustainable health and care goals of the Triple Aims, through the NWL STP priorities and alignment of our local transformation programs with the five Delivery Areas. We commit to addressing the unique and specific health and wellbeing needs of Hillingdon, taking advantage of the opportunities that present given the coterminous service provision across the borough. By 2021, we want people living in Hillingdon to be able to say:

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

Our local approach to achieving these vision statements and implementing the Triple Aims are set out below.

Five Year Forward View Triple Aims – Local Approach

Health and Wellbeing	We will work collaboratively across health, social care and public health to improve outcomes and reduce inequalities for our population with a focus on those with both traditional Long-term Conditions (physical and mental health) and emerging categories of Long-term Conditions such as pain, frailty and social isolation. Our coordinated programme of work will bring together our existing plans for the Better Care Fund (BCF) and seek to engage the whole community to create a resilient population and assist people to remain independent with a better quality of life.
Care & Quality	We will provide care that is safe, effective and provided 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.
Sustainable Services	We are committed to achieving better outcomes for individuals and their families through the integration of services and an increased focus on prevention and supported patient empowerment to manage their condition(s).

Our plans to deliver high quality health and care in Hillingdon

Hillingdon has identified 10 transformation themes and 6 Enabling themes as part of our efforts to focus on local priority areas and address health needs within the borough. These themes align with the 5 Delivery Areas outlined in the NWL STP Strategy.

Transformation Themes	
T1. Transforming Care for Older People (DA3)	T6. Supporting People with Serious Mental Illness and those with Learning Disabilities (DA4)
T2. New Primary Care Model of Care (DA1)	T7. Integrated Care for Children & Young People (DA1)
T3. Integrating Services for People at the End of their Life (DA3)	T8. Integration across the Urgent & Emergency Care System (DA5)
T4. Integrated Support for People with Long Term Condition (LTCs) (DA2)	T9. Public Health and Prevention of Disease & Ill-Health (DA1)
T5. Transforming Care for People with Cancer (DA2)	T10. Transformation in Local Services (DA5)
Enabling Themes	
E1. Developing the Digital Environment	E4. Delivering Our Statutory Targets Reliably
E2. Creating the Workforce for the Future	E5. Medicines Management
E3. Delivering Our Strategic Estates Priorities	E6. Redefining the Provider Market

Our plans to deliver high quality health and care in Hillingdon are linked to a number of key actions and associated outcomes. We have linked key actions and outcomes in order to track progress against goals as actions are taken and milestones achieved. We intend to evaluate service delivery and success from the perspective of enabling our residents to live healthier lives. We therefore draw heavily from the Public Health Outcomes Framework (PHOF) indicators to measure success.

In addition to outcomes indicators, our plans rely on a number of strategies to inform transformation themes and specific service and population programme developments. As such, some actions outlined in this document will be addressed in significantly more detail within the relevant associated strategy. The aim of this strategy is to highlight these key actions and link these programmes to outcomes indicators. In doing so, we will be able to prioritise and focus our efforts to the areas of most need, and to directly link outcome improvements to action plans.

Our plans for the 10 local Transformation Themes detailed in the following pages, aligned to the 5 Delivery Areas, following by plans for the 6 Enabling Themes:

- DA1. Prevention and Wellbeing
- DA2. Supporting Long Term Conditions
- DA3. Improving Older People's Care
- DA4. Improving outcomes for children and adults with mental health and well-being needs
- DA5. Ensuring we have safe, high quality sustainable health and care services
- Enabling themes

DA1 – Prevention and Wellbeing

Key transformation themes:

- Public health and prevention of disease and ill health
- Integrated care for children and young people
- New primary model of care at scale

"I am helped to take control of my own health and social care provision"

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

We recognise the importance of public health in preventing disease and ill-health and will work to improve our public health outcomes to address variation in health outcomes and prevent disease. We will proactively engage with residents in developing programmes designed to enhance quality and quantity of life, with particularly focus on enabling people to actively take control of their own health and well-being. We further intend to provide integrated services for children and young people to enhance and ensure service coverage so that every child, parent and carer has access to the right care and information to ensure they have a healthy start in life.

A **healthy start in life** for children and young people begins with their mother's health. Avoiding smoking in pregnancy, breastfeeding, and preventing childhood obesity, and good dental health will give our children the best start in life to become healthy young people and adults. By 2021 we aim to reduce the number of women who smoke during pregnancy, promote and increase the rate of breastfeeding, and reduce dental ill-health and childhood obesity in line with the national ambition to give children a better start in life.

Reducing smoking in pregnancy is important to improve health and pregnancy outcomes for both mother and baby. Smoking during pregnancy is detrimental to the growth and development of the babies and the health of mothers. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. The proportion of pregnant women who were smokers at the time of delivery in Hillingdon has remained around 8% over the previous 4 years but fell slightly to 7.1% in 2015/16. This is below the national average but above the London average.

Breastfeeding is known to promote the health and attachment of mother and baby and reduce the risk of illness in infancy. Current guidance now advises that ideally babies should be exclusively breastfed for about 6 months. Services in Hillingdon have worked hard to ensure that the proportion of mothers who start to breastfeed their babies is high, at 83%. Around 1 in 5 mothers stop breastfeeding after a few weeks. The proportion of mothers still breastfeeding at 6-8 weeks is 65% (2014/15). These figures are higher than the England average but lower than London as a whole.

Good dental health is a significant factor in supporting children to have a healthy start in life. A survey of dental data for 5 year olds in Hillingdon have been found to have one decayed, missing or filled tooth each, significantly worse than the national average. Access to NHS dentistry for children

is also slightly worse than the London and England average. Dental caries (tooth decay) was the commonest single cause of hospital admission in 1-18 year olds, particularly in those aged 5-9. For children the key elements of improving dental health are healthy eating, breastfeeding, good dental care through regular brushing and the application of fluoride varnish at least twice a year for children aged 3 and over, alongside access to dental care.

Childhood obesity can lead to excess weight in adulthood. Evidence from sample surveys carried out by the Sport England 'Active People' Survey for 2014/15 indicates that 62% of Hillingdon adults are overweight or obese. Children are weighed at school at ages 4-5 and 10-11. The results from 2015-16 show that 78% of children starting school aged 4-5 were a healthy weight. This means that 1 in 5 children aged 4-5 is either overweight or obese, according to their Body Mass index (BMI) measurement – or 800 young children in Hillingdon with excess weight. Around half of these children were obese. By the age of 10-11, (Year 6), only 61% were of healthy weight. More than 1 in 3 (37.2%, or around 1,200 children) were overweight or obese which was significantly worse than the England average (34.2%). Evidence from the Active People survey indicates that 51.5% of our residents said they were physically active which was significantly below the England average (57%). Hillingdon's utilisation of outdoor space (14.9%) was below the national average (17.9%), despite the significant amount of greenspace and opportunities for active lifestyles that exist in the borough. We want to ensure that everyone has the opportunity to live an active lifestyle. By 2021 we aim to see an increase physical activity rates in all age groups.

We want our young people to have the best start in life as children, and to have the opportunities available to them to give their children the best start in life. We want to help our young people succeed and to therefore continue to see teenage conceptions in Hillingdon fall. The rate of **teenage conceptions** has fallen considerably in Hillingdon in recent years; from 43.9 per 1000 females aged 15-17 in 2003, to 18.4 per 1000 in 2015. Most teenage pregnancies are unplanned and around half end in an abortion. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than adult mothers. The children of teenage mothers likewise have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems. Infant mortality rates for babies born to teenage mothers is also sadly around 60% higher than for babies born to adult mothers.

Social isolation and loneliness are growing problems, despite our digitally connected society. Surveys of social care users and carers indicate the problem is significant where Hillingdon is achieving poorly against the national rates for users of social services and their carers Age UK evidence suggests that older people are particularly likely to be socially isolated and suffer from loneliness. By 2021, we will have embedded opportunities to enhance social networks that will see a sustained increase in older people, social care service users and carers who report getting as much social contact as they would like.

Smoking is the greatest risk factor for developing respiratory disease, and a leading cause of preventable death and disability. It is estimated to contribute to more than 300 deaths in Hillingdon annually. 15.2% of Hillingdon residents smoke, which is similar to the England average. A higher proportion of younger adults in Hillingdon smoke in comparison to the London average.

Preventing a large proportion of respiratory diseases is possible by addressing lifestyle factors such as smoking as well as environmental factors such as air pollution and damp housing. Furthermore

earlier detection of respiratory disease provides significant benefit to patients and the health service which should be a priority for Hillingdon.

Alcohol and drug addiction and related admissions to hospital indicate a significant need for strong social care and support for those living with addiction. Hillingdon already has liaison and support services in place, and we aim to continue to improve upon our track record, including a locally commissioned Integrated Community Drug & Alcohol Treatment & Recovery Service. There is also a targeted, confidential support service for children and young adults aged 11-25 who are struggling with a drug or alcohol related problem.

Domestic Abuse remains an area of concern in Hillingdon. Multi-agency partners are committed to acting on the recommendations of the Domestic Homicide Reviews for 'Charlotte' and 'Lottie', including reviewing agencies' procedures as well as training and guidance for all front line staff to give them the skills to support and engage with those at risk, and making every contact count.

Prevention and wellbeing will be further supported by a New Primary Care Model. Hillingdon CCG has recently in 2017 taken on delegated commissioning from NHSE England, with the new approach aiming to deliver locally-led transformation in primary care. Locally led approaches to care will provide opportunities to ensure the sustainability of primary care through at-scale joined up delivery via collaboration and networked working. We will work closely with primary care services to improve service capacity, provide extended hours of operation, and improved pharmacy services. Our plans for primary care will be detailed in our Primary Care Strategy, due for publication for Winter 2017.

Transformation program	Key actions to 2021	Key outcomes by 2021
DA1 Radically upgrading prevention and wellbeing ***I am helped to take control of my own health and social care provision***		
T9. Public Health and Prevention of Disease and ill-health	○ Joint Early Intervention and Prevention Services Plan (currently 2015-2018), with implementation from January 2019 ○ Physical Activity Strategy (due April 2018) ○ Develop Suicide Prevention Strategy ○ Address smoking prevalence in young people and adults ○ Embed Patient Education Programme ○ Review of Air Quality action plan.	○ Integrated approach to addressing the wider determinants of health in the borough ○ Improved rate of adults engaging in physical activity to England average ○ Reduced suicide rate ○ Proportion of adult social carers and care users who have as much social contact as they would like ○ Reduced admissions related to alcohol ○ Improved successful completion of drug and alcohol rehabilitation courses ○ Reduced deaths from drug misuse ○ Reduced domestic abuse related incidents and crimes ○ Reduced smoking prevalence in young people and adults ○ Reduced air pollution levels in Hillingdon
T7. Integrated care for C&YP	○ Implement children's health commissioning strategy 2016-2020 ○ Refreshed Children with Disabilities Strategy ○ Improve vaccination coverage to C&YP against vaccine preventable communicable diseases. ○ Implementation of the recommendations from the audit of neo-natal births & babies screening programmes ○ Implement action plan from EQA visit Sept 2016	○ Coordination of support for children and young people across all health and social care services ○ Improved outcomes for children and young people with one or more LTCs ○ Reduction in unplanned care needs for CYP ○ Reduction in the risk of harm to children and young people ○ Increased rates of vaccination in the borough ○ Reduced attendance to hospital due to cold/flu related illness ○ Reduced smoking status at time of delivery ○ Improvement in breastfeeding initiation and prevalence at 6-8 weeks after birth

Transformation program	Key actions to 2021	Key outcomes by 2021
	○ Delivery of wellbeing training programme for schools ○ Improved access to consultant led paediatric services ○ Introduce Single point of Access for CYP	○ Increase 0-4 year olds dental health to England average ○ Reduced childhood excess weight rates ○ Reduced teenage (under 18) conceptions
T2. New Primary Care Model of Care	○ Rollout of Proactive Case Finding in Primary Care to be ready by September 2017 ○ Rationalisation of Primary Care Contracts and investment in enhanced, at scale primary care ○ Implementation of Primary Care Model of Care ○ Develop GP hubs in the North and South of Hillingdon. ○ Extended out of hours working implemented ○ Work with urgent care services to provide integrated urgent and primary care services ○ Expand access to and use of online information and advice ○ Proactive identification and engagement at primary care level with groups at high risk of developing LTCs ○ Explore opportunities for diagnostics in the community	○ Increasing number of patients managed outside of hospital setting with integration across Primary, Community & Secondary Care Services and Social Care ○ Reduction in the mortality gap ○ Reduction in the unplanned care costs associated with supporting vulnerable people and those with an LD ○ Reduction in unplanned care needs arising for people with a known mental health condition ○ Greater access to primary care and GP services, with more appointments available

DA2 – Supporting Long Term Conditions

Key transformation themes:

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

"I only have to tell my story one and they pass my details on to others with an appropriate role in my care. If I do need to go to hospital, they start to plan for my social and health care in the community from day one of my stay"

Health and wellbeing needs are growing increasingly complex, with more and more people reporting living with chronic conditions. Long term conditions such as diabetes, respiratory (COPD/asthma), neurological (e.g. epilepsy), and heart disease, with some people managing multiple conditions, are a unique challenge to health and wellbeing today. It is estimated that some 20% of residents in Hillingdon are living with a long term condition. Cardiovascular disease, cancer, diabetes and respiratory ill-health are among the top concerns impacting long and healthy lives lived in Hillingdon.

The biggest cause of death in Hillingdon continues to be **cardio-vascular disease** (heart disease, stroke, diabetes, kidney (renal) disease and peripheral arterial disease). In Hillingdon, deaths as a consequence of circulatory diseases accounted for an annual average of 550 deaths (30% of all deaths) in the five year period 2010-2014.

Diabetes is a lifelong cardiovascular-related condition that causes a person's blood sugar to become too high. Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications. Around 16,000 people over 17 years of age are diagnosed with diabetes in Hillingdon, 6.7% of the GP register adult population.

Respiratory disease is the third highest cause of death in Hillingdon. It contributes to at least 15% of hospital admissions and cost approximately £10m to the health service in Hillingdon annually, and costs an estimated £5.7m in working days lost. Poor air quality is thought to contribute to a sizable proportion of acute exacerbations of asthma and Chronic Obstructive Pulmonary Disease as well as up to 90 deaths in Hillingdon annually.

Respiratory disease disproportionately affects people of lower socio-economic status due to lifestyle and environmental factors. In Hillingdon there is a clear link between the rate of hospital attendance for acute respiratory disease and how deprived an area is. 3.5% of adults in Hillingdon are thought to have COPD but only 1.2% of them have been identified. The number of residents with COPD is expected to increase to 10,799 by 2030.

Hillingdon has an additional unique respiratory related health concern due to being home to one of its largest transport and employment hubs in England. Poor air quality around Heathrow Airport and high volumes of traffic presents a real threat to health. Other unique local concerns are asthma, with approximately 5% (or c.16, 000 of Hillingdon residents) having been diagnosed with the condition. This is expected to increase to c.33,000 by 2030. Hillingdon also has the sixth highest incidence of tuberculosis (TB) in London, at 36.5 per 100000 population.

Cancer is also a major cause of early deaths in Hillingdon. Nearly 5000 patients were diagnosed with cancer in Hillingdon in 2014/15, 1.57% of the GP registered population. Deaths from all cancers accounted for an annual average of 540 deaths (30% of the total) in the 5 year period 2010-2014. Increasing early diagnosis of cancer is a priority for Hillingdon.

In order to address these needs, there is significant opportunity for more joined up health and care services in Hillingdon in order to deliver the best possible outcomes for patients. By working better together, we will see a reduction in variation in both quality of and access to care throughout our Borough. Patients will receive more responsive, personalised care delivered out of hospital in a safe and effective way; such as through our existing dermatology and pain management services. People with long term conditions will be supported to help lead a healthier life.

Health and care partners are working to develop a common understanding of long-term conditions to provide better support for people in Hillingdon living with long-term conditions. Hillingdon has recently invested in enhanced cancer screening and survivorship services, and we aim to improve cancer screening and diagnosis to national targets by 2021.

In particular, we will work together to tackle early mortality from cardiovascular diseases. We will promote prevention of hypertension and hypercholesterolemia to reduce heart disease, stroke and impact on dementia. We will also promote prevention of Type 2 diabetes through signposting to weight loss services to adults with excess weight. Our goal is to prevent ill-health, and where ill-health conditions develop, or episodes of ill-health flare up, to have in place care pathways and care plans to better proactively support each individual's needs.

Transformation program	Key actions to 2021	Key outcomes by 2020/21
DA2 Eliminating unwarranted variation and improving LTC management ***I only have to tell my story once and they pass my details on to others with an appropriate role in my care. If I do need to go to hospital, they start to plan for my social and health care in the community from day one of my stay***		
T4. Integrated Support for People with Long Term Conditions	○ Embed approach to tackling co-morbidities and complex needs ○ Determine approach to close the gap between those who have diagnosed and un-diagnosed LTCs and by March 2019 show evidence of the gap closing ○ New AF and stroke pathways and services targeting populations in areas of high need ○ Expand the Empowered Patients Programme, with initial focus around aiding self-management across a wider range of conditions. Evaluate by April 2018 ○ We will expand Personal Health Budgets in Hillingdon, putting patients in charge of their treatment options ○ Expand the usage of Patient Activation Measures to gauge impact of support ○ Mental health and well-being support to people with long-term conditions will be fully embedded within Hillingdon health systems ○ Improve support for patients with MH related LTCs ○ Rollout programme for complex users ○ Expand ICP to wider cohort	○ Reducing prevalence growth for core LTCs and significant progress made in closing key prevalence gaps ○ Improved outcomes and support for people with multiple LTCs and complex needs ○ Reduced mortality from cardiovascular and respiratory diseases ○ Reducing unplanned care needs arising associated with LTCs ○ Significant progress in patient activation and the numbers of patients self-managing elements of their care ○ Increase access to and usage of Personal Health Budgets (PHBs) ○ Reduction in unplanned events for people with LTCs ○ increase in people with an LTC who self-manage elements of their care ○ Increase in people with an LTC who have an anticipatory care plan

Transformation program	Key actions to 2021	Key outcomes by 2020/21
T5. Transforming Care for People with Cancer	○ Ongoing rollout of actions from our Hillingdon Cancer Improvement Plan leading to earlier diagnosis and improved treatment. ○ By March 2019 we will complete a review and evaluation of our Cancer Improvement Plan ○ Improve awareness in GPs to improve 2 week target for timely diagnosis of cancer ○ We will continue delivery of the National Cancer Vanguard Programme ○ Roll out clinical protocol for the follow ups in community ○ Develop Single Point of Access rehab model ○ Implementation of DA and STT ○ Rollout outstanding actions from Cancer Improvement Plan ○ Evaluation of cancer screening outreach programmes	○ Reduced mortality from cancer ○ Improved screening coverage for breast, cervical and bowel cancer ○ Greater proportion of cancers diagnosed at Stage 1 or 2 ○ Holistic pathways covering both medical and nonmedical care pathways elements ○ Integrated cancer rehabilitation programme ○ SPA survivorship service model ○ Reduction in unplanned events ○ Early identification of Cancer patients in primary care/community settings ○ GP DA and STT community diagnostics

DA3 – Improving Older People's Care

Key transformation themes:

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

"Social care and Health Services help me to be proactive. They anticipate my needs before I do and help me to prevent things getting so bad that I need to stay in hospital"

Our population is ageing, meaning that people are living longer. Many older people will lead healthy lives, but the demand for health and social care services will rise substantially. There are over 38,000 people living in Hillingdon aged over 65 years. This figure is projected to grow by 7.5% to 41,200 by 2020. This is twice the rate of overall population growth.

Not all extra years gained are spent in good health and disability free. Elderly people have complex care needs and it is estimated that over 30% of elderly patients in our hospitals could receive better care closer to home. Additionally, women who live longer spend a higher proportion of years in ill health than men. Tackling major causes of illnesses like diabetes, heart disease, cancers and stroke are essential for improving gains in disability free life years. Evidence based interventions to reduce high blood pressure, high cholesterol, controlling blood sugar, reducing ,smoking, reducing rates of overweight and obesity (estimated to be higher in older people) and increasing physical activity in older people are some of the strategies which can be used to target older people.

Loneliness and isolation is known to increase with age and is associated with higher use of health and care services independent of chronic illness. Levels of isolation for older people in Hillingdon are similar to national average, however social isolation among social care users and their carers is significantly higher.

Cancer and cardiovascular diseases cause majority of deaths in older people. Cardiovascular illnesses are a major cause of deaths from 'treatable' conditions and can be prevented through improving disease management and preventative action. Improving the uptake rates of flu immunisations and cancer screening programmes are other measures for improving quality and length of life.

There were 1,800 patients diagnosed with dementia on GP registers in Hillingdon in 2015/16, 0.6% of the GP register population. However it is believed that the actual numbers of people living with dementia may be higher with an estimated 2,750 people in Hillingdon in 2015 rising to 3,200 in 2020. This is a projected increase of around 16%. For those aged over 85 it is estimated that in 2015 there were 1,200 people in Hillingdon living with dementia a figure expected to rise by 20% to 1,500 by 2020.

In order to address these issues, our health and social care services will work better together to ensure local people receive better coordinated care –especially those with multiple long term conditions. Over the next five years, more intermediate-level care will be provided out of hospitals to meet the needs of elderly residents. This includes more specialist support to frail elderly people in nursing homes and care homes. It also means providing tailored health and care packages which

can be stepped-up in response to escalating needs; and stepped-down care as patients are rehabilitated. The expansion of our community outreach programmes will provide support for nurses and carers working to help their patients stay in the home for longer, rather than being taken into hospital. Mental health professionals and GPs will work better together with care home staff so they can help patients more effectively. We will have community based teams of local specialist clinicians including practice and community nurses, social care workers, allied health professionals, community mental health workers, GPs, and geriatricians.

Transformation program	Key actions to 2021	Key outcomes by 202021
DA3 Achieving better outcomes and experiences for older people ***Social care and Health Services help me to be proactive. They anticipate my needs before I do and help me to prevent things getting so bad that I need to stay in hospital***		
T3. Integrating Services for People at the End of their Life	○ Implementation of EoL Strategy and new integrated service model ○ Increase access and use of the Coordinate My Care record ○ Enhanced social support for those at end of life	○ Increasing number of people able to die in their preferred place of death ○ Coordination of support to people at End of Life and their families/carers on a 24/7 basis and across all care settings
T1. Transforming Care for Older People	○ Improved vaccination access and service coverage to older people in the borough, including care homes ○ Embed the Care Connection Teams across Hillingdon ○ Ongoing implementation of the Hillingdon Carers Strategy ○ Rollout new models of care for care homes integrating Primary, Community and Secondary Care support including embedding the use of frailty tools ○ Evaluation and further development of programmes focussed on the care homes population ○ Implementation of Home to Assess and integrated discharge pathways ○ Full integration of Co-ordinate my Care and Primary Care clinical records systems ○ Supporting those with dementia and their carers in the community	○ Increased rates of vaccination in the borough and reduced attendance to hospital due to cold/flu related illness ○ Estimated dementia diagnosis rate ○ Reduced emergency admissions due to falls ○ Enhanced reablement outcomes with reduced proportion of older persons still at home 91 days after discharge from hospital, and proportion of clients where no further request made for ingoing long term care ○ Reduction in permanent admissions of older persons to residential and nursing care homes, enabling them to live independently and in the family home for longer ○ Increase in use of Connect to Support service ○ Improved PAM scores in older people ○ Improved proportion of those aged 55+ participating in screening programmes ○ Improved number of carers assessments completed and carers receiving respite or other related service following assessment ○ Increased registered carers on Hillingdon Carers Register ○ Reduced delayed transfers of care ○ Coordinated Care for Older Peoples' Planned & Unplanned Care Needs across Care Settings ○ Improved Health Outcomes through focusing on LTCs and complicating factors ○ Integrated Health & Social Care support for those patients who need it ○ Reduced frequency of unplanned events ○ Reduction in Non-Elective Admissions ○ Reduction in Zero-Length of Stay Admissions ○ Single point of access implemented to simplify referral pathways

DA4 – Improving outcomes for children and adults with mental health and well-being needs

Key transformation theme:

- Effective support for people with mental health and learning disability needs

"I am treated with respect and dignity, according to my individual needs"

Good mental health and well-being is of great importance to ensuring the health and wellbeing of our people and communities. There is some evidence of an increase in numbers of mental health problems in children and young people nationally, although it is not clear if this is because mental health problems are now identified more easily or because the number of problems has risen.

The prevalence of self-reported depression and anxiety in the Hillingdon GP registered population is 9.9%, with hospital admissions for self-harm (10-24 years) 234.7 per 100,000 population. An estimated 4,000 children aged 5-16 in Hillingdon have a mental health disorder, about 60% of whom are boys. Conduct and hyperkinetic disorders are more common among boys and emotional disorders among girls. Some groups are at particular risk including looked after children, young offenders, those with learning difficulties or autism spectrum disorders, and those with long-term physical health problems. There are estimated to be around 2,000 young people aged 16-19 with neurotic disorders, over 350 aged 5-10 with autistic spectrum disorders, and around 480-620 with a learning disability who also have a mental health problem.

Long running concerns about Child and Adolescent Mental Health Services (CAMHS) nationally have been raised in many reports in recent years. Whilst investment has been made into provision of eating disorders and self harm services, more needs to be done to reduce waiting times and intervene early. It is increasingly recognised that the current 'Tier' model of CAMHS should be replaced by a model which places children and young people and their needs at the centre of care.

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

Community based services will provide urgent, enhanced crisis and out of hours support giving people the care they need, in the best place and in a timely manner providing better opportunities for healthy active lives. Partnership working is critical to improve the co-ordination of care and outcomes, and 'Future in Mind' identifies five priority areas: prevention/early intervention, access to effective support, care for the most vulnerable, accountability and transparency, and workforce development and training. By 2021 we will have improved pathways and response for individuals with mental health needs through our Children and Adults Mental Health Services (CAMHS). We want to ensure those with Serious Mental Illness, Learning Disabilities, and Anxiety have access to the right care, advice, and support.

Transformation program	Key actions to 2021	Key outcomes by 202021
DA4 Improving outcomes for children & adults with mental health needs ***I am treated with respect and dignity, according to my individual needs***		
T6. Effective Support for people with a Mental Health need and those with Learning Disabilities	○ Delivery of the Like Minded Programme ○ Improve support for patients with MH related LTCs ○ Implement MH support for people with a physical LTC ○ Expand integrated care planning to include people with MH needs ○ Rollout new model of Community MH Support ○ Development of psychological support for people with long-term conditions including access to Talking Therapies ○ By January 2019 full operational delivery the strategy for adults and children with autism ○ Implement crisis and out of hours support for CAMHS ○ Commission new CAMHS pathway without tiers by December 2017 ○ Delivery of new model of Community MH Support ○ By March 2019 we will complete evaluation of support programmes for patients with MH related LTCs ○ Delivery of Community LD Services ○ Expand ICP to include people with MH Conditions ○ Rollout new model of Community MH Support ○ Rollout Community LD Service	○ Reduction in inequalities associated with the care of people with one or more LD ○ Reduction in risk of harm to vulnerable people ○ Improved support for people with an urgent mental health need ○ Significant progress in closing the mortality gap between people with an LD and the wider population ○ Reduction in the mortality gap ○ Reduction in the unplanned care costs associated with supporting vulnerable people and those with an LD ○ Reduction in unplanned care needs arising for people with a known mental health condition ○ Improved rates of adults with a learning disability living in stable and appropriate accommodation ○ Improved Access to Psychological Therapies (IAPT) recovery rate ○ Improved achievement of two week wait for people with a first episode of psychosis or at risk mental state ○ Reduced waiting time for children waiting for CAMHS treatment

DA5 – Ensuring we have safe, high quality sustainable health and care services

Key transformation themes:

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

"It doesn't matter what day of the week it is – I get the support appropriate to my health and social care needs. Systems are sustainable and what once might have been spent on hospital care for me is now spent to support me at home in my community

Our NHS is under significant pressure to radically change the approach to care in order to provide personalise, localised, specialised and integrated care to all. The **NWL Local Services Strategy** outlines in detail how we can ensure we have safe, high quality, sustainable health and care services will see the needed transformation in local services and integration in urgent and emergency care.

There are a number of key challenges facing local services. People across demographies are living longer lives, which is a great achievement for healthy living. It has also meant we are living longer and growing frailer with complex and multiple long term conditions often characterising our last decades. Our local services are seeing growing patient demand with a growing population, and within the problematic context of recruiting, training and retaining our clinical workforce, we are seeing demand outstripping service capacity to provide enough appointments. Underlining these issues is the financial challenge the NHS, and all public services, are facing - even a decade after the global financial crisis. Within the NHS, and NWL, there remains inconsistent provision and access to services, opportunities to improve integration along care pathways, and a need to commission care and interventions much earlier to address the risks and indicators of ill-health. Above all, we must engage and empower residents to take control of their health and well-being.

Implementation of key local actions from the NWL Local Services Strategy will help our hospitals respond more effectively to increases in demand and provide more efficient diagnosis, timely triage and consultant services and effective transfer and discharge processes. Patients will have greater access to care in non-acute settings, including specialist primary care outpatient clinics, treatment diagnostics and urgent care for urgent need. Services will be coordinated and people in Hillingdon will receive complete 'joined up' care. We will see the right care provided in the right place, at the right time. Our strategy further acknowledges the role social care can play in putting in place the right reablement, rehabilitation and intermediate care services to support individuals to return home and/or regain their independence.

We aim to address the whole person, and as such our plans will embed mental health and well-being within care pathways to make every contact count. Mental health and well-being care will be integrated into pathways to ensure support is readily available for severe mental illness, learning disabilities, general well-being to address depression and anxiety, as well as support to give patients and their families the confidence to better manage their long term condition, flare-ups of an on-going concern, and general health after a spell in hospital.

Transformation program	Key actions to 2021	Key outcomes by 202021
DA5 Ensuring we have safe, high quality, sustainable acute services ***It doesn't matter what day of the week it is - as I get the support appropriate to my health and social care needs. Systems are sustainable and what once might have been spent on hospital care for me is now spent to support me at home in my community***		
T10. Transformation in Local Services	○ Implement NWL Local Services Strategy ○ Provide medical retina services at Mount Vernon hospital to treat macular degeneration ○ Enhanced progression of BHH RightCare Programme in line with strategic plans developed in October 2016 ○ Full implementation of 7 Day Standards ○ Enhanced progression of BHH RightCare Programme ○ Rollout of Prevention Strategy ○ Rollout of Proactive Case Finding in Primary Care ○ Work to close prevalence gap ○ Explore opportunities for diagnostics in the community	○ Reduction in prevalence gap for key conditions ○ Reduction in the rate of growth in prevalence ○ Reduction in the variation in management of conditions ○ Reduction in the prevalence gap for key conditions ○ Reduction in the rate of growth of prevalence ○ Reduction in the management of people with LTCs
T8. Integration across Urgent & Emergency Care Services	○ Develop Integrated Urgent Care approach, aligning urgent care services across social, primary, community and acute settings ○ Rollout new 111 Service and Primary Care Triage Model aligned to national guidelines ○ Robust monitoring of individuals discharged from hospital to monitor success in avoiding emergency readmissions ○ Develop and enhance ambulatory care pathway services in out of hospital settings	○ Coordination of support across all Urgent & Emergency Care services ○ Reduced emergency attendance, and non-elective admissions that could be treated in the community ○ Increase in the number of patients who have their unplanned care needs met outside of a hospital setting ○ Increased awareness in the community about how to access appropriate services ○ Increased number of people supported to avoid an admission and those supported home with a reduced Length of Stay ○ Reduction in rate of growth for unplanned attendances at hospital ○ Increase in people accessing non-hospital based support for their unplanned care needs ○ Reduction in the costs per capita managing unplanned care needs ○ Reduction in Zero-Length of Stay and Unplanned Admissions ○ Reduction in Length of Stay following an unplanned admission ○ Reduction in the number of emergency readmissions within 30 days of discharge from hospital

Enablers

Key transformation themes:

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

- Better Care Fund

Our six enabling themes will provide the underpinnings for success in ensuring the sustainability of the health and care system, structures and organisations in Hillingdon. The strategies associated with each of these enablers provide enhanced detail as to the key actions and milestones for implementation.

The Better Care Fund is included here as an enabler due to its role as a pooled budget for the NHS and Local Authorities to agree joint social and health programmes to support improved health outcomes.

Transformation program	Key actions to 2021	Key outcomes by 2020/21
Enablers		
E1. Developing the Digital Environment for the Future	○ Improve access to Shared Care Records ○ Develop plans for digitally enabled self-care ○ Develop plans for use of real time data in decision making ○ Additional promotion of assistive technologies eg telecare and telehealth ○ Delivery of a paperless system through the full integration of Co-ordinate my Care and primary care clinical systems ○ Become paper free at the point of care ○ Eradicate use of fax in care services ○ Deliver robust Shared Care Record that is highly utilised ○ Real time use of data used to inform patients	○ Relevant information safely and appropriately available when needed to coordinate care for people ○ Clear information available to aid planning of services ○ High utilisation of Shared Care Record across setting ○ Services planned using accurate and timely data ○ Improved outcomes for patients through shared record keeping ○ Reduce reliance on paper records
E2. Creating the Workforce for the Future.	○ Develop recruitment and retention strategy ○ Develop mutli-professional workforce plans ○ Brunel University London (BUL) with THH NHSFT and CNWL NHSFT establishing an Academic Centre for Health Sciences ○ Develop plans with Buckinghamshire New University for workforce development ○ Rollout recruitment and retention strategy and workforce plans	○ A workforce that meets the needs of the evolving health and social care market ○ A service with the capacity and capability to meet the needs of our population ○ Reducing sickness and absence rates ○ Improving skills and competences within the workforce
E3. Delivering our strategic estates priorities	○ Better utilise estates with a view to integration of health and care services	○ Deliver Local Estate Strategy for Hillingdon

Transformation program	Key actions to 2021	Key outcomes by 2020/21
E4. Delivery of our Statutory Targets	○ Robust demand and capacity study undertaken around RTT, Cancer and Diagnostic Targets ○ Continued focus on improvement in A&E Performance ○ Develop resilience plan around core measures ○ Development of diagnostic capacity to meet demands and targets for Cancer pathways ○ Rollout resilience plans	○ Continued, consistent and sustained achievement of our mandatory and statutory targets: ➢ A&E ➢ RTT ➢ Cancer ➢ LAS handovers
E5. Medicines optimisation	○ Focus on medicines optimisation and rollout of practice level pharmacy support with medicines reviews and repeat prescriptions ○ Focus on reducing wastage and reducing inappropriate usage of antibiotics ○ Implement Choosing Wisely	○ Reduction in overall medicines expenditure per capita including reduced wastage taking into account growth in costs ○ Improved outcomes for people utilising medicines and a reduction in avoidable harm ○ Reducing spend per capita on medication ○ Reducing incidents of harm ○ Improving outcome for people arising from the effective use of medication
E6. Redefining the Provider Market	○ Rollout and trial ACP model and develop plans for future cohorts ○ Develop Network Development Strategy ○ Implement recommendation of THH master planning exercise ○ Implement the 2016/17 market shaping activities ○	○ A market capable of meeting the health and care needs of the local population within the financial constraints ○ A diverse market of quality providers maximising choice for local people ○ Significant proportion of care delivered through integrated delivery vehicles ○ A high functioning, cost effective Accountable Care Partnership

Better Care Fund

The Better Care Fund was introduced by Government in 2015 to support closer working between health and care sectors, with the ambition of integration of health and social care by 2020. It established a joint pooled budget for services and encouraged joint working. In Hillingdon focus was directed at supporting services for people aged over 65 especially those with long term medical conditions.

The BCF plan is key to the delivery of the aspects of Hillingdon's Sustainability and Transformation Plan that are dependent on integration between health and social care or closer working between the NHS and the Council for delivery. The Better Care Fund proposals for 2017-19 identifies six detailed workstreams:

- Early intervention and prevention
- Integrated support for carers
- Better Care at end of Life
- Integrated Hospital Discharge
- Improving care Market management and development
- Living well with dementia

Key actions and outcomes include:

- Evaluate the impact of BCF schemes for over 65s. Assessment of impact of benefit realisation on the NHS and LA.

- Early intervention and prevention workstream (BCF1) including access to information and advice, use of patient activation measure to gauge impact of support and developing the preventative role of the third sector though the H4All Wellbeing service, Stroke prevention initiatives, promoting physical activity in older people and developing use of assistive technology and disabled facilities grants.

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HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT

Relevant Board Member(s)	Councillor Philip Corthorne Cabinet Member for Social Services, Housing, Health & Wellbeing
Organisation	London Borough of Hillingdon
Report author	Dan Kennedy, London Borough of Hillingdon
Papers with report	Appendix 1 - Hillingdon's Health Profile 2017 Appendix 2 - JSNA work plan 2017-2018

1. HEADLINE INFORMATION

Summary	The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health needs of Hillingdon's residents used to inform commissioning plans to improve health and wellbeing. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local Health and Wellbeing Board. This paper provides an overview of the key health and wellbeing needs in Hillingdon from the JSNA and presents priorities for developing the JSNA in Hillingdon.
Contribution to plans and strategies	The Joint Strategic Needs Assessment is used to inform improvement priorities set out within the Health and Wellbeing Strategy and within commissioning plans.
Financial Cost	There are no direct financial implications arising from the recommendations set out within this report. The findings from the JSNA are considered in developing commissioning plans which will be presented to the Health and Wellbeing Board for consideration.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board:

1) notes the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) which are being considered in developing updated commissioning plans.

2) notes and comments on the proposed JSNA work priorities (as set out in Appendix 2) which ensures that it remains a key source of local intelligence to underpin effective service planning.

3. INFORMATION

Background to the Joint Strategic Needs Assessment (JSNA)

1. The Joint Strategic Needs Assessment is an assessment of the current and future health needs of the local community. The JSNA represents a key source of local intelligence which exists to underpin the work of local health and wellbeing boards to develop local evidence-based priorities for commissioning to improve health and reduce inequalities. The JSNA is a requirement set out in legislation. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local health and wellbeing board.

2. The statutory guidance for JSNAs and Joint Health and Wellbeing Strategies issued by the Department for Health in March 2013 sets out that:
   - JSNAs should be produced by health and wellbeing boards, and are unique to each local area. These are the needs that could be met by the local authority, CCGs, or the NHS Commissioning Board.
   - Health and wellbeing boards should also consider wider factors that impact on their communities' health and wellbeing, and local resources that can help to improve outcomes and reduce inequalities.
   - Local areas are free to undertake JSNAs in a way best suited to their local circumstances. There is no template or format that must be used and no mandatory data set to be included.
   - A range of quantitative and qualitative evidence should be used in JSNAs.
   - Health and wellbeing boards are also required to produce a Pharmaceutical Needs Assessment to inform the commissioning of local pharmacy services.
   - Health and wellbeing boards can request relevant information to support JSNAs from organisations represented on the board (core members and others).

3. The JSNA should be used to help to determine local priorities for health improvement and in turn these priorities should inform what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. CCGs, the NHS Commissioning Board, and local authorities' plans for commissioning services will be expected to be informed by the JSNA. These organisations are expected to consult the health and wellbeing board about their commissioning plans.

4. The JSNA in Hillingdon is informed by a range of data. This includes the demographics of the area, and needs of people of all ages including how needs vary for people at different ages; the needs of people with complex and multiple needs; and wider social, environmental and economic factors that impact on health and wellbeing.

5. Data is drawn from a wide range of sources including:
   - population and deprivation data;
   - mortality, the prevalence of illness and birth rates;
   - take-up of health, social care and relevant universal services;
   - where available, the outcomes of commissioned services.

Summary of Hillingdon's Joint Strategic Needs Assessment

6. Overall, the health and wellbeing of Hillingdon's residents is good and continues to improve. Based on key indicators (Hillingdon's Health Profile 2017 – appendix 1) and other data, the key headlines from the needs analysis shows that for people living in Hillingdon compared to England on average:
   - Life expectancy for both men and women in Hillingdon is higher.
   - Hospital stays related to alcohol and self-harm are lower than England.
   - There are higher levels of breast feeding.
   - Lower levels of smoking at time of delivery are lower.
   - Lower level of people killed or seriously injured on roads.
   - Long term unemployment is lower.
   - Rates of homelessness are lower than England.

7. As with all Boroughs, local analysis indicates some challenges to improve health and wellbeing. These include:
   - Historically higher levels of violent crime in Hillingdon.
   - Higher rates of sexually transmitted infections and tuberculosis.
   - People diagnosed with diabetes in Hillingdon is higher than average.
   - The percentage of physically active adults is lower than England.
   - The number of children in Year 6 classified as obese is higher than England.

8. The biggest cause of death in Hillingdon continues to be cardio-vascular disease (heart disease and stroke), cancer and respiratory diseases. Diabetes is a significant cause of illness (morbidity) and predisposes to other diseases e.g. heart disease and stroke, kidney disease and blindness.

9. Certain lifestyle factors will increase the risk of ill-health, including smoking, poor diet, lack of regular exercise and higher levels of alcohol consumption and/or binge drinking. The estimated 2016 prevalence of smoking in Hillingdon (15.2%) which is lower than the estimated proportions for England (15.5%).

10. Age and other related conditions also affect health and wellbeing. Many people aged 65 and over are diagnosed with one or more long term conditions, of whom over half are typically diagnosed with multiple long term conditions which increases dependency on care and support. Other conditions include learning disability and child and adult mental health, including dementia.

11. To improve health and wellbeing, commissioning plans should consider how to prevent ill-health, early identification of any long-term condition, early intervention to prevent harm from long term conditions and tackling risk factors.

Developing Hillingdon's JSNA

12. There are a number of routinely available health and social care data sets which are used to update Hillingdon's JSNA. This includes data available from the NHS and the Office for National Statistics: mortality, birth rates and the prevalence of disease are datasets available for local use and have been recently updated within the JSNA. Updates to the JSNA are shared with commissioners.

13. To underpin commissioning plans, a set of priorities are proposed to develop the Hillingdon JSNA (appendix 2). The work plan has been informed by discussions on the CCG 'core offer'. Comments are invited from the Board about the proposed JSNA work plan.

14. During 2017/18 updates to the JSNA have included the demographic profile of the borough, including a more detailed profile to aid service planning and re-design. During the year, work has been undertaken on a respiratory needs assessment, and older people's needs assessment and a review of 2015 mortality data update looking at causes of death from dementia and other diseases

Financial Implications

There are no financial implications arising from the recommendations in this report. Commissioning proposals arising from the evaluation of the Joint Strategic Needs Assessment will be subject to further reports.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The JSNA is a key source of local intelligence that informs and underpins effective commissioning to improve health and wellbeing for Hillingdon's residents.

Consultation Carried Out or Required

The ongoing development of Hillingdon's JSNA will involve close working across the Council and with key partners and other stakeholders.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance have reviewed this report and confirmed that there are no direct financial implications arising from the recommendations in this report.

Hillingdon Council Legal comments

The Borough Solicitor confirms that there are no specific legal implications arising from this report. Hillingdon's JSNA complies with the Statutory Guidance issued by the Secretary of State for Health

6. BACKGROUND PAPERS

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Department of Health, 26 March 2013.

Appendix 1

Hillingdon Health Profile 2017

The chart below shows how the health of people in Hillingdon compares with the rest of England. Hillingdon's results for each indicator are shown in a circle. The average rate for England is shown by a black line, which is always in the centre of the chart. The range of results for all local areas in England is shown in a grey bar. A red circle means that this area is significantly worse than England for that indicator.

Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	18.1	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2014	11,965	19.9	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	56	0.5	0.9			
	4	GCSEs achieved	2015/16	1,853	60.1	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	6,177	21.1	17.2	36.7		4.5
	6	Long term unemployment	2016	392	2.0 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	269	7.1	10.6 $^1	26.0		1.8
	8	Breastfeeding initiation	2014/15	3,290	83.4	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	700	21.2	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	74	35.7	37.4	121.3		10.5
	11	Under 18 conceptions	2015	95	18.4	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	15.2	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	51.5	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	62.0	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	396	47.0	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	343	110.7	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	1,390	535.8	647	1,163		374
	18	Recorded diabetes	2014/15	15,803	6.7	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	320	36.5	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	1,731	870.9	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	204	506.1	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	80.5	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	83.7	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	43	3.3	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	209	23.8	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	73	10.0	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	926	250.1	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	460	80.7	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	761	132.1	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	244	13.5	19.6	36.0		6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
^20 Value based on an average of monthly counts $^1 There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

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Appendix 2 – **Hillingdon's Joint Strategic Needs Assessment – Work Plan (2017-18)**

The following table summarises the key work plan activities scheduled to develop the JSNA for the remainder of 2017/18. A calendar of updates for 2018/19 will be developed and agreed in conjunction with Public Health. These activities complement the additional and routine analysis of national and local data which are undertaken to keep the JSNA up-to-date (e.g. annual data about birth rates, mortality, demographics etc.). Taken together the schedule of routine updates and more substantive pieces of work listed below will help ensure the JSNA is responsive and informs the priorities within the Joint Health and Wellbeing Strategy.

Ref	Area of Development	Description	Timescale
1	Pharmaceutical Needs Assessment (PNA) 2018	Analysis of key health needs across the Borough and how pharmacy services are meeting these needs in specific localities.	In order to meet the statutory publication date (April 2018) – draft PNA 2018 60 day statutory consultation completed 26 November 2017. On track to publish early 2018.
2	Mortality Needs Assessment	Analysis of data from the Primary Care Mortality Database (PCMD).	March 2018
3	Locality/ward profiles	Provide a needs analysis of the population at locality/ward level	March 2018
4	Cardiology review	Analysis of rates of intervention in Hillingdon and outcomes delivered	March 2018 (annual update)
5	Diagnostics review	Review of current diagnostic services available in Hillingdon	February 2018
6	Drugs & Alcohol Health and Care Needs Assessment - Phase II	Review of needs assessment carried out in 2014	February 2018

BETTER CARE FUND: PERFORMANCE REPORT (APRIL - SEPTEMBER 2017)

Relevant Board Member(s)	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon
Report author	Paul Whaymand, Finance Tony Zaman, Adult Social Care Kevin Byrne, Policy and Partnerships Caroline Morison, HCCG
Papers with report	Appendix 1) BCF Monitoring report - Month 1 - 6: April - September 2017 Appendix 2) BCF Metrics Scorecard

HEADLINE INFORMATION

Summary	This report provides the Board with the first performance report on the delivery of the 2017/19 Better Care Fund plan.
Contribution to plans and strategies	The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act, 2012.
Financial Cost	This report sets out the budget monitoring position of the BCF pooled fund of £36,814k for 2017/19 as at month 6 2017/18.
Ward(s) affected	All

RECOMMENDATION

That the Health and Wellbeing Board notes the progress in delivering the plan during the Q1 and Q2 review period.

INFORMATION

1. This is the first 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 to be 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 will be asked to approve in December 2017. This follows formal notification on 31 October 2017 by NHSE that Hillingdon's plan had been approved without conditions.

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* - In Q1 and Q2 there were 5,446 emergency admissions to hospitals of people aged 65 and over, which compares to 5,056 during the same period in 2016/17. This suggests an outturn for 2017/18 of 10,892 emergency admissions against a ceiling of 9,428.

- *Falls-related emergency admissions: Not on track* - In Q1 and Q2 there were 420 falls-related emergency admissions to hospital compared to 415 during the same period in 2016/17. This suggests a 2017/18 outturn of 840 admissions on a straight line projection against a ceiling of 787.

- *Emergency admissions from care homes: On track* - In Q1 and Q2 there were 382 emergency admissions to hospitals from care homes. On a straight line projection this would suggest a total of 764 admissions during 2017/18, which would represent a 3% reduction on the 2016/17 outturn of 787 admissions.

- *Permanent admissions to care homes*: *Not on track* - In Q1 and Q2 there were 92 permanent placements into care homes. On a straight line projection this would suggest a total of 184 permanent placements against a ceiling of 150. The highest number of placements (53) was in nursing homes, thus reflecting the high level of resident need that could not safely be met in the community.

- *Delayed transfers of care (DTOC): On track* - At the end of Q2 there were 4,301 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 <u>below</u> the ceiling.

- *Still at home 91 days after discharge from hospital to Reablement: On track* - In Q1 and Q2 94% of people discharged from hospital to the Reablement Service were still at home 91 days after discharge against a target of 88%.

- *Disabled Facilities Grants* - 101 people aged 60 and over were assisted to stay in their own home through the provision of disabled facilities grants (DFG's), which represented 58% of the grants provided.

4. The key milestones within the agreed plan for Q1 and 2 are as follows:

<u>Quarter 1</u>

- *D2A pilot undertaken* - This was completed.

<u>Quarter 2</u>

- *Submission of 2017/19 BCF plan following approval by HWB and CCG Governing Body* - As shown in paragraph 1, this was completed with a positive outcome.

- *Tender for integrated homecare DPS model* - The tender process completed on the 6th October and the integrated model will go live in Q3.

- *Integrated brokerage pilot operational* - The pilot became operational in September with the co-location of Council and HCCG brokerage team staff.

- *Agreement on D2A model* - The Discharge to Assess (D2A) model has been agreed between health and care partners with the intention of expediting the return of people to their ordinary place of residence prior to admission.

- *Launch of new discharge letters for patients at The Hillingdon Hospitals* - The purpose of these letters is to help manage resident and Carer expectations by providing relevant information at a much earlier point following admission to hospital and they have started to be utilised across wards within Hillingdon Hospital.

- *Introduction of formal monthly liaison meetings between Mental Health and Housing* - This started in October and has helped to identify solutions to problems that would otherwise have led to prolonged delayed transfers of care. It has increased mental health awareness amongst the housing team and reduced the number of on the day homelessness applications from people who were previously in-patients in CNWL mental health wards.

- *Implementation of new mental health discharge planning tool* - The application of this tool has enabled earlier discharge planning to take place and this has contributed to a reduction in the number of mental health DTOCs, which is suggesting an outturn of 3,022 delayed days compared to 3,117 in 2016/17.

- *Completion of business case to develop a 'red bag' scheme* - This was completed with the intention of ensuring a consistent approach to the admission to hospital and discharge, of people living in care homes. The purpose is to introduce a consistent process and paperwork that follows the resident into and through the hospital and to enable the resident's belongings to be kept together. The main intended outcomes are an improved experience of care for the resident, improved communication between partners and the prevention of wasted staff time arising from lost forms, belongings, etc.

5. The key milestones that were not achieved were:

- *Agreement on advice, support and advocacy functions within discharge pathways* - This is subject to discussion by partners as the D2A model is embedded. Agreement on the delivery of these functions will be achieved in Q4 for implementation in 2018/19.

    - *Pilot for a GP with specialist interest support for care homes* - The purpose of the pilot is intended to identify the most appropriate model of GP support for care homes and this work was deferred to Q3 and a progress report will be provided to the Board in the Q3 performance update.

Accountable Care Partnership (ACP)

6. The 2017/19 BCF plan includes a commitment by the Council to explore membership of the ACP within the lifetime of the plan. Progress on the ACP has been reported via the Transformation Board and the Council's Corporate Director of Adults, Children and Young People's Services has been invited to a attend joint "board to board" meetings of the ACP and

Hillingdon Clinical Commissioning Group (HCCG). The outputs of this session will inform ACP development for 18/19 including the case for change for Council officers to consider.

7. The Council remains committed to the principles of what the ACP is seeking to achieve and, through the BCF and the supporting S75 agreement, is already demonstrating delivery of more integrated working and pooling of budgets. At this stage, however, the new operating model for the ACP is not yet fully developed and the financial modelling is not in place to demonstrate benefits which would formulate a feasible business case for the Council's membership.

8. The Council will continue to work with ACP members and HCCG through their joint board and at an operational level to shape the business plan and the financial modelling as well as to shape the model of care. Only when this is progressed can recommendations be made through the usual governance processes about formal Council membership. In the meantime, the benefits of integration between health and social care will still be progressed through the mechanism of the BCF section 75 agreement.

Conclusions

9. There is a considerable amount of activity in progress between health and care partners to improve the experience of care for residents and relieve pressure on the local care system. This is taking place within a context of increasing demand and complexity of demand, as well as resource constraints and high public expectations.

10. The impact of the work so far undertaken on key indicators is mixed, which reflects the complexity not only of resident need but also of the structure of the health and care system. It is also a reflection of the difficulties involved with delivering major change within large organisations and also within complex systems.

Financial Implications

11. The Quarter 2 performance report for the Better Care Fund shows a forecast net underspend for 2017/8 of £127k against the approved pooled BCF budget of £36,815k. This forecast underspend arises from staff vacancies in the Councils Reablement and Brokerage teams of £311k offset mainly by forecast overspends in the council provision of packages of care amounting to £184k. 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?

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

Consultation Carried Out or Required

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

Policy Overview Committee Comments

14. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

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

Hillingdon Council Legal Comments

16. 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 1 - 6: April - September 2017.
Appendix 2) BCF Metrics Scorecard.

Appendix 1

BCF Monitoring Report

Programme: Hillingdon Better Care Fund	
Date: December 2017	**Period covered:** April - Sept 2017 - Month 1 - 6
Core Group Sponsors: Caroline Morison/Tony Zaman /Paul Whaymand/Jonathan Tymms/ Kevin Byrne	
Finance Leads: Paul Whaymand/Jonathan Tymms	

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

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

A. Financials

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

Table 1: BCF Financials Summary 2017/18			
Key components of BCF Pooled Fund 2017/18 (Revenue Funding unless classified as Capital)	**Approved Pooled Budget**	**Forecast Outturn**	**Variance as at Month 6**
	£000's	**£000's**	**£000's**

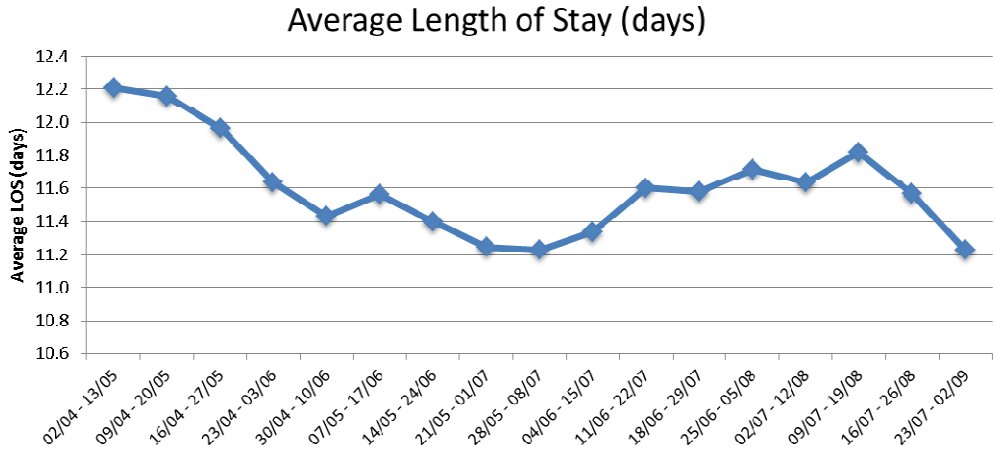
HCCG Commissioned Services	17,158	17,158	0
LBH - Commissioned Services	15,842	15,715	(127)
LBH - Commissioned Capital Expenditure	3,815	3,815	0
Overall BCF Total funding	**36,814**	**36,688**	(127)

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'* means Q1 and Q2 2017/18.

1.3 **Emergency admissions target (also known as non-elective admissions)** - *Not on track*: During the review period there were 5,446 emergency admissions to hospitals of people aged 65 and over, which compares to 5,056 during the same period in 2016/17. This suggests a total for 2017/18 of 10,892 on a straight line projection, which would be above the ceiling of 9,428. During the review period 75% (4,116) of emergency admissions of the 65 and over population were to Hillingdon Hospital. The remaining 25% of activity was primarily with the North West London Hospitals Trust, e.g. Northwick Park, and Watford General.

1.4 A report to the Board's September meeting showed that the length of stay across all age groups had reduced during 2017/18 thus suggesting that initiatives were having an effect. This is illustrated below.



1.5 **Delayed transfers of care (DTOCS)** - *On track*: Table 2 below suggests that on a straight line projection based on activity during the first half of the year the outturn for 2017/18 could be 725 delayed days below the ceiling set for Hillingdon by NHSE. Any projection at this time is subject to the severity of the winter period.

1.6 Table 2 shows that both NHS delays and those attributed to both the NHS and Social care are projected to be significantly below the NHSE-determined ceiling. It also suggests that Social Care delays will be above it. It should be noted that 73% (947) of Social Care delays during the review period were in a non-acute setting, which is primarily mental health. Smaller

numbers of people are involved than in acute settings such as Hillingdon Hospital but the needs are very complex. For example, one person who was delayed for over a year for whom over 70 care homes were contacted before a placement was eventually secured.

Table 2: Q1 - 2 DTOC Breakdown						
Delay Source	**Acute**	**Non-acute**	**Total**	**2017/18 Target**	**Projection 2017/18**	**Variance**
NHS	1,271	1,484	2,755	6,005	5,509	-496
Social Care	344	947	1,291	2,271	2,593	322
Both NHS & Social Care	33	222	255	1,062	510	-552
Total	**1,648**	**2,653**	**4,301**	**9,337**	**8,612**	**-725**

1.7 During the first half of 2017/18 nearly 18% (758) of all delays, e.g. health and social care, were attributed to issues with securing residential care placements and nearly 20% (849) to difficulties with securing nursing home placements. Nearly 70% (903) of all social care delays were related to issues in securing care homes placements. 45% (580) of the social care delays related to residential care home placements and 25% (322) to nursing homes.

1.8 It is important to note that the 166 delayed days reported by Hillingdon Hospital against social care in Q2 were attributed to 16 people.

1.9 Table 3 shows the breakdown of delayed days by the five NHS trusts that are hosting nearly 90% of the delays during the first half of 2017/18. CNWL accounted for 67% of the non-acute DTOCs during Q1 and 2, which reflects the position in 2016/17.

Table 3: Distribution of Delayed Days by NHS Trust	
Trust	**Number of Delayed Days (Q1 - 6)**
1. CNWL	1,775
2. The Hillingdon Hospitals	1,058
3. West London Mental Health Trust	552
4. North West London, e.g. Northwick Park	327
5. Bucks Healthcare	167
TOTAL	**3,879**

1.10 **Permanent admissions to care homes target** - *Not on track*: During Q1 and 2 there were 92 permanent placements into care homes (53 nursing homes and 39 residential homes). On a straight line projection this would suggest a total of 184 permanent placements against a ceiling of 150 in 2018/19. It should be noted that the high number of nursing placements is a reflection of the high level of resident need that it is unlikely could have been met safely in the community even if the new extra care schemes had been open.

1.11 It should be noted that the new permanent admissions figure in paragraph 1.8 above is a gross figure that does not reflect the fact that there were 96 people who were in permanent care home placements also left during the period 1st April 2017 to 30th September 2017. As a result, at the end of Q2 there were 458 older people permanently living in care homes (211 in residential care and 247 in nursing care). This figure also includes people who reached their sixty-fifth birthday in Q1 and 2 and were, therefore, counted as older people.

1.12 **Percentage of people aged 65 and over still at home 91 days after discharge from hospital to reablement** - *On track*: Performance during Q1 and 2 is that 94% of people discharged from hospital are still at home after a period of Reablement, which exceeds the target of 88%. However, it should be noted that the review period for the purposes of this national metric is Q3 and the results will not be available until Q1 2018/19. The outturn is affected by people who pass away within the 91 day period and also those who are readmitted to hospital either for a reason related to the original cause of admission or for a different reason. People who are the subject to a care plan review during the 91 day period as a result of an escalation of need are also excluded.

2. Scheme Delivery

Scheme 1: Early intervention and prevention.	**Scheme RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 1 Funding	Approved Pooled Budget	Forecast Outturn	Variance as at Month 6
	£000's	**£000's**	**£000's**
HCCG - Commissioned Services	2,353	2,353	0
LBH - Commissioned Services	1,245	1,245	0
LBH - Commissioned Capital Expenditure	3,815	3,815	0
Total Scheme 1	**7,413**	**7,413**	**0**

Scheme Financials

2.1 HCCG and LBH expenditure is in line with the pooled budget.

Scheme Delivery

2.2 *Connect to Support* - From 1st April to 30th September 2017, 7,350 individuals accessed Connect to Support and completed 11,247sessions reviewing the information & advice pages and/or details of available services and support. This represents an increase of 4,863 people and 7,158 sessions on the same period in 2016/17.

2.3 During Q1 and 2, 51 people completed online social care assessments and 16 were by people completing it for themselves and 35 by Carers or professionals completing on behalf of another person. 32 self-assessments have been submitted to the Council to progress and the remainder have been sent to residents at their request in order for them to decide in their own time how they wish to proceed. There have been 11 self-assessments undertaken by Carers during the first half of 2017/18.

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

- Information and advice

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

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

- *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 135 showed an improvement in their PAM scoring.

- *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.

- To each of these statements respondents are asked to give one of the following answers which results in a score shown in brackets: Strongly agree (4), Disagree (3), Neutral (2) and Strongly Disagree (0). These are added together and the lower the score the least lonely the person is identified to be. The tool has been used for the first time during the first half of 2017/18 and out the 30 people that it has been used with improvements resulting from H4All interventions has been shown.

- *C. Service User Experience Satisfaction Questionnaires* - During Q1 and 2 there were 118 respondents to satisfaction questionnaires and the results are shown in table 4 below.

Table 4: H4All Wellbeing Services Satisfaction Survey Results

Nature of Enquiry	Satisfied with Outcome			Unknown/ NA
	Yes	No	Partially	
Improved Health & Wellbeing	29	39	45	5
Reduced Social Isolation	47	43	21	8
Less Contact with Health Services	20	55	31	13
Help to Manage Long-term Condition	20	1	12	86
Appropriate Service Received	104	3	10	2
Additional Support Required	13	98	6	2
Would Use the Service Again	111	-	1	6
Effective Signposting/Referral	9	3	4	96

- *Care Connection Teams* - The role of the Care Connection Teams is explained below. Following a pilot with two CCTs in the north of the borough, posts in all 15 of the intended CCTs were recruited to during the review period. This means that all of them will be fully operational by the end of 2017/18 once all appointees are in post.

Care Connection Teams (CCTs) Explained

The CCTs are intended to take a more proactive approach to identifying the needs of Hillingdon's older residents who may be at risk of their needs escalating resulting in a loss of independence and increased demand on the local health and care system. Each CCT is comprised of:

a) *Practice GP lead* – They have oversight over the whole care pathway within primary care, with additional time spent with those patients at most risk of becoming unstable;
b) *Guided Care Matron (GCM)* – They are responsible for case management, daily monitoring of patients and referring to other services; in-reach support to care homes and supported housing and linking with Rapid Response for out of hours care.

c) *Care Coordinator (CC)* – They assist the Guided Care Matron in proactive care of patients, pulling practice and system intelligence on patients and updating care plans and communicating with other providers.

2.6 At the end of September the operational CCTs were carrying a caseload of 575 people and CCT are reporting 334 hospital admissions were avoided in the reporting period. Admissions avoided included cases where people with a urinary tract infection (UTI) or respiratory tract infection (LRTI) 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.

2.7 *Falls-related Admissions: Not on track* - During the review period there were 420 falls related emergency admissions to hospital compared to 415 during the same time in 2016/17. A straight line projection would give an outturn of 840 admissions against a ceiling of 787.

2.8 *Keeping older people active* - Examples of activities undertaken to support older residents include:

- *Moves Programme* - This includes ten chair based exercise sessions available across the borough in libraries, two in community centres and one at the Wren Centre in Ruislip. Attendance at these sessions ranges from 30 people attending weekly in Uxbridge to 12 in Hayes End. Zumba sessions and gentle aerobics sessions also take place at West Drayton Community Centre and Yeading Library

- *Tea dances - These are h*eld monthly at the Civic Centre (attendance around 120 per dance) and one at Winston Churchill hall (attendance on average 60 per dance). These are now being extended and will include a tea dance and a line dance at West Drayton Community Centre and a Bollywood Dance (Desi) at Botwell Community Centre.

2.9 *Atrial fibrillation (AF) pilot* - AF is one of the major causes of stroke, which is one of the main causes of disability in the older people population. At the end of 2016/17 10 AF detectors were distributed to community pharmacies across the borough. During the review period 251 residents were screened for AF and one person was identified with the condition. This person would then have been referred to their GP for advice about treatment and lifestyle choices that in order to reduce the likelihood of them having a stroke. The review of the delivery of health checks in Hillingdon is currently the subject of a review. The inclusion of AF as part of these checks will be considered as part of this review.

Scheme 2: An integrated approach to supporting Carers.	**Scheme RAG Rating**	**Amber**
	a) Finance	**Amber**
	b) Scheme Delivery	**Green**

Scheme 2 Funding	**Approved Pooled Budget**	**Forecast Outturn**	**Variance as at Month 6**
	£000's	**£000's**	**£000's**
HCCG - Commissioned Services	18	18	0
LBH - Commissioned Services	862	883	21
Total Scheme 2	**880**	**901**	**21**

Scheme Financials

2.10 There is currently a forecast overspend of £21k on the cost of Carers Assessments by the Council. Expenditure commissioned by Hillingdon CCG is on target with the pooled budget share.

Scheme Delivery

2.11 379 Carer's assessments were completed during the first half of 2017/18. This is made up of 143 sole assessments completed by Hillingdon Carers, 19 sole assessments completed by the Council and 217 joint assessments, e.g. Carer and cared for person completed by the Council. The projected outturn for 2017/18 on a straight line projection is 758 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.

2.12 During the first half of 2017/18, 275 Carers were provided with respite or another carer service at a cost of £822k. This compares to 237 Carers being supported at a cost of £796k 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.

2.13 *Identification of Carers* - In the twelve months since the start of the Hillingdon Carers' Partnership contract in September 2016 959 new Adult Carers have been identified against a target of 500. 464 Young Carers have also been identified against a target of 143. As a result, at the end of September 2017 the Hillingdon Carers' Partnership was supporting 24.8% of Carers compared to the 18% supported by Hillingdon Carers in 2014. Percentages are based on the 26,000 Carer population as identified in the 2011 census.

2.14 *Young Carers* - The review period has seen the development of the Young Carers' strategy Group, which has been instrumental in increasing the number of referrals of Young Carers, e.g. there were 304 new referrals from schools. Significant sums of external funding have been secured during the review period to support Young Carers and this includes:

- *Supported Transition Programme:* A three-year investment of £111k was secured from the Henry Smith Foundation to help young adult Carers with the transition from school to further education, employment or apprenticeships.

- *Family Support Service:* Additional three-year funding of £99.9k was awarded by Children in Need to provide short-term but intensive and holistic support to families affected by multiple caring situations.

- *Trips and activities:* £14k was acquired through a range of small grants to funds a range of trips and activities and also to establish a hardship fund to ensure Young Carers have access to items they need for their education and to pursue hobbies and sports. This fund contributed to the achievement of 3,213 short break opportunities that were delivered for Young Carers during the review period.

2.15 *Supporting working Carers* - A total of 63 working Carers have accessed new services such as 1:1 personal training sessions offered at a venue of a Carer's choice and a programme of 14 Wellbeing Workshops was provided during the day and repeated in the evenings at the new Carers' Centre in order to improve access for working Carers.

2.16 *External funding* - In its first year of operation (Sept 2016 to Sept 2017) the Hillingdon Carers' Partnership has attracted £417.8k additional investment to support Carers in the borough.

Issues/Risks

2.17 This scheme is identified as amber due to the £21k overspend on the Council's contribution to the pooled budget. However, this will be funded from underspends in other aspects of the Council's contribution.

Scheme 3: Better care at end of life.	**Scheme RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 3 Funding	**Approved Pooled Budget**	**Forecast Outturn**	**Variance as at Month 6**
	£000's	**£000's**	**£000's**
HCCG - Commissioned Services	992	992	0
LBH - Commissioned Services	50	50	0
Total Scheme 3	**1,042**	**1,042**	**0**

Scheme Financials

2.18 HCCG and LBH expenditure is in line with the pooled budget.

Scheme Delivery

2.19 A tender was undertaken for the integrated homecare services under a dynamic purchasing scheme (DPS) model that also included the provision of care at home to people at end of life. The new service will enable need to be addressed irrespective of whether funding responsibility sits with the Council or the NHS.

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.

2.20 Recruitment to a single point of access (SPA) and overnight nursing service to be provided by CNWL that will improve access to the right end of life care and support started. The SPA will be delivered by five members of staff and it is not expected to be operational until February 2018 once the staffing complement is in place.

Scheme 4: Integrated Hospital Discharge.	**Scheme RAG Rating**	**Amber**
	a) Finance	**Amber**
	b) Scheme Delivery	**Amber**

Scheme 4 Funding	**Approved Pooled Budget**	**Forecast Outturn**	**Variance as at Month 6**
	£000's	**£000's**	**£000's**
HCCG Commissioned Services funding	11,406	11,406	0
LBH - Protecting Social Care funding	4,607	4,377	(230)
Total Scheme 4	**16,013**	**15,783**	**(230)**

Scheme Financials

2.21 There is currently a forecast underspend of £230k mainly arising from staffing vacancies in the Council's Reablement Service. Expenditure commissioned by Hillingdon CCG is on target with the pooled budget share.

Scheme Delivery

2.22 *Criteria-led discharge pilot* - A pilot was run on Beaconsfield East Ward at Hillingdon Hospital under which a multi-disciplinary team comprising of occupational therapists, physiotherapist, nurses, speech and language team and medical staff agreed criteria under which nurses and therapists could agree the discharge of patients without the requirement of a further review by the medical team. The pilot proved successful and has been rolled out to other wards within the Hospital. This helps to expedite the discharge process.

2.23 *SAFER patient bundle* - This is explained below and has been rolled out across wards within Hillingdon Hospital but the extent of its implementation is at different stages across the hospital.

SAFER Patient Flow Bundle Explained

S – **Senior** Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – **All** patients will have an Expected Discharge Date and Clinical Criteria for Discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F – **Flow of patients** will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E – **Early discharge. 33%** of patients will be discharged from base inpatient wards before midday.

R – **Review**. A systematic MDT review of patients with extended lengths of stay (> 7 days – 'stranded patients') with a clear 'home first' mind set.

2.24 *Red2Green* - This links to SAFER and is a method of ensuring that the care that is planned to take place for a person on any given day actually happens. The basic principle of Red2Green is that a day on which everything which should happen for a person is a Green day. This approach enables processes and systems that are not working to be identified and resources directed to address blockages. Once again, this approach has now been rolled out to all wards within the Hospital.

2.25 *Discharge to Assess (D2A)* - The evolution of a Discharge to Assess (D2A) model has been a key development during the first half of 2017/18. The impetus for this initiative has been nationally driven and is based on the premise that people will recover more quickly from an incident that led them to be admitted to hospital in their own home. Three discharge pathways have been agreed 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.

2.26 Q1 and 2 has seen the testing phase of the D2A model and during this period there has been 228 referrals and 165 supported discharges from Hillingdon Hospital.

2.27 *Seven day working* - Table 5 illustrates performance against seven day metrics.

Table 5: Hillingdon Hospital Discharges before Midday and at Weekends			
Item	**2017/18 Target**	**2016/17 Baseline**	**Q2 2017/18 Outturn**
Medicine Directorate, inc A & E			
Discharges before midday	33%	21.3%	20.3%
Weekend discharges	65%	16.2%	16.2%
Surgery Directorate			
Discharges before midday	33%	19.2%	18.6%
Weekend discharges	65%	20.9%	13.7%

2.28 *Reablement Team activity* - During Q1 and 2 the Reablement Team received 383 referrals and of these 298 were from hospitals, primarily Hillingdon Hospital and the other 85 were from the community. The community referrals represented potential hospital attendances and admissions that were consequently avoided. During the first half of 2017/18, there were 218 new referrals to the service and of these 91% (199) completed their period of reablement with no on-going social care needs, which is above the target of 85%.

2.29 *Rapid Response Team activity* - In Q1 and 2 the Rapid Response Team received 2,190 referrals, 63% (1,386) of which came from Hillingdon Hospital, 19% (401) from GPs, 9% (203) from community services such as District Nursing and the remaining 9% (200) came from a combination of the London Ambulance Service (LAS), care homes and self-referrals. Of the 1,386 referrals received from Hillingdon Hospital, 64**%** (1,189**)** came from A&E and Homesafe, 14% (197) from Discharge to Assess, of which 1,093 (79%) were discharged with Rapid Response input, 257(18%) following assessment were not medically cleared for discharge and **36** (**3**%) were either out of area or inappropriate referrals. All 80**4** people referred from the community source received input from the Rapid Response Team. As with the Reablement Service activity described above, the community referrals represented potential hospital attendances and admissions that were consequently avoided thus helping to reduce avoidable demand.

2.30 *Hospital Discharge Team activity* - The Council's Hospital Discharge Team supported the early discharge of 189 people from Hillingdon Hospital and Mount Vernon Hospital during Q1 and 2 and also 70 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 395 bed days avoided, thereby assisting the Hospital with patient flow.

2.31 During the review period 101 people aged 60 and over were assisted to stay in their own home through the provision of disabled facilities grants (DFG's), which represented 58% of the grants provided.

2.32 21% (21) of the people receiving DFG's were owner occupiers, 75% (76) were social housing tenants, and 4% (4) were private tenants.

Issues/Risks

2.33 During the review period 47% 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.

2.34 *Risk - D2A model*: By its nature this model results in people leaving hospital at a much earlier stage than would traditionally have been the case. This has the potential to increase demand on the homecare market, e.g. by increasing the number of people requiring two care workers four times a day. In view of the limited number of care workers within the market, this has the potential to have a detrimental impact on the supply of care workers to support residents with on-going care needs. Health and care partners are aware of this risk and it will continue to be monitored. In addition, the plan includes initiatives to support the care market and these are reported on later in this delivery update.

2.35 *Risk - Bed-based step down*: An objective during 2017/18 has been to avoid the creation of additional bed-based step-down provision. However, the award of additional funding to the NHS in the budget combined with understandable concerns about the pressure on the Hospital over the winter pressure could well lead to the regulators asking for a temporary increase in short-term bed provision within care homes. The concern with such an approach is the potential impact that it could have on the availability of long-term beds, which could ultimately lead to prolonged delays. It is a case of solving one problem only to create another. The proposed way forward is that any proposal to increase short-term bed provision within care homes should take the form of a business case to the Transformation Board.

2.36 This scheme is identified as amber because of the forecast underspend on the Council's contribution which will offset overspends in the Council's contribution to other schemes within the pooled budget. It is also identified as amber because some actions within the DTOC action plan have not been delivered within the agreed timeframe. These include:

- Agreement on D2A model and implementation of pathways - This was agreed by partners in Q3.
- Introduction of monthly liaison meetings between Mental Health and Housing - This started in Q3.
- Agreement on advice, support and advocacy functions within discharge pathways - This will be completed in Q4.

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

Scheme 5 Funding	**Approved Pooled Budget**	**Forecast Outturn**	**Variance as at Month 6**
	£000's	**£000's**	**£000's**
HCCG - Commissioned Services	2,389	2,389	0
LBH - Commissioned Services	8,695	8,779	84
Total Scheme 5	**11,084**	**11,168**	**84**

Scheme Financials

2.37 There is currently a forecast overspend of £84k mainly arising from the forecast increased costs of Homecare packages. Expenditure commissioned by HCCG is in line with the pooled budget share.

Scheme Delivery

2.38 *Integrated brokerage* - The co-location of the CCG's brokerage team with the social care team started in September. The purpose of this is to develop a more integrated approach to managing the market that will help to improve quality of service provision and value for money. It is also intended to make it easier for providers to work with statutory agencies by creating a single point of contact, although the delivery of this is a future ambition.

2.39 *Integrated homecare* - A tender for an integrated, all-age homecare service under a dynamic purchasing system (DPS) model (see below) that will be led by the Council was completed. This is a pilot for two years to test the concept. Officers from the Council and CCG will then be able to review outcomes to coincide with the expiry of existing Council homecare contracts and then make recommendations about the shape of the future model for Cabinet and the CCG's Governing Body to consider. The integrated homecare model also includes care at home for people at end of life as referred to in paragraph 2.19.

2.40 *Emergency admissions from care homes: On track* - During the review period there were 382 emergency admissions from care homes. On a straight line projection this would suggest a total of 764 admissions during 2017/18, which would represent a 3% reduction on the 2016/17 outturn of 787 admissions. However, 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.

2.41 The review period has seen a range of measures put in place that should result in an improvement in service quality within care homes in Hillingdon and a reduction in A & E attendances and admissions that are avoidable. These measures include:

- *Project Team* - The establishment of a multi-agency project team to develop and implement the measures to support quality care provision in care homes. This task and finish group includes consultant geriatrician, GP and care home representatives.
- *Pharmacy support* - The recruitment of a full-time pharmacist employed as part of a care home pharmacy support service to support better medicines management.
- *Managing falls in care homes* - Falls prevention and management training that has been attended by 58 members of staff from 28 care homes.
- *Mental capacity training* - A rolling programme of training on the Mental Capacity Act and Deprivation of Liberty Standards.
- *GP support for care homes* - Funding agreed by the CCG for two GPs with special interest to support care homes.
- *Development of a 'Red Bag' scheme* - Funding was agreed by the CCG for two part-time project managers provided by the Council to support Hillingdon's care homes in implementing the scheme, which is explained below. Both project managers have experience of managing care homes themselves. Funding for the red bags was also agreed. All of Hillingdon's care homes for adults have agreed to participate in the schemes, which will be fully implemented by the end of March 2018.

The *Red Bag* Scheme Explained

The '*Red Bag*' keeps important information about a care home resident's health in one place, easily accessible to ambulance and hospital staff. It contains standardised information about the resident's general health, any existing medical conditions they have, medication they are taking, as well as highlighting the current health concern. This means that ambulance and hospital staff can determine the treatment a resident needs more effectively.

2.42 *Support for extra care sheltered housing schemes* - The tender took place for the care and wellbeing service at Cottesmore House and Triscott House and also the new schemes that will be opening in 2018, e.g. Grassy Meadow Court and Park View Court. The contract was awarded to Carewatch, a company with experience of delivering care in an extra care setting in both London and other parts of the country. This contract started on 1st November 2017.

Issues/Risks

2.43 This scheme is identified as amber because of the forecast overspend on the Council's contribution which will be offset by underspends in the Council's contribution to other schemes within the pooled budget. It is also identified as amber because some actions within the DTOC action plan have not been delivered within the agreed timeframe. An example includes:

- *Pilot for a GP with specialist interest support for care homes* - This pilot is intended to identify the most appropriate model of GP support for care homes and this work was deferred to Q3

Scheme 6: Living well with dementia	**Scheme RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 6 Funding	**Approved Pooled Budget**	**Forecast Outturn**	**Variance as at Month 6**
	£000's	**£000's**	**£000's**
HCCG - Commissioned Services	0	0	0
LBH - Commissioned Services	300	300	0
Total Scheme 6	**300**	**300**	**0**

Scheme Financials

2.43 Expenditure in line with the pooled budget plan.

Scheme Delivery

2.44 A simplified process for care homes to make referrals to the Older People's Mental Health Team at the Woodlands Centre on the Hillingdon Hospital site was introduced following issues raised at the Older People's Care Home Managers' Forum.

2.45 Work on equipping the new Dementia Resource Centre (DRC) that will be based at Grassy meadow Court was undertaken. This was in compliance with the Stirling University Design Gold Standard. In Q3 meetings with partners will take place to identify how the resources within the DRC and also within Grassy Meadow Court and the other extra care schemes can be put to best use by partners to support the residents of the schemes and older people in the local community. This will include third sector organisations like the Alzheimer's Society and also health partners such as GPs, consultant geriatricians at Hillingdon Hospital and community health and community mental teams provided by CNWL.

2.46 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:

- *Weekly dementia coffee mornings* - In Uxbridge up to 25 people attend these sessions on a weekly basis. Activities vary from singing, reminiscence, art, reading aloud and seated football. In Botwell a new group started in March 2017 that also meets on a weekly basis and includes activities such as singing, drummunity, reminiscence, arts and crafts and reading aloud.

- *Art sessions for dementia* - Arts sessions are held once a month at the coffee mornings referred to above where an artist runs a workshop. Art sessions were held during dementia awareness week (14 - 20th May 2017) with participants from the dementia coffee mornings and the Wren Centre, i.e. the current Dementia Resource Centre. This culminated in an exhibition in Uxbridge Library.

- *Dementia Friendly Walk* - In April 2017 a new monthly dementia friendly walk was established at Norman Leddy Memorial Gardens. These gardens were chosen as they are enclosed and have plenty of seating. Attendance has varied from 2-8 people.

- *Tovertafel* - This is a new project that is being developed in libraries to promote social interaction and meaningful activities for people living with dementia. There are currently 8 people meeting every Friday to use the Tovertafel in Uxbridge library. 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.

BCF Programme Management Costs

Programme Management	Approved Pooled Budget	Forecast Outturn	Variance as at Month 6
	£000's	£000's	£000's
BCF Programme Management	82	82	0
Total	**82**	**82**	**0**

3. Issues/Risks

3.1 Non-scheme specific issues and risks include:

- **IT Interoperability** - Developing interoperable systems between the NHS and Adult Social Care continues to present challenges in the delivery. The Care Information Exchange (CIE), which was intended to provide the opportunity for professionals to view the details of the interventions of partner organisations in meeting the care needs of residents, as well as allowing residents themselves to view their records on line, has not delivered what it was hoped it would. The charitable funds that have supported the development of this project cease at the end of 2017/18 and post April 2018 funding options are currently being explored by partners across North West London.

- **Local Care Market Fragility** - Workforce capacity and capability issues continue in Hillingdon and manifest themselves in the difficulties of homecare providers in the south of the borough in particular to accept packages of care and also in care home providers being willing to accept people with the more complex needs. The care market in Hillingdon is particularly affected by the borough being a high employment area with alternative options to working in the care industry available to people. It should also be noted that the decision by the supermarket chain Lidl to pay its workforce the London Living Wage of £10.20 per hour also attracts people from generally lower paid work in the care industry.

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Better Care Fund

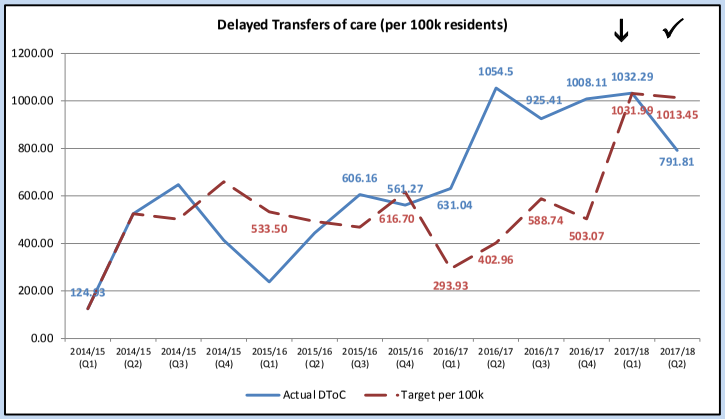
Appendix 2

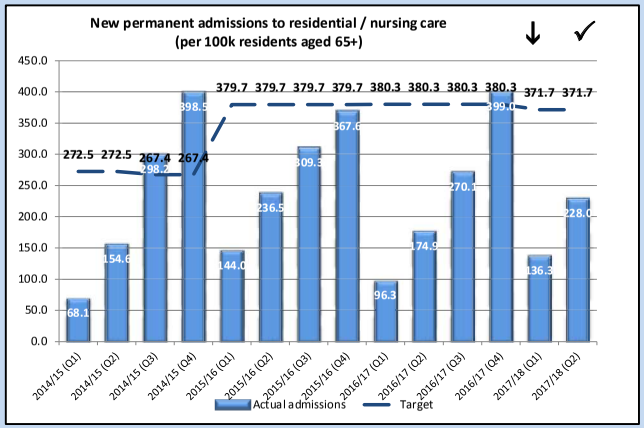
Period: 01/04/2017 to 30/09/2017
Month Number: 6

High Level Summary

Non-Elective Admissions		Pay for performance period Q1 (Apr - Jun)	Q2 (Jul - Sept)	Q3 (Oct - Dec)	Q4 (Jan - Mar)
Non-elective admissions in to hospital (general & acute), 65+.	2016 Actual	2,537	2,420	2,478	2,682
	Req. Reduction for 2017	180	63	121	325
	Target for 2017	2,357	2,357	2,357	2,357
	Actual 2017	2,697	2,749		
	Difference from Target	+340	+392	-2,357	-2,357

Key components of BCF funding 2017/18	Budget	Outturn	Variance
	£000's	£000's	£000's
HCCG Commissioned services funding	17,158	17,158	0
LBH - Protecting Social Care Funding (including Care Act New Burdens)	15,842	15,715	- 127
LBH - Protecting Social Care Capital Funding	3,815	3,815	0
Overall BCF Total funding	36,815	36,688	- 127





Delayed Transfers of Care (There is a 1 month time lag on the availability of the data)	To the end of period	Number (1/4ly)	Residents	Per 100k
	Baseline (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)	0	235,788	0.0
	2017/18 (Q4)	0	235,788	0.0
	2017/18 (YTD)	4,301	235,788	1,824.1
	Variance from YTD Target	-368	235,788	-155.9
	2017/18 (Target)	9,337	235,788	3,959.9
	Variance from Target	-5,036	235,788	-2,135.8

Permanent admisisons to Residential / Nursing care (residents aged 65+)	To the end of period	Number (Cum)	Residents	Per 100k
	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 (Target)	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)		40,354	0.0
	2017/18 (Q4)		40,354	0.0
	2017/18 (YTD Target)	75	40,354	185.9
	Variance from YTD Target	+17	40,354	42.1
	2017/18 (Target)	150	40,354	371.7
	Variance from Target	-58	40,354	-143.7

ASCOF 2B	% of clients still at home 91 days after discharge	2016-17 (Target)	2016-17 (Q4)	2017-18 (Target)	2017-18 (Q2)
		93.8%	86.1%	88.0%	94.1%
	Variance from Target	N/A	-7.7%	N/A	6.1%

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PHARMACEUTICAL NEEDS ASSESSMENT 2018

Relevant Board Member(s)	Councillor Philip Corthorne Cabinet Member for Social Services, Housing, Health & Wellbeing
Organisation	London Borough of Hillingdon
Report author	Dan Kennedy, London Borough of Hillingdon
Papers with report	Draft Pharmaceutical Needs Assessment 2018 Appendix 1 – Demography Appendix 2 – Epidemiology Appendix 3 – Pharmacy Provision Appendix 4 – Pharmacy Survey Results Appendix 5 – Pharmacy Services Survey

1. HEADLINE INFORMATION

Summary	From 1 April 2013, the statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area transferred to Health and Wellbeing Boards from Primary Care Trusts. This statement is known as the Pharmaceutical Needs Assessment (PNA). The PNA assists in the commissioning of pharmaceutical services to meet local priorities. NHS England also use the PNA when making decisions on applications to open new pharmacies. This paper presents to the Hillingdon Health and Wellbeing Board (HWB) the key findings from the conclusion of the statutory 60-day consultation. The paper seeks permission from the Board to publish the updated PNA on the Council website, ahead of the statutory deadline of 1st April 2018.
Contribution to plans and strategies	An up-to-date pharmaceutical needs assessment contributes to the development of Hillingdon's Health and Wellbeing Strategy.
Financial Cost	There are no direct financial implications arising from the recommendations set out in this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board is asked to:

1. **agree 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. **agree that the PNA be published in January 2018.**

3. **agree to delegate further amendments to Hillingdon's PNA 2018 prior to publication to the Chairman of the Health and Wellbeing Board, should further changes be required.**

3. INFORMATION

PNA Requirements

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

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

3. HWBs are required to publish their revised PNA by April 1st 2018, and to publish a revised PNA within three years of this assessment. Non-compliance with the regulations may lead to a legal challenge, for example where a party believes that they have been disadvantaged following the refusal of their application to open a new pharmacy business.

4. The PNA must align with other plans for local health and social care services, including the Joint Strategic Needs Assessment (JSNA). The pharmaceutical needs assessment should be a statement which has regard to the following:
   - the demography of the area
   - the pharmaceutical services available in the area of the Health and Wellbeing Board
   - whether, in the area, there is sufficient choice with regard to obtaining pharmaceutical services
   - the differing needs of localities within the area
   - the pharmaceutical services provided in the area of any neighbouring HWB which affect:
     - the need for pharmaceutical services
     - whether further provision of pharmaceutical services in the area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type. This could include for example new services in response to new housing developments.

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

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

Management of the process

7. The update of Hillingdon's PNA has involved reviewing and analysing the most up to date health and wellbeing data, population data as well as information about the provision of pharmacies across the Borough and the services they provide. Feedback has been received from all the pharmacies in Hillingdon. This process has been agreed by a multi-agency steering group.

8. The National Health Service Pharmaceutical and Local Pharmaceutical Services Regulations 2013 state that there is a statutory requirement to undertake a minimum 60-day consultation with stakeholders for the updated PNA. The 60-day consultation took place between September 27th, 2014 and November 26th, 2017.

9. The following stakeholders were required to be invited to comment on the draft PNA:
   - Local Pharmaceutical Committee (LPC)
   - Local Medical Committee (LMC)
   - Representatives from the local Pharmacists
   - Hillingdon Clinical Commissioning Group
   - Healthwatch Hillingdon
   - Hillingdon Hospitals Trust
   - Other hospital trusts used by Hillingdon residents e.g. Ealing, and Northwest London Hospitals Trust
   - Neighbouring HWBs
   - NHS England Area Office

10. The full PNA consultation document was placed on the Council website from 27th September for 60 days. The stakeholders were contacted by e-mail which contained the web-link directing them to the consultation document. A reminder of the 60 day consultation was sent out to all stakeholders.

Response to 60 Day Statutory Consultation

11. Comments from the Consultation have been reviewed and included in the PNA where relevant and appropriate.

12. Three pharmacies responded to the consultation. All 3 pharmacies agreed with the content and recommendations of the PNA.

13. Comments from the LPC and Healthwatch were received and as a result the following amendments were made:
   - Detailed listings of the pharmacies and their services can be found Appendix 4.
   - Detailed listings of the dental practices can be found in Appendix 4.

14. Healthwatch raised concerns regarding access to pharmacies in Heathrow Villages as well as emergency provision particularly during the evening. This comment has been considered and the PNA demonstrates that whilst there is good pharmacy provision provided across the borough, most residents will be required to travel slightly further when accessing evening and/or emergency services. Heathrow Villages is served by out of borough pharmacies as well as those in West Drayton.

15. However, an additional sentence has been added to acknowledge that the provision in the Hayes and Harlington locality which includes Heathrow Villages is slightly lower than in the other two localities. (See page 11of the PNA 2018)
'In Hayes & Harlington provision is just below the England average rate per head of population, however, there are an additional 20 or so pharmacies within 1 km, but sited in neighbouring boroughs.'

16. Healthwatch also commented:
'The PNA does not fully align with the CCGs commissioning intentions for medicine management. For example the CCG are commissioning specialist pharmaceutical support, to enable medicine reviews to be carried out in GP practices and in people's homes.'

17. Primary care pharmacy provision does not relate to retail pharmacy provision and, whilst important and provides scope for better targeting of services, it is provided on a different contractual basis, one not within the remit of the PNA process

18. Four members of the public responded to the Consultation. Three of these responses agreed with the content and recommendations of the PNA. The fourth response was from a resident who is also carer. These comments were not specific to the PNA and have been referred to the Carers Forum.

19. **PNA Recommendations** - Following careful consideration of the consultation findings there is not a need to amend the draft recommendations of the PNA. The Health and Wellbeing Board is therefore asked to consider and approve the recommendations as follows:

- **<u>Recommendation 1</u> - To recognise that Pharmaceutical services in Hillingdon continues to be well resourced. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.**

  <u>Reason for recommendation</u>
  Pharmacy provision is good across all three localities in Hillingdon. Overall services in pharmacies have increased in the last 3 years. In the pharmacy service survey pharmacists stated their willingness to provide services that may be required in the future.

- **<u>Recommendation 2</u> - Continue to encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).**

  <u>Reason for recommendation</u>
  The MUR service has increased in the last 3 years across the Borough. Residents who have more than one condition would benefit from a frequent review of their prescription medicines.

- **<u>Recommendation 3</u> - Raise awareness of the local pharmacies services to Hillingdon residents.**

Reason for recommendation
Many residents may require health advice from a health professional when their GP Practice is closed. The pharmacy could relieve the pressures on GPs and A&E due to the good geographical distribution, long opening hours and level of services provided by pharmacies across Hillingdon.

- **Recommendation 4 - Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.**

  Reason for recommendation
  This could include local and national public health campaigns (e.g. NHS health checks, the stop smoking service, influenza immunisation and sexual health services) to address key local health and wellbeing needs.

- **Recommendation 5 - Community pharmacists should use the 'Making Every Contact Count' (MECC) approach while dispensing medicines in order to target individuals with public health messages and improve the health of Hillingdon residents.**

  Reason for recommendation
  Earlier intervention through targeted health promotion advice by health professionals would aid positive life style changes. Contact with residents through local pharmacies in Hillingdon is a good opportunity to promote health and wellbeing.

Next steps

20. The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 come into force on 1 April 2013. Regulation 5 states that the HWB's first PNA must be published by 1 April 2015 and reviewed every three years. Therefore the reviewed PNA must be published by 1 April 2018. However, this does not preclude HWBs from publishing their reviewed PNA earlier.

21. In accordance with Regulation 5 it is proposed that, with agreement from the Board, the PNA be published in January 2018, 3 months before the statutory deadline date.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

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

Consultation Carried Out or Required

A statutory 60-day consultation was carried out between September 27th 2014 and November 26th 2017. The consultation was open to stakeholders – see the list detailed in paragraph 9 above.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

From the 1 April 2013 *The Health and Social Care Act 2012* placed a statutory obligation on local authorities, through Health and Wellbeing Boards (HWBs), to develop and update Pharmaceutical Needs Assessments (PNAs). Pursuant to *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* HWBs are required to produce their first PNAs by 1 April 2015, and reviewed every three years thereafter. Schedule 1 of the *2013 Regulations* sets out matters to be covered in the PNAs.

6. BACKGROUND PAPERS

NIL.

Hillingdon Pharmaceutical Needs Assessment 2018

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Contents

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Executive Summary

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

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

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

Demographic and Epidemiological Analysis

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

Analysis of existing services

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

A survey of the existing 65 pharmacies in Hillingdon along with those in neighbouring areas was completed, with the support of the Local Pharmaceutical Committee. The 100% response rate from those pharmacies in Hillingdon secured a robust and up to date collection of information to support the assessment of need. Appendix 5 shows the survey used.

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

Management of the development of the PNA

As set out in the Health and Social Care Act 2012 the Health and Wellbeing Board managed the development and update of the PNA. Partners consulted include the Local Medical Committee, the Hillingdon Hospital NHS Foundation Trust, CNWL NHS Trust, local community pharmacies, the voluntary sector and neighbouring Health and Wellbeing Boards.

Consultation: Subject to agreement from the HWB it is proposed that the statutory 60-day consultation will take place between September 27th 2017 and November 26th 2017. The draft PNA was available on the Hillingdon Council website during the consultation period.

Recommendations:

- **Recommendation 1 - To recognise that pharmaceutical services in Hillingdon continues to be well resourced. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.**
  Pharmacy provision is good across all three localities in Hillingdon. Overall services in pharmacies have increased in the last 3 years. In the pharmacy service survey pharmacists stated their willingness to provide services that may be required in the future.

- **Recommendation 2 - Continue to encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).**
  The MUR service has increased in the last 3 years across the Borough. Residents who have more than one condition who would benefit from a frequent review of their prescription medicines.

- **Recommendation 3 - Raise awareness of the local pharmacy services to Hillingdon residents.**
  Many residents may require health advice from a health professional when their GP Practice is closed. The pharmacy could relieve the pressures on GPs and A&E due to the good geographical distribution, long opening hours and level of services provided by pharmacies across Hillingdon.

- **Recommendation 4 - Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.**
  This could include local and national public health campaigns (e.g. NHS health checks, the stop smoking service, influenza immunisation and sexual health services) to address key local health and wellbeing needs.

- **<u>Recommendation 5</u> - Community pharmacists should use the 'Making Every Contact Count' (MECC) approach while dispensing medicines in order to target individuals with public health messages and improve the health of Hillingdon residents.**
  Earlier intervention through targeted health promotion advice by health professionals would aid positive life style changes. Contact with residents through local pharmacies in Hillingdon is a good opportunity to promote health and wellbeing.

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1. Introduction

Local government's new role in relation to pharmaceutical services

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

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

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

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

2. Pharmaceutical Needs Assessment (PNA)

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

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

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

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

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

- demographic review, in particular the current population and population projections, including key groups such as children, older people and those living in deprivation
- epidemiological review, in particular those identified by GPs with diseases and with long term conditions
- community pharmacy locations, including information about 100 hour opening times per week
- pharmaceutical services provided at each location
- local priorities arising from the JSNA and those highlighted in the H&WB strategy 2014-17 which is currently being reviewed by the HWB.

3. Key findings and background information

The London Borough of Hillingdon

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11,571 hectares), over half of which is countryside and woodland. Hillingdon has always been a transport hub and home to Heathrow Airport - the world's busiest international airport. It is also the home of RAF Northolt, and shares its borders with Hertfordshire, Buckinghamshire, Surrey, Hounslow, Ealing, and Harrow. Hillingdon has 22 electoral wards within three localities: Ruislip & Northwood in the northern part of the Borough, Uxbridge & West Drayton in the central part of the Borough, and Hayes & Harlington in the southern part of Hillingdon. Ruislip & Northwood consists of eight wards, and Uxbridge & West Drayton and Hayes & Harlington both consist of seven wards.

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

ending in the Borough, Hillingdon is a major transport hub. The south of the Borough is home to the world's busiest international airport Heathrow, which occupies 1,227 hectares land, and handled 75.7 million passengers in 2016. The arrival of Crossrail in 2018, with new stations at West Drayton and Hayes will open up access to central London even further.

Demography

The population resident in Hillingdon in 2018 is estimated at 314,300 persons. This is split between the three localities of Ruislip & Northwood (31% of the population of the Borough), Uxbridge & West Drayton (34%) and Hayes & Harlington (35%). There are higher numbers of younger people in Hayes and Harlington and higher numbers of older people (60+) in Ruislip and Northwood.

The population increase in Hillingdon over the next 5 years is expected to be 7%, around 1.3% per annum which is higher than the rate of both London (5.8%) and England (3.5%). The key driver of population growth in Hillingdon over the next 5 years is projected to be natural change (the greater number of births than deaths). 30% of population growth is projected to result from net inward migration. The highest increases in the Borough are expected in the age bands 5-17, 25-39 and 40-64 years. Most wards in Hillingdon will see an increase in their population over the next 5 years, with the age group 20-44 being the most transient. The ward of Uxbridge North is expected to see an increase of 2,500 persons, due to the St Andrews Park development. The ward of Botwell is expected to see an increase of 3,500 persons due to the Hayes Housing Zone development.

The number of births is expected to decrease to 4,200 (4482 in 2015) per annum over the next 5 years. The number of births is higher in Hayes & Harlington, than in Uxbridge & West Drayton, which in turn is higher than Ruislip & Northwood.

GLA ethnic group projection (2015) estimate that Hillingdon is becoming more diverse with Black and Minority Ethnic (BAME) groups accounting for 48% and white ethnic groups accounting for 52% of the 2018 resident population. This proportion of BAME groups is higher than across London (43%). All age groups are expected to see an increase in the proportion of BAME groups between 2018 and 2023. In Hillingdon BAME groups are likely to account for 52% of the population by 2023.

Hillingdon has a mixed socio-economic profile. The 2015 English Index of Deprivation ranks (with 1st being the most deprived) Hillingdon as 162nd out of 326 Local Authority areas in England and 23 out of 32 London boroughs (excluding the City of London). The average deprivation score masks the differences at ward level - the wards in Ruislip & Northwood tend to have the least deprivation while those wards in Hayes & Harlington tend to have a higher level of deprivation than the Hillingdon average.

Hillingdon is economically prosperous. The Borough has a lower proportion of economically inactive people than London or England. In 2016 the unemployment rate in Hillingdon (4.4%) was lower than both London (5.7%) and England (4.8%). In

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August 2016, Hillingdon's Job Seekers Allowance (JSA) claimant level was 2,070 which is the lowest level since February 2010 (6,070).

According to the 2011 Census (this is the only data source where this granularity of intelligence is collected) 9.6% of residents of Hillingdon provide unpaid care to family or friends.

Detailed analysis of the demography of Hillingdon can be found in Appendix 1.

Epidemiology (diseases and their cause within populations)

In general Hillingdon residents enjoy a higher life expectancy in both males and females, 80.5 years and 83.7 years respectively, than the average for London (80.2 and 84.1 respectively) and England (79.5 and 83.1 respectively). There is some variation by ward and by locality within the Borough with Botwell, Townfield and Harefield wards have the lowest life expectancy in males (age 77) and Botwell and West Drayton having the lowest life expectancy in females (age 80).

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

GP register derived prevalence for cardio vascular disease (CVD), coronary heart, stroke, disease, hypertension, chronic kidney disease, cancer, osteoporosis, obesity, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation, peripheral arterial disease (PAD), dementia, asthma and depression are highest in Ruislip & Northwood.

Mortality rates from all causes have been falling in Hillingdon in line with London and England, both for all ages and for those aged under 75 years. Circulatory disease and cancers are the two major causes of death in Hillingdon.

Smoking is identified as a major risk factor for many diseases. In Hillingdon the estimated prevalence of smoking is 16.9% of the population aged over 18 which is slightly higher than the London average (16.3%) and the same as the England average. The number of people attempting to quit smoking and the number of people successfully stopping is highest in Hayes & Harlington.

Influenza immunisation in Hillingdon is comparable to England as a whole at 68.3%. However, this is below the Chief Medical Officer's (CMO) target of 75%. Looking at higher risk groups, coverage is 47.8% which is higher than England, but still below the CMO target of 55%.

Teenage pregnancy in Hillingdon has decreased year on year recently and is lower than the England and London average. However, the rate of conceptions (age <18 years) in the wards of Yiewsley, West Drayton, Townfield, Botwell and Brunel was significantly higher than the England rate for 2012-14.

Sexually transmitted infections represent an important public health issue in London which has the highest rate of STIs in England. In comparison with other London boroughs however, Hillingdon has a relatively low rate of sexually transmitted infections.

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

Alcohol specific hospital admission rates (rate recorded per 100,000 population) for adults in Hillingdon are slightly lower than rates for England average and London.

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

Detailed analysis of the epidemiology of Hillingdon can be found in Appendix 2.

Service Provision (pharmacies)

There are 65 community pharmacies in Hillingdon. The numbers of pharmacies are evenly geographically distributed across Hillingdon with at least 21 per locality. The number of pharmacies per 100,000 of the population in Hillingdon is similar to that of England and London, for more details please see Appendix 3.

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

HIlingdon's pharmacy provision is within the recognised guidelines. However, it is acknowledged that there are some areas of the community where the pharmacy is more than 15 minutes walking distance. Where this is the case the pharmacies are readily accessible by public transport and road with parking close to the premises. It is also worth noting that the delivery of prescriptions is available in the majority of these pharmacies.

Access to pharmacy services is very good for Hillingdon residents. 99.7% of households in Hillingdon are within a 5 minute drive of a pharmacy.

Of the 65 pharmacies in Hillingdon:

- 28 are provided by large multiple providers, 30 are independent pharmacies and 7 are part of chains of fewer than 10 pharmacies
- 65 provide a Medicines Use Review (MUR) service, helping people to understand and administer their medications appropriately. 21,500 MURs were conducted in 2016/17
- 64 have offered a new medicines service over the last year
- 6 pharmacies (2 in each locality) provide a stoma appliance customisation service.

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

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

All pharmacies across all three localities would be willing to provide a lot of the services that they do not yet provide if they were commissioned to do so.

4. Recommendations:

1. **To recognise that pharmaceutical services in Hillingdon continue to be well resourced. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.**
    - Pharmacy provision is good across all three localities in Hillingdon. Overall services in pharmacies have increased in the last 3 years. In the pharmacy service survey pharmacists stated their willingness to provide services that may be required in the future**.**

2. **Continue to encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).**
    - The MUR service has increased in the last 3 years across the Borough. Residents who have more than one condition who would benefit from a frequent review of their prescription medicines.

3. **Raise awareness of the local pharmacy services to Hillingdon residents.**
    - Many residents may require health advice from a health professional when their GP Practice is closed. The pharmacy could relieve the pressures on GPs and A&E due to the good geographical distribution, longer opening hours and level of services provided by pharmacies across Hillingdon.

4. **Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.**
    - This could include local and national public health campaigns (e.g. NHS health checks, the stop smoking service, influenza immunisation and sexual health services) to address key local health and wellbeing needs.

5. **Community pharmacists should be encouraged to use the 'Making Every Contact Count' (MECC) approach while dispensing medicines in order to target individuals with public health messages and improve the health of Hillingdon residents.**
    - Earlier intervention through targeted health promotion advice by health professionals would aid positive life style changes. Contact with residents through local pharmacies in Hillingdon is a good opportunity to promote health and wellbeing.

5. Community pharmacy provision within Hillingdon

NHS England North West London Area Team commissions 65 community pharmacies in Hillingdon to provide pharmaceutical services.

Provision of community pharmacies in Hillingdon by ward and locality

Locality / ward	Population in 2018 (GLA demographic projections, 2015) published 2016	Number of pharmacies per 100,000 population
Ruislip & Northwood	**Total = 96,200**	**Total = 23**
Cavendish	12,442	
Eastcote & East Ruislip	14,182	
Harefield	7,964	**Rate per 100,000 population = 23.9**
Manor	12,129	population = 96,200 number of pharmacies = 23
Northwood	11,231	
Northwood Hills	12,427	
South Ruislip	13,418	
West Ruislip	12,407	
Uxbridge & West Drayton	**Total = 103,100**	**Total = 21**
Brunel	14,510	
Hillingdon East	13,648	
Ickenham	10,933	**Rate per 100,000 population = 20.3**
Uxbridge North	15,303	
Uxbridge South	15,396	population = 103,100 number of pharmacies = 21
West Drayton	18,390	
Yiewsley	14,945	
Hayes & Harlington	**Total = 108,100**	**Total = 21**
Barnhill	14,147	
Botwell	19,672	
Charville	13,131	**Rate per 100,000 population = 19.4**
Heathrow Villages	13,442	
Pinkwell	16,152	population = 108,100 number of pharmacies = 21
Townfield	16,859	
Yeading	14,685	
22 wards	**307,400 population**	**65 pharmacies**

Hillingdon rate per 100,000 population = 21.1
(population = 307,400 number of pharmacies = 65)

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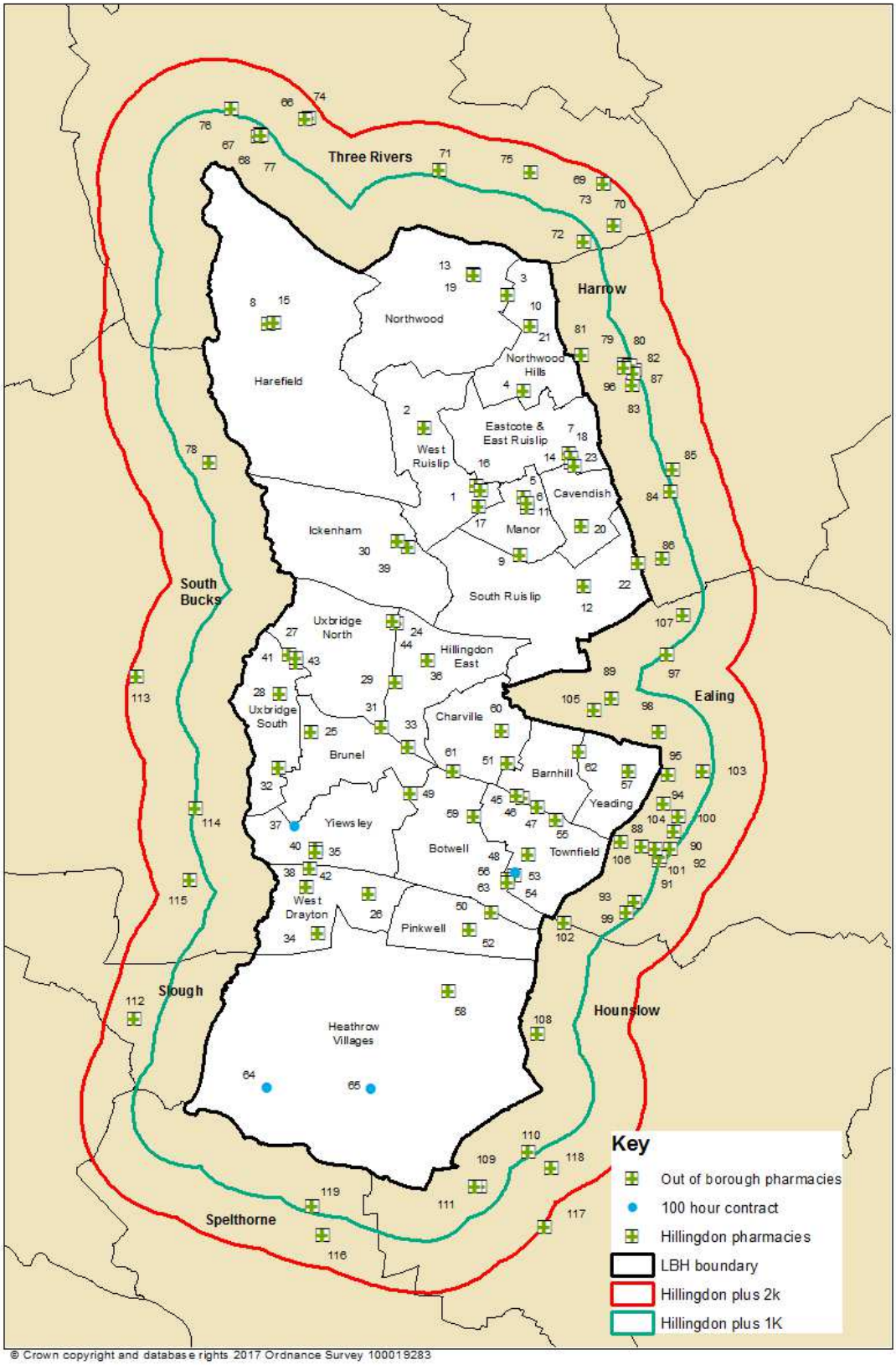
Access to pharmaceutical services: in Borough and out of Borough

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



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Hillingdon pharmacies:

Key	Pharmacy name	Location
1	Ashworths Pharmacy	Ruislip
2	Howletts Pharmacy	Ruislip
3	Carter Chemist & Ability	Northwood
4	Carters Pharmacy	Eastcote
5	Chimsons Ltd	Ruislip Manor
6	Dana Pharmacy	Ruislip Manor
7	Eastcote Pharmacy	Eastcote
8	Harefield Pharmacy	Harefield
9	Nu-Ways Pharmacy	Ruislip
10	Ross Pharmacy	Northwood
11	Ruislip Manor Pharmacy	Ruislip Manor
12	Lloyds Pharmacy in Sainsbury's	South Ruislip
13	Sharman's Chemist	Northwood
14	Superdrug	Eastcote
15	The Malthouse Pharmacy	Harefield
16	Boots, 67 High Street	Ruislip
17	Boots, Wood Lane Medical Centre	Ruislip
18	Boots	Eastcote
19	Boots	Northwood
20	Boots, Whitby Road	Ruislip
21	Boots	Northwood Hills
22	Boots, 716 Field End Road	South Ruislip
23	Boots, 171 Field End Road	Eastcote
24	Adell Pharmacy	Hillingdon
25	Brunel Pharmacy	Uxbridge
26	Carewell Chemists	West Drayton
27	Flora Fountain Ltd	Uxbridge
28	H A McParland Ltd	Uxbridge
29	Hillingdon Pharmacy	Hillingdon
30	Anglebond Pharmacy	Ickenham
31	Lawtons Pharmacy	Hillingdon
32	Mango Pharmacy	Cowley
33	Oakleigh Pharmacy	Hillingdon

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Key	Pharmacy name	Location
34	Orchards Pharmacy	West Drayton
35	Phillips Pharmacy	Yiewsley
36	Puri Pharmacy	Hillingdon
37	Tesco In-Store Pharmacy ●	West Drayton
38	Winchester Pharmacy	West Drayton
39	Winchester Pharmacy	Ickenham
40	Yiewsley Pharmacy	Yiewsley
41	Boots, High Street	Uxbridge
42	Boots	West Drayton
43	Boots, Intu Shopping Centre	Uxbridge
44	Boots, 380 Long Lane	Hillingdon
45	Daya Ltd	Hayes
46	Grosvenor Pharmacy	Hayes
47	H.A. McParland Ltd	Hayes
48	Hayes Town Pharmacy ●	Hayes
49	Joshi Pharmacy	Hayes
50	Kasmani Pharmacy	Hayes
51	Lansbury Pharmacy	Hayes
52	Medics Pharmacy	Hayes
53	Nuchem Pharmacy	Hayes
54	Pickups Chemist	Hayes
55	Lloyds Pharmacy in Sainsburys	Hayes
56	Superdrug	Hayes
57	Tesco In-Store Pharmacy	Yeading
58	The Village Pharmacy	Harlington
59	Vantage Chemists	Hayes
60	Vantage Pharmacy	Hayes
61	Boots, 1266 Uxbridge Road	Hayes
62	Boots, 236 Yeading Lane	Hayes
63	Boots, 28-30 Station Road	Hayes
64	Boots, Terminal 5 ●	Heathrow Airport
65	Boots, Terminal 3 ●	Heathrow Airport

● = 100 hour contract

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Out of Borough pharmacies:

Key	Pharmacy name	Location
66	Boots, 78 High Street	Rickmansworth
67	Dave Pharmacy	Rickmansworth
68	Delite Chemist	Rickmansworth
69	Esom Chemist	South Oxhey
70	Lex Pharmacy	South Oxhey
71	Loomrose Pharmacy	Moor Park
72	Prestwick Pharmacy	South Oxhey
73	Viks Pharmacy	South Oxhey
74	Riverside Pharmacy	Rickmansworth
75	Medco Pharmacy	South Oxhey
76	Tudor Pharmacy	Rickmansworth
77	The Chief Cornerstone	Rickmansworth
78	Boots	Denham
79	Angie's Chemist	Pinner
80	Carters Chemist	Pinner
81	Tesco In-Store Pharmacy	Pinner
82	Gor Pharmacy, Pinn Medical Centre	Pinner
83	Gor Pharmacy	Pinner
84	Jade Pharmacy	Harrow
85	Jade Pharmacy	Harrow
86	Kings Pharmacy	South Harrow
87	Lloyds Pharmacy in Sainsburys	Pinner
88	Alchem Pharmacy	Southall
89	Alpha Chemist	Northolt
90	Anmol Pharmacy	Southall
91	Chana Chemist	Southall
92	Chana Chemist	Southall
93	Fountain Pharmacy	Southall
94	H.J. Dixon Chemist	Southall
95	Lady Margaret Pharmacy	Southall
96	Boots	Pinner

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

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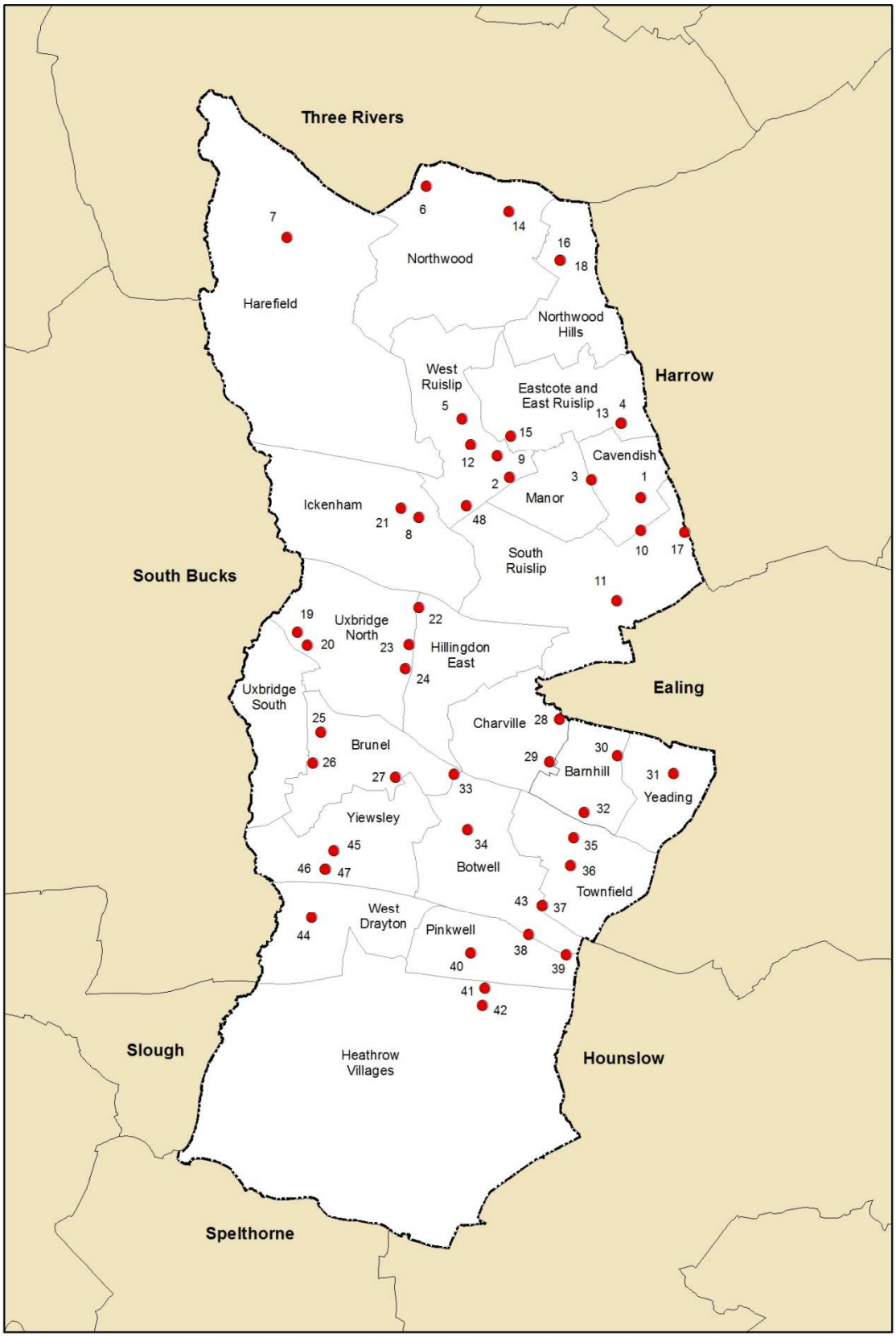
Map: GP practices in Hillingdon



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GP practices in Hillingdon:

Key	Practice name
1	Oxford Drive Medical Centre
2	Wood Lane Medical Centre
3	Cedars Medical Centre
4	The Abbotsbury Practice
5	Dr Karim's Practice, Ladygate Lane
6	The Mountwood Surgery
7	The Harefield Practice
8	Swakeleys Medical Centre
9	King Edwards Medical Centre
10	The Medical Centre, Queenswalk
11	Dr Siddiqui's, Walnut Way
12	Southcote Clinic
13	Devonshire Lodge
14	Eastbury Surgery
15	St Martin's Medical Centre
16	Acre Surgery
17	Acrefield Surgery
18	Carepoint Practice
19	The Belmont Medical Centre
20	Uxbridge Health Centre
21	Wallasey Medical Centre
22	Hillingdon Health Centre
23	Oakland Medical Centre
24	Acorn Medical Centre

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

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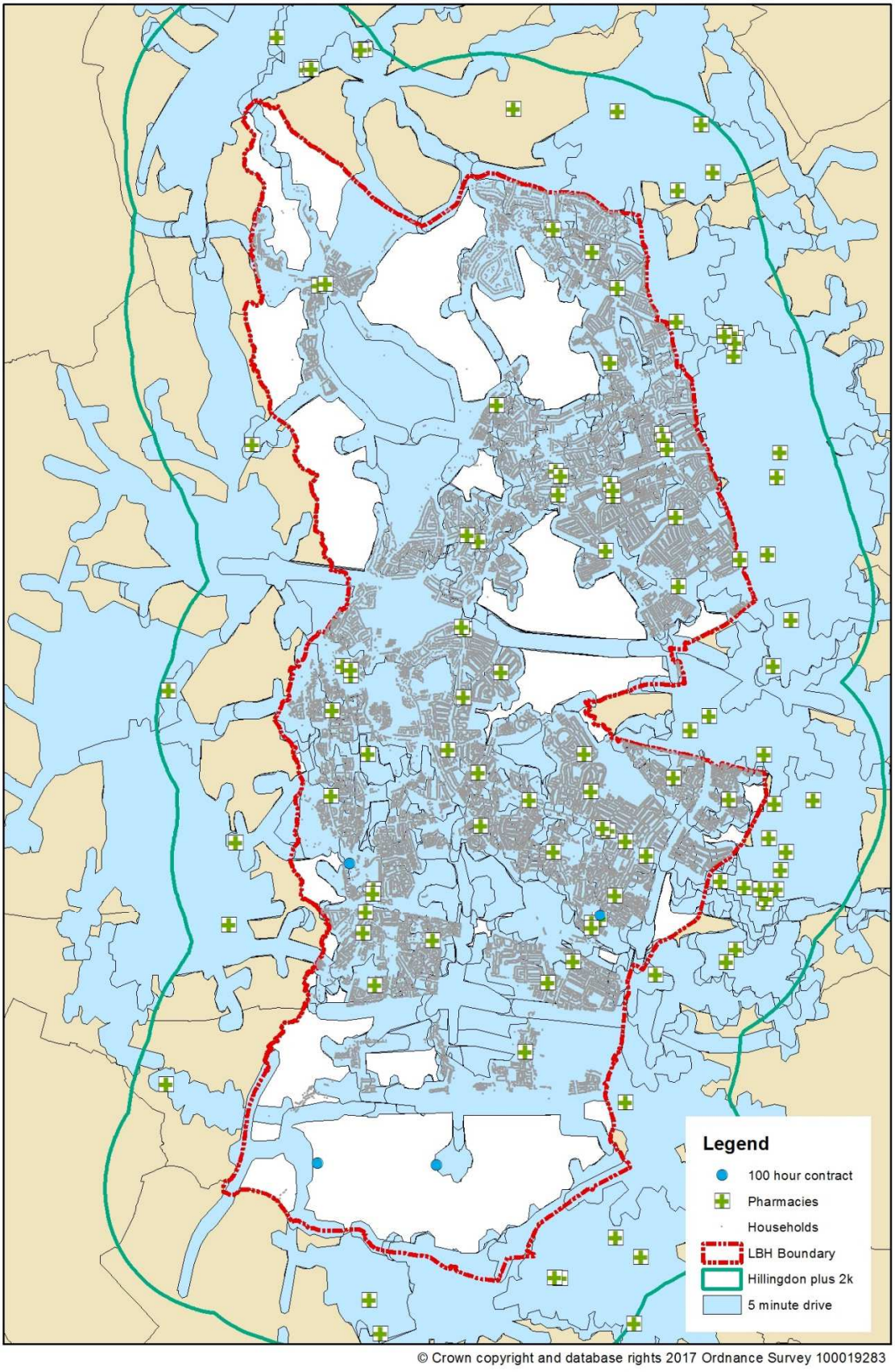
Hospital services

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

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



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

Drive time	Within drive time:		Outside drive time:	
	Number of households	Percentage	Number of households	Percentage
1 minute	46,404	42.7%	62,203	57.3%
2 minutes	91,485	84.2%	17,122	15.8%
3 minutes	105,142	96.8%	3,465	3.2%
4 minutes	108,171	99.6%	436	0.4%
5 minutes	108,335	99.7%	272	0.3%
6 minutes	108,592	99.9%	15	<0.1%

*based on 108,607 households

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

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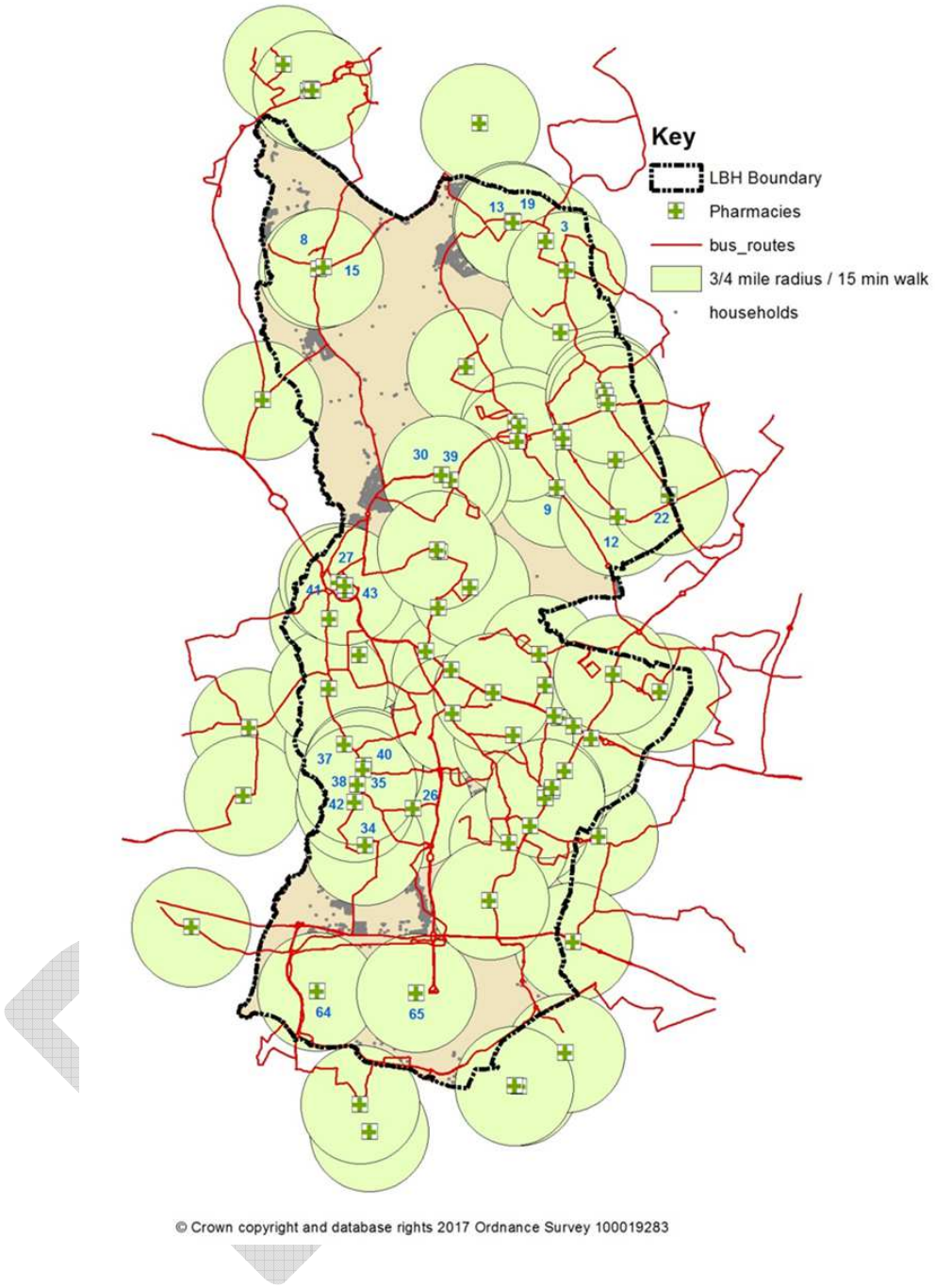
Access to pharmacies - 15 minutes walking distance



The map shows (from the overlapping ¾ mile circles), a 15 minute walking distance around each pharmacy.

It is acknowledged that there are some areas of the community where a pharmacy is more than 15 minute walk away. Where this is the case pharmacies are readily accessible by bus and road with parking close to the premises. The majority of borough pharmacies are within a 15 minute walk of another pharmacy which is currently serving their geographical location.

6. Definition of pharmaceutical services

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

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

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

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

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

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

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

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service (this is more clinical than MURs)

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

7. Public health services

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

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

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

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

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

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

8. Pharmaceutical lists and NHS market entry

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

9. Purpose of the PNA and its content

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

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

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

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

10. Context for the Pharmaceutical Needs Assessment

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

11. Links with other strategies and plans

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

a. The Joint Strategic Needs Assessment

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation

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

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

b. Joint Health and Wellbeing Strategy (JHWS)

A new JHWS for Hillingdon is being developed for the period 2018-2021. The policy towards the integration of health and social care has set a new context for local strategies.

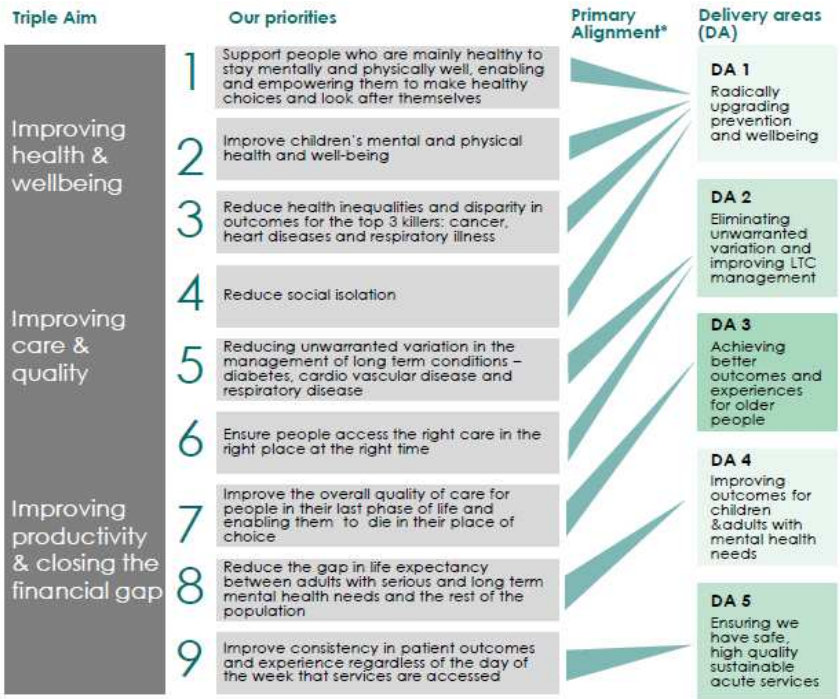
The NHS Five Year Forward View began the process in 2014 by setting out ambitions to dissolve traditional boundaries between GPs, hospitals, social care and mental health.

The Better Care Fund has introduced pooled budgets to move resources away from hospitals into social care and community services. From December 2015, NHS England has encouraged the NHS and its partners to create area-based health and social care plans - 'Sustainability and Transformation Plans'. STPs are expected to set out how local services will improve the quality of care, promote better health, and become more financially sustainable.

The North West London STP is one of 44 nationally. It identifies five broad Delivery Areas (DA) which form the basis for the development of the JHWS in Hillingdon:

- DA1 - Radically upgrading prevention and wellbeing
- DA2 - Eliminating unwarranted variation and improving the management of long-term conditions
- DA3 - Achieving better outcomes and experiences for older people
- DA4 - Improving outcomes for children with mental health needs
- DA5 - Ensuring we have safe, high quality, sustainable acute services

The North West London STP set out 9 priorities with three overarching aims. The diagram below shows the aims, priorities and delivery areas and how they will be aligned within the overarching strategy.



c. Hillingdon Health and Wellbeing Board

The Health and Wellbeing Board has a statutory requirement to improve the health and wellbeing of residents. Hillingdon's Health and Wellbeing Board was established as part of government changes to the NHS. It became a statutory committee of the Council on 1 April 2013.

The Board is the place for local councillors, the NHS, public health and social care representatives and providers to work together to improve the health and wellbeing of the people of the Borough. The partnership seeks to identify opportunities for collaboration and integration across agencies and develop direct links to services users, patients and local residents via Healthwatch Hillingdon.

The Board has the duty to produce a Joint Health and Wellbeing Strategy containing priorities for action for Hillingdon.

d. Hillingdon Clinical Commissioning Group (HCCG) and Community Pharmacy

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

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

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

- Attending each organisations' medicines-related committees
- Working jointly on specific projects e.g. promotion of low acquisition cost blood glucose testing strips
- Setting up and implementing a Support with Medicines Use Pathway across the hospital, community, CCG, social care and primary care (GP and community pharmacy) interfaces.

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

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

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

e. Healthwatch Hillingdon

Healthwatch Hillingdon is a part of the national network of local Healthwatch organisations led and supported by Healthwatch England. It is commissioned by Hillingdon Council but is independent of the NHS and the local authority. As a health watchdog run by and for local people, it helps Hillingdon residents get the best out of their health and care services through signposting information and advice. It also provides a voice for influencing and challenging service provision throughout Hillingdon.

Healthwatch Hillingdon is a statutory member of Hillingdon Health and Wellbeing Board, and a member of Hillingdon Clinical Commissioning Group's Governing Body.

12. Outcomes frameworks for public health, NHS and social care

The Public Health Outcomes Framework (PHOF) for England 2016-2019 sets the overall vision for health improvement at a population level, *to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest*.

This vision is underpinned by two outcome measures:

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

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

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

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

Surveillance of public health data and quarterly monitoring of public health indicators is undertaken by the Public Health Team supported by the Business Performance Team.

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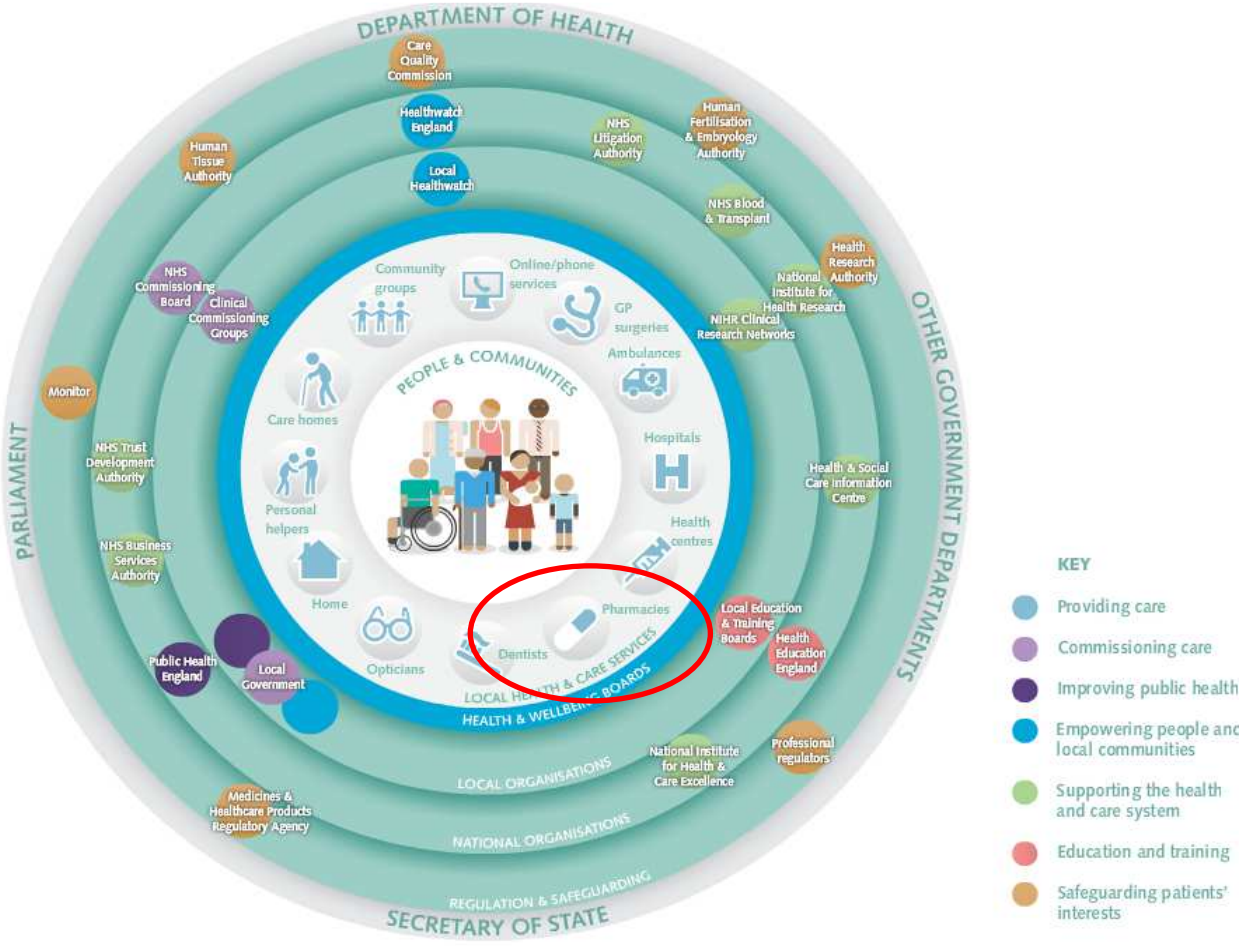
13. Medical services within the national and local context



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

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

The health system underwent a radical restructuring in 2013. NHS allocations for 2017/18 show that local CCGs have received £72 billion, which includes funding for NHS England's public health responsibilities on behalf of Public Health England, for mainly immunisation, screening. The responsibility and funding for public health transferred from the NHS to local authorities in 2013, which meant that local authorities commission public health services such as smoking cessation, NHS Health Checks, Health Visiting, sexual and reproductive health and substance misuse services as part of their duty to improve public health.

Local authorities received over £2.5 billion from the DH in ring fenced funds in 2013/14. For 2017/18 the total public health grant to local authorities is £3.30 billion, a reduction of 2.5% from the 2016/17 baseline of £3.38 billion. The grant continues to be ring fenced for use on pubic health functions exclusively for all ages.

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

14. Hillingdon Pharmaceutical Needs Assessment 2015

Prior to starting work on this PNA, the previous PNA for Hillingdon (produced by the London Borough of Hillingdon in 2015) was reviewed alongside feedback received from NHS England Area Office for London.

The London Borough of Hillingdon produced a Pharmaceutical Needs Assessment in 2015, which concluded:

- **To recognise that pharmaceutical services in Hillingdon are well resourced. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years.**

- **Pharmacy services should be promoted to the local population.**

- **Pharmacies should continue to have an effective health promotion role, targeted to improve the health and wellbeing of Hillingdon residents where needed.**

- **Encourage pharmacies to increase the delivery of Medicines Use Review Services (MURs).**

- **Community pharmacists should use the *Making Every Contact Count* (MECC) approach while dispensing medicines in order to target individuals with public health messages and improve the health of Hillingdon residents**

The 2018 PNA has been further developed since the 2015 PNA and is compliant with the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services regulations) 2013.

15. Process for developing the PNA

A similar methodology was used to that of the 2015 PNA. A briefing was prepared for HWB to seek approval for the process at its meeting on 27 June 2017. Key steps included:

a) Agree the dataset required for reviewing epidemiological and demographic need at borough level, and review of the JSNA and JHWS

b) Agree localities, and having assessed information about population characteristics and health status, assess the needs for pharmaceutical services at locality level, considering ward and super output area level local intelligence where available

c) Consider the different needs of different localities in Hillingdon, based on population age, disability, gender, pregnancy and maternity rates, race and ethnicity, deprivation, distribution of illness and underlying factors e.g. lifestyle and living conditions (wider determinants), and provision of health services (e.g. hospitals, primary care) and other services

d) Review and revisit maps for community pharmacies in Hillingdon and in neighbouring areas. Conduct a survey of community pharmacy within Hillingdon and neighbouring areas

e) Consultation with stakeholders throughout the process, and a statutory 60 day consultation.

16. Stakeholder involvement in the PNA

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

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

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How stakeholders were involved

Hillingdon HWB agreed the process to establish methodology, structure and design of the PNA. The LPC, Hillingdon CCG, Hillingdon LMC and Healthwatch Hillingdon were contacted during the PNA process.

A survey was sent out to all of the 65 community pharmacies in Hillingdon, and to a further 54 community pharmacies identified in the neighbouring boroughs which are within 1km of the Hillingdon boundary on the London side and within 2km of the Hillingdon boundary on the Home Counties sides. Hillingdon Council, with the help of the Local Pharmaceutical Committee, maintained regular contact with community pharmacists in Hillingdon to achieve a 100% response rate.

17. 60 Day Statutory Consultation

The statutory consultation was open from 27th September to 26th November inclusive. Comments from the consultation have been reviewed and included in the PNA where relevant and appropriate. The full PNA consultation document was placed on the Council website from 24 September for 60 days. The stakeholders were contacted by e-mail which contained the web-link directing them to the consultation document. A reminder of the 60 day consultation was sent out to all stakeholders.

Three pharmacies responded to the consultation. All 3 pharmacies agreed with the content and recommendations of the PNA.

Comments from the LPC and Healthwatch were received and as a result the following amendments were made:

- Detailed listings of the pharmacies and their services can be found Appendix 4.
- Detailed listings of the dental practices can be found in Appendix 4.

Healthwatch raised concerns regarding access to pharmacies in Heathrow Villages as well as emergency provision particularly during the evening.

This comment has been considered and the PNA demonstrates that whist there is good pharmacy provision provided across the borough, most residents will be required to travel slightly further when accessing evening and/or emergency services. Heathrow Villages is served by out of borough pharmacies as well as those in West Drayton.

However, an additional sentence has been added to acknowledge that the provision in the Hayes and Harlington locality which includes Heathrow Villages is slightly lower than in the other two localities. (See page 11)

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

Healthwatch also commented:
'The PNA does not fully align with the CCGs commissioning intentions for medicine management. For example the CCG are commissioning specialist pharmaceutical support, to enable medicine reviews to be carried out in GP practices and in people's homes.'

Primary care pharmacy provision does not relate to retail pharmacy provision and, whilst important and provides scope for better targeting of services, it is provided on a different contractual basis, one not within the remit of the PNA process

Four members of the public responded to the Consultation. Three of these responses agreed with the content and recommendations of the PNA. The fourth response was from a resident who is also carer. These comments were not specific to the PNA and have been referred to the Carers Forum.

Backing Papers:

Appendix 1 – Demography

Appendix 2 – Epidemiology

Appendix 3 - Community Pharmacy Provision

Appendix 4 – Pharmacy Survey Results

Appendix 5 – Pharmacy Survey

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Glossary

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

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Hillingdon Pharmaceutical Needs Assessment 2018

Appendix 1: Demography

March 2018

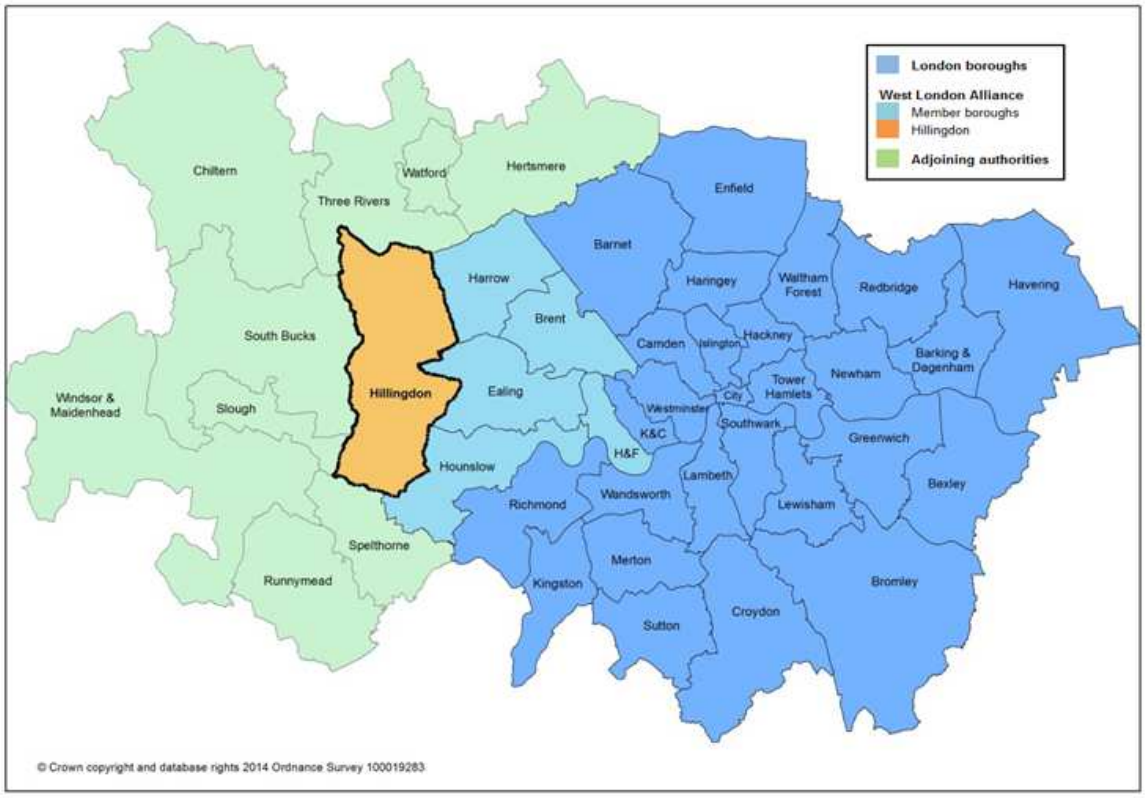
Pharmaceutical Needs Assessment 2018

Appendix 1: Demography

Demographic review of the London Borough of Hillingdon

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11,571 hectares), over half of which is countryside and woodland. Hillingdon has always been a transport hub, and home to Heathrow Airport - the world's busiest international airport. It is also the home of RAF Northolt, and shares its borders with Hertfordshire, Buckinghamshire, Surrey, Hounslow, Ealing, and Harrow.

Location of Hillingdon



Hillingdon is traversed by the grand union canal, the M4 motorway, A40, A4020 and the Great Western Railway. With all those road networks and three of London's underground lines (Piccadilly, Metropolitan and Central lines) starting and ending in the Borough, Hillingdon is a major transport hub. South of the Borough is home to the world's busiest international airport Heathrow, which occupies 1,227 hectares land, and handled 75.7 million passengers in 2016. The arrival of Crossrail in 2018, with new stations at West Drayton and Hayes will open up access to central London even further.

Hillingdon has 22 electoral wards within three localities: Ruislip & Northwood in the northern part of the Borough, Uxbridge & West Drayton in the central part of the Borough, and Hayes & Harlington in the southern part of Hillingdon. Ruislip & Northwood consists of eight wards, and Uxbridge & West Drayton and Hayes & Harlington both consist of seven wards.

Hillingdon's wards within each locality

Ruislip & Northwood

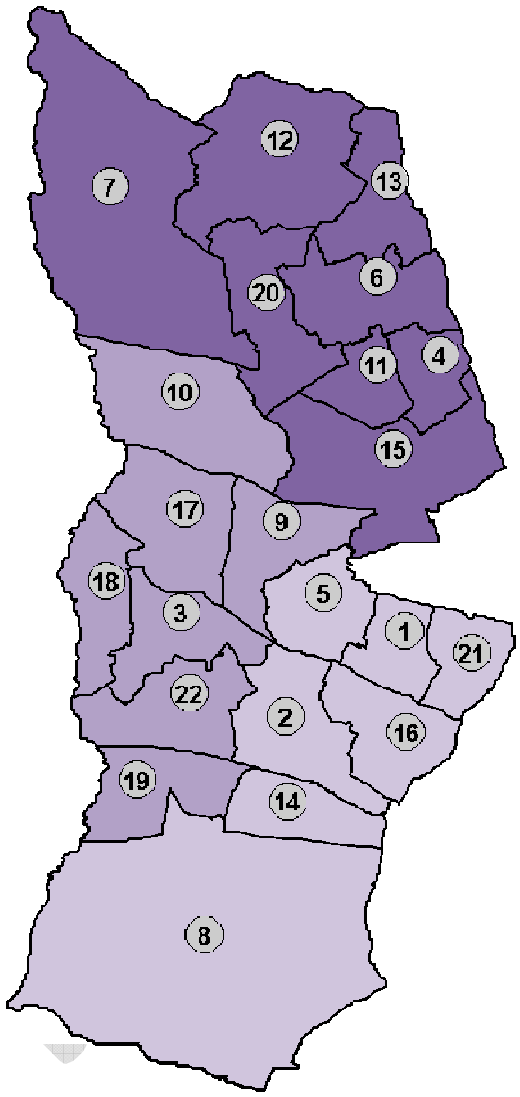
4 Cavendish
6 Eastcote & East Ruislip
7 Harefield
11 Manor
12 Northwood
13 Northwood Hills
15 South Ruislip
20 West Ruislip

Uxbridge & West Drayton

3 Brunel
9 Hillingdon East
10 Ickenham
17 Uxbridge North
18 Uxbridge South
19 West Drayton
22 Yiewsley

Hayes & Harlington

1 Barnhill
2 Botwell
5 Charville
8 Heathrow Villages
14 Pinkwell
16 Townfield
21 Yeading

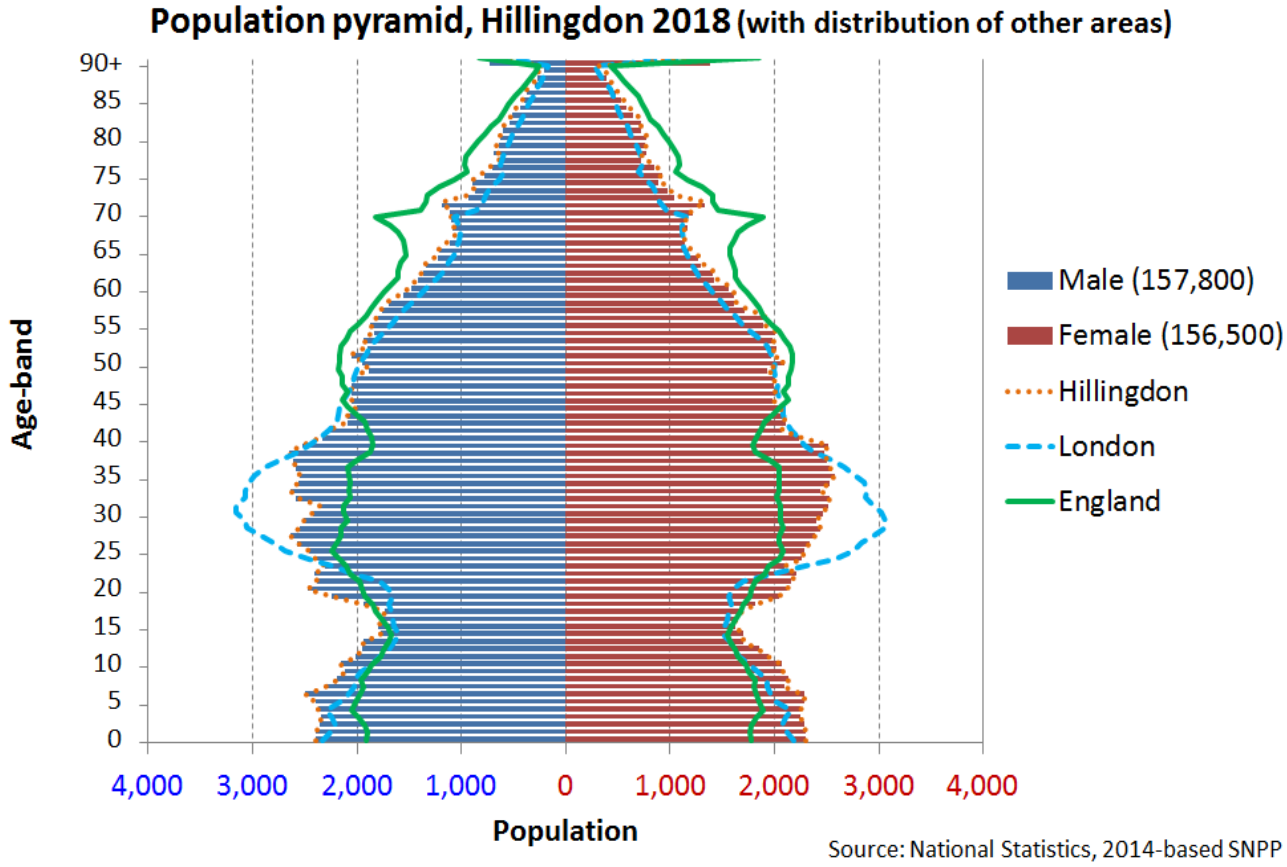


Demographic analysis in the next section is aimed at establishing current and future needs of Hillingdon residents. Community pharmacy plays an increasingly important role in meeting population health needs, which generally vary based on age, gender, ethnicity, levels of affluence, living and working conditions and geography.

1. Population age and ethnicity

The Office for National Statistics estimates the Hillingdon population to be 314,300 in 2018.

The figure shows the age and sex distribution of the population in Hillingdon in 2018. The figure also shows the comparative age and sex distribution of London and England were they too to have a population of 314,300.



Source: National Statistics, 2014-based SNPP

Hillingdon age breakdown: 2018

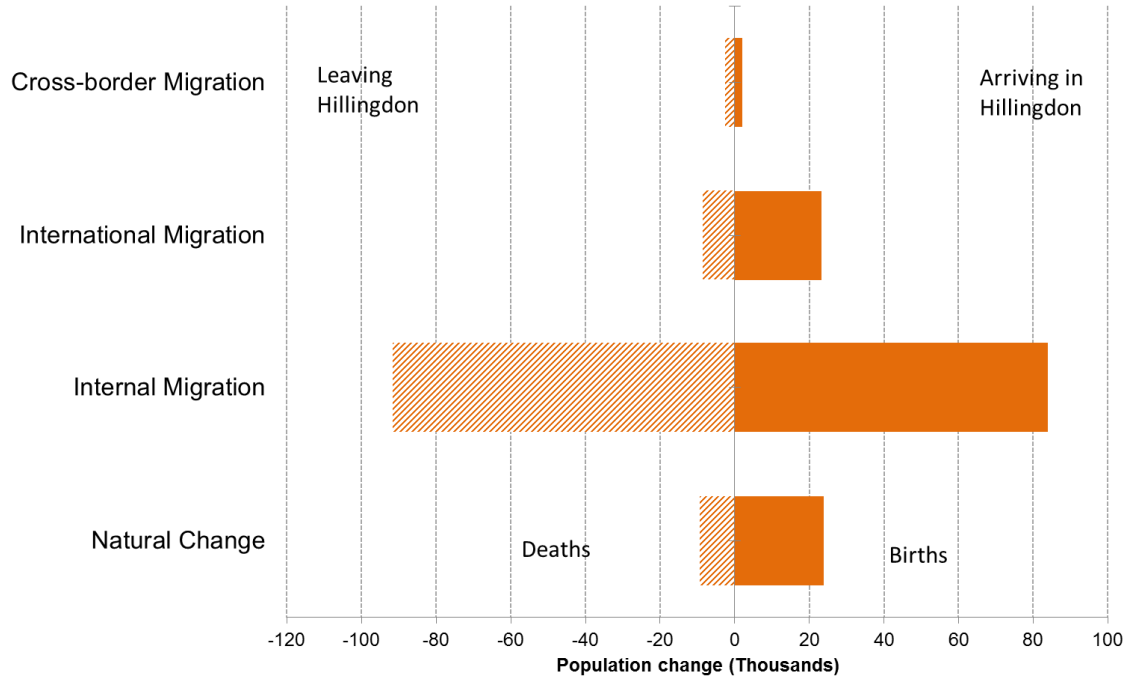
Age Band	Persons
Age 0-4	23,200
Age 5-15	44,900
Age 16-64	205,000
Age 65-74	21,700
Age 75+	19,400

The age and sex population distribution in Hillingdon is similar to England for the 11-18 age group. The age and sex population distribution in Hillingdon is similar to London for the 0-4 and 45+ age groups. The proportion of the population in Hillingdon is higher than the proportion in London and England for the age groups 5-10 and 19-22. For the 25-42 age group, the proportion of the population living in Hillingdon lies between the distribution expected in England and London.

Current population and population projections

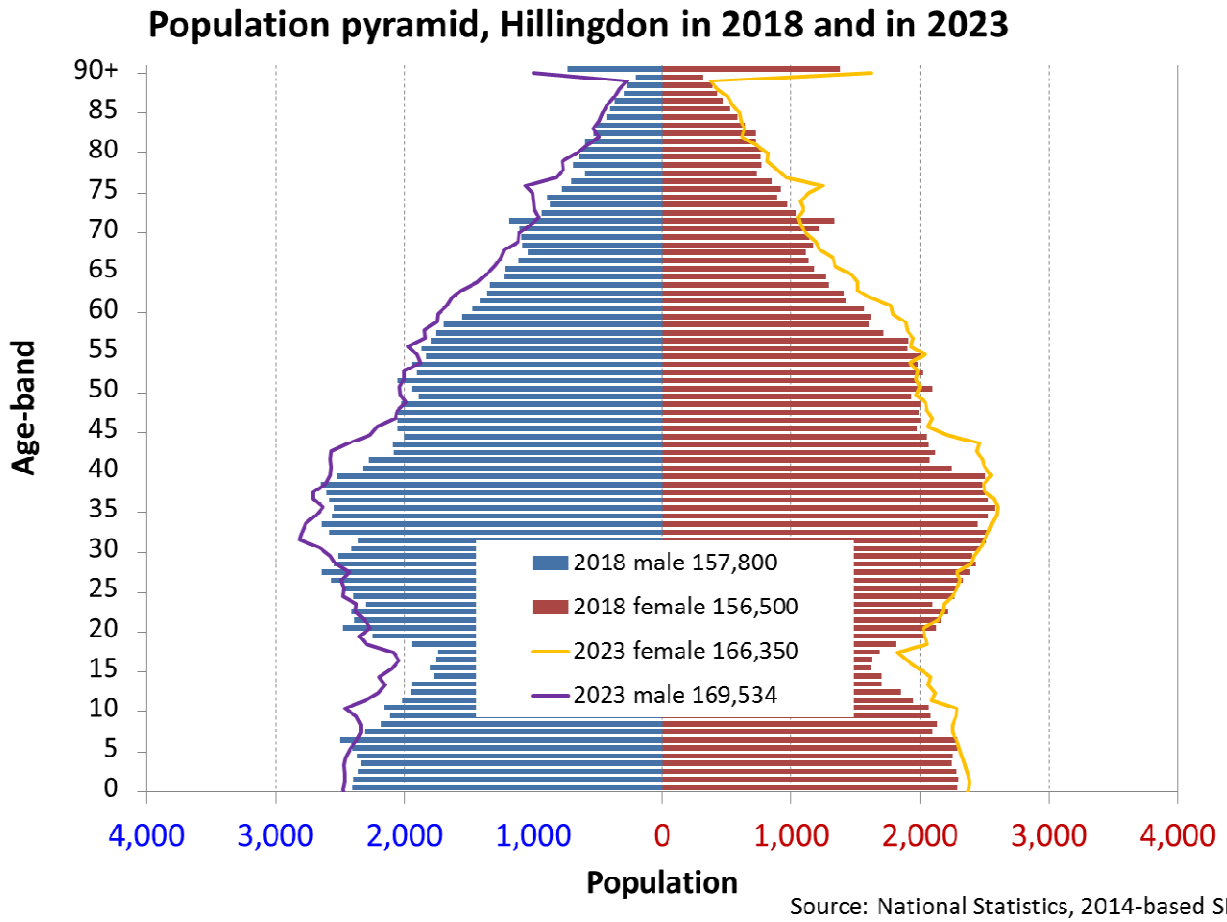
The population increase in Hillingdon between 2018 and 2023 is expected to be 21,600 or 7% (approximately 1.3% per annum). The corresponding 5-year increase in London is 5.8% and in England overall is 3.5%.

Components of population change in Hillingdon, 2018 to 2023



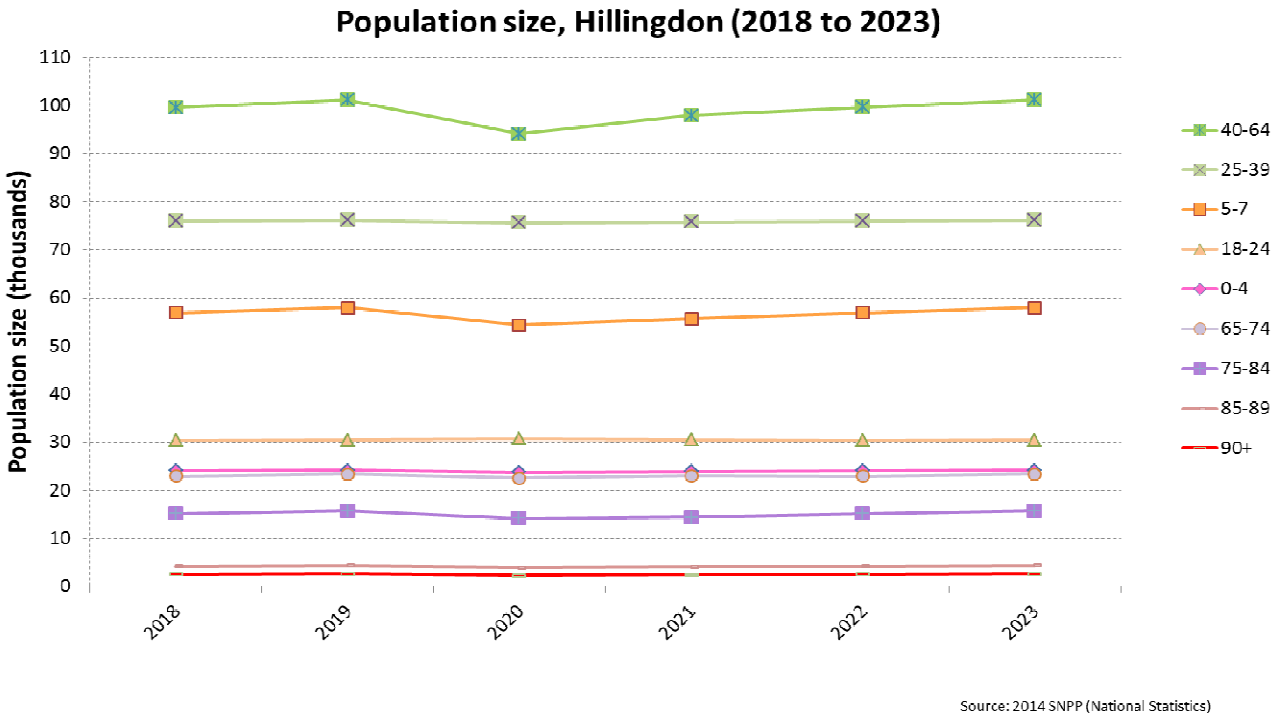
Source: National Statistics, SNPP Components of Change

The main driving force behind the increase in the population between 2018 and 2023 is natural change, ie 14,600 more births than deaths. Net migration is expected to account for around 7,000 persons over the same period (30% of the population increase of 21,600 between 2018 and 2023).



Source: National Statistics, 2014-based SNPP

According to the Sub National Population Projections, the number of people in the following age bands are expected to increase in the next 5 years: 5-17, 25-39, 40-64. All the other age bands are expected to increase only slightly or remain flat until 2023.



Source: 2014 SNPP (National Statistics)

Population at ward level

The Greater London Authority (GLA) Round of Demographic Projections (published in 2017) estimates that the population across the 3 localities will be as follows in 2018:

Ruislip & Northwood	96,200 (31%)
Uxbridge & West Drayton	103,100 (34%)
Hayes & Harlington	108,100 (35%)
Total	307,400*

*note the difference in the population total in the GLA figures from the SNPP figure; both figures are correct but the SNPP figures are at borough level, and the GLA figures are at ward level (aggregated to borough level).

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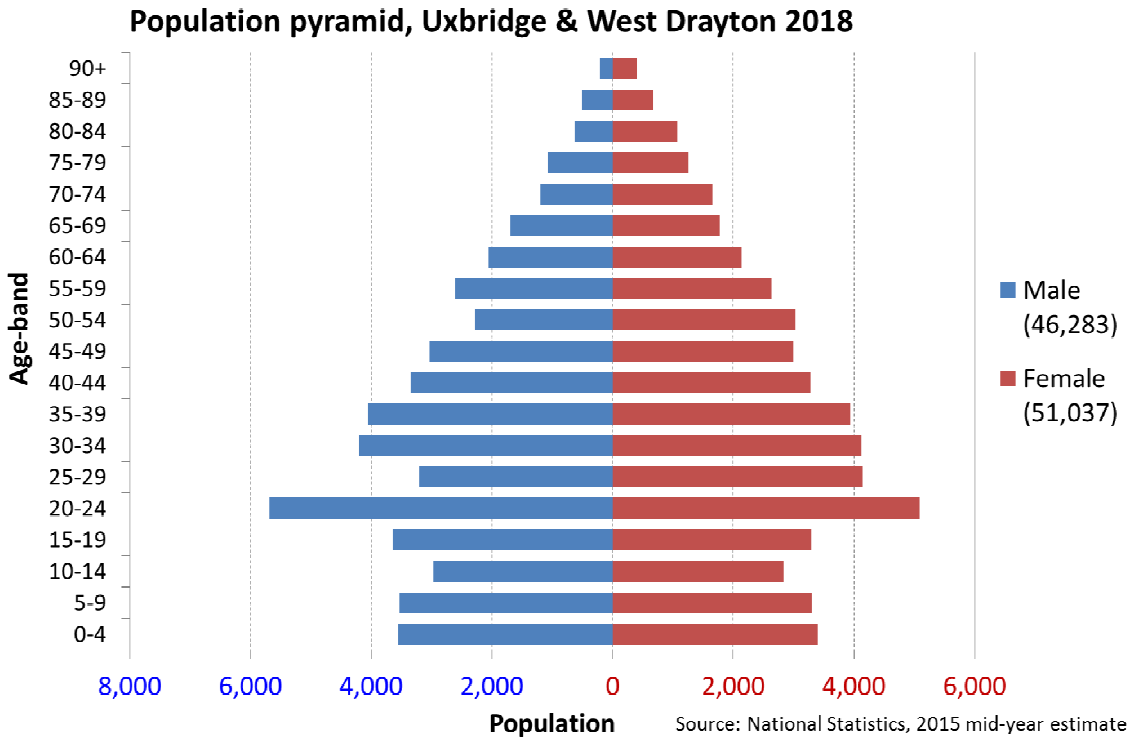
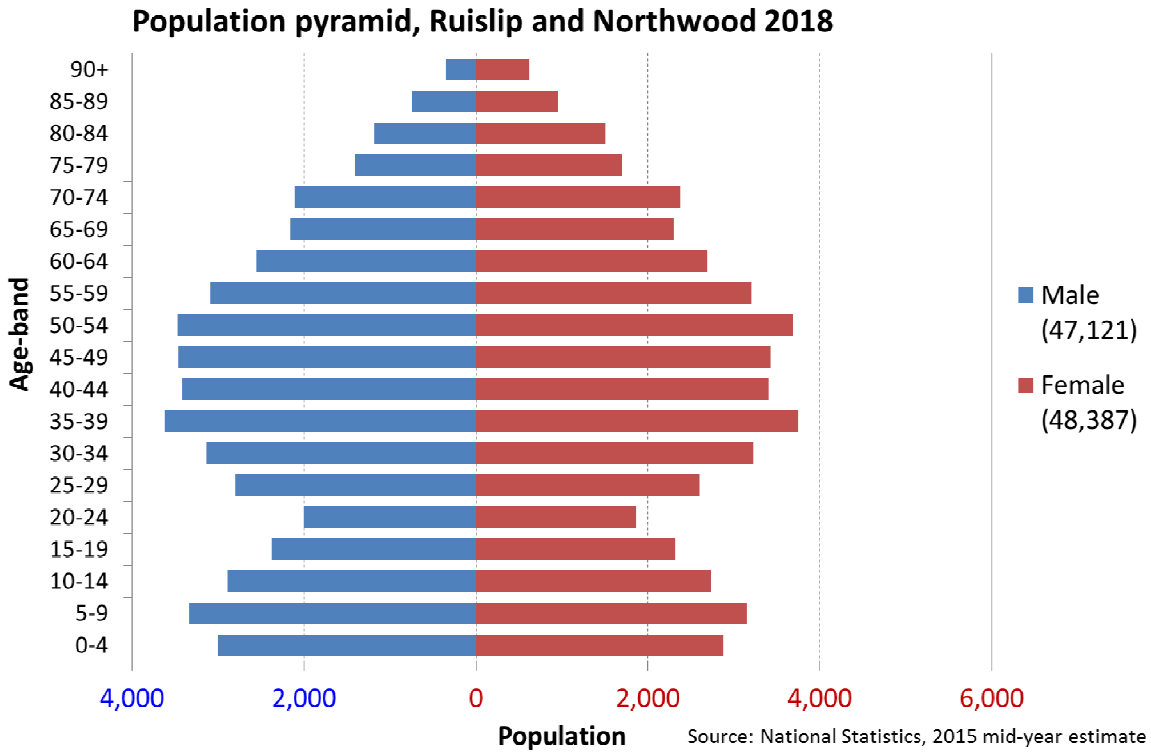
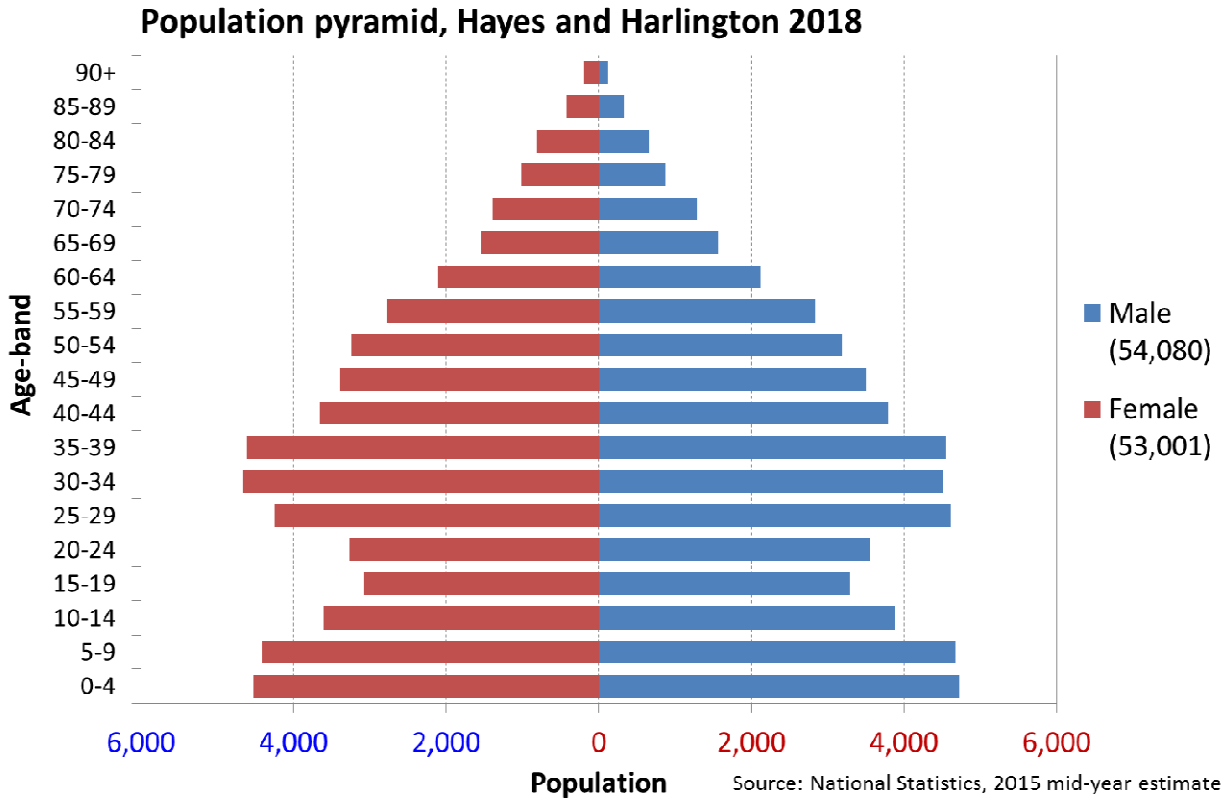
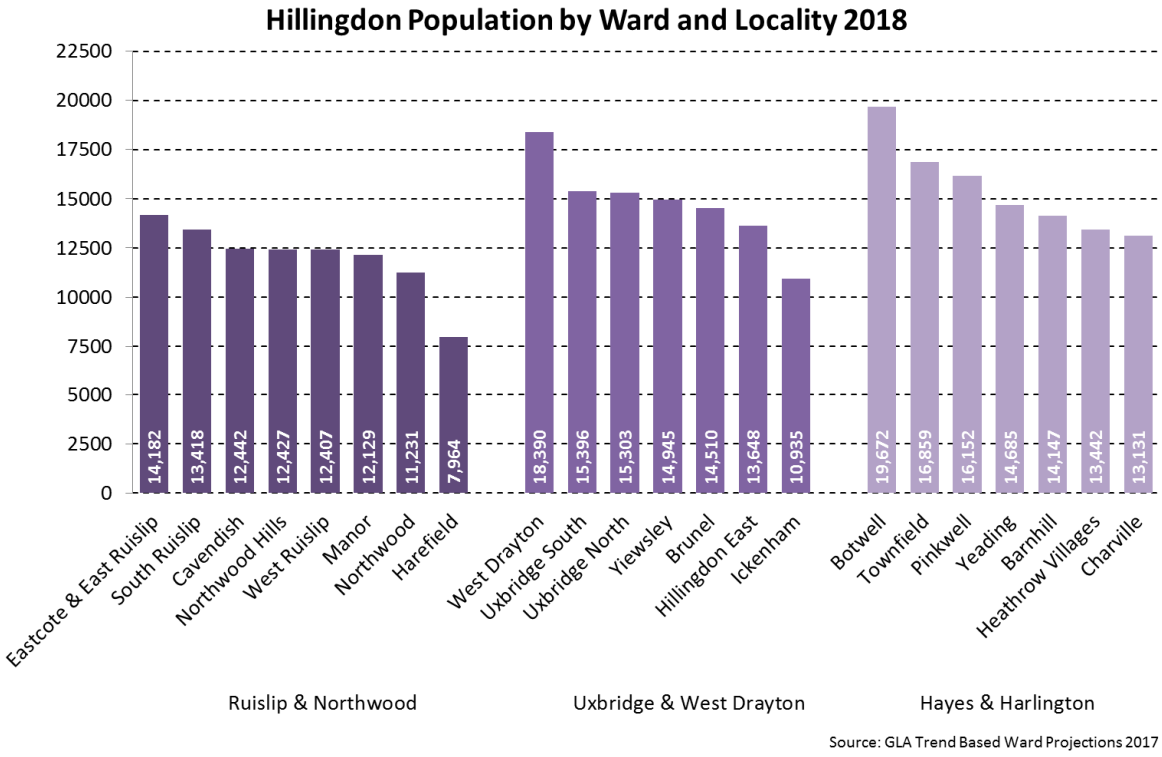
Population pyramids at locality level

These graphs show the population pyramids for Hillingdon's localities, and show the population split by age and sex.



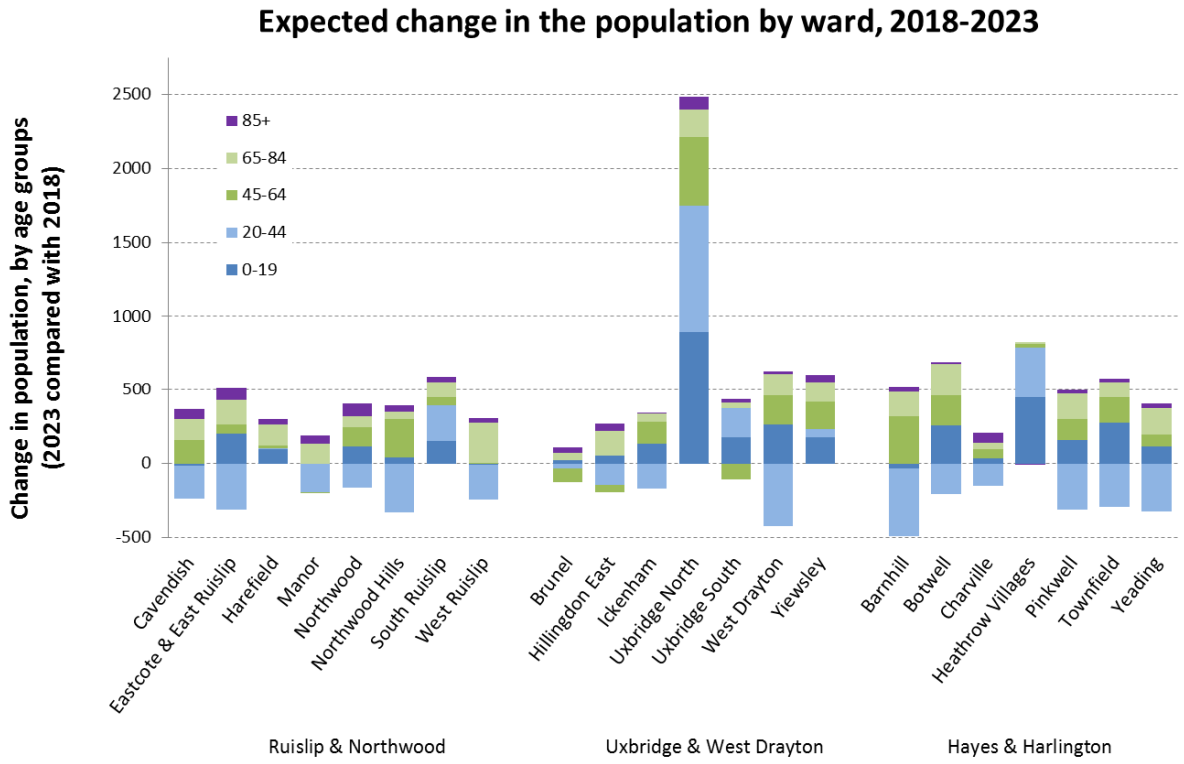






The percentages of the population living in each locality is approximately evenly split with 35% of residents living in Hayes & Harlington, 34% living in Uxbridge & West Drayton and

31% living in Ruislip & Northwood. Population change between 2018 and 2023 by ward is estimated on the next graph.



Source: 2015 Round of Demographic Projections - Ward projections, SHLAA-based; Capped Household Size model, GLA 2016

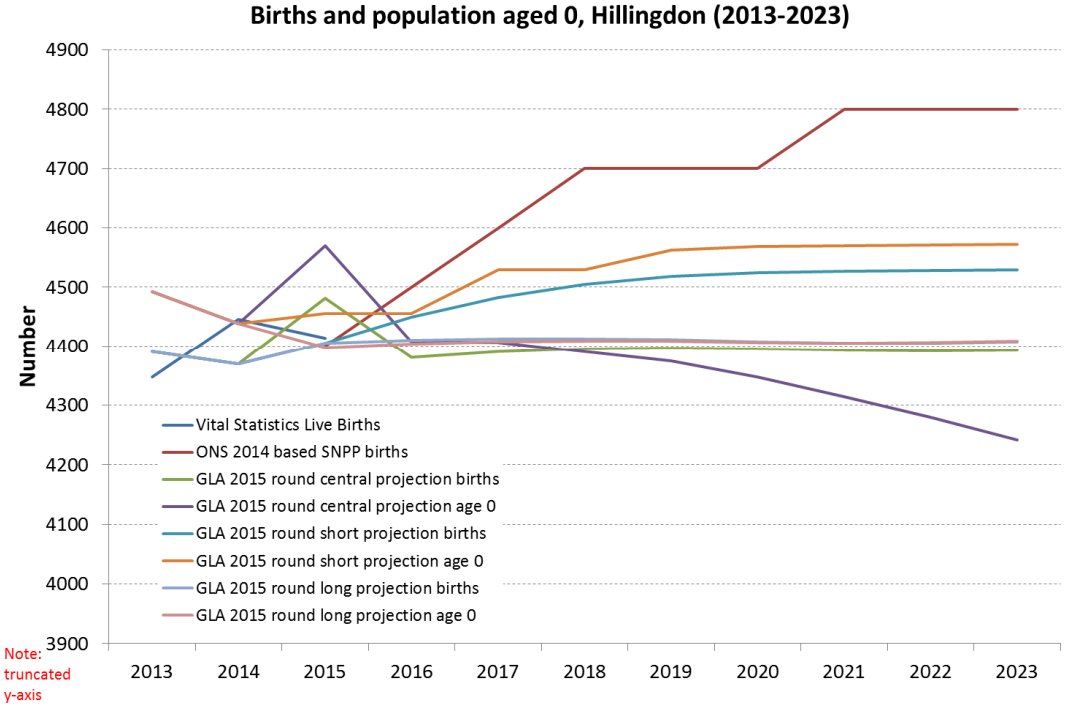
Information on the distribution of community pharmacies across Hillingdon shows that the provision of community pharmacy in Ruislip & Northwood locality is higher with 23 pharmacies than Uxbridge & West Drayton (21) and Hayes & Harlington localities (21). The proportion of community pharmacies per 100,000 population is therefore higher in Ruislip & Northwood (23.9) when compared with the other two localities (U&WD=20.3 and H&H=19.4), London (20.4) and England (20.8).

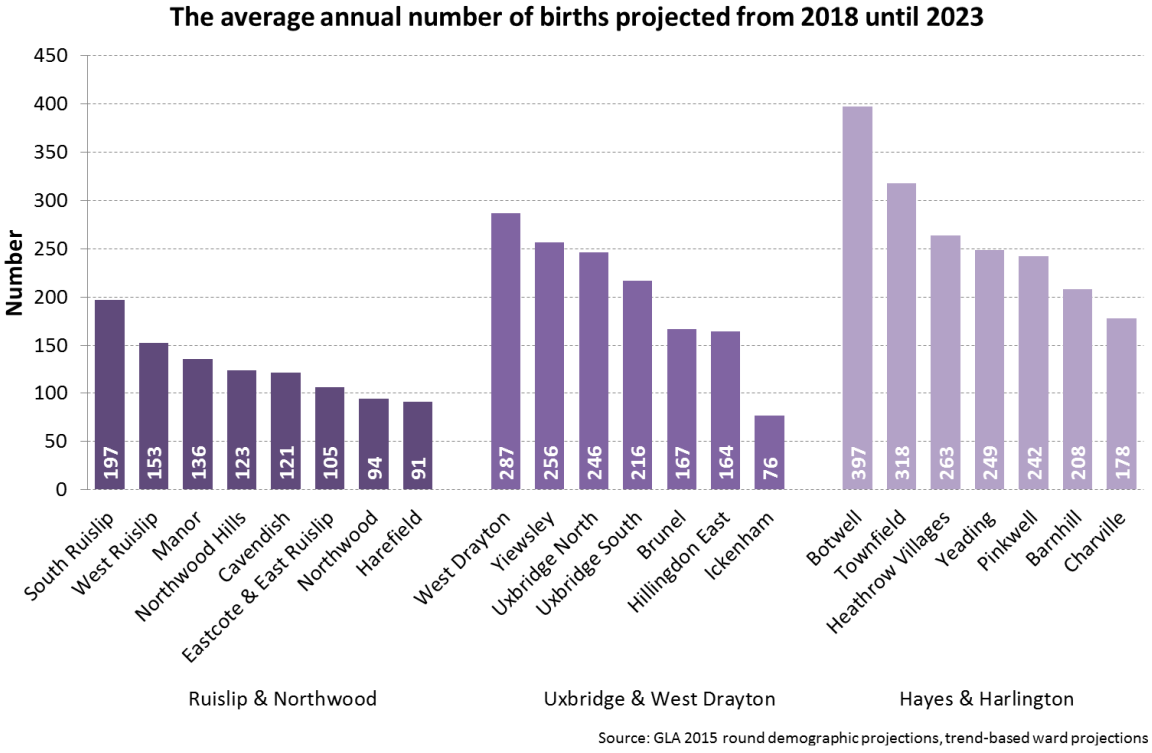
Given the higher population increases predicted for Uxbridge & West Drayton (due to the development of St Andrew's Park), there will be a need to monitor the provision of pharmaceutical services over medium to long term.

The GLA 2015 Round of Demographic Projections estimates that Uxbridge North will experience the greatest increases over the next 5 years. Within Uxbridge North the development of RAF Uxbridge (St Andrew's Park) will include 1,340 properties alongside leisure and community facilities. The Housing Zone, predominately in Botwell ward, (the development of the Old Vinyl Factory) will result in an estimated 2,500 properties together with other infrastructure developments over the next 5 years. This is not reflected in the GLA projections due to the phasing rate of development and approval of associated planning applications.

2. Births and birth projections

In 2015 there were 4,482 live births and this figure is expected to decrease to 4,200 births per annum over the next 5 years. As the figure below shows, Ickenham has the lowest number of births expected per annum in the five years up until 2023. Wards with the highest projections of births up to 2023 are in the south of the borough.



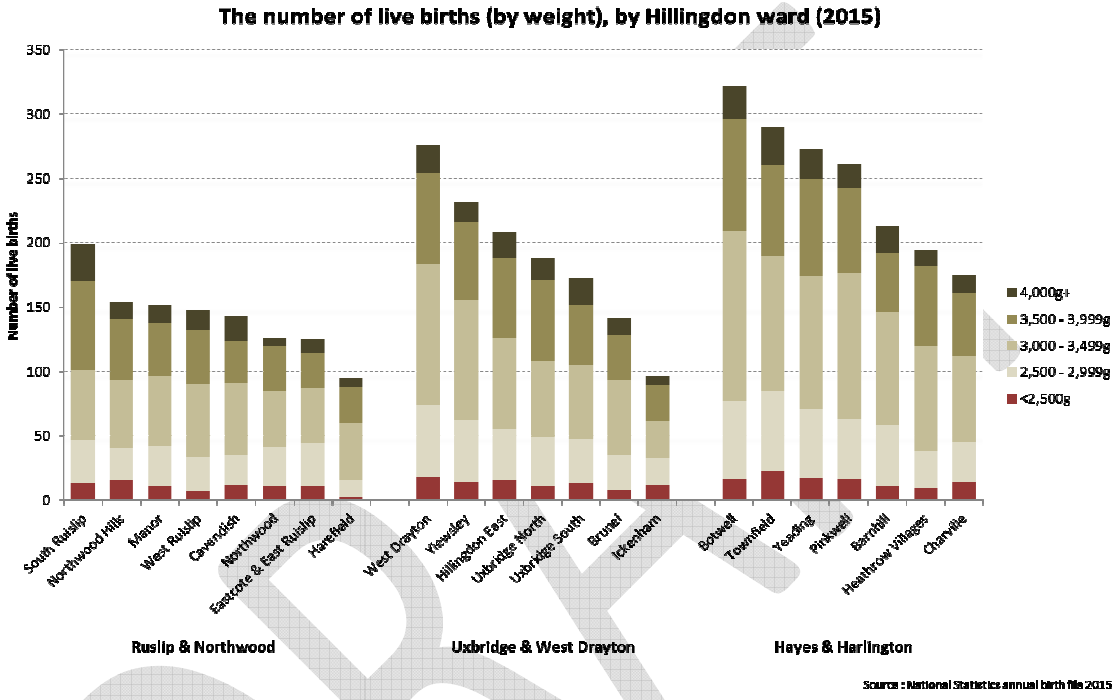


Source: GLA 2015 round demographic projections, trend-based ward projections

Low birthweight

New-borns that have a birthweight of less than 2,500g are termed low birthweight (LBW). Babies whose birthweight is just below the low birth weight threshold (2,000 to 2,500 grams) are 5 times as likely to die as an infant as those of normal birthweight. Those who have extremely low birthweight (less than 1,000 grams) are 200 times more likely to die as an infant than those of normal birthweight. Reflecting this, two-thirds of all infant deaths are among those born of low birthweight, and more than half of these were born of extremely low birthweight.

In 2015, 6.6% of live births in Hillingdon weighed less than 2,500 grams, the comparable figure for London was 7.1% and England 6.9%.



The graph above shows the number of live births by birthweight for Hillingdon. The highest number of LBW new-borns is in southern wards (Townfield, West Drayton and Yeading). Low birthweight is usually associated with deprivation, hence areas with higher levels of deprivation also show higher levels of low birthweight.

3. Age and ethnicity

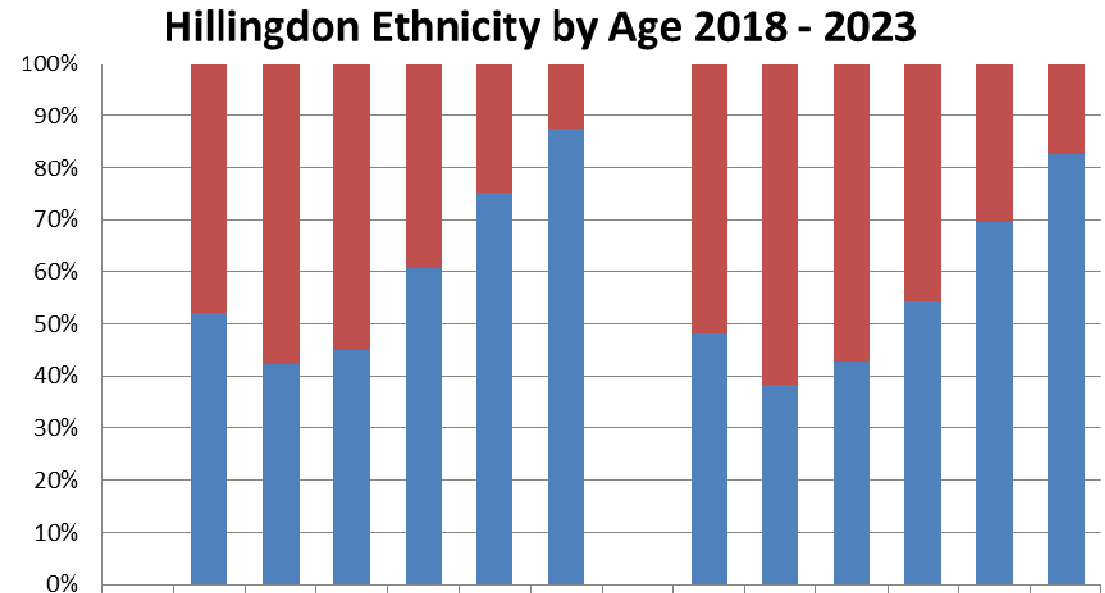
There is a higher proportion of White and older residents in Ruislip & Northwood. The student population in the wards of Brunel and Uxbridge South results in a higher than average 20-24 year age band in the locality of Uxbridge & West Drayton. There is a greater ethnic mix among younger residents in Hayes & Harlington, and proportionally less older residents.

Ethnicity projections

The Greater London Authority 2015 Round Final Ethnic Group projection figures (GLA EGRP 2015, Long Term) for 2018 estimate that Hillingdon is becoming more diverse with Black and Minority Ethnic (BAME) groups accounting for 48% of the usual resident population and White ethnic groups accounting for 52% of the population in 2018. Using the same data set this proportion of BAME groups is higher than across London (43%). The

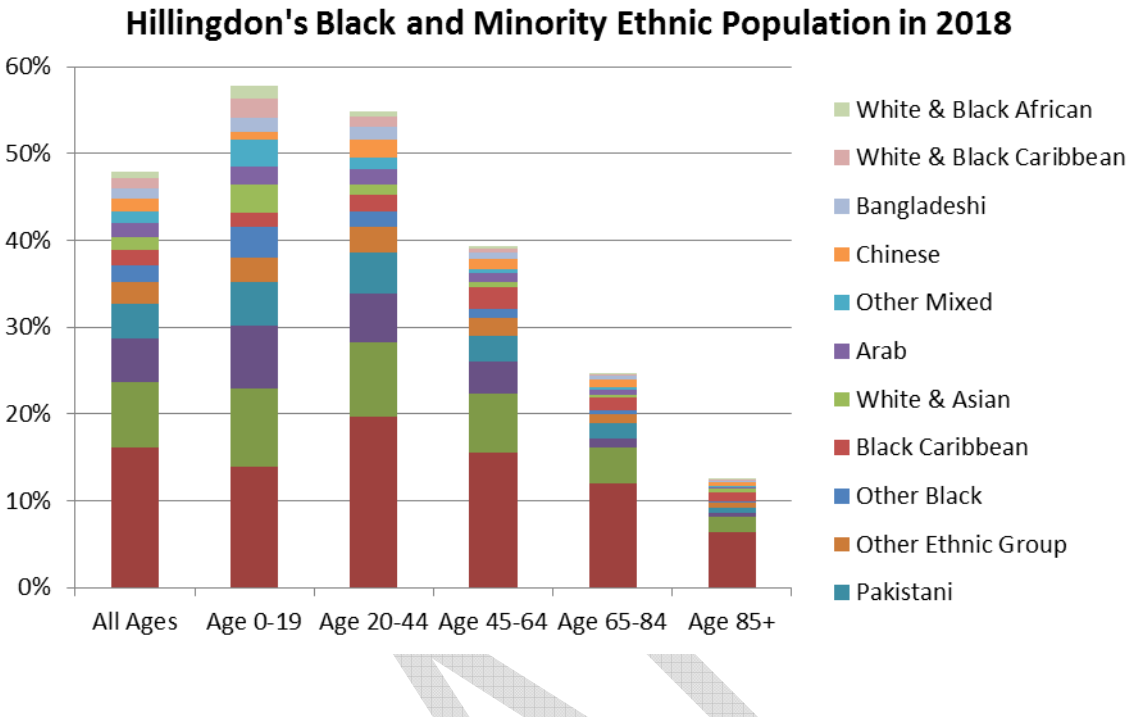
figure below shows that this trend is projected to continue with BAME groups expected to account for 52% of the population in 2023. The age breakdown shows that all age groups are expected to show an increase in the proportion of BAME groups between 2018 and 2023.

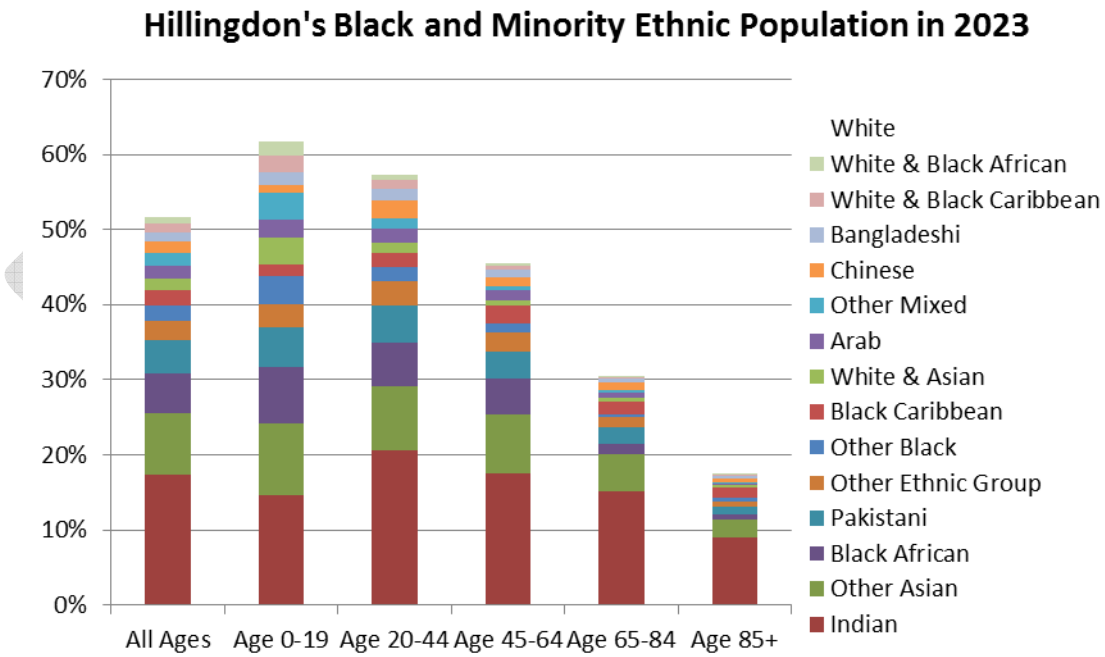
Note that the GLA ethnic group population projections use slightly different ethnic groupings than the Census – these are noted in the key.



	2018	All Ages	Age 0-19	Age 20-44	Age 45-64	Age 65-84	Age 85+	2023	All Ages	Age 0-19	Age 20-44	Age 45-64	Age 65-84	Age 85+
BAME		48%	58%	55%	39%	25%	12%		52%	62%	57%	45%	31%	17%
White		52%	42%	45%	61%	75%	88%		48%	38%	43%	55%	69%	83%

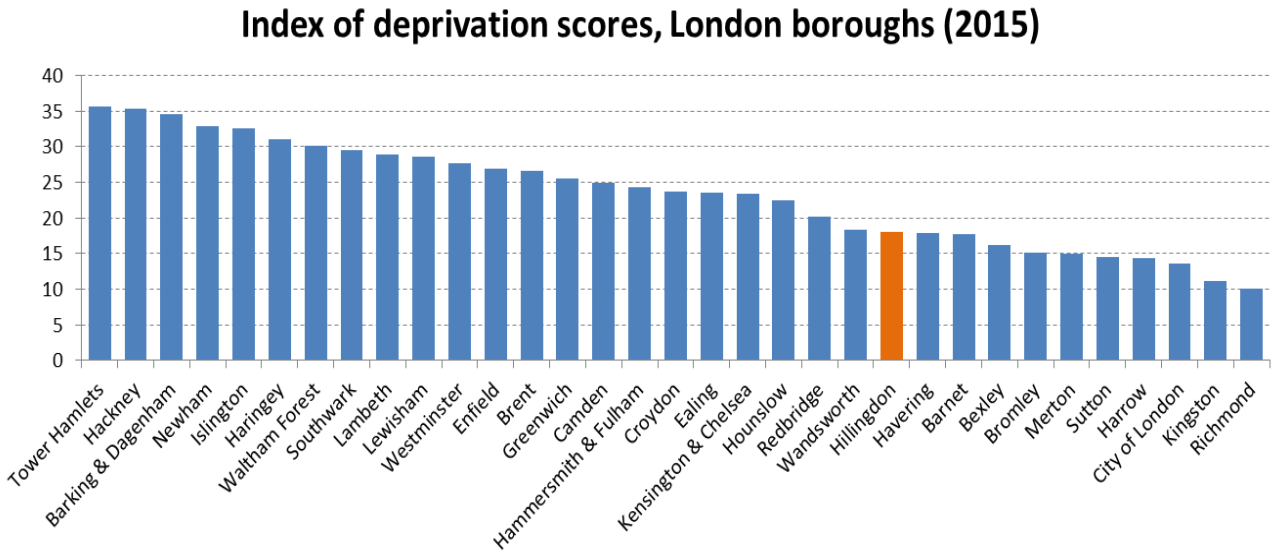
The graphs below show the percentage of different black and minority ethnic population projection categories across Hillingdon in 2018 and 2023





4. Deprivation

The 2015 English Index of Deprivation (IMD 2015) calculates a deprivation score for each lower super output area (LSOA) in England where the most deprived is ranked 1. Average deprivation scores which have been weighted to the size of the LSOA population have been calculated by the Department for Communities and Local Government. Hillingdon is ranked 162nd out of 326 Local Authorities in England and ranked 23rd out of 33 London Boroughs (including City of London); thus Hillingdon on the whole can neither be regarded as deprived nor affluent but presents a mixed picture with areas of both across the Borough.



The following 3 maps show the various versions of IMD ranking in Hillingdon:

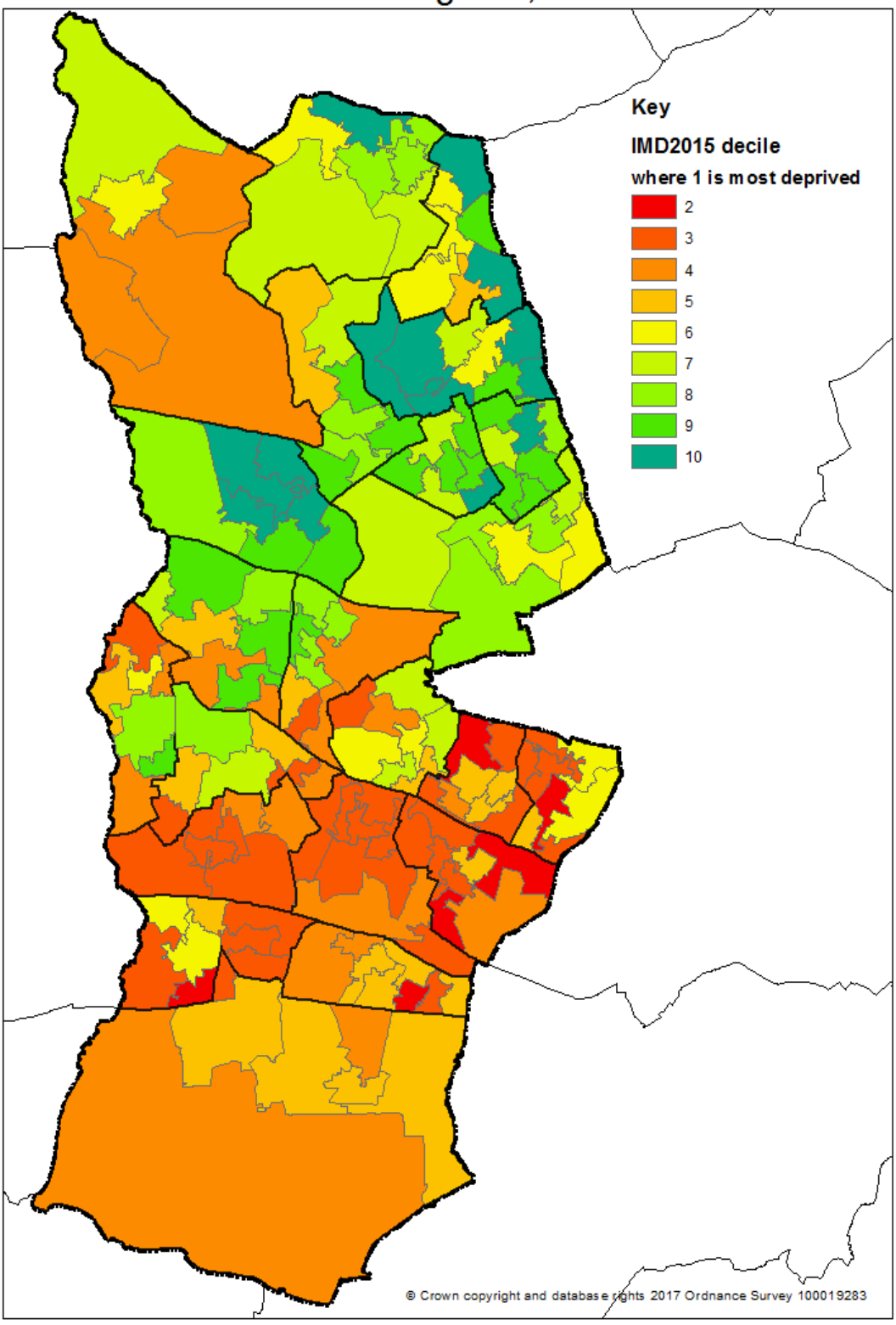
- Overall Indices of Multiple Deprivation (IMD)
  The average deprivation score of Hillingdon Local Authority on the whole masks the differences in deprivation scores that can be seen in Lower Super Output Areas (LSOAs) within wards. Hillingdon has no LSOAs among the 10 per cent most deprived.

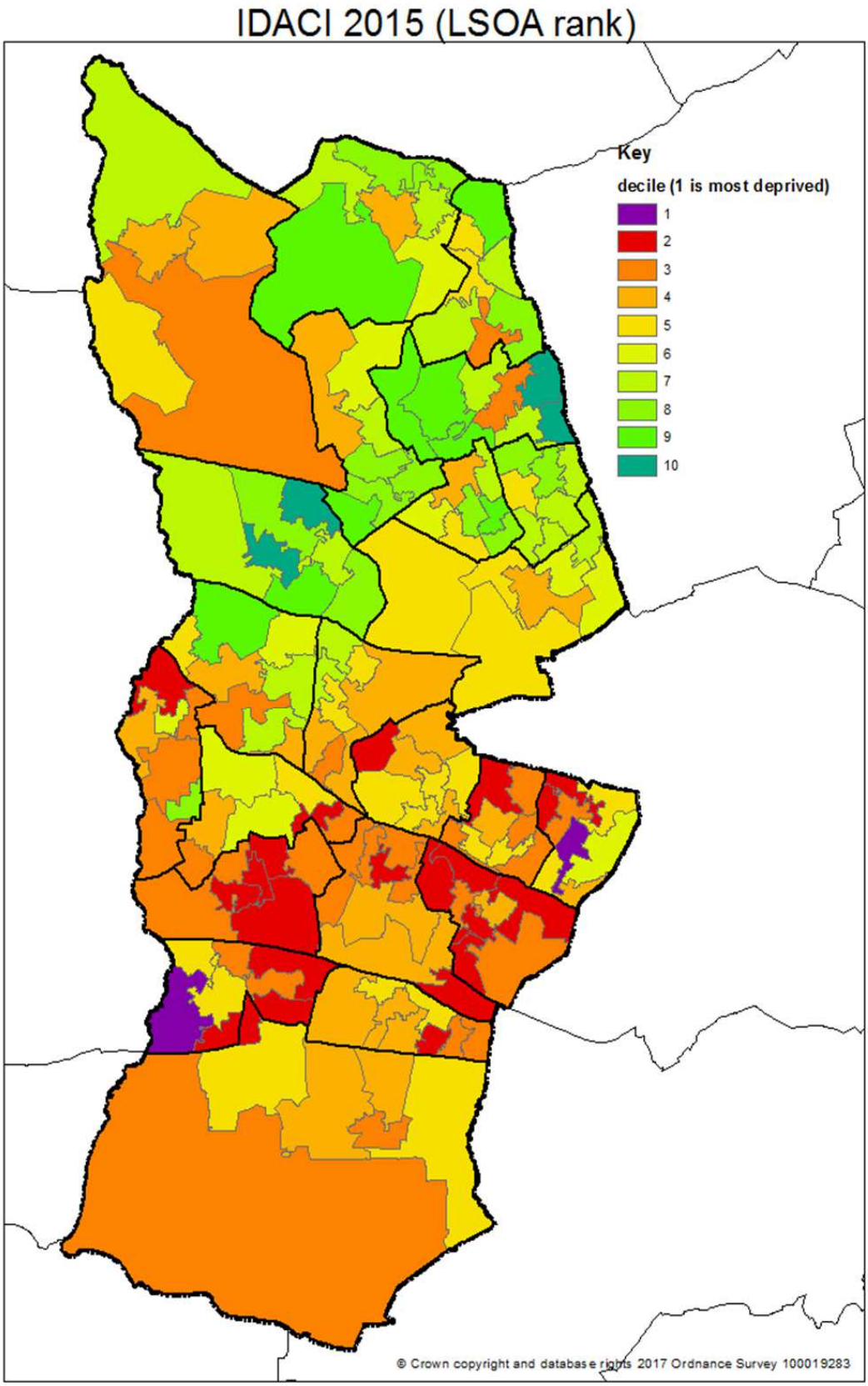
- Income Deprivation Affecting Children Index (IDACI) ranking -
  When looking at the IDACI 2015, Hillingdon has 2 LSOAs within West Drayton and Yeading wards in the most deprived 10% of LSOAs in England.

- Income Deprivation Affecting Older People Index (IDAOPI).
  When looking at the IDAOPI 2015, Hillingdon has 5 LSOAs within Uxbridge South, Yeading and Townfield in the most deprived 10% of LSOAs in England.

  Deprivation in older people is associated with poor health outcomes. Therefore, this has implications for health and care services, including pharmaceutical services.

Hillingdon deprivation in relation to the whole of England, IMD2015




IDACI 2015 (LSOA rank)
Key
decile (1 is most deprived)
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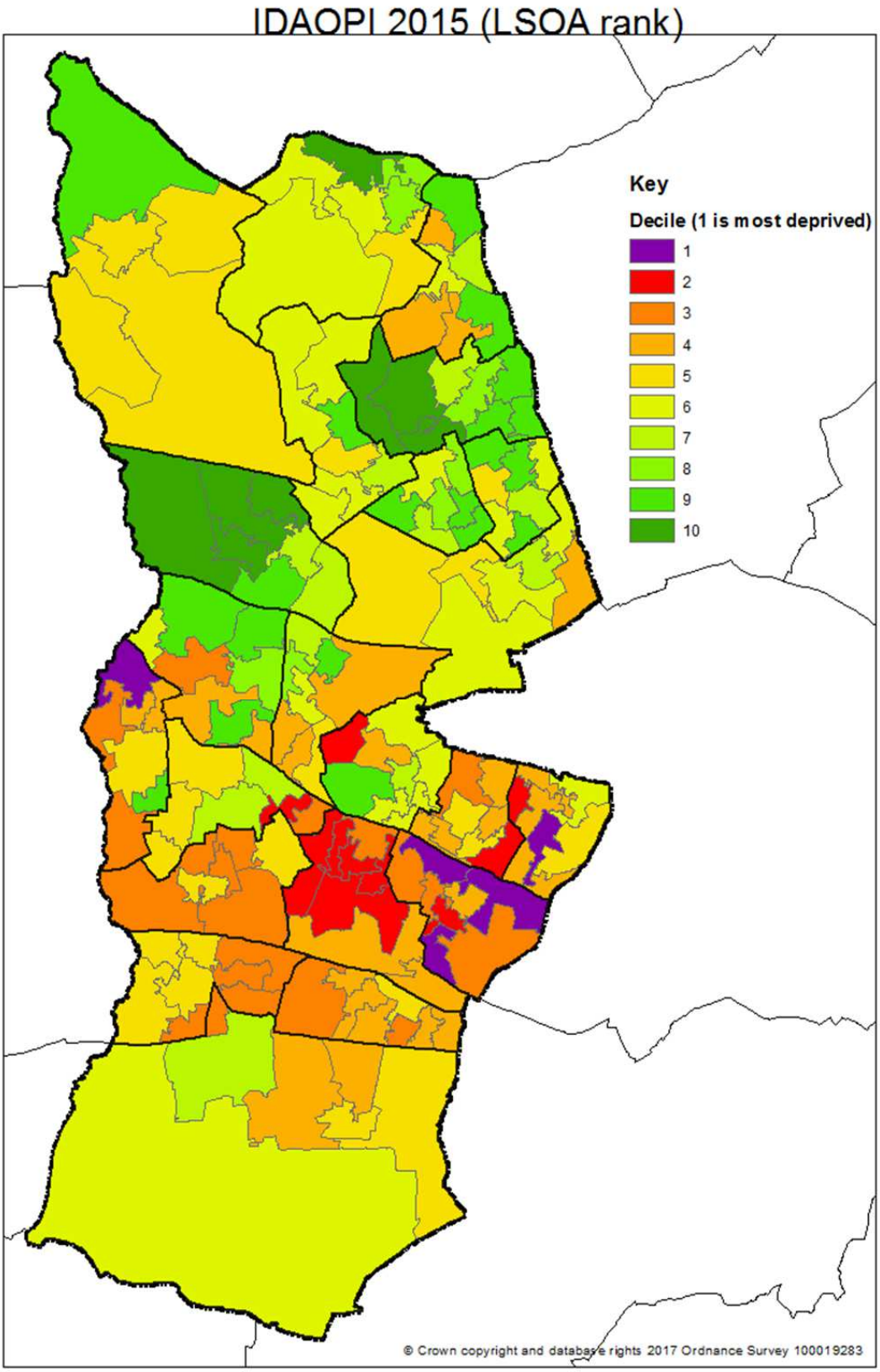
© Crown copyright and database rights 2017 Ordnance Survey 100019283


IDAOPI 2015 (LSOA rank)
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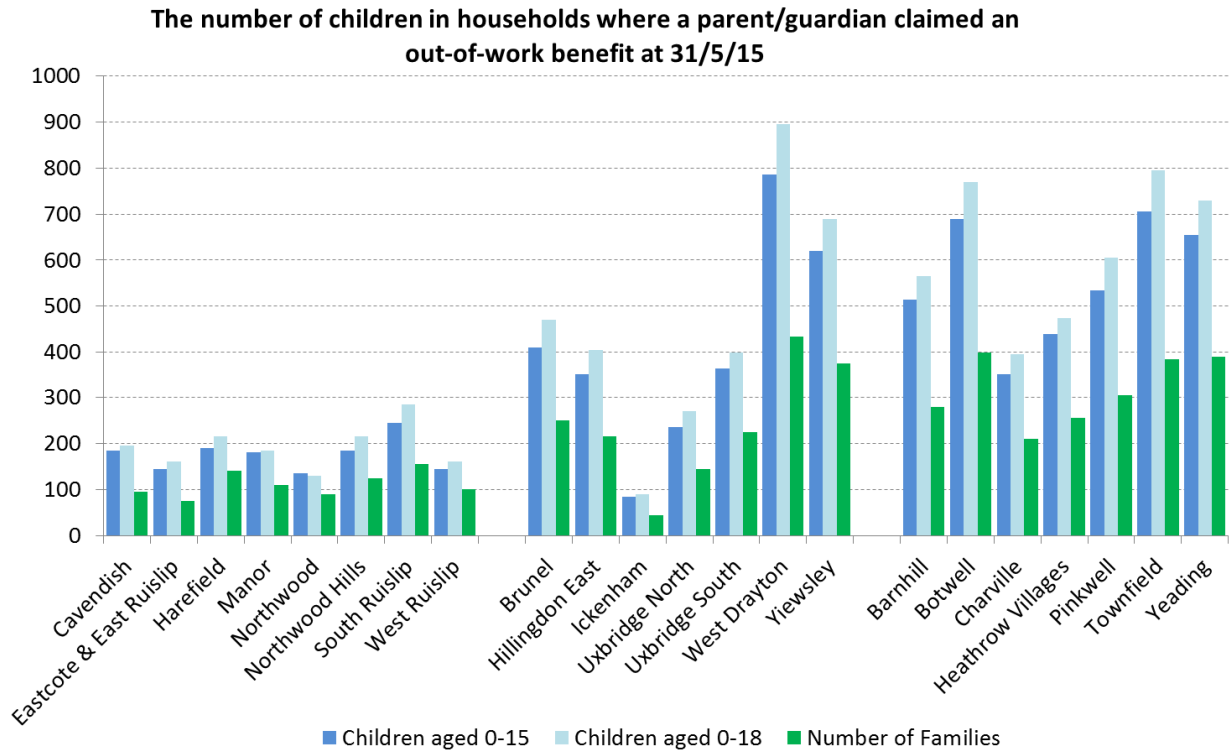
Data estimating the numbers of children and older people in poverty shows that there can be areas of deprivation even in apparently affluent locations.

Poverty and social inequalities in childhood have profound effects on health of children, and the impact on health continues to reverberate throughout the life course into late adulthood. Globally and historically, poverty has been one major determinant of child and adult health and, even in rich nations such as the UK, it remains a major cause of ill health with huge public health consequences.

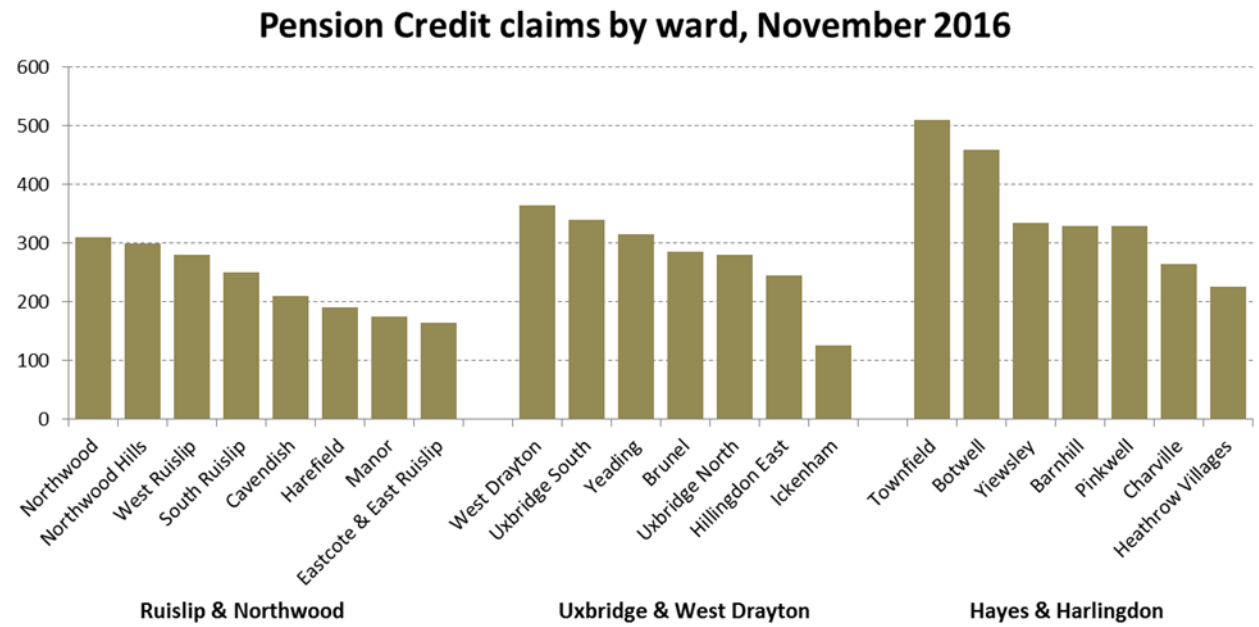
The rapidly growing and developing foetus and child seem to be particularly vulnerable to the adverse effects of poverty providing a further powerful argument for policy initiatives designed to protect children from its worst effects. There is evidence in Hillingdon of higher prevalence of poor outcomes for children living in poorer households e.g. number of accidents, infant and child deaths, rates of illnesses, hospital admissions, poor oral health.



Source: DWP, the number of children who lived in households where a parent or guardian claimed an out-of-work benefit at 31 May 2015 (published 27 July 2016)

In May 2015 wards in the south of the borough had a higher number of children living in households where a parent/guardian claimed an out of work benefit.

In November 2016 Hillingdon had 6,290 residents claiming pension credit. 77.3% have been claiming for over 5 years, 13.3% between 2-5 years, 4.1% between 1-2 years and a further 5.2% claiming for under 1 year. Nationally, in 2015 89.7% of all prescription items were dispensed free of charge, with 60.4% of all prescription items dispensed free of charge to patients claiming age exemption (aged 60 and over).



Source: NOMIS

5. Economic activity (employment and unemployment)

Economic activity relates to whether or not a person (aged 16 to 64) is working or looking for work. Residents who are unemployed, or who are in poorly paid occupations, tend to have poorer health outcomes. In 2016, Hillingdon had a slightly higher proportion of economically active males (86.5%) compared with London (84.9%). For females in Hillingdon there are a similar proportion of economically active females (71.4%) compared with London (71.6%). In terms of unemployed, Hillingdon's rate of 4.4% is below both London and England (5.7% and 4.8% respectively). Unemployment rates for males and females are not available for Hillingdon in 2016, as the sample size is too small.

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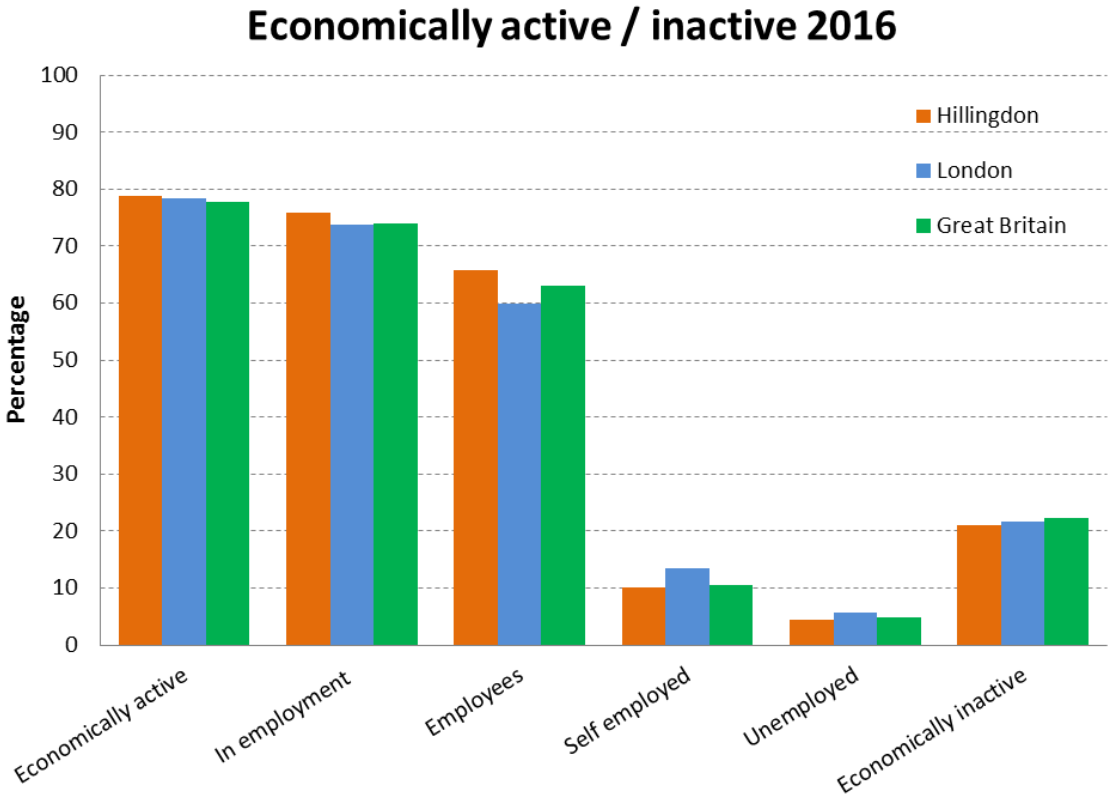


Of those residents economically inactive 14.8% are long term sick, 25.8% are looking after family / home and 11.8% are retired.
Source: Local Authority Profile on www.nomisweb.co.uk

6. Access to transport and method of transport to work

Household car and van availability

In 2015 there were 160,300 licensed vehicles registered by postcode within Hillingdon (to 108,000 households). This includes cars, motor cycles and light & heavy goods vehicles.

Post Survey

Overall, accessibility to community pharmacies is very good within Hillingdon, and can be described as very good via car where 97% of the population is within 3 minutes driving time (approximately 30 minute walking) of a pharmacy. This compares very well with access nationally, where 99% of the population is within 20 minutes driving distance whereas in Hillingdon, 100% population is within six minute driving distance of the nearest pharmacy. Even when one takes into consideration the variation in car ownership in local areas there are good public transport links due to the predominantly urban character of these areas.

Workday population

The population of London swells to over 10 million people on an average day. Around 2 million people are in just three local authorities – Westminster, City of London and Camden.

Nearly half of London's daytime population comes from people in work while nearly a quarter comes from adults not in work – many of whom are retired. Hillingdon's workday population (in 2014) can be seen on the map:

Source: https://data.london.gov.uk/apps_and_analysis/daytime-population-of-london-2014, October 2015

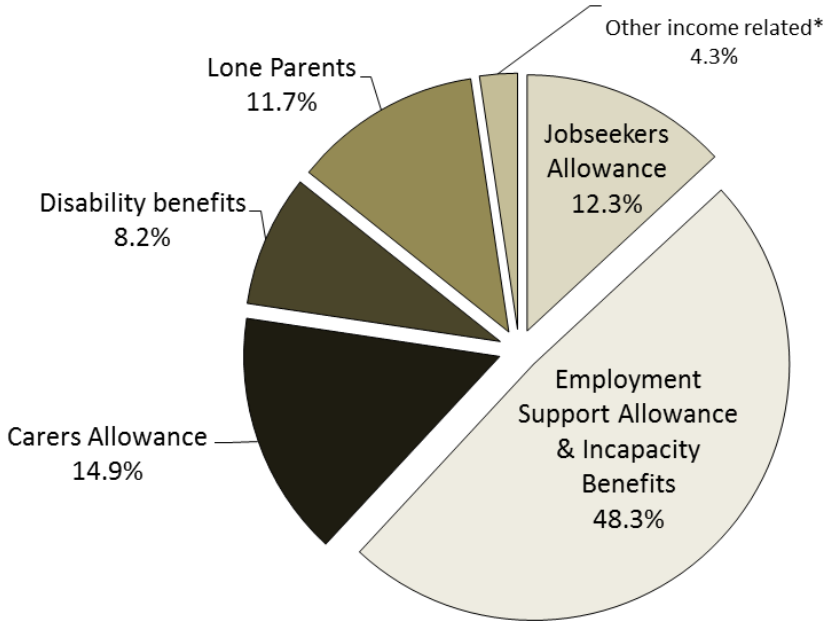
The workday population of Hillingdon could be using a pharmacy in our Borough, just as our Borough residents working, studying or travelling elsewhere may choose to use a pharmacy near their place of work, study or end destination.

7. Benefit claimants

In August 2016, Hillingdon's Job Seekers Allowance (JSA) claimant level was 2,070 which is at its lowest level since February 2010 (6,070). This decline has been significant and reflects the strength of the local economy, the benefit entitlement changes and is supported by closer partnership working to address barriers to employment. Hillingdon has also seen a fall in the numbers of long-term unemployed, down from 570 in December 2014 to 380 in December 2016.

In Hillingdon 56% of benefit claims are for ill health related claims including Employment Support Allowance (ESA) & incapacity benefits and disability benefits. JSA accounts for 12.3% of claimant types with lone parents as 11.7% and those in receipt of Carers Allowance make up 14.9% of the client group. There are around 12,500 people in Hillingdon claiming benefits due to ill health. The chart below refers to benefit claimants in Hillingdon and the breakdown of benefit claims by type.

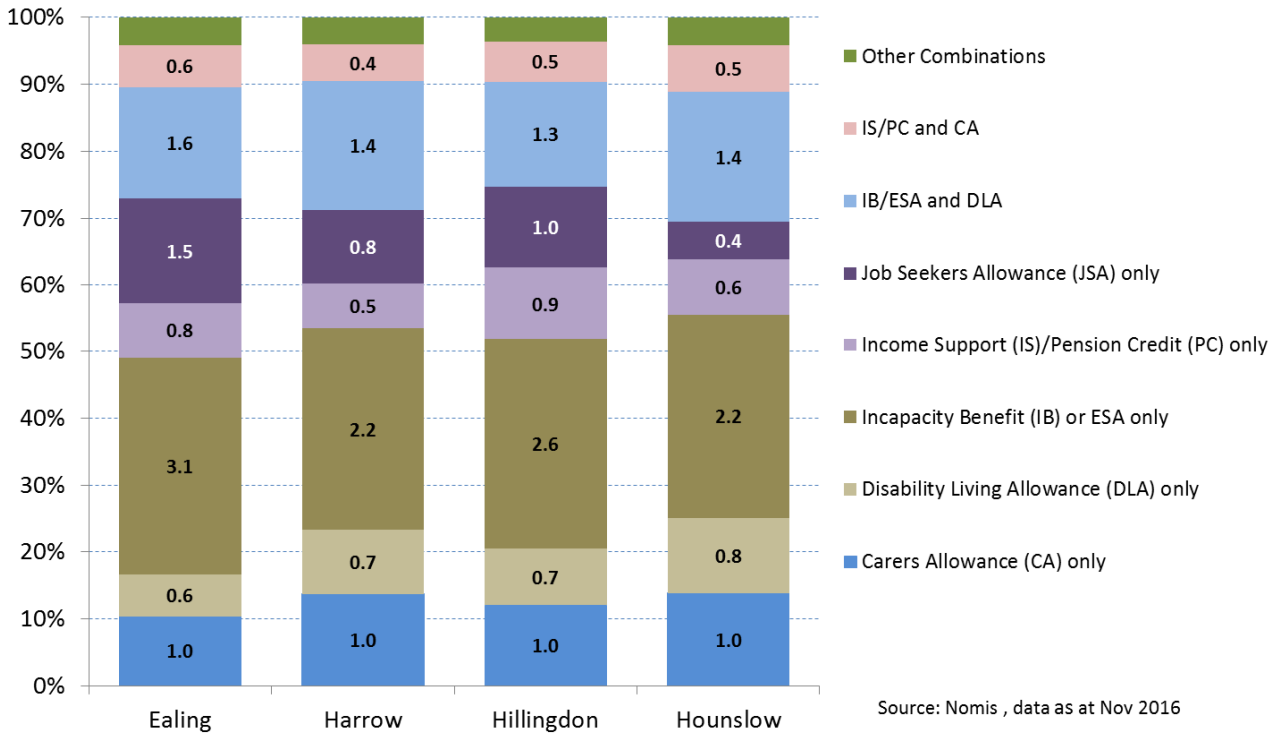
Benefit Claimants: Working Age Client Group



Source: Nomis:
as at August 2016
* includes bereavement benefit

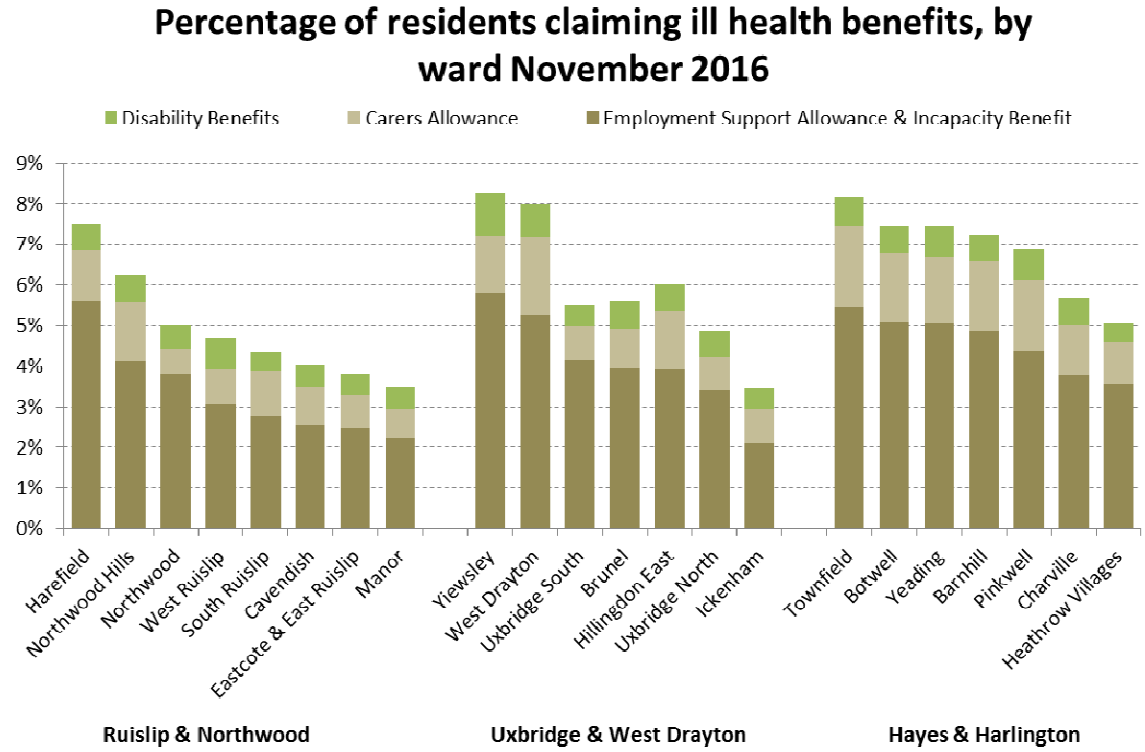
Hillingdon's neighbouring boroughs have similar rates of benefit claimant types. The chart below refers to the proportion of the population claiming benefits and the breakdown of benefit claims by type. NOMIS defines working age as 16-64 years.

Benefit Claims: Hillingdon and Neighbouring Boroughs
Rate per Working Age Population: Age 16-64



Source: Nomis , data as at Nov 2016

There is some variation between the wards and localities in the numbers and proportions of residents claiming ill health benefits.



Source: Nomisweb

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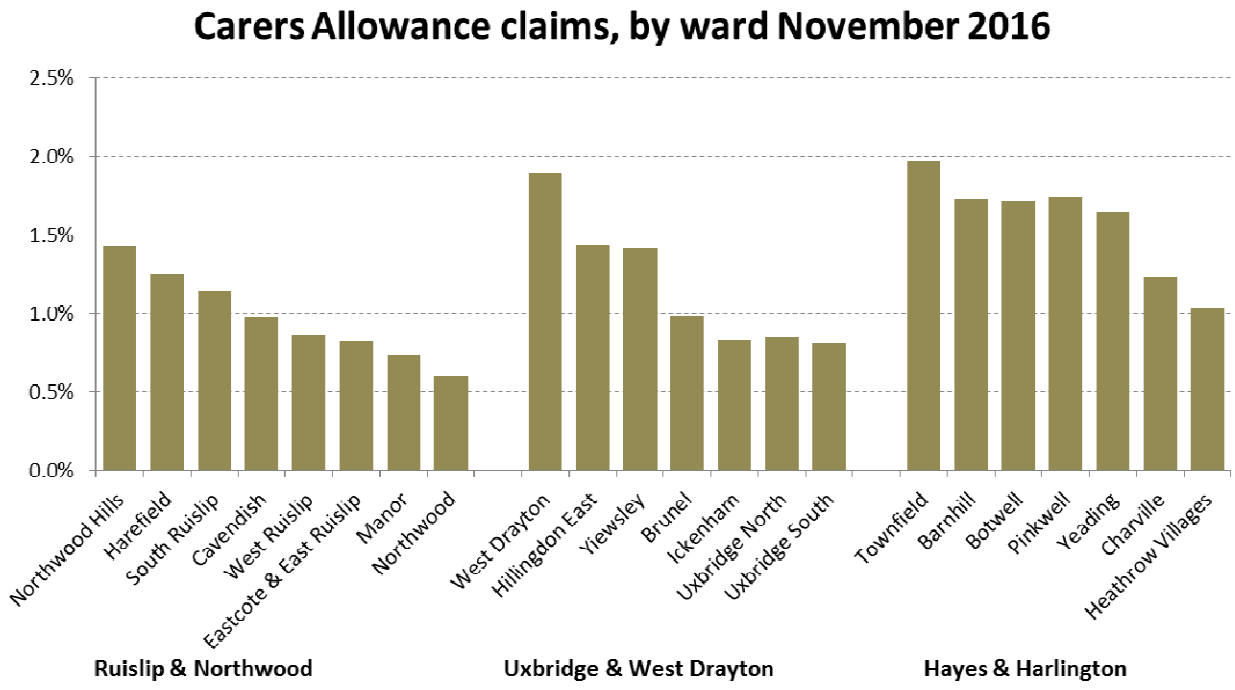
Carers Allowance

According to Department for Work & Pensions data as at November 2016 in Hillingdon there are 1,920 residents in receipt of Carers Allowance and a further 1,040 in receipt of multiple benefits including Carers Allowance (for example Income Support, Pension Credits and Carers Allowance combined). Percentages of working age people receiving state benefits varies by ward in Hillingdon, with generally higher rates in the southern wards and lowers numbers and rates in the northern wards. The chart below sets out the range.



Source: Nomisweb

Community pharmacies play an important and growing role in supporting carers by providing services closer to home like MURs, NMS, immunisations screening, home delivery service and minor ailment service.

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Hillingdon Pharmaceutical Needs Assessment 2018

Appendix 2: Epidemiology

March 2018

Pharmaceutical Needs Assessment 2018

Appendix 2: Epidemiology

1. Life expectancy

Life expectancy is the number of years a person is expected to live given the age and sex specific mortality rates that are currently experienced by the population.

Hillingdon's male and female life expectancy from birth is 80.5 and 83.7 (based on 2013-15 data), which means that a baby born in Hillingdon can expect to live a similar number of years as the England average for both genders (79.5 and 83.1 respectively) and the London average for both genders (80.2 and 84.1 respectively).

However, there are inequalities within the Borough at ward level; the latest dataset available for life expectancy by ward is 2010-2014 which will no longer be updated by the Office of National Statistics (the ONS are no longer producing mortality data at ward level meaning life expectancy cannot be calculated). From the 2010-2014 data, the gap in male life expectancy between Eastcote & East Ruislip and Botwell & Harefield is 8 years and the gap in female life expectancy between Eastcote & East Ruislip and Botwell is 8.5 years.

Comparing London boroughs the gap is 5.9 years for males (Barking & Dagenham has the lowest life expectancy at 77.5 and Kensington & Chelsea has the highest at 83.4) and 4.6 years for females (Barking & Dagenham has the lowest at 81.8 and Kensington & Chelsea has the highest at 86.4).

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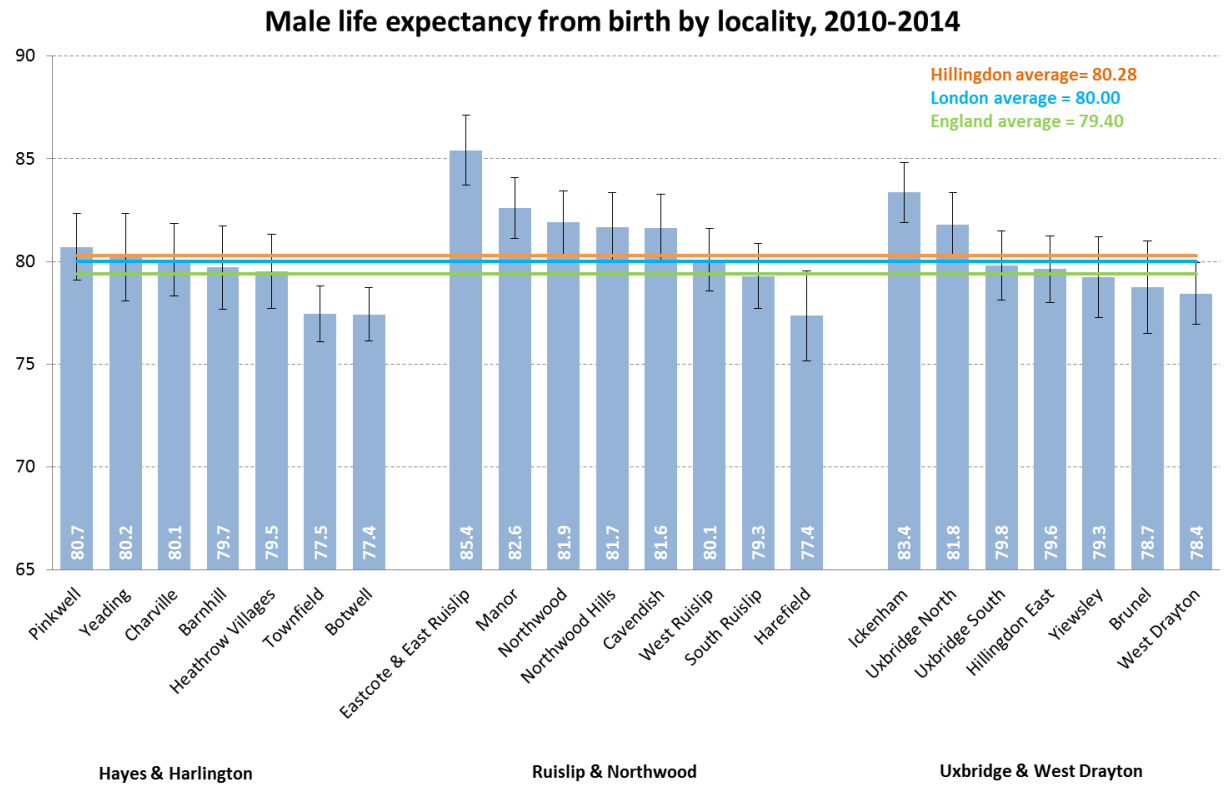
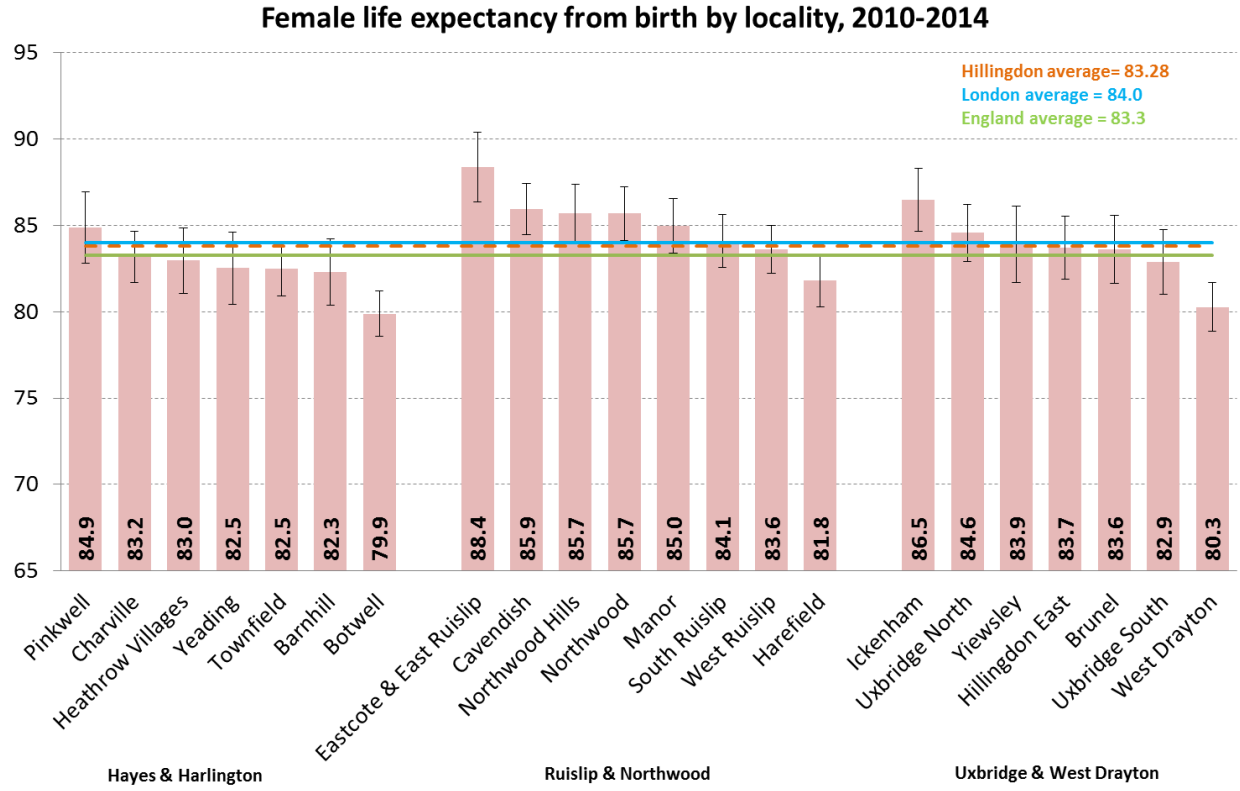




Source: Public Health Outcomes Framework, Indicator 0.1ii

Comparing regions within England & Wales the gap is 2.2 years for males (the lowest is the North East and North West at 77.9, compared with the highest in the South East of 80.1) and 2.2 years for females (the lowest is the North East and North West at 81.7, compared with the highest in the South East and South West of 83.9).

2. Mortality

Mortality is the term used for the number of people who die within a population. Age at death and cause of death provide an instant depiction of health status of a given population. Information on trends of death (by causes) can be used to substantiate the healthy behaviours of the population, the quality of the living conditions, local services, treatment and support. The section below examines mortality data in Hillingdon.

Infant mortality

The infant mortality rate is defined as the number of infants aged <1 year that die per 1,000 live births (all maternal ages) in a given area. The infant mortality rate is usually pooled over 3 years so as to provide a more reliable statistic. The infant mortality rate in Hillingdon is 3.3 per 1,000 live births for the 3-year period 2012-14; this is similar to the average rate for London or England (3.6 and 4.0 deaths per 1,000 live births respectively). Infant mortality rates can be analysed in more detail, those that occur within the first 4 weeks and those that occur from 4 weeks up to one year.

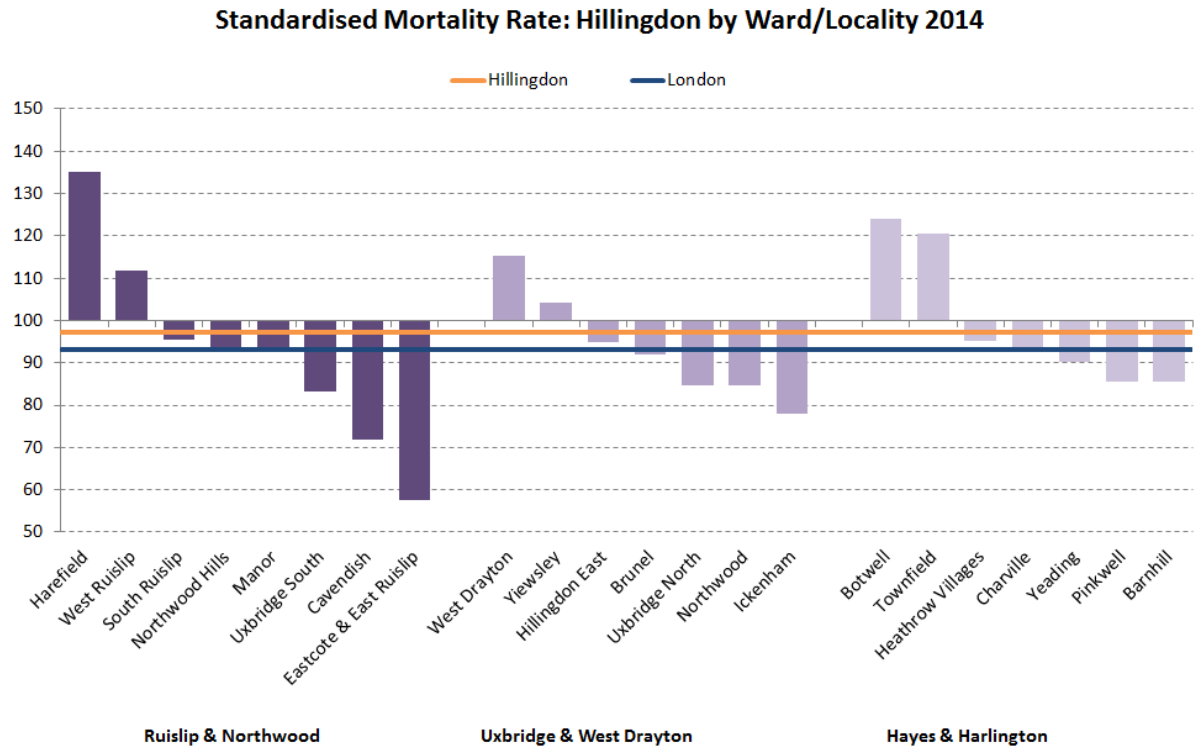
Out of the 44 infant deaths in the 3-year period 2012-14, the majority occur in the first 4 weeks after the live birth. 2012-2014 pooled data shows that for infants aged less than 28 days the mortality rate in Hillingdon is 2.2 per 1,000 live births. The England rate for the same age is 3 deaths per 1,000 live births and London rate 2.9 per 1,000 live births. For infants aged 28 days to 1 year the mortality rate in Hillingdon is 1.5 deaths per 1,000 live births, close to the England and London averages of 1.3 deaths per 1,000 live births (Source: HSCIC). Death in infancy is a rare event, and even one additional death, or life saved can make a large difference to calculations. Some of the variations in the Borough may be the result of chance rather than a cause / problem.

All-age all-cause mortality

The standardised mortality ratio (SMR) is constructed by applying the England age-specific rates to the age structure of the subject population to give an expected number of deaths. The observed (actual) number of deaths is then compared with the expected number and is expressed as a ratio (100x observed/expected). SMRs equal to 100 imply that the mortality rate is the same as the standard (in this case, England) mortality rate. A number higher than 100 implies an excess mortality rate whereas a number below 100 implies below average mortality. The variation in the

mortality rates for different wards in Hillingdon are shown in the next figure.

Standardised Mortality Rate (all causes) for Hillingdon wards, 2014



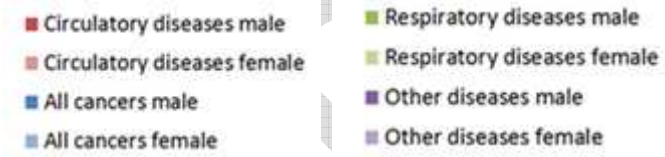
Source: GLA 2014

Major causes of deaths in Hillingdon

The average number of deaths per year in the period 2011-15 in Hillingdon is 1,873. Circulatory diseases and cancers are the two major causes of death in Hillingdon. Deaths as a consequence of circulatory diseases accounted for an annual average of 559 deaths (30% of all deaths) in the 5-year period 2011-2015. Deaths from all cancers accounted for an annual average of 547 deaths (29% of total) in the 5-year period 2011-2015.

An annual average of 274 deaths, (15% of total) was as a consequence of respiratory diseases; the remaining 493 deaths (26% of total) were as a result of other causes.

Key:

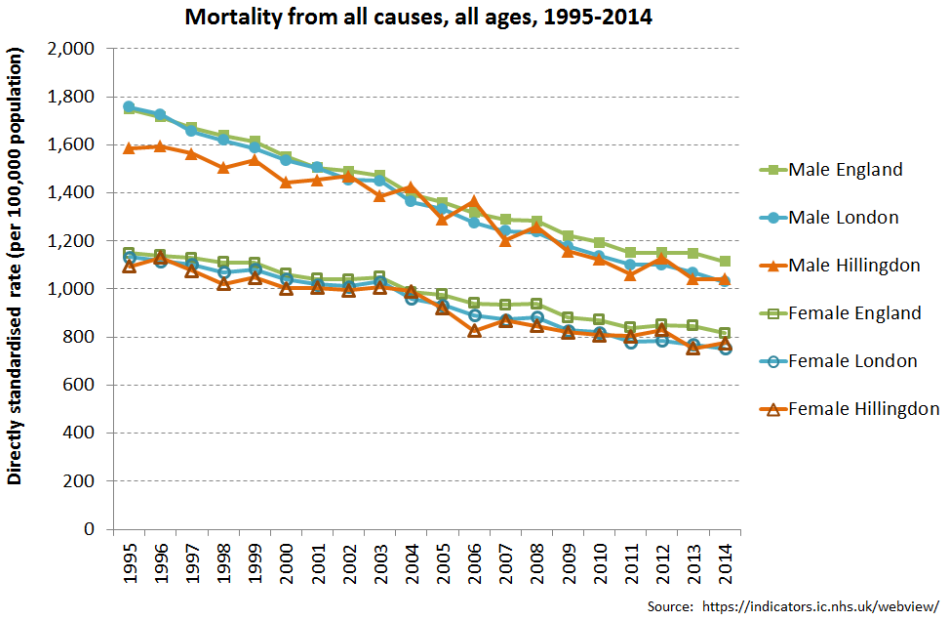


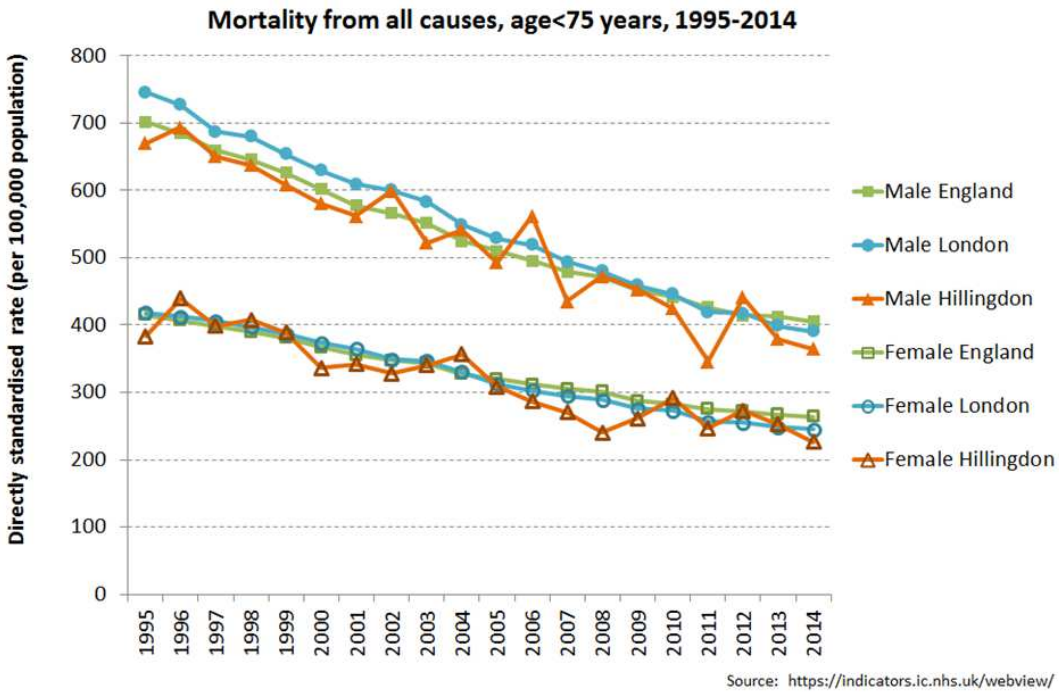
Source: National Statistics, Vital Statistics Tables VS4d

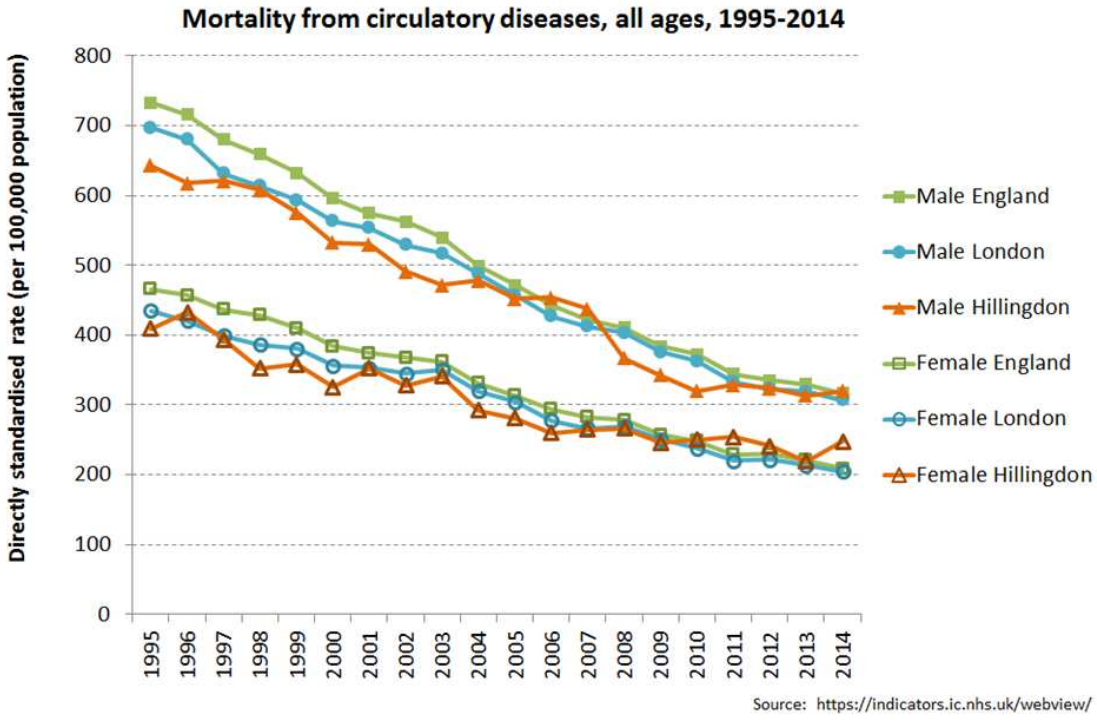
The overall number of deaths varies on the basis of age structure of the population. Therefore, younger populations as in Hayes & Harlington and Uxbridge & West Drayton localities have lower number of deaths when compared with Ruislip & Northwood, where the proportion of older people is higher in the population. Populations with higher proportion of older people would have higher crude death rates, even as the health conditions are improving. On the other hand, younger populations will have low crude death rates even when health conditions are poorer. Therefore, to depict the health status more accurately, we also consider early deaths, or premature mortality.

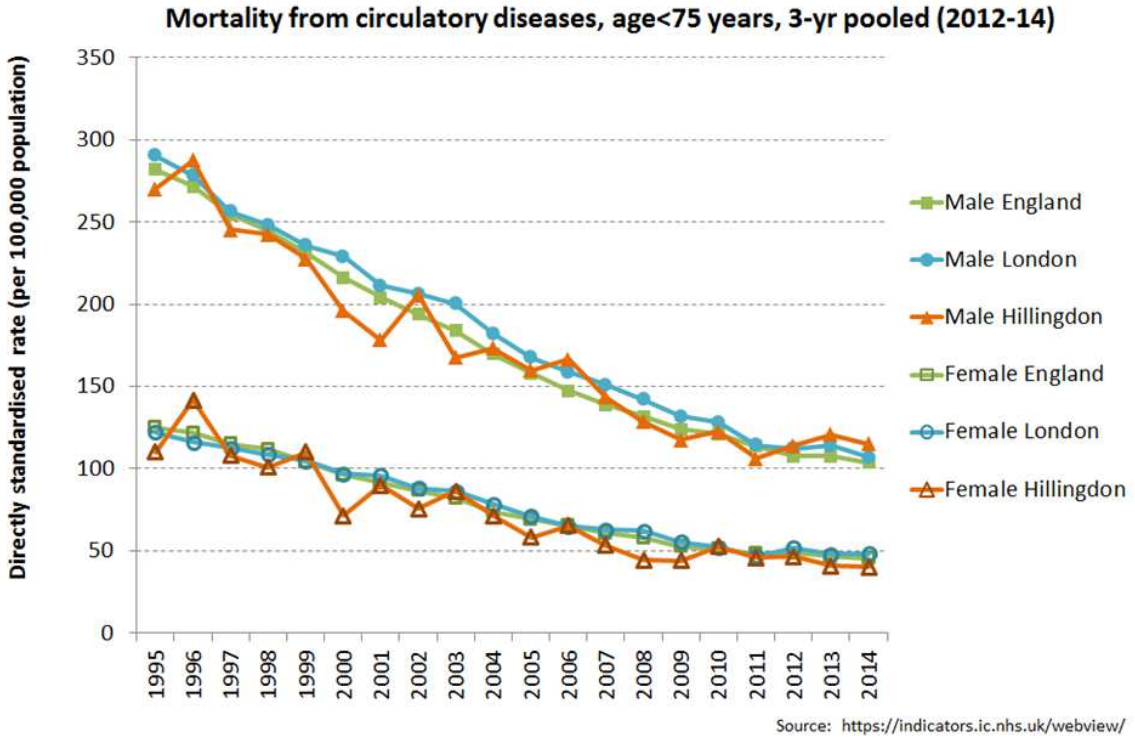
Many of the causes of premature mortality are correlated with the levels of deprivation.

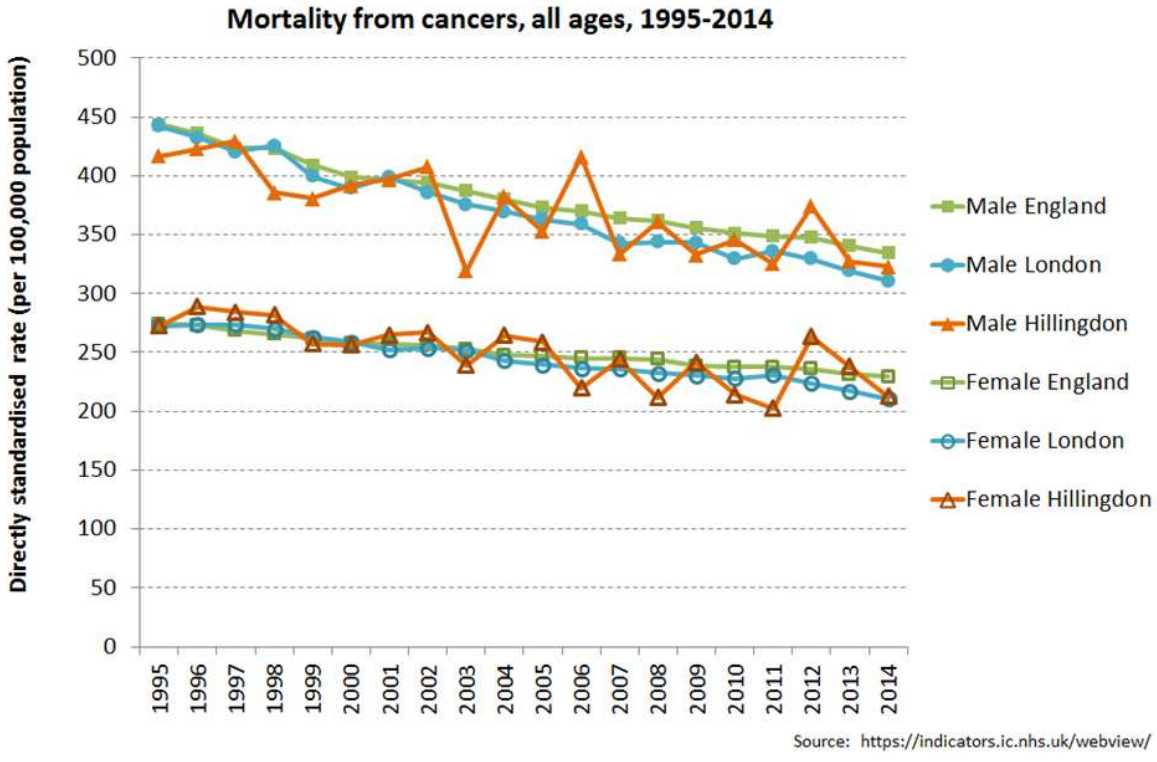
The locality of Ruislip & Northwood has an annual average number of deaths of 720, the locality of Uxbridge & West Drayton has an annual average number of deaths of 600 and the locality of Hayes & Harlington has an annual average number of deaths of 540 (all figures are rounded to the nearest 10). Mortality from all causes has been falling in Hillingdon in line with the national decreases.

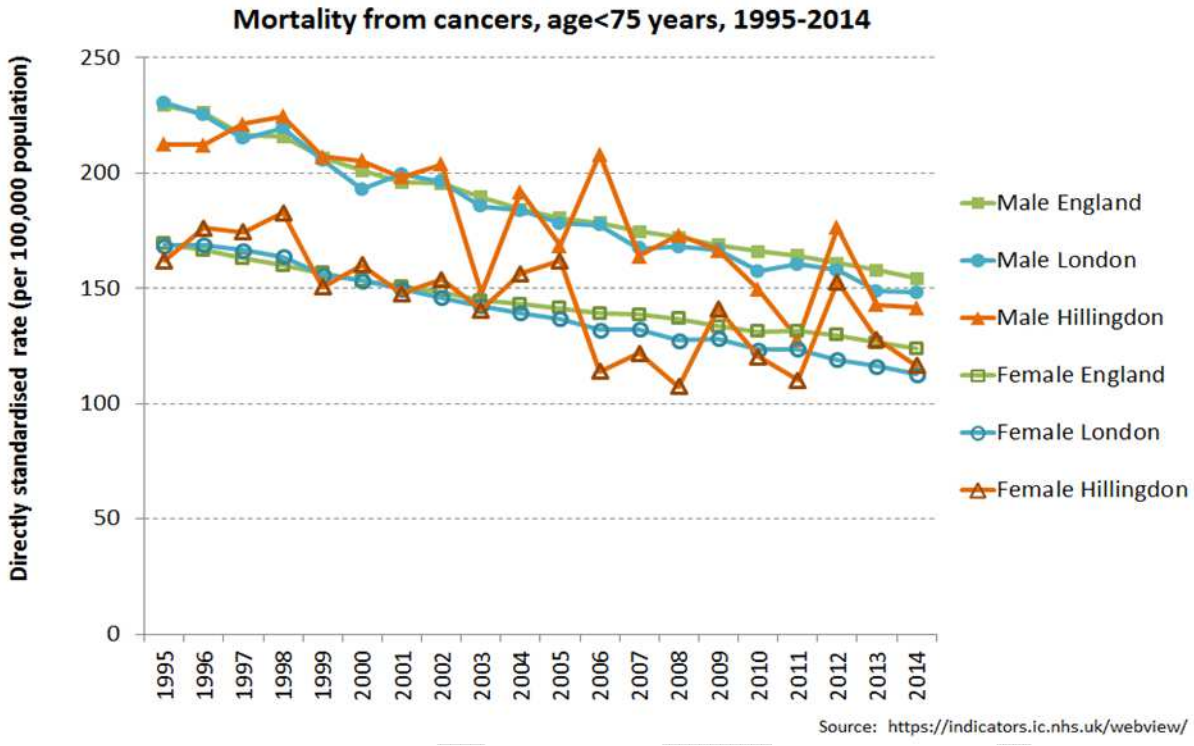


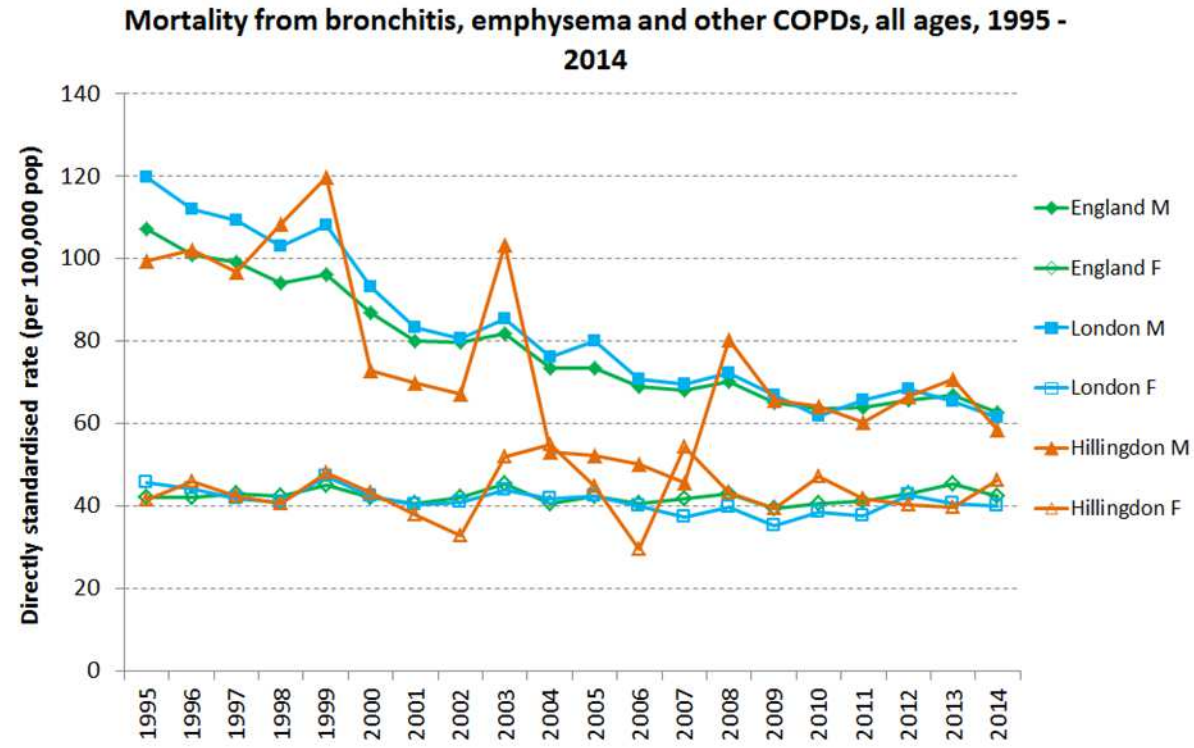

Mortality from all causes, age<75 years, 1995-2014
Directly standardised rate (per 100,000 population)
800
700
600
500
400
300
200
100
0
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
Male England
Male London
Male Hillingdon
Female England
Female London
Female Hillingdon
Source: https://indicators.ic.nhs.uk/webview/


Mortality from circulatory diseases, all ages, 1995-2014
Directly standardised rate (per 100,000 population)
800
700
600
500
400
300
200
100
0
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
Male England
Male London
Male Hillingdon
Female England
Female London
Female Hillingdon
Source: https://indicators.ic.nhs.uk/webview/


Mortality from circulatory diseases, age<75 years, 3-yr pooled (2012-14)
Directly standardised rate (per 100,000 population)
350
300
250
200
150
100
50
0
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
Male England
Male London
Male Hillingdon
Female England
Female London
Female Hillingdon
Source: https://indicators.ic.nhs.uk/webview/


Mortality from cancers, all ages, 1995-2014
Directly standardised rate (per 100,000 population)
500
450
400
350
300
250
200
150
100
50
0
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
Male England
Male London
Male Hillingdon
Female England
Female London
Female Hillingdon
Source: https://indicators.ic.nhs.uk/webview/


Mortality from cancers, age<75 years, 1995-2014
Directly standardised rate (per 100,000 population)
250
200
150
100
50
0
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
Male England
Male London
Male Hillingdon
Female England
Female London
Female Hillingdon
Source: https://indicators.ic.nhs.uk/webview/


Mortality from bronchitis, emphysema and other COPDs, all ages, 1995 - 2014
Directly standardised rate (per 100,000 pop)
140
120
100
80
60
40
20
0
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
England M
England F
London M
London F
Hillingdon M
Hillingdon F

Analysis of mortality rates in Hillingdon shows that premature death rates (for people aged under 75) from all causes in Hillingdon (1995-2014) were lower than England and London. In 2014, the wards of Townfield, Brunel and West Drayton had a higher number of male premature deaths; for females, the wards with the higher number of premature deaths were South Ruislip, West Drayton, Brunel and Yiewsley. Source: Vital Statistics Table 4, 2014.

The main cause of early deaths was cancer which accounted for 33% of all early deaths followed by cardiovascular disease (25%). Together, these two causes accounted for 58% of all early deaths in 2014.

Identifying individuals and families at high risk of cardiovascular disease and cancer ensures timely start of treatment and reduces risk of complications and early death. Early management and secondary prevention of disease reduces the need of more costly and complicated NHS treatment or social care. It therefore has positive impact on individual's quality of life and features strongly in the national strategies for cardiovascular disease and cancer.

3. Prevalence of non-communicable diseases and major risk factors

The figures on the next few pages take data from NHS Digital (2015/16): Observed Prevalence from GP register population. The observed prevalence is the actual number of patients on a GP register that are recorded by their GP as having a given condition. The expected prevalence is the number that could be expected (estimated) in the population calculated by mathematical models, hence includes people who might have the illness but have not been identified / diagnosed as having that illness.

The treatment of long term conditions is estimated to account for £7 in every £10 of total health and social care spending in England and the number affected is set to rise by 25% by 2035. It is becoming more common to have multiple conditions; by 2018 the number of people with 3 or more long term conditions is predicted to grow from 1.9 million in 2008 to 2.9 million.

(source: www.kingsfund.org.uk)

Increasing attendances at GP surgeries and other health settings such as A&E call for looking at alternatives to the traditional models of how health and social care work. Four driving principles outlined in a recent paper by a collaboration for primary care:

- Self-care
- Care outside hospital

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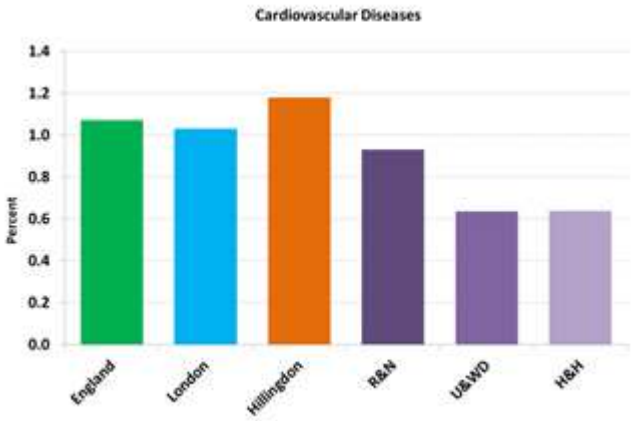
- Professional collaboration around improved patient pathways
- Preventing illness by tackling public health issues such as smoking and obesity.

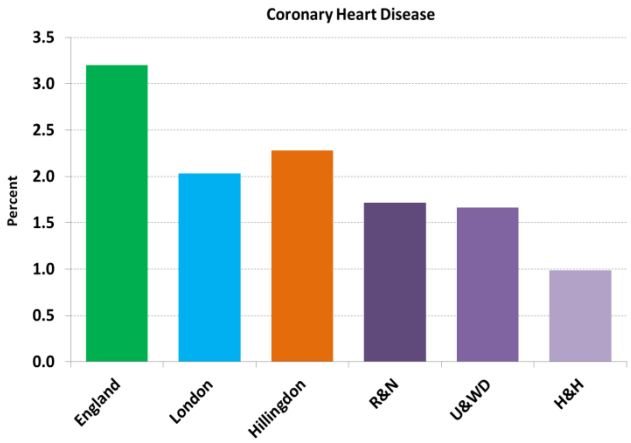
Elements of the above are already a part of Hillingdon's Health and Wellbeing Strategy signifying strategic fit. Steps are also being taken in Hillingdon as part of the Better Care Fund to integrate health and social care and to promote independent living.

Cardiovascular disease (CVD)

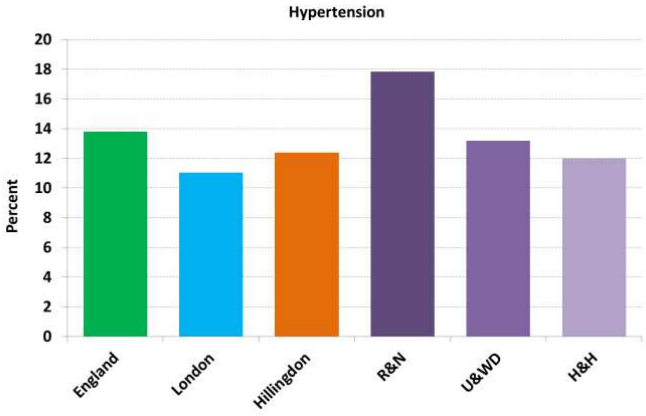
The observed prevalence of cardiovascular diseases in Hillingdon (1.2% of GP registered population) is above the England average (1.12%) and London average (1.1%).

Ruislip & Northwood (R&N) shows a higher observed prevalence than Uxbridge & West Drayton (U&WD) and Hayes & Harlington (H&H).





The observed prevalence of Coronary Heart Disease is 2.3% within Hillingdon, higher than London but lower than England. Hayes & Harlington is showing a lower rate of all localities.

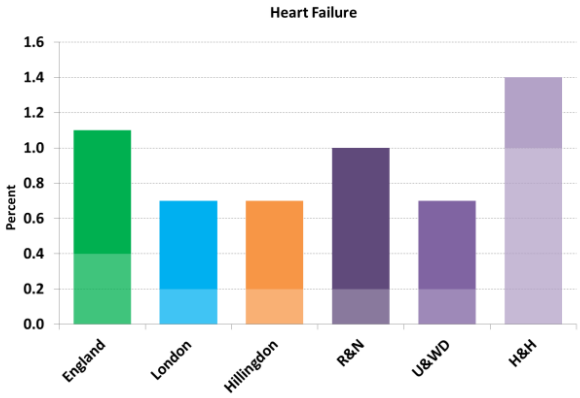


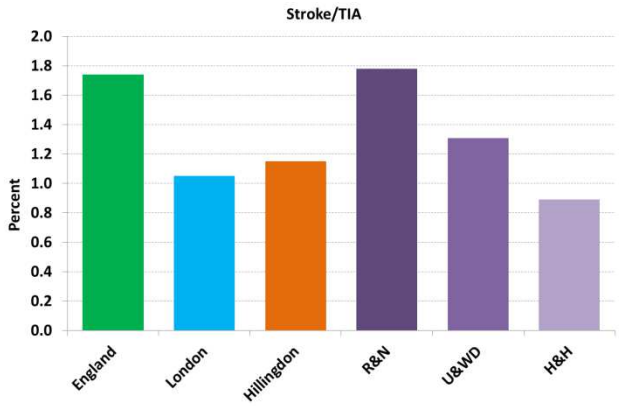
Hypertension was recorded as the highest CVD risk factor in Hillingdon – affecting 12.4% of the Hillingdon GP registered population. This is higher than the London average (11%) but lower than the rates for England (13.8%) as a whole.

Ruislip & Northwood have the highest prevalence among the Hillingdon localities.

The prevalence of all heart failure in Hillingdon (0.7%) of GP registered patients is below the England average (1.1%). Of the Hillingdon localities Hayes and Harlington shows the highest prevalence (1.4%).

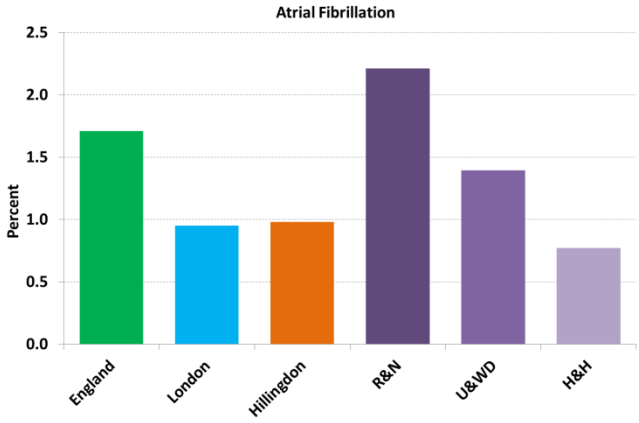
The lighter shades at the bottom of the chart show the prevalence of heart failure due to left ventricular dysfunction and the darker shades higher on the chart show the prevalence of other heart failure.

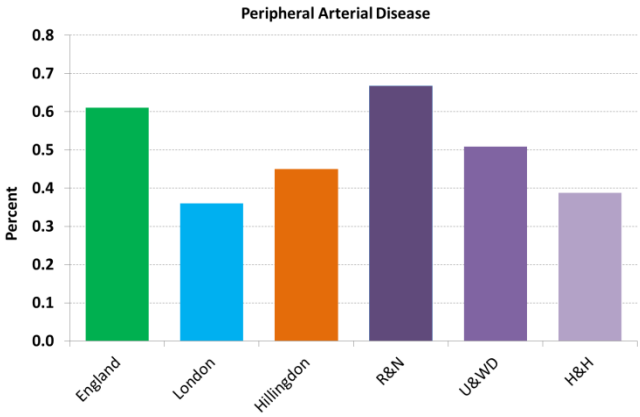




The overall prevalence of stroke in Hillingdon (1.2%) is lower than the England average (1.7%). Of the Hillingdon localities Ruislip & Northwood shows the highest observed prevalence.

The prevalence of Atrial Fibrillation is lower in Hillingdon than in England, but Ruislip & Northwood shows a higher prevalence than Hillingdon and the England average.





The prevalence of Peripheral Arterial Disease (PAD) is lower in Hillingdon (0.45% of the GP registered population) than the England average (0.6% of the GP registered population).

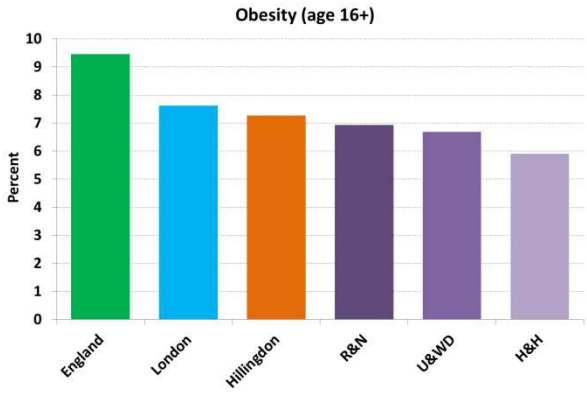
Of the Hillingdon localities Ruislip & Northwood show the highest prevalence of PAD although the numbers and rates are low.

Excess weight and obesity

Obesity is an established risk factor for many chronic conditions including diabetes, arthritis and heart failure.

In Hillingdon 7.3% of adults (aged over 16 years) on the GP register population are noted to be obese. This is slightly lower than the England average (9.5%).

Of the Hillingdon localities Ruislip & Northwood reported higher levels of obesity compared to Hayes & Harlington who had slightly lower levels

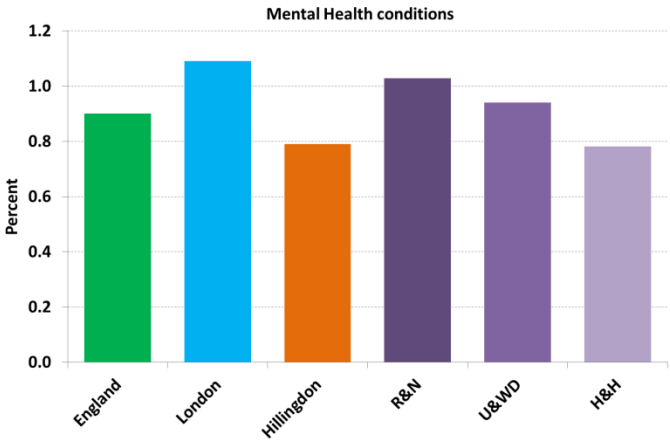


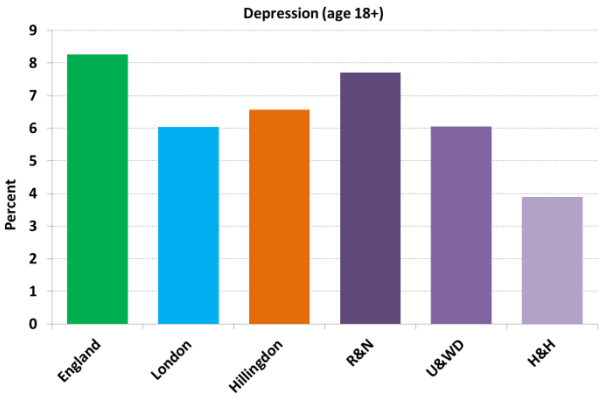
Data from Public Health Outcomes Framework (indicator 2.12) shows that 62% of adults within Hillingdon are carrying excess weight in the period of 2013-2015, which is below England (64.8%) but above London (58.8%); this has decreased from

63.4% in the period of 2012-2014. However, it should be noted that the data is taken from The Sport England Active People Survey which is based on self-reported height and weight from a small sample of residents.

Mental illness

The prevalence of mental health conditions is recorded as 0.8% of the GP register population in Hillingdon. This is lower than the England average (0.9% of the GP register population), and also lower than the London average (1.1% of the GP register population).



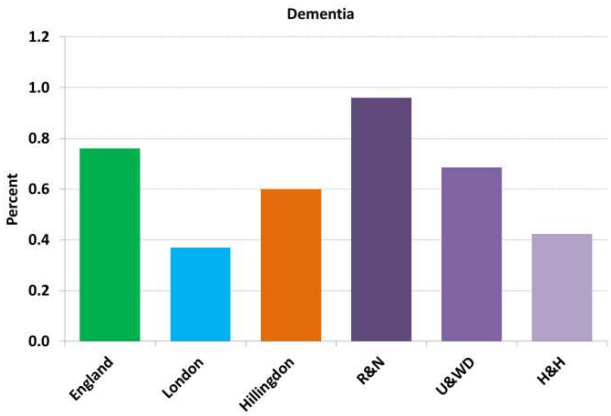


The prevalence of depression in Hillingdon is 6.6% of the GP register population. This is lower than the England average of 8.2% of the GP register population and slightly higher than London.

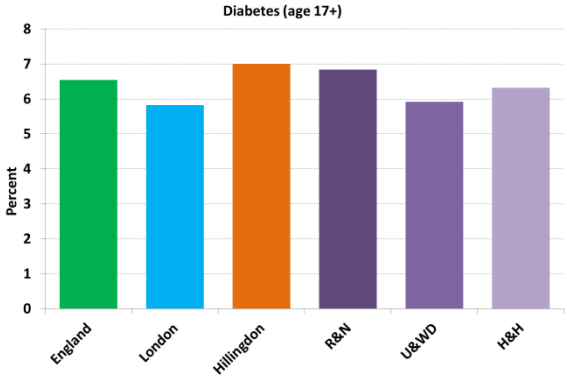
Of the Hillingdon localities there is a higher observed prevalence of depression in Ruislip & Northwood and slightly lower in Uxbridge & West Drayton and Hayes & Harlington.

The prevalence of dementia in Hillingdon is 0.6% of the GP register population, lower than the England average.

Of the Hillingdon localities Ruislip & Northwood record a higher prevalence compared with the other areas.



Diabetes mellitus



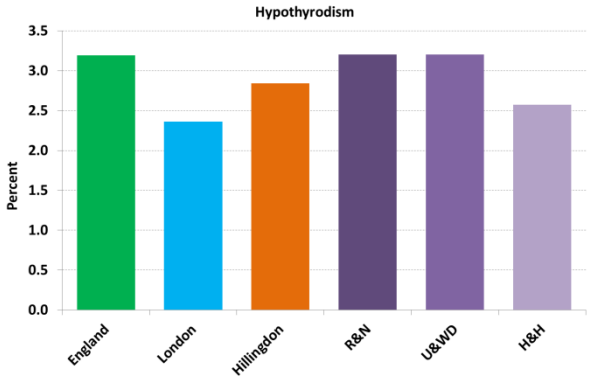
The prevalence of diabetes in Hillingdon (7.0% of the GP register population) is slightly higher than the averages for England (6.6 %) and London (5.9%).

In terms of localities Ruislip & Northwood has the highest prevalence of diabetes (6.9%).

Hypothyroidism

The prevalence of hypothyroidism is lower in Hillingdon (2.8% of the GP register population) than the England average (3.2% of the GP register population).

Of the Hillingdon localities Ruislip & Northwood and Uxbridge & West Drayton show a higher prevalence than Hayes & Harlington.

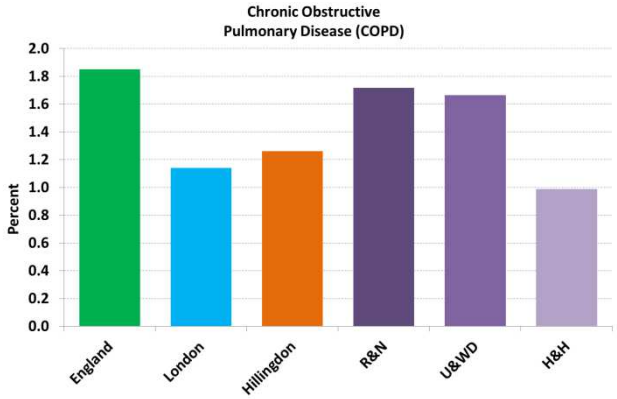


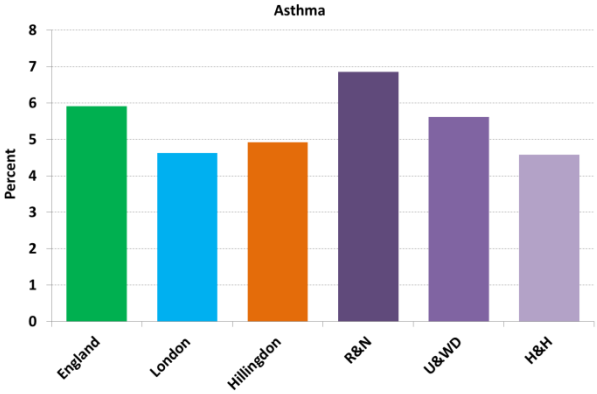
Respiratory diseases

The major causes of respiratory dysfunctions are asthma and chronic obstructive pulmonary diseases (COPD).

The prevalence of COPD in Hillingdon is 1.25% of the GP register population, compared with 1.8% in England.

Within the Borough there is a higher prevalence in Ruislip & Northwood and Uxbridge & West Drayton than in Hayes & Harlington.



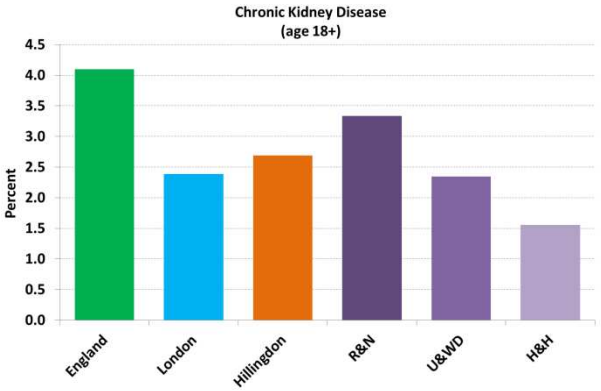


The prevalence of asthma patients is in Hillingdon is 4.9**%** of the GP register population, slightly lower in Hillingdon than the England average of 6%. Within Hillingdon there is a higher prevalence of asthma patients in Ruislip & Northwood than in the other localities.

Chronic kidney disease

The overall prevalence of Chronic Kidney disease in Hillingdon is 2.6%, lower than the England average of 4.1%.

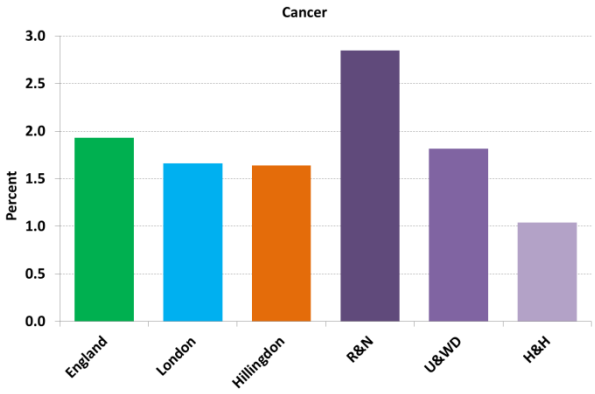
However Ruislip & Northwood shows a higher prevalence (3.4% of the GP register population) than the Borough average.



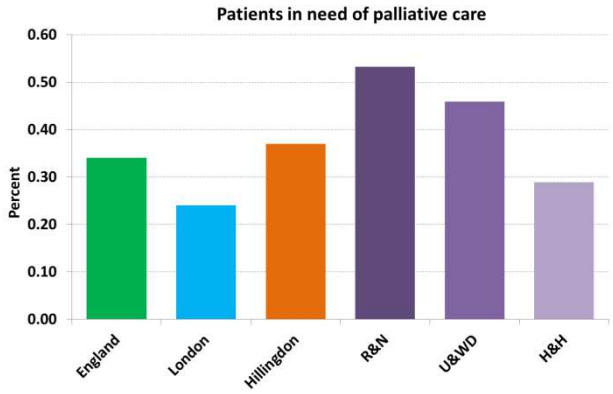
Cancer

In Hillingdon the prevalence of cancer patients was 1.6% of the GP register population, lower than the England average of 1.9%.

Within the Hillingdon localities there is a higher prevalence in Ruislip & Northwood (2.8% of the GP register population) and a lower prevalence in Uxbridge & West Drayton and Hayes & Harlington.



Palliative care (or end of life care)



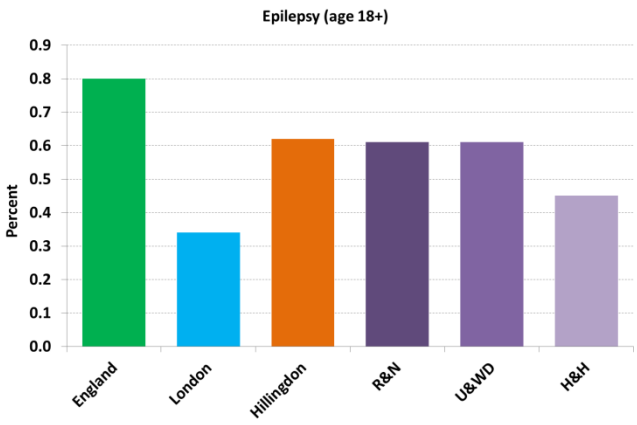
The number of patients on GP registers in need of palliative care is higher in Hillingdon than the England and London averages.

Within the Borough there are more patients in need of palliative care in Ruislip & Northwood than in the other localities, although the numbers and percentages are low overall.

Epilepsy

The prevalence of epilepsy in Hillingdon is 0.6% of the GP register population, lower than the England average of 0.8% of the GP register population.

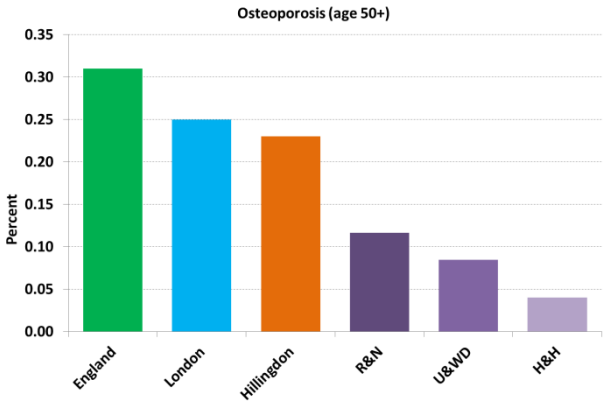
The prevalence is broadly consistent throughout the Hillingdon localities with Uxbridge & West Drayton recording a slightly higher prevalence than the other localities.



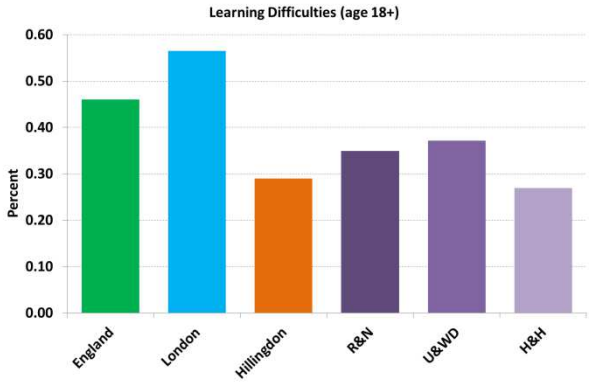
Osteoporosis (age 50+)

The prevalence of osteoporosis in Hillingdon is 0.23% of the GP register population (age over 50). This is lower than the England average.

Within the Borough Ruislip & Northwood showed a higher prevalence of osteoporosis than the other localities.



Learning difficulties



The prevalence of learning difficulties is lower in Hillingdon than the England and London averages.

Within the Borough Uxbridge & West Drayton has a higher prevalence of adults with learning difficulties than the other localities although the numbers and percentages are low overall.

The health care needs of a population vary with age, with the elderly and the young having different needs. For example, the need for chronic disease management will be greater in the elderly population while the need for sexual health and maternity services will be greater in the younger population.

Smoking

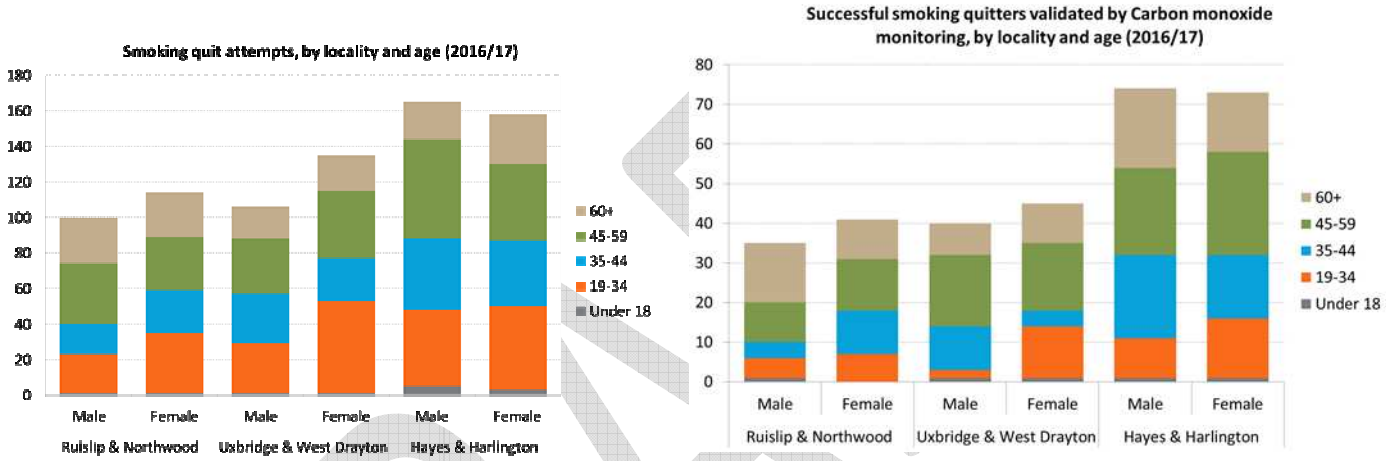
Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. In Hillingdon the estimated prevalence of smoking is 16.9% of the population aged over 18. This is the same as England (16.9%) and slightly higher than London at 16.3%. In surveys of manual workers and workers in routine occupations the prevalence of smoking is higher, assessed as 22.2% of the population in Hillingdon

(24.2% in London and 26.5% in England).

Source: PHOF Indicator 2.14, 2015

Smoking attributable hospital admissions are also measured to support smoking prevalence data. In Hillingdon in 2015/16 the rates of smoking attributable hospital admissions were 1,528 per 100,000 population aged over 35. This is lower than England rate of 1,726 per 100,000 population aged over 35 and slightly lower than the London rate of 1,597.

Source: Public Health England, Local Tobacco Control Profile 2015/16.



Source: LBH Public Health data, Pharmoutcomes Standard Service Report

4. Prevalence of communicable diseases

Tuberculosis (TB)

Between 2013-2015 in the UK an average of 6,497 cases of TB were reported, a rate of 12.0 cases per 100,000 population. London has the main burden, with almost 40% of these cases. The majority of cases were in people born in high burden countries and concentrated in urban centres. Hillingdon reports much higher rates – the three year average tuberculosis case reports is an average of 107 cases annually, a rate of 36.5 per 100,000 population. Treatment completion rates (2014 data) in Hillingdon are 83.8%, below both London (87.2%) and England (87.2%).

Source: Public Health Outcomes Framework, Indicator 3.05i

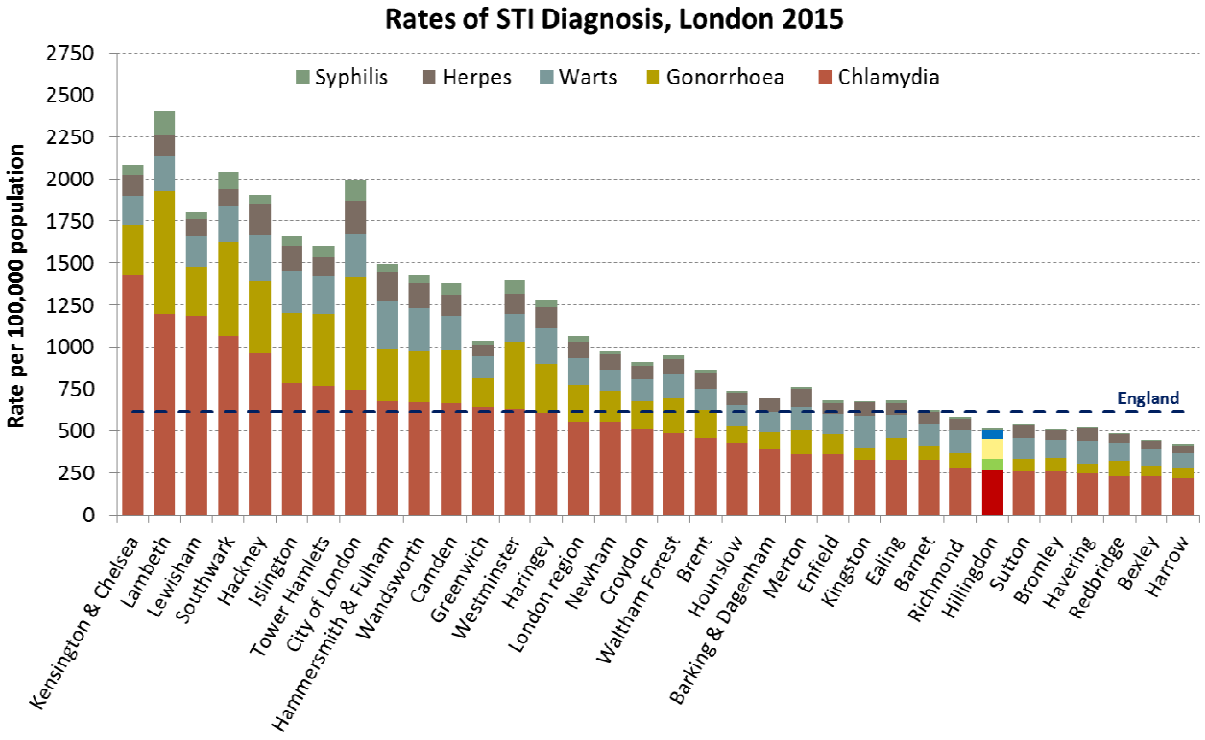
Seasonal influenza

Influenza is a highly infectious illness caused by the influenza (flu) virus. It spreads rapidly through small droplets coughed or sneezed into the air by an infected person. Influenza vaccines are shown to provide effective protection against influenza. Influenza immunisation is offered to people in at-risk groups such as pregnant women and elderly people. These people are at greater risk of developing serious complications, such as bronchitis and pneumonia if they catch flu. Immunisation coverage is a good indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely related to levels of disease.

Population vaccination coverage 2015/16 flu vaccination aged 65+ in Hillingdon is 68.3% of the population, below England and above London averages (71% and 66.4% respectively. Source: PHOF 3.03xiv). This is below the Chief Medical Officer's target of 75% coverage for this population group. Vaccination of at risk individuals (those under the age of 65, who suffer from certain chronic conditions) is 47.8% of the at risk groups in Hillingdon, which is higher than the London and England averages (43.7% and 45.1% respectively), and working towards the Chief Medical Officer's 55% target of at risk groups vaccinated. Pharmacy continues to play an important role in the distribution of antiviral and the overall clinical management of patients. Since 2013, community pharmacies have been commissioned by NHSE (via patient group direction) to vaccinate eligible individuals.

Sexually transmitted infections

Sexually transmitted infections (STI) represent an important public health issue in London which has the highest rate of acute STIs in England, 66% higher than England as a whole. Sexually transmitted infections have been on a general increase over the past 10 years. In comparison with other London boroughs, however, Hillingdon has a relatively low rate of sexually transmitted infections.



Source: fingertips.phe

The table shows the main STIs diagnosed in Hillingdon.

STI / year	2009	2010	2011	2012	2013	2014	2015
Chlamydia	745	800	760	810	895	860	800
Gonorrhoea	85	95	80	110	130	200	185
Herpes	115	130	150	150	180	195	170
Syphilis	<10	<10	<10	30	10	25	30
Genital Warts	370	350	365	360	380	315	345

Source: Public Health England, Sexual & Reproductive Health Profiles

The total number of all new STIs diagnosed in Hillingdon in 2015 is 811 per 100,000 of the population; this is lower than the London rate of 1,391 per 100,000 and higher than the England rate (768 per 100,000).

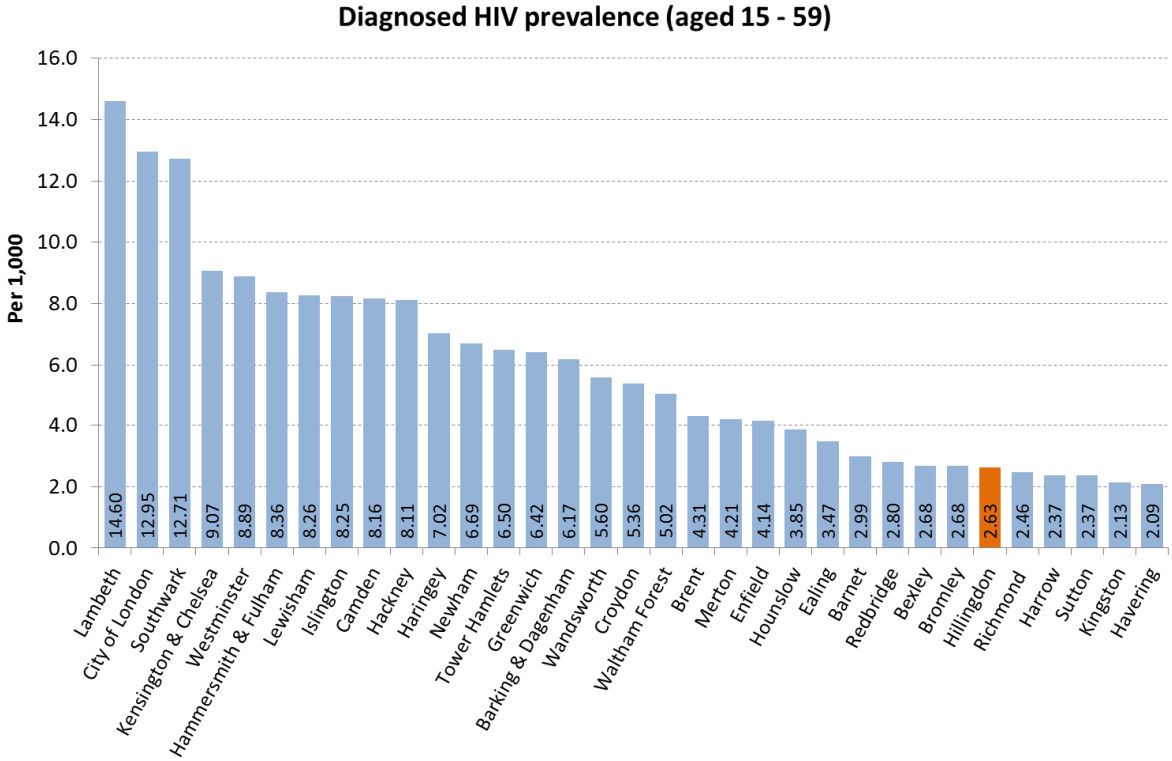
Age data shows that young people experience higher rates of infection and account for higher proportions of treatments. In England in 2016, STI diagnosis rates in 15-24 year olds are twice as high in men and seven times as high in women when compared to those aged 25-59 years.

Source: Sexually transmitted infections (STIs): annual data tables, 2016 (infographic)
https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables

HIV

The rate of HIV diagnosed in Hillingdon in 2015 was 2.63 per 1,000 of the population aged 15-59. Hillingdon ranked 27th lowest out of the 32 London Boroughs submitting data for diagnosed HIV prevalence. When those aged under 15 years and those aged over 59 years were included then the number of people in Hillingdon known to have the virus in 2015 was 500 (to the nearest 10).

Source: HIV in the United Kingdom 2016 report, PHE report.

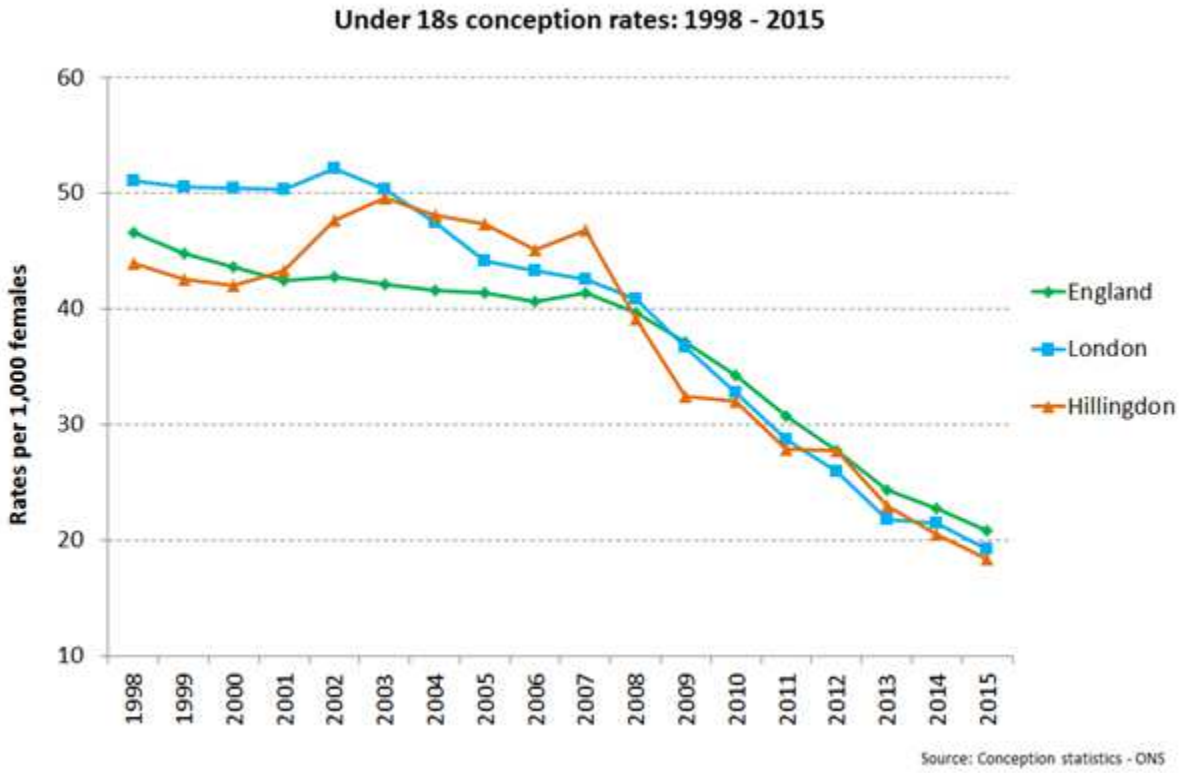


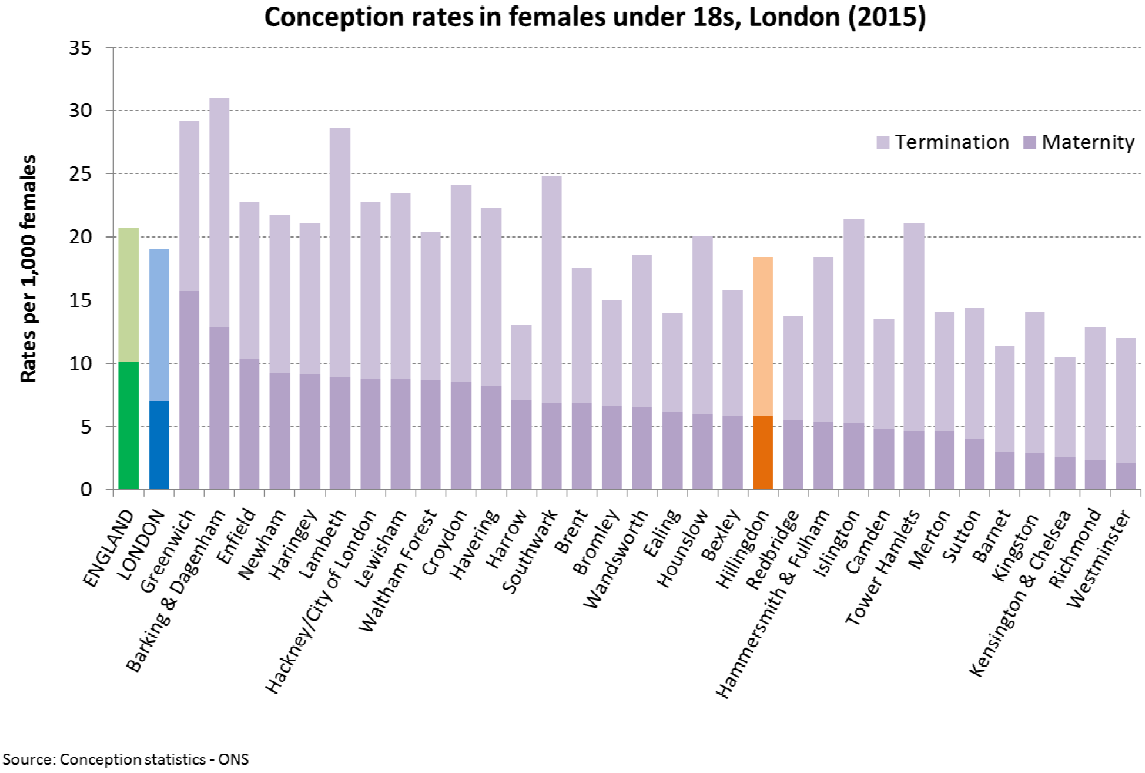
5. Risk taking behaviours

Teenage conceptions

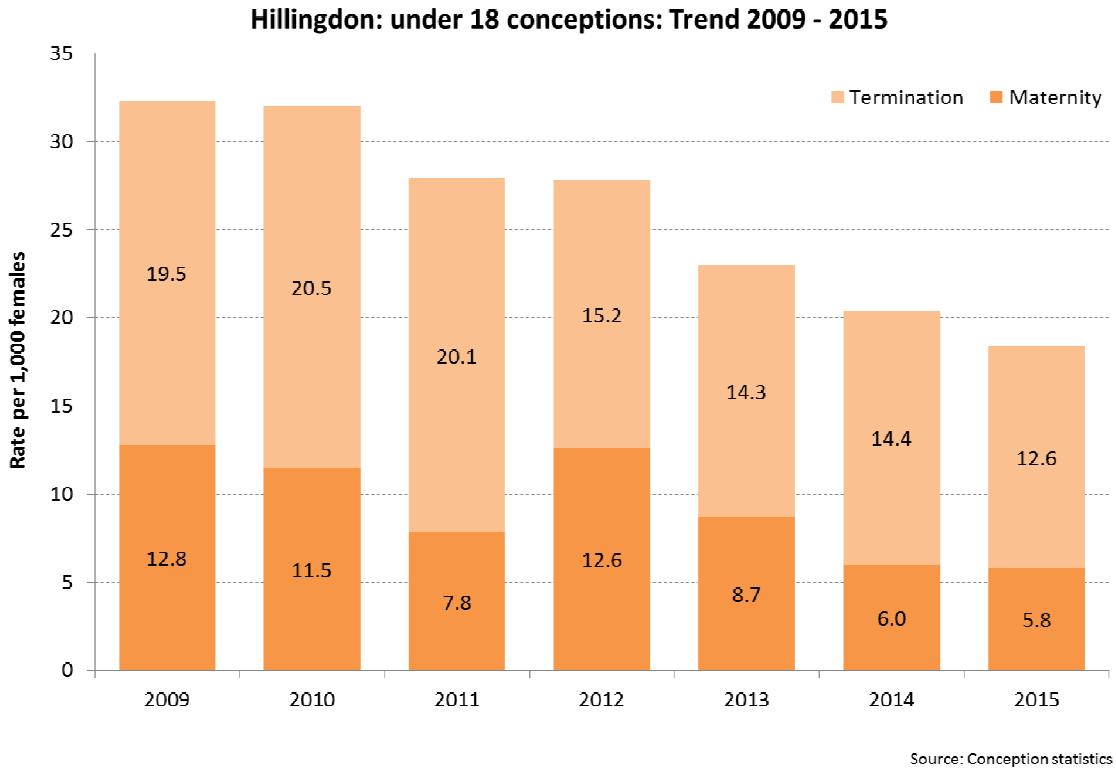
The 2015 teenage conception rate for Hillingdon was 18.4 per 1000 (aged 15-17), which was lower than both the England rate (20.8 per 1000) and London rate (19.2 per 1,000). The trend in teenage conceptions shows reductions in rates for England, London and Hillingdon since 1998. However, the rate of conceptions (age <18 years) in the wards of Yiewsley, West Drayton, Townfield, Botwell and Brunel was significantly higher than the England rate for 2012-14.

(Source: PHOF indicator 2.04, 2015)





Source: Conception statistics - ONS



There were 95 teenage conceptions in 2015, of which 68% resulted in terminations. Wards with the highest teenage conception rates within Hillingdon are in the south of the borough.

Substance misuse – Drugs

Data on drug treatment outcomes report successful completion of drug treatment (defined as leaving treatment free of drugs and not re-presenting within 6 months) for opiate users in Hillingdon as 8.4% of those in treatment, compared with 7.6% for London and 6.7% for England (2015/16).

Successful drug treatment for non-opiate users (defined as above) for Hillingdon, is 43.9% of those in treatment compared with 40.1% for London and 37.3% for England (2015/16).
Source: PHOF, Indicator 2.15i, 2015/16

Substance misuse – Alcohol

Consumption of excess alcohol has an impact on health, crime and use of local services.

Alcohol specific hospital admissions in Hillingdon are recorded as 507 per 100,000 population for males, slightly below the England and London averages of 583 and 547 per 100,000 population respectively. For females the rates are much

lower, 279 per 100,000 population in Hillingdon, close to the London average of 283 per 100,000 population and below the England average of 367 per 100,000 population.
Source: Public Health England, Local Alcohol Profiles for England - Indicator 6.02, 2015/16

Under 18 hospital admission rates for alcohol specific admissions for Hillingdon are close to the England average. The crude rate for Hillingdon is 35.7 per 100,000 population and the England average is 37.4 per 100,000. The Hillingdon rate is significantly higher than the London rate which is 22.4 per 100,000 population.
Source: Public Health England, Local Alcohol Profiles for England - Indicator 5.02, 2013/15-2015/16

6. Pharmacy Services

Community pharmacies can play a crucial role in supporting young families by providing advice and support before, during and after pregnancy. Through patient choice, community pharmacy is now the main route of access for emergency hormonal contraception (EHC) and has been successful in delivering the Chlamydia screening and treatment programme. Currently 49 pharmacies in Hillingdon provide EHC, 28 pharmacies provide Chlamydia screening and 19 provide treatment.

The need for the provision of out of hours services for both reproductive and sexual health in the Borough is evident. Those wards where the population of young people is higher or wards demonstrating higher need (high rates of teenage conceptions) have been targeted by commissioners in Public Health and the provision of emergency hormonal contraception. Since 2015, 12 more pharmacies are offering 72 hour EHC option and 28 additional pharmacies are offering the 120 hour EHC option. As part of this approach, particular attention has been paid to those pharmacies which are open for longer periods and during weekends.

Through the use of the Making Every Contact Count (MECC) approach, pharmacists can target individuals at higher risk for promoting public health programmes such as Healthy Start, and smoking cessation during and after pregnancy, EHC, Chlamydia screening and oral health promotion. MECC is the recommended approach for improving health and reducing variation; community pharmacists could use the Making Every Contact Count (MECC) approach while dispensing medicines in order to target individuals with public health messages and provide holistic care.

Hillingdon Pharmaceutical Needs Assessment 2018

Appendix 3: Community Pharmacy Provision

March 2018

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1. Provision within Hillingdon

The skills and expertise of community pharmacy teams should be utilised to alleviate some of the pressures and ever increasing demands on the NHS and social care services. Community pharmacies are well positioned to support independent living, the promotion of self-care and contribute to a reduction in A&E attendances and hospital admissions. Locally, the Minor Ailment Service is provided by community pharmacists, since 2015 a further 4 pharmacies are now offering the Minor Ailment service. There are now 29 pharmacies with a larger proportion of pharmacies offering the service are in the south of the borough. Integration with the NHS 111 service would also be of benefit.

The current level of essential services in Hillingdon is considered necessary and good based on the existing needs and choices of residents. The level of advanced services, eg medicines use reviews (MURs), new medicines services (NMS), appliance use reviews (AURs) and stoma appliance customization services (SACS) are relevant to local needs and the provision of these services has increased in recent years with MURs and NMS being provided by all pharmacies within the borough. The north of the Borough has a higher proportion of those aged 65 years and over, hence utilisation of health services, including community pharmacy is higher, as evidenced through the higher utilization of prescription items in Ruislip & Northwood locality.

The proportion of ethnic minority older people is high and increasing in Hayes & Harlington locality, which is likely, over time, to reflect the pattern of service utilisation which currently typifies the north of the Borough. Community pharmacies have been providing an increasing number of MURs over the years, as well as a growing number of NMS. However, there is potential for the provision of more directed MURs for patients with long term conditions who may benefit from services nearer home, and from the diverse language skills of community pharmacy staff. By developing better understanding of their condition, patients will be able to manage their conditions more effectively, which in turn will reduce the likelihood of escalations and the need for urgent treatment.

There are many examples both locally and nationally where community pharmacies have contributed to meeting priorities and achieving outcomes. Smoking cessation service delivery, influenza immunisations and Chlamydia screening are good examples of such work. Providing health and social care services closer to home is a key local Health and Wellbeing Board priority. Community pharmacies are an ideal setting for the provision of services closer to home, especially given the very good accessibility to pharmaceutical services across Hillingdon.

Hillingdon CCG plans to provide more services in the community with the transition of diabetes and cardiology services from secondary to primary care. The 2018 PNA has seen an increase in the number of pharmacies providing disease specific service. There has been an increase in services for Diabetes Type 1 and Type 2 and Diabetes screening management. There is a sustained service providing CHD support. Community pharmacies can make a useful contribution in the redesign of care pathways during remodelling and decommissioning of services.

The Joint Health and Wellbeing Strategy prioritised maternity and child health, due to the number of births in Hillingdon and the need to enhance the quality of maternal and child

health services. Community pharmacies situated at the heart of local communities where pregnant women, young people and young families shop, play and work, are the most accessible primary care professionals, available without appointment (in some areas for 100+ hours a week). Their skills and experience make them ideally placed to meet the needs of young families and older people alike. Patients with long term conditions such as dementia (an important local priority) can benefit from services accessible near home.

In 2013 NHS England commissioned community pharmacies across London and Hillingdon to provide influenza immunisations, which increased the accessibility of immunisation services especially for the working age population and achieved high immunisation rates. Pharmacy provision of flu vaccine has increased from 35 pharmacies to 53 since 2015, and the intranasal vaccine for children has increased from 10 to 16 pharmacies offering this service, 29 pharmacies provide the pneumococcal immunisation service.

There is growing emphasis on developing the public health role of community pharmacies. The Public Health Professional Standards for community pharmacy is an important step towards strengthening this relationship. Public health teams are responsible for commissioning public health programmes to improve health status of the local population. The delivery of national programmes such as NHS health checks, smoking cessation and tackling obesity contribute to improving the health of residents and tackling inequalities in health outcomes. Community pharmacies experience of providing these services for Hillingdon residents in the past is a key strength upon which future programmes could be based.

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2. Current provision of pharmaceutical services

NHS England North West London Area Team commissions 65 community pharmacies in Hillingdon to provide pharmaceutical services.

Table 1: Provision of community pharmacies in Hillingdon by ward and locality

Locality / ward	**Population in 2018 (GLA demographic projections, 2015)** published 2016	**Number of pharmacies**
Ruislip & Northwood	**Total = 96,200**	**Total = 23**
Cavendish	12,442	
Eastcote & East Ruislip	14,182	
Harefield	7,964	
Manor	12,129	
Northwood	11,231	
Northwood Hills	12,427	
South Ruislip	13,418	
West Ruislip	12,407	
Uxbridge & West Drayton	**Total = 103,100**	**Total = 21**
Brunel	14,510	
Hillingdon East	13,648	
Ickenham	10,933	
Uxbridge North	15,303	
Uxbridge South	15,396	
West Drayton	18,390	
Yiewsley	14,945	
Hayes & Harlington	**Total = 108,100**	**Total = 21**
Barnhill	14,147	
Botwell	19,672	
Charville	13,131	
Heathrow Villages	13,442	
Pinkwell	16,152	
Townfield	16,859	
Yeading	14,685	
22 wards	**307,400 population**	**65 pharmacies**

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Benchmarking with England and London

Table 2: Number of pharmacies per 100,000 population (based on 2018 population)

Area	Rate per 100,000 based on GLA Demographic Projections, 2015	Rate per 100,000 based on SNPP, 2014 (released May 2016)
Ruislip & Northwood	**23.9** population = 96,200 number of pharmacies = 23	Population not available at ward level from this source
Uxbridge & West Drayton	**20.3** population = 103,100 number of pharmacies = 21	Population not available at ward level from this source
Hayes & Harlington	**19.4** population = 108,100 number of pharmacies = 21	Population not available at ward level from this source
Hillingdon	**21.1** population = 307,400 number of pharmacies = 65	**20.7** population = 314,300 number of pharmacies = 65
London	**20.6** population = 8,980,071 number of pharmacies = 1,853**	**20.4** population = 9,081,300 number of pharmacies = 1,853**
England	Population not available at national level from this source	**20.8** population = 56,061,500 number of pharmacies = 11,688**

** source = General Pharmaceutical Services in England 2015/16, NHS Digital
http://content.digital.nhs.uk/searchcatalogue?productid=23420&q=pharmacy&sort=Relevance&size=10&page=1#top

Information on the distribution of community pharmacies across Hillingdon shows that the locality of Ruislip & Northwood has a marginally higher provision with 23 pharmacies than either Uxbridge & West Drayton or Hayes & Harlington that have 21 pharmacies each. The proportion of community pharmacies per 100,000 population, is also higher in Ruislip & Northwood (23.9) when compared with Uxbridge & West Drayton (20.3), Hayes & Harlingon (19.4), London (20.4) and England (20.8).

Pharmacy provision is good across all three localities in Hillingdon. Pharmaceutical services in Hillingdon are also well resourced. In the pharmacy service survey pharmacists stated their willingness to provide services that may be required in the future. This suggests the number of pharmacies is sufficient to manage the need of the population over the next 3-5 years. However, given population increases predicted for both Hayes & Harlington (Housing

Zone) and Uxbridge & West Drayton (St Andrews Park) localities, there will be a need to monitor provision of pharmaceutical services over the medium to longer term (ie 3-5 years).

While the population size does not vary much between localities; there are differences in factors such as: demographic features, health status and distribution of risk factors which make the overall picture on health status more complex. Based on the narrative regarding age and ethnicity distribution and mortality and morbidity, the health needs of the older population in the north of the Borough are different from the relatively younger and less affluent south. Community pharmacies based at the heart of these communities can play a vital role in meeting some of the specific needs.

The Local Government Association has urged commissioning organisations to recognise and harness the expertise and experience of community pharmacies in optimising medicines use, supporting patients and the public's health and wellbeing, as well as improving patient safety. The potential role of community pharmacy in prevention and early identification of diseases is being evaluated under what has been termed the Healthy Living Pharmacies model.

In Hillingdon, community pharmacies actively contribute to national programmes like NHS health check, influenza immunisation, smoking cessation and Chlamydia screening and treatment. The uptake of such public health programmes could be increased by raising awareness about their availability within the community pharmacy setting through improved communication to patients and residents. The new Local Authority Public Health Primary Care Contract provides an opportunity for more community pharmacists to provide preventative services with better outcomes for all.

There is an even spread of pharmacies across Hillingdon especially in areas of deprivation in the south, and in areas with a higher proportion of older people and people with long term conditions (Ruislip & Northwood). These pharmacies are open early, late and at weekends. The results of the survey of community pharmacists detailed in Appendix 4, highlights that over 80% of pharmacies have disabled car parking nearby and over 70% have free car parking in close proximity to their premises. During certain days and times of the week, community pharmacies are the only healthcare facility available.

Pharmacy opening hours

The national framework for pharmaceutical services requires every pharmacy to open for 40 hours minimum and provide essential services which are necessary services. Maps on the following pages show the distribution of pharmacies that are open less than 100 hours per week and those that are contracted to open 100 hours a week. Pharmacies 64 and 65 (Boots) located in Heathrow terminals might not be as accessible to local residents due to parking charges for airport car parks even though these are open for 100+ hours.

Compliance with the Equalities Act

Community pharmacies must make reasonable provision for access by patients who have disabilities. Out of 65 community pharmacists, 64 stated they had wheelchair access and were compliant with the Equalities Act. In 27 pharmacies (42%) patients have access to

toilet facilities and 52 (80%) had consultations room / area accessible via wheelchair. 26 pharmacies reported that they provide consultations in patients' homes or other suitable sites for greater accessibility.

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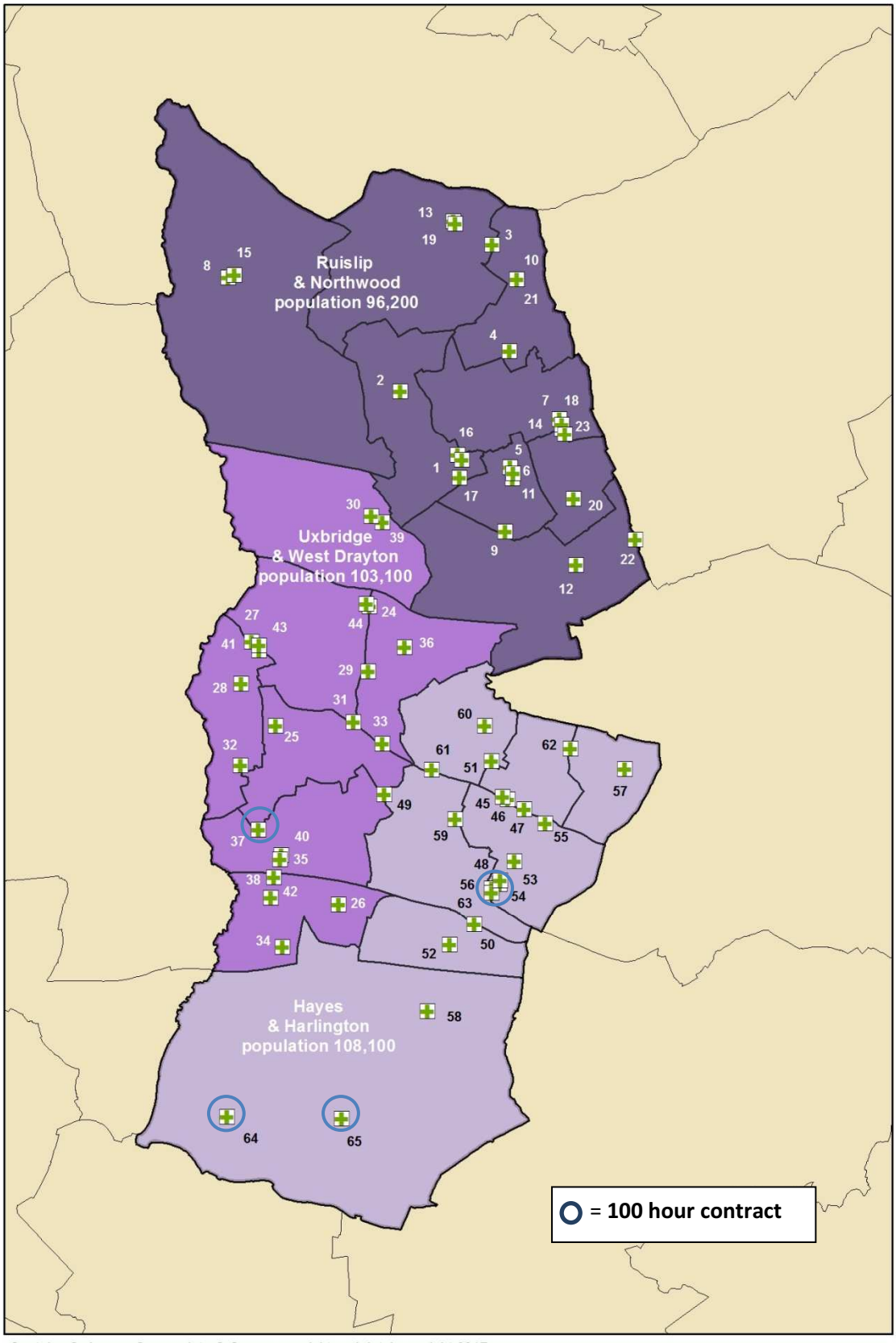
Map 1: Pharmacies by locality and type



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Key	Pharmacy name	Location
1	Ashworths Pharmacy	Ruislip
2	Howletts Pharmacy	Ruislip
3	Carter Chemist & Ability	Northwood
4	Carters Pharmacy	Eastcote
5	Chimsons Ltd	Ruislip Manor
6	Dana Pharmacy	Ruislip Manor
7	Eastcote Pharmacy	Eastcote
8	Harefield Pharmacy	Harefield
9	Nu-Ways Pharmacy	Ruislip
10	Ross Pharmacy	Northwood
11	Ruislip Manor Pharmacy	Ruislip Manor
12	Lloyds Pharmacy in Sainsbury's	South Ruislip
13	Sharman's Chemist	Northwood
14	Superdrug	Eastcote
15	The Malthouse Pharmacy	Harefield
16	Boots, 67 High Street	Ruislip
17	Boots, Wood Lane Medical Centre	Ruislip
18	Boots	Eastcote
19	Boots	Northwood
20	Boots, Whitby Road	Ruislip
21	Boots	Northwood Hills
22	Boots, 716 Field End Road	South Ruislip
23	Boots, 171 Field End Road	Eastcote
24	Adell Pharmacy	Hillingdon
25	Brunel Pharmacy	Uxbridge
26	Carewell Chemists	West Drayton
27	Flora Fountain Ltd	Uxbridge
28	H A McParland Ltd	Uxbridge
29	Hillingdon Pharmacy	Hillingdon
30	Anglebond Pharmacy	Ickenham
31	Lawtons Pharmacy	Hillingdon
32	Mango Pharmacy	Cowley
33	Oakleigh Pharmacy	Hillingdon
34	Orchards Pharmacy	West Drayton

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Key	Pharmacy name	Location
35	Phillips Pharmacy	Yiewsley
36	Puri Pharmacy	Hillingdon
37	Tesco In-Store Pharmacy ●	West Drayton
38	Winchester Pharmacy	West Drayton
39	Winchester Pharmacy	Ickenham
40	Yiewsley Pharmacy	Yiewsley
41	Boots, High Street	Uxbridge
42	Boots	West Drayton
43	Boots, Intu Shopping Centre	Uxbridge
44	Boots, 380 Long Lane	Hillingdon
45	Daya Ltd	Hayes
46	Grosvenor Pharmacy	Hayes
47	H.A. McParland Ltd	Hayes
48	Hayes Town Pharmacy ●	Hayes
49	Joshi Pharmacy	Hayes
50	Kasmani Pharmacy	Hayes
51	Lansbury Pharmacy	Hayes
52	Medics Pharmacy	Hayes
53	Nuchem Pharmacy	Hayes
54	Pickups Chemist	Hayes
55	Lloyds Pharmacy in Sainsburys	Hayes
56	Superdrug	Hayes
57	Tesco In-Store Pharmacy	Yeading
58	The Village Pharmacy	Harlington
59	Vantage Chemists	Hayes
60	Vantage Pharmacy	Hayes
61	Boots, 1266 Uxbridge Road	Hayes
62	Boots, 236 Yeading Lane	Hayes
63	Boots, 28-30 Station Road	Hayes
64	Boots, Terminal 5 ●	Heathrow Airport
65	Boots, Terminal 3 ●	Heathrow Airport

● = 100 hour contract

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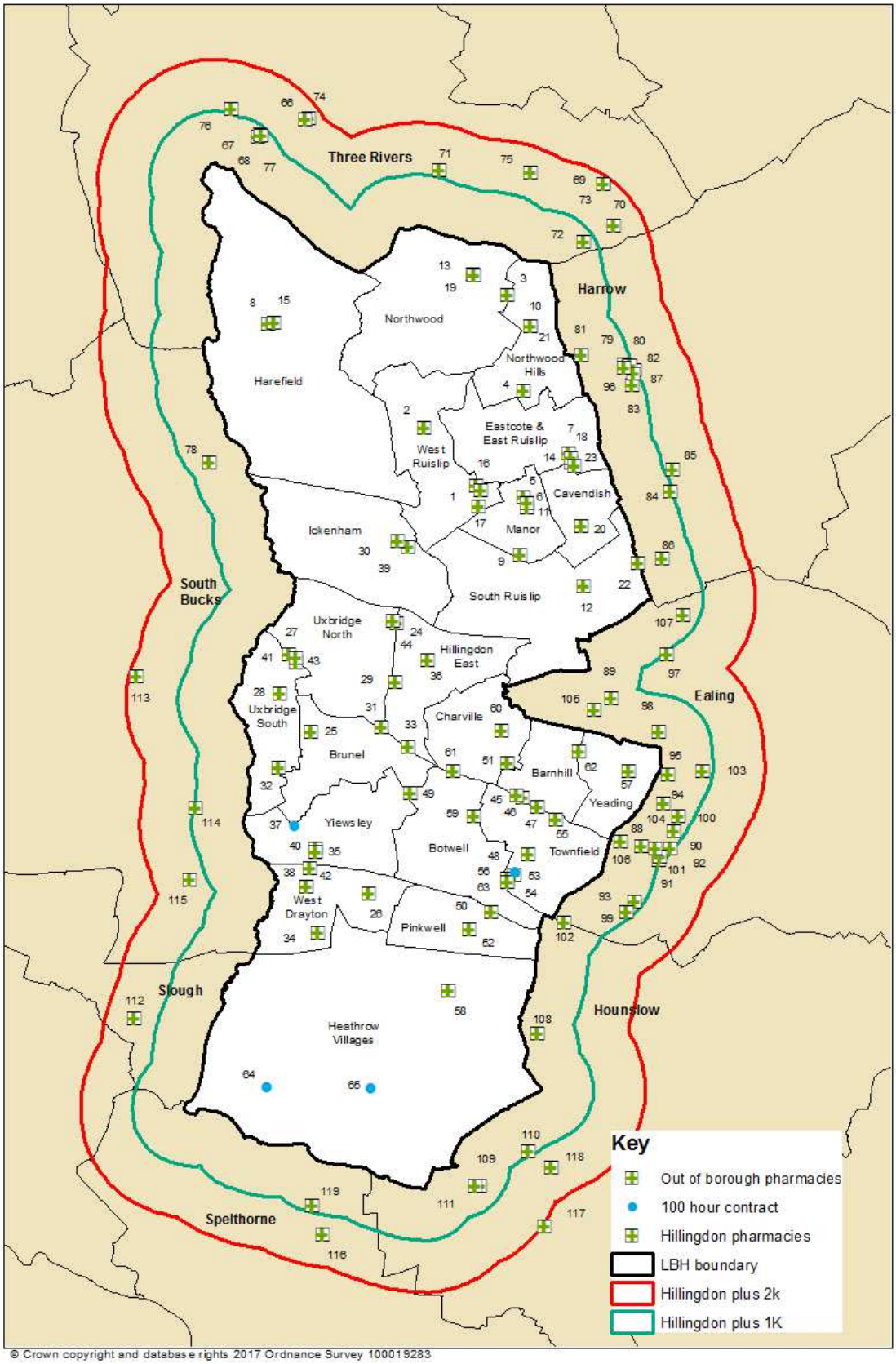
Access to pharmaceutical services: in Borough and out of Borough

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



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Out of Borough pharmacies:

Key	Pharmacy name	Location
66	Boots, 78 High Street	Rickmansworth
67	Dave Pharmacy	Rickmansworth
68	Delite Chemist	Rickmansworth
69	Esom Chemist	South Oxhey
70	Lex Pharmacy	South Oxhey
71	Loomrose Pharmacy	Moor Park
72	Prestwick Pharmacy	South Oxhey
73	Viks Pharmacy	South Oxhey
74	Riverside Pharmacy	Rickmansworth
75	Medco Pharmacy	South Oxhey
76	Tudor Pharmacy	Rickmansworth
77	The Chief Cornerstone	Rickmansworth
78	Boots	Denham
79	Angie's Chemist	Pinner
80	Carters Chemist	Pinner
81	Tesco In-Store Pharmacy	Pinner
82	Gor Pharmacy, Pinn Medical Centre	Pinner
83	Gor Pharmacy	Pinner
84	Jade Pharmacy	Harrow
85	Jade Pharmacy	Harrow
86	Kings Pharmacy	South Harrow
87	Lloyds Pharmacy in Sainsburys	Pinner
88	Alchem Pharmacy	Southall
89	Alpha Chemist	Northolt
90	Anmol Pharmacy	Southall
91	Chana Chemist	Southall
92	Chana Chemist	Southall
93	Fountain Pharmacy	Southall
94	H.J. Dixon Chemist	Southall
95	Lady Margaret Pharmacy	Southall
96	Boots	Pinner
97	M Gokani Chemist	Northolt

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Key	Pharmacy name	Location
98	Northolt Pharmacy	Northolt
99	Puri Pharmacy	Southall
100	Shah Pharmacy	Southall
101	Sherrys Chemist	Southall
102	Tesco In-Store Pharmacy, Bulls Bridge	Southall
103	Chana Chemist	Southall
104	Boots	Southall
105	Touchwood Pharmacy	Northolt
106	Woodland Pharmacy	Southall
107	Boots	Northolt
108	Dunns Chemist	Cranford
109	Edwards & Taylor	Bedfont
110	Tesco In-Store Pharmacy	Feltham
111	Boots	Bedfont
112	Colnbrook Pharmacy	Colnbrook
113	Jeeves Pharmacy	Iver Heath
114	Lloyds Pharmacy	Iver
115	Saleys Chemist	Iver
116	Tesco	Stanwell
117	Boots	Feltham
118	Boots	Feltham
119	Hermans	Stanwell

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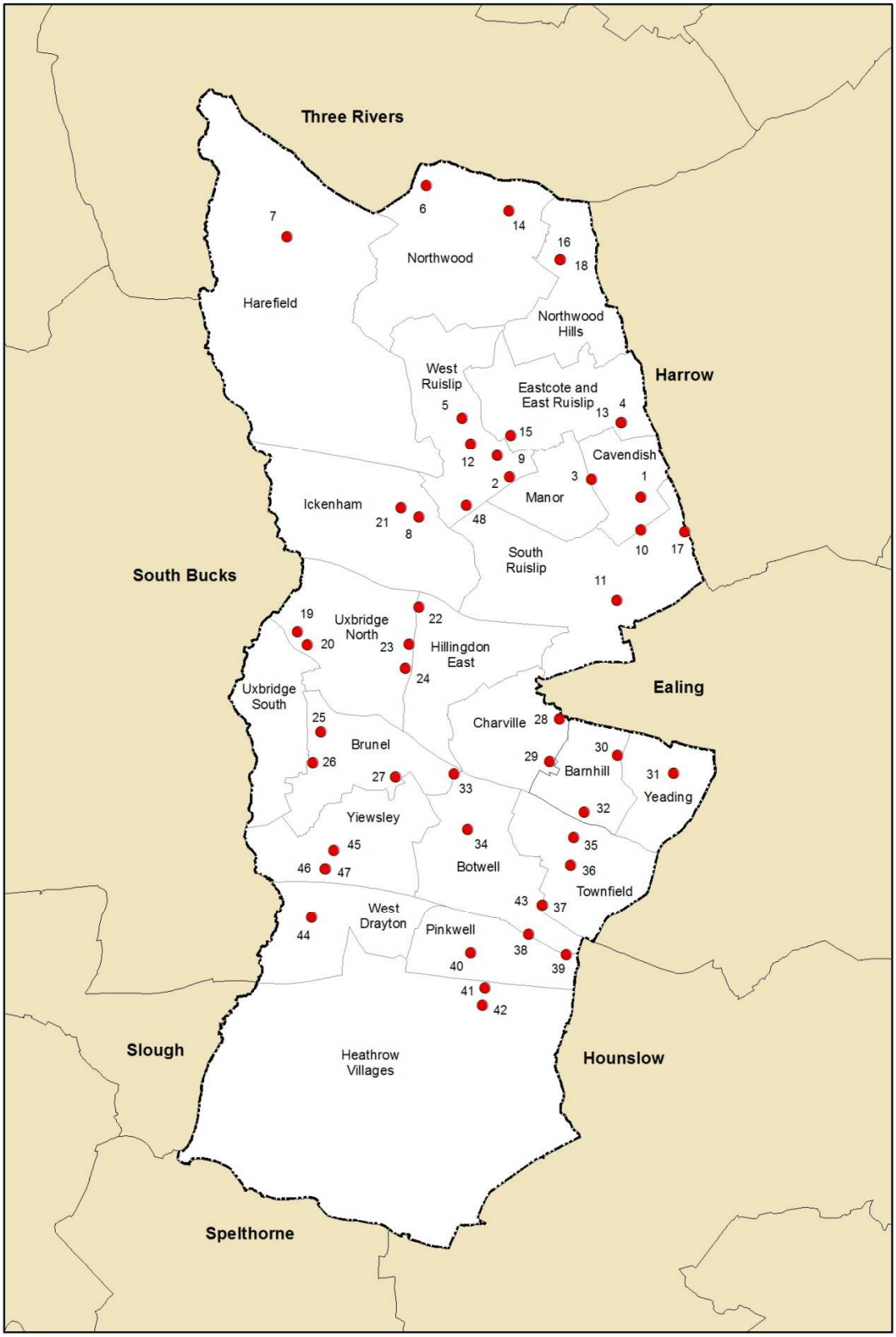
Map 3: GP practices in Hillingdon



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List of GP practices in Hillingdon

Key	Practice name
1	Oxford Drive Medical Centre
2	Wood Lane Medical Centre
3	Cedars Medical Centre
4	The Abbotsbury Practice
5	Dr Karim's Practice, Ladygate Lane
6	The Mountwood Surgery
7	The Harefield Practice
8	Swakeleys Medical Centre
9	King Edwards Medical Centre
10	Medical Centre, Queenswalk
11	Dr Siddiqui's, Walnut Way
12	Southcote Clinic
13	Devonshire Lodge
14	Eastbury Surgery
15	St Martin's Medical Centre
16	Acre Surgery
17	Acrefield Surgery
18	Carepoint Practice
19	Belmont Medical Centre
20	Uxbridge Health Centre
21	Wallasey Medical Centre
22	Hillingdon Health Centre
23	Oakland Medical Centre
24	Acorn Medical Centre

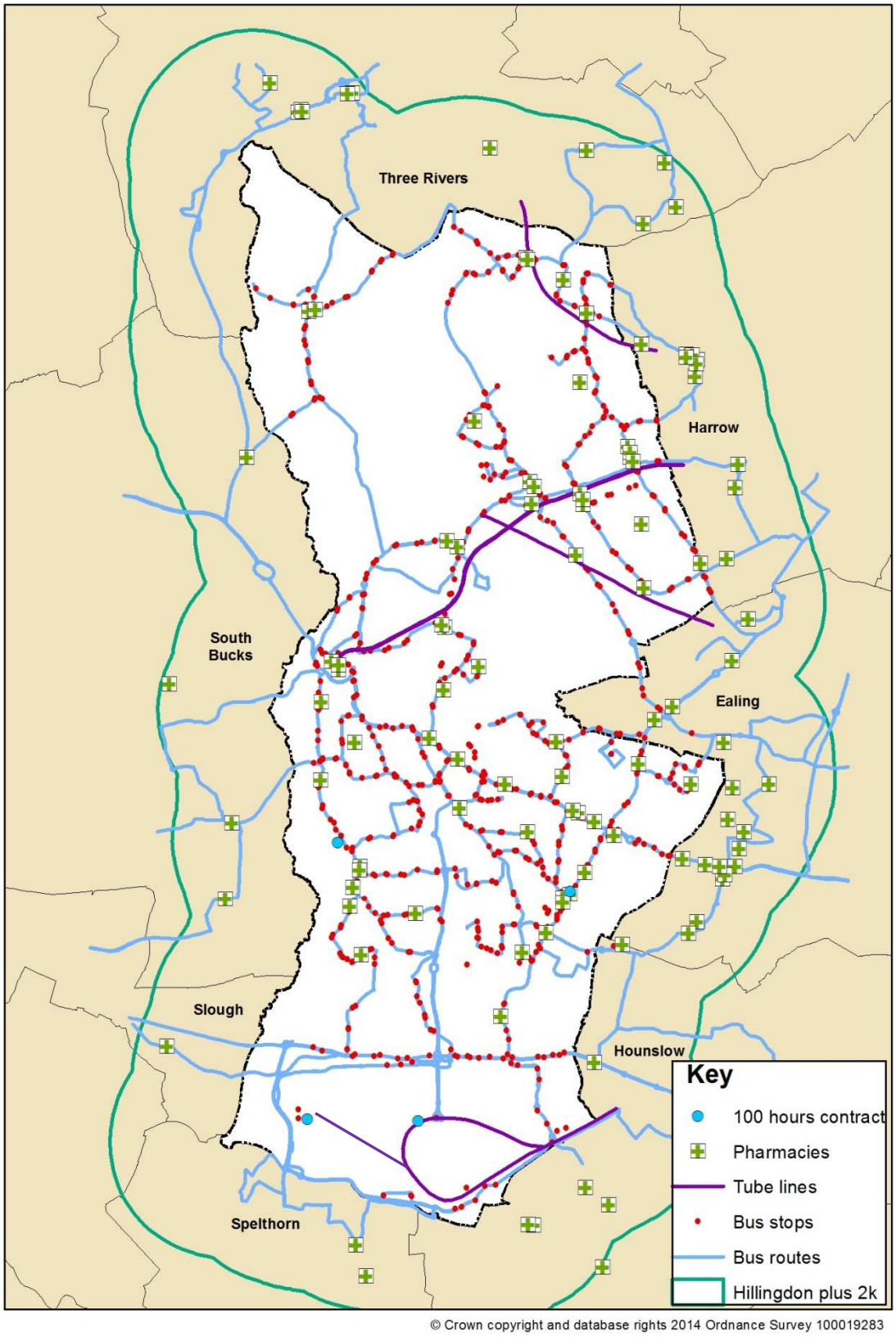
Key	Practice name
25	Brunel Medical Centre
26	Church Road Surgery
27	West London Medical Centre
28	Cedar Brook Practice
29	Pine Medical Centre
30	Yeading Court Surgery
31	Willow Tree Surgery
32	The Warren Practice
33	Parkview Surgery
34	Kingsway Surgery
35	Townfield Doctors Surgery
36	Kincora Doctor's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

Hospital services

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

Map 4: Accessibility via public transport

Bus routes and bus stops in relation to Hillingdon and out of Borough pharmacies



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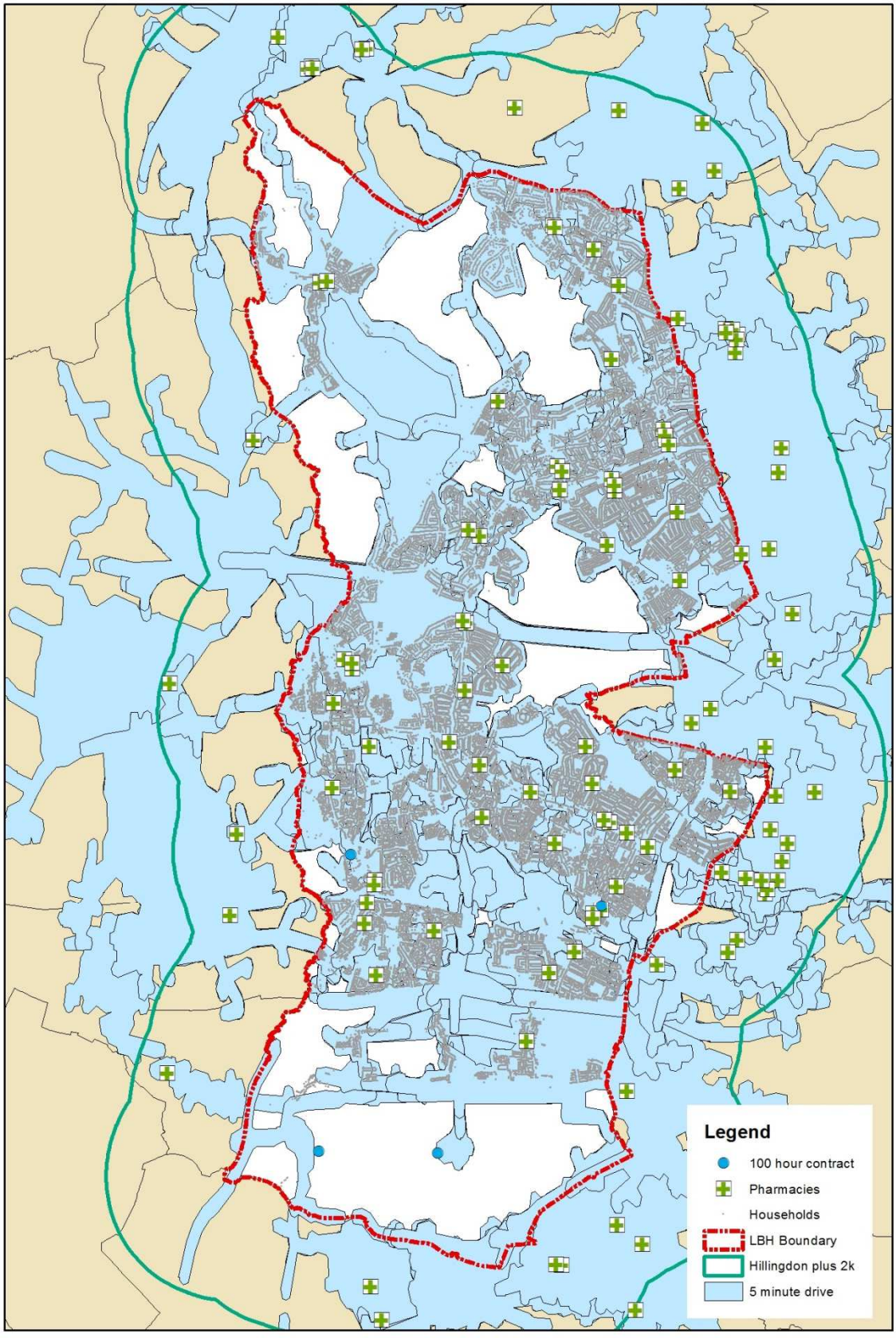
Map 5: Access by car

Pharmacies within a 5 minute drive time, by residential postcodes



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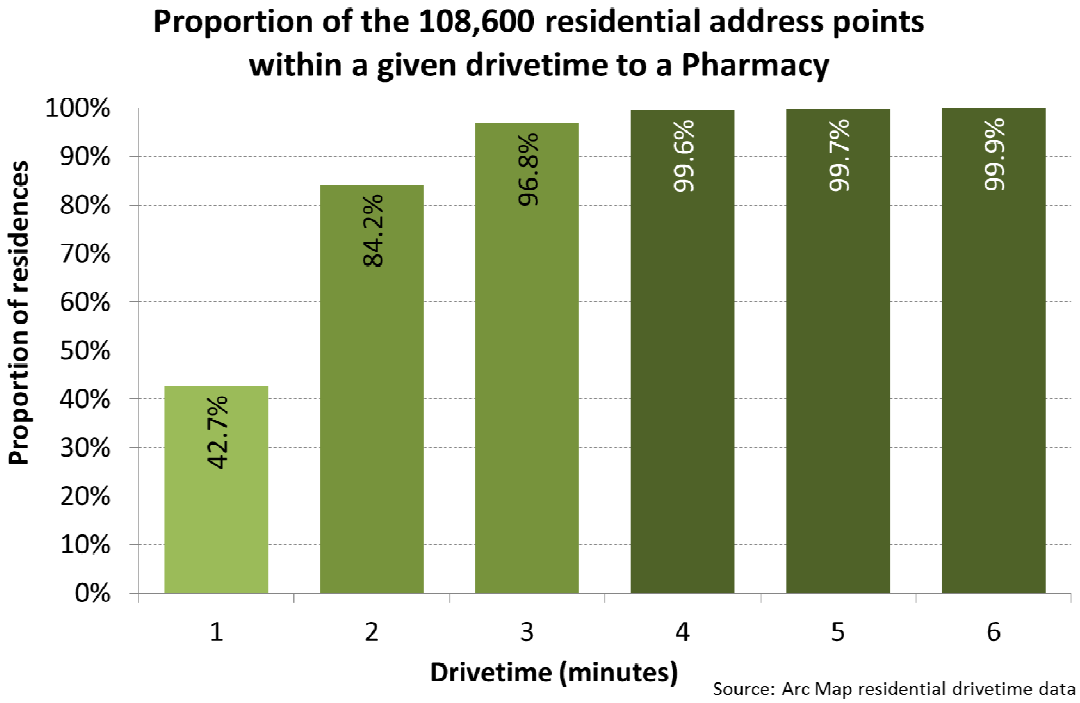
Geographic Information System (GIS) drive time layers at 1 minute intervals were analysed; the number of Borough households found to be within and not within the following drive times to pharmacies are:

Drive time	Within drive time:		Outside drive time:	
	Number of households	Percentage	Number of households	Percentage
1 minute	46,404	42.7%	62,203	57.3%
2 minutes	91,485	84.2%	17,122	15.8%
3 minutes	105,142	96.8%	3,465	3.2%
4 minutes	108,171	99.6%	436	0.4%
5 minutes	108,335	99.7%	272	0.3%
6 minutes	108,592	99.9%	15	<0.1%

*based on 108,607 households

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



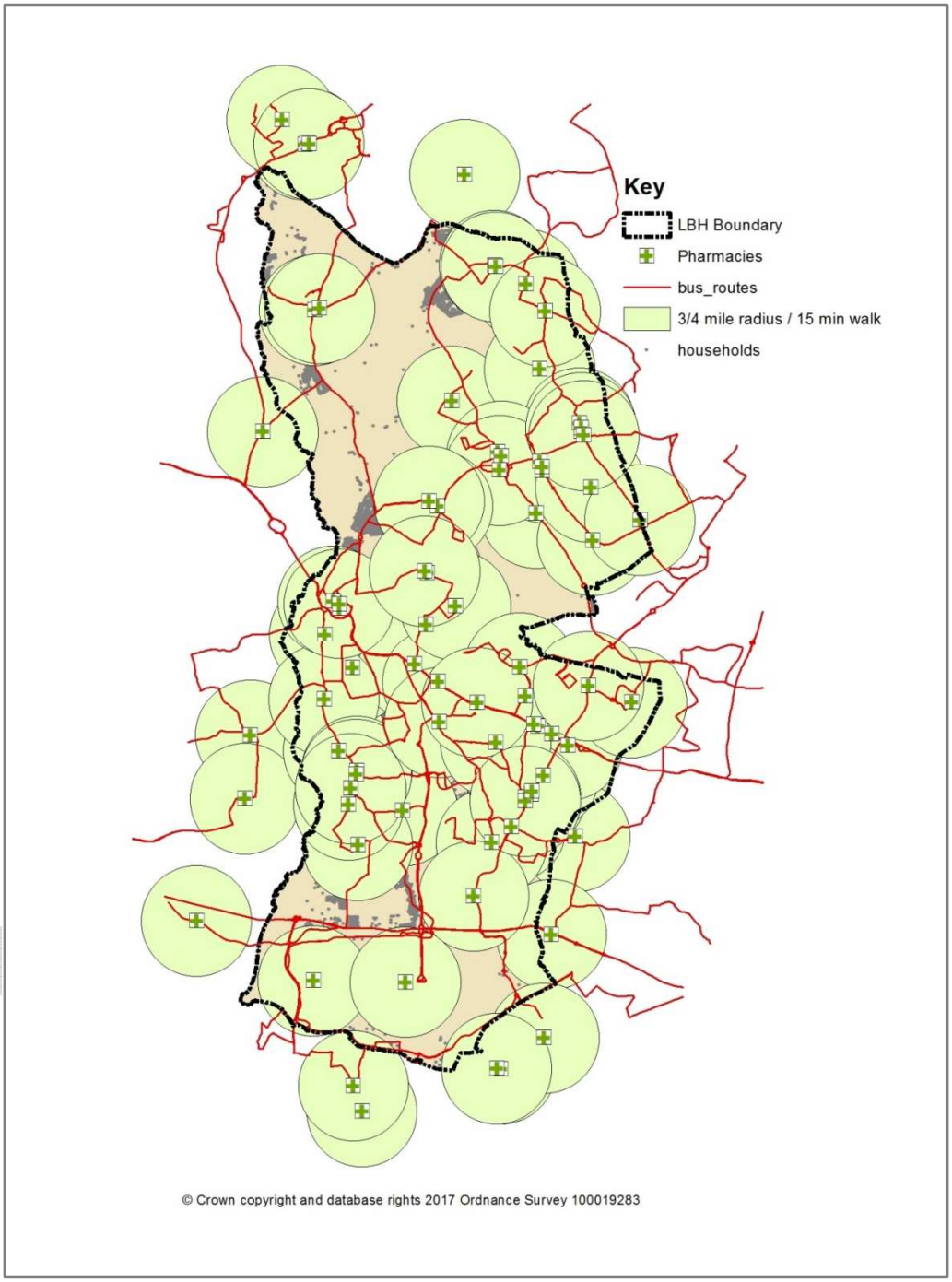
Source: Arc Map residential drivetime data

Types of pharmacies

Out of the 65 pharmacies in Hillingdon, 28 are provided by large multiples like Boots, Superdrug, Lloyds (within Sainsbury's), Vantage Pharmacy and Tesco, and 30 are independent. The other 7 belong to small groups with 2-10 pharmacies.

Map 6: ¾ mile radius around the pharmacies

Pharmacies with a ¾ mile radius (15 minute walk), by residential postcodes (with bus routes):

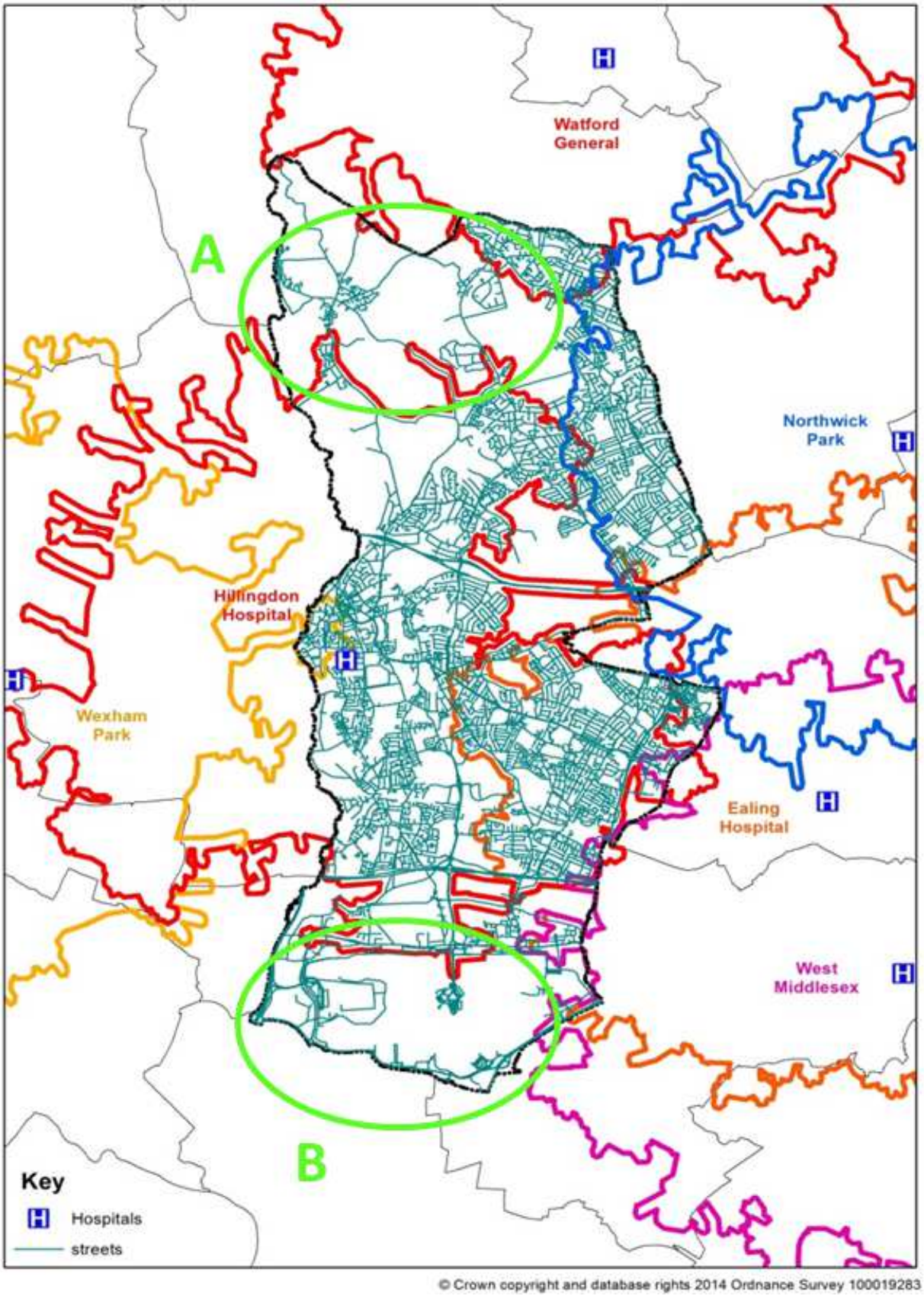


The map shows (from the overlapping ¾ mile circles), a 15 minute walking distance around each pharmacy.

It is acknowledged that there are some areas of the community where a pharmacy is more than 15 minute walk away. Where this is the case pharmacies are readily accessible by bus and road with parking close to the premises. The majority of borough pharmacies are within a 15 minute walk of another pharmacy which is currently serving their geographical location.

Map 7: Access to acute and emergency care - hospitals with a 5 mile radius

The coloured lines show the extent of 5 miles road travel from each hospital.



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Note - there are areas of low population density in Harefield and Northwood in the north of the borough ('A'), and in Heathrow Villages in the south ('B'). Whilst there are very few residential roads within 'B', Ashford Hospital is approximately 1.5k from the Borough boundary, and has a GP/nurse walk-in centre operating 8am – 8pm 365 days a year; their A&E sister hospital is St Peter's in Chertsey, approximately 15k outside Hillingdon's Borough boundary.

In the north of the Borough at 'A', Mount Vernon Minor Injuries Unit operates from 9am to 8pm seven days a week, offering the following services:

- Minor wounds (including those that may need stitches)
- Minor burns and scalds
- Minor head injury where there has been no loss of consciousness or vomiting, and there are no residual symptoms (ie headache, nausea, dizziness or any other symptoms of concussion)
- Minor injuries to legs below the knee and arms below the shoulder
- Minor nose bleeds
- Emergency contraception

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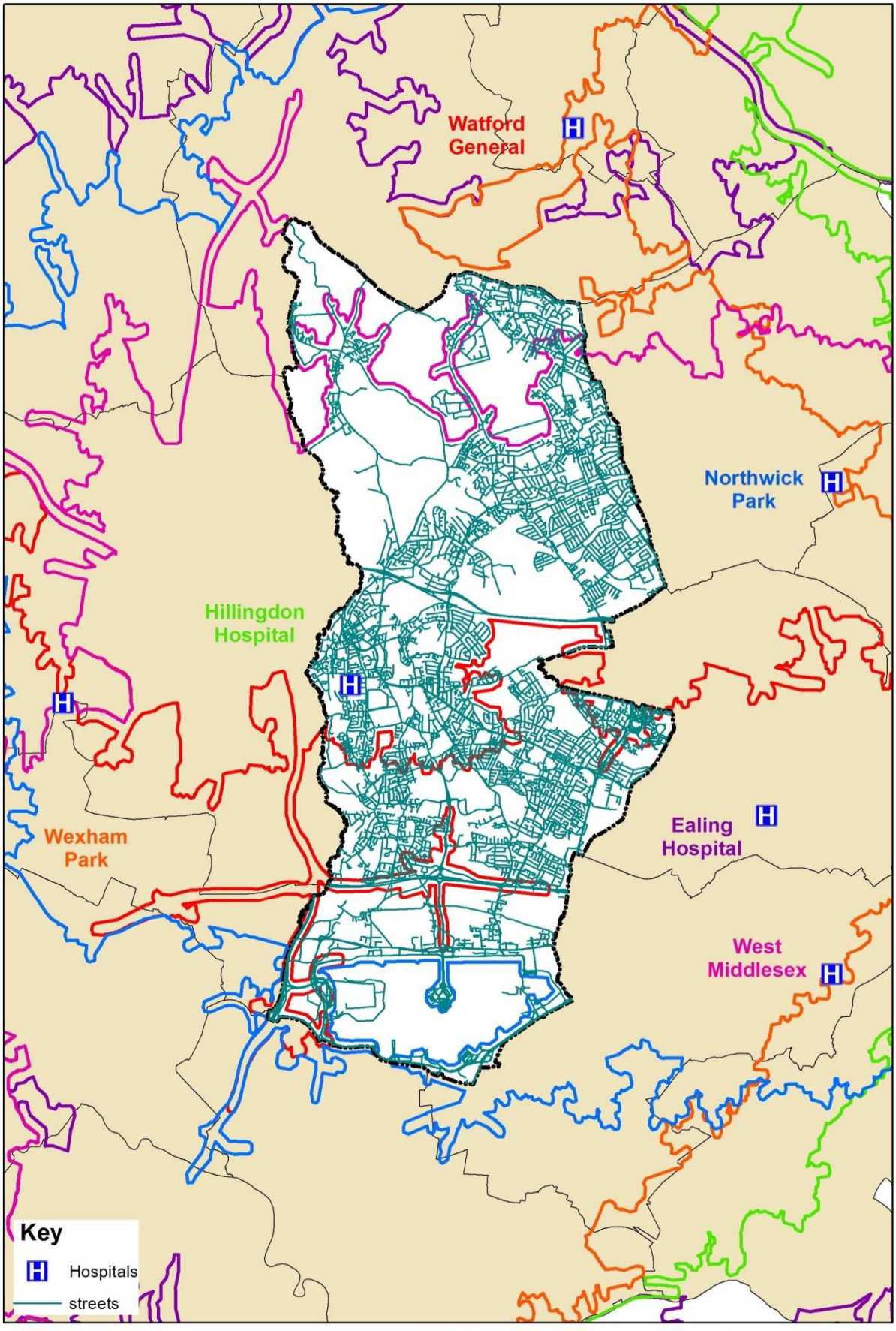
Map: A&E hospitals within a 30 minute drive time



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3. Services provided by community pharmacies

Community pharmacies provide three tiers of pharmaceutical services:

- Essential services: These services are required from all community pharmacies
- Advanced services: To support patients with safe use of medicines
- Enhanced services: These services can be commissioned locally by NHS England

Hillingdon community pharmacies listed here are known to be compliant with their contracts at the time of this report.

Essential services

Every community pharmacy providing NHS pharmaceutical services dispenses medicines & appliances and does repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles and support for self-care. Based on the previous PNA and the current analysis, the current level of provision of essential services is considered necessary.

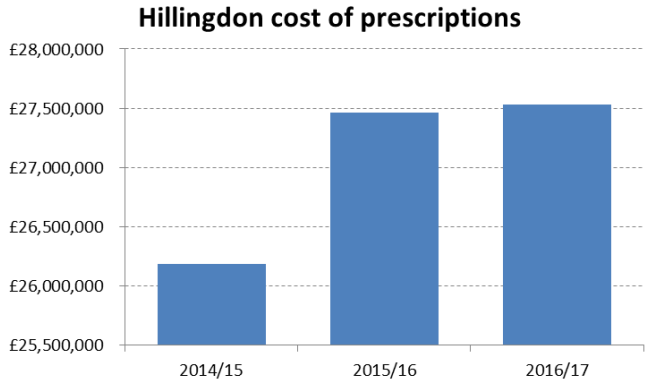
Prescriptions by volume and cost

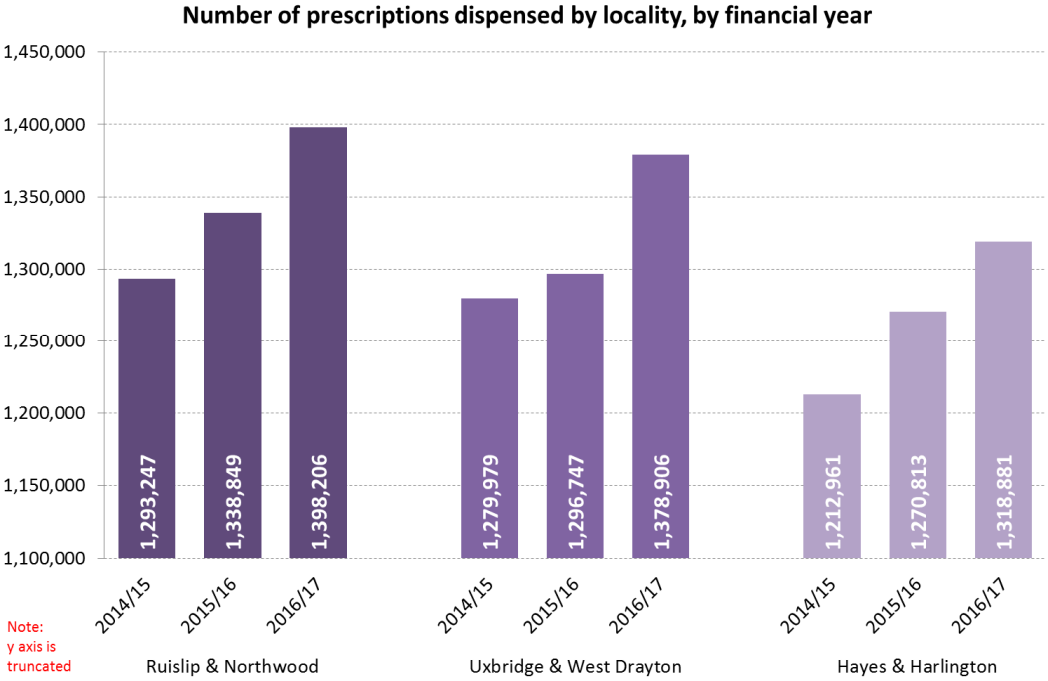
Statistics on prescriptions dispensed in the community by community pharmacists, appliance contractors, and dispensing doctors in England comes from Prescription Cost Analysis (PCA) data. NHS Digital publishes the Prescription Cost Analysis National Statistics annually in April. Data for the most recent calendar year (2016) shows that nationally:

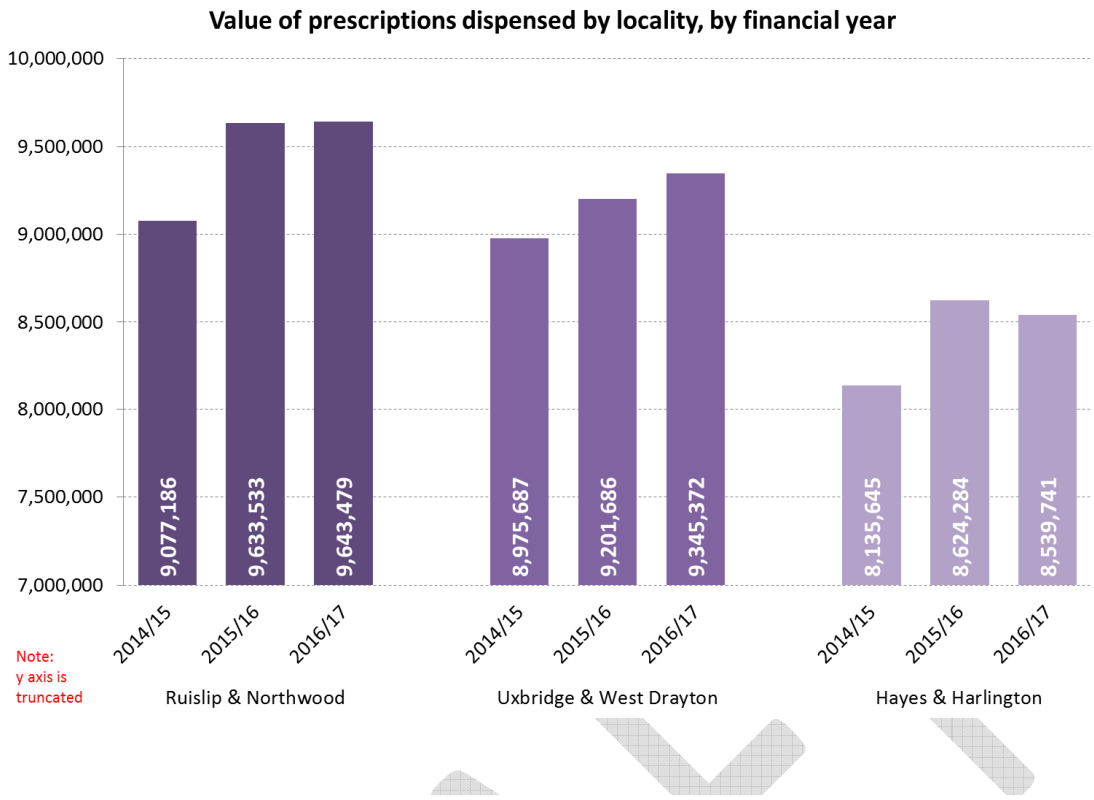
- 1.10 billion prescription items were dispensed in the community. An increase of 1.89% from 1.08 billion in 2015
- £9.20 billion was the cost of prescriptions dispensed in the community.
- The leading BNF (British National Formulary) Section in terms of NIC (Net Ingredient Cost), is BNF 6.1 drugs used in diabetes at £984m
- The BNF Section with the largest number of items is 2.5, Hypertension & Heart Failure with 71.4 million items
- 89.7% of all prescription items are dispensed free of charge (2015, published 6/7/16).

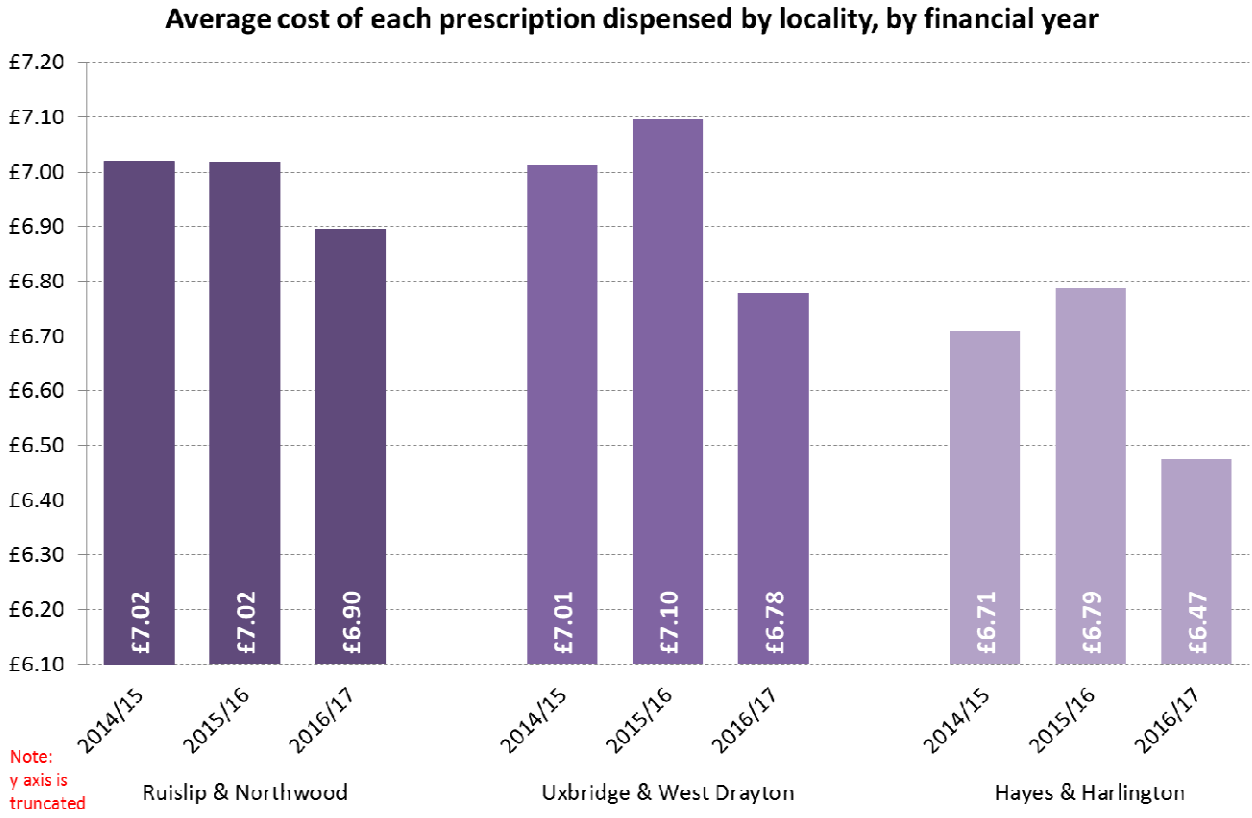
Within Hillingdon, the volume of prescriptions has increased across all localities since 2014/15. The overall cost of dispensed prescriptions in Hillingdon has increased year on year; the costs in each locality has increased, apart from a small drop in Hayes & Harlington between 2015/16 and 2016/17. Although the overall costs of prescriptions has increased, the average cost of a prescription has fallen in each locality, and is now (on average) under £7.00; this may be due to the type of generic medicines prescribed.

The charts on the following pages show that the volume and cost of prescriptions is higher for Ruislip & Northwood in comparison with Uxbridge & West Drayton and Hayes & Harlington. This is consistent with the higher observed prevalence of various chronic illnesses and an older age profile of Ruislip & Northwood locality, based on current need. In future, an ageing ethnic population in wards within Hayes & Harlington locality is likely to balance some of the demand.


Hillingdon cost of prescriptions
£28,000,000
£27,500,000
£27,000,000
£26,500,000
£26,000,000
£25,500,000
2014/15
2015/16
2016/17

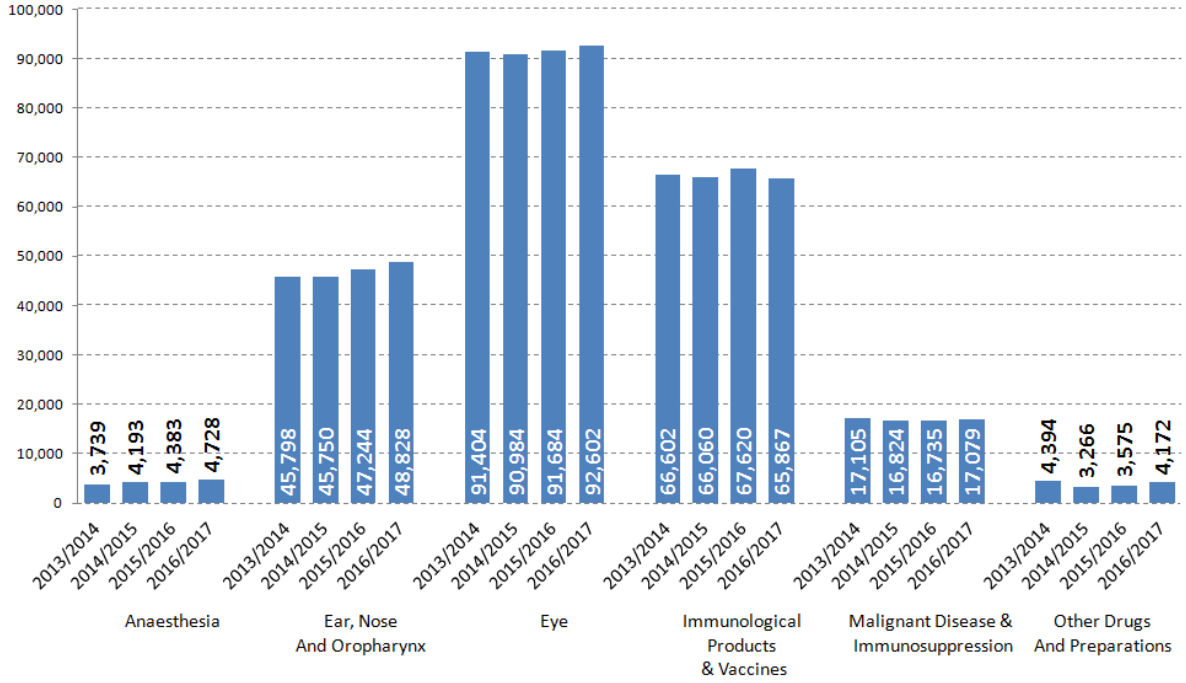

Number of prescriptions dispensed by locality, by financial year
1,450,000
1,400,000
1,350,000
1,300,000
1,250,000
1,200,000
1,150,000
1,100,000
1,293,247
1,338,849
1,398,206
1,279,979
1,296,747
1,378,906
1,212,961
1,270,813
1,318,881
2014/15
2015/16
2016/17
2014/15
2015/16
2016/17
2014/15
2015/16
2016/17
Note: y axis is truncated
Ruislip & Northwood
Uxbridge & West Drayton
Hayes & Harlington



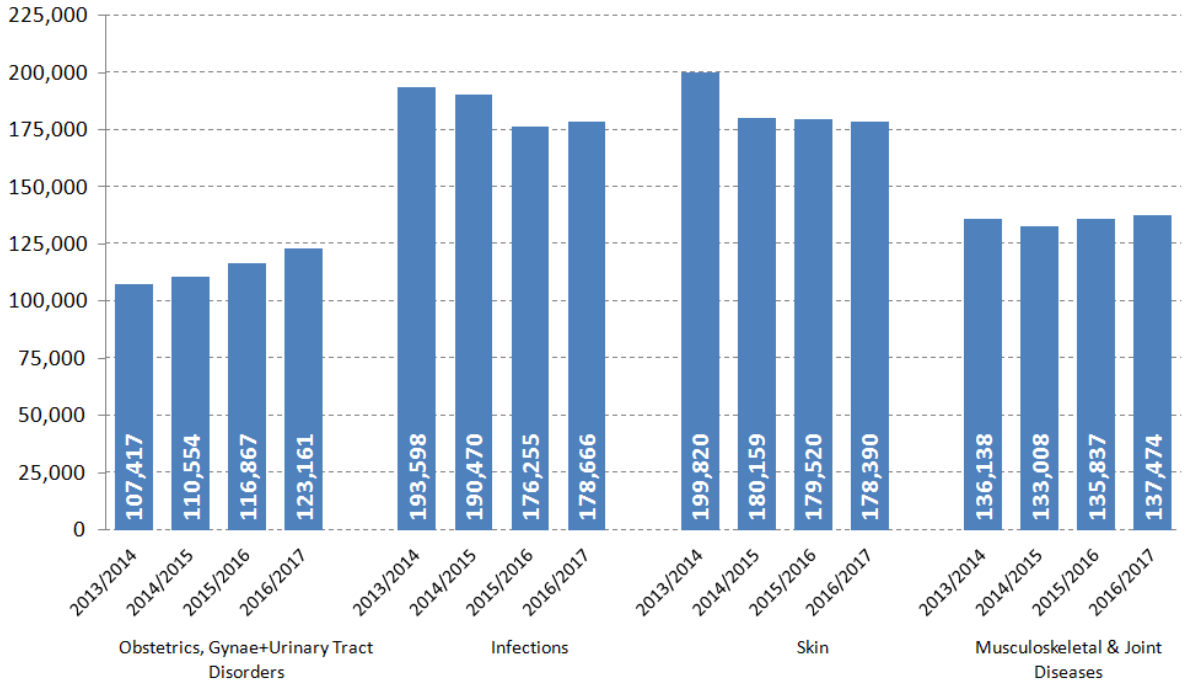


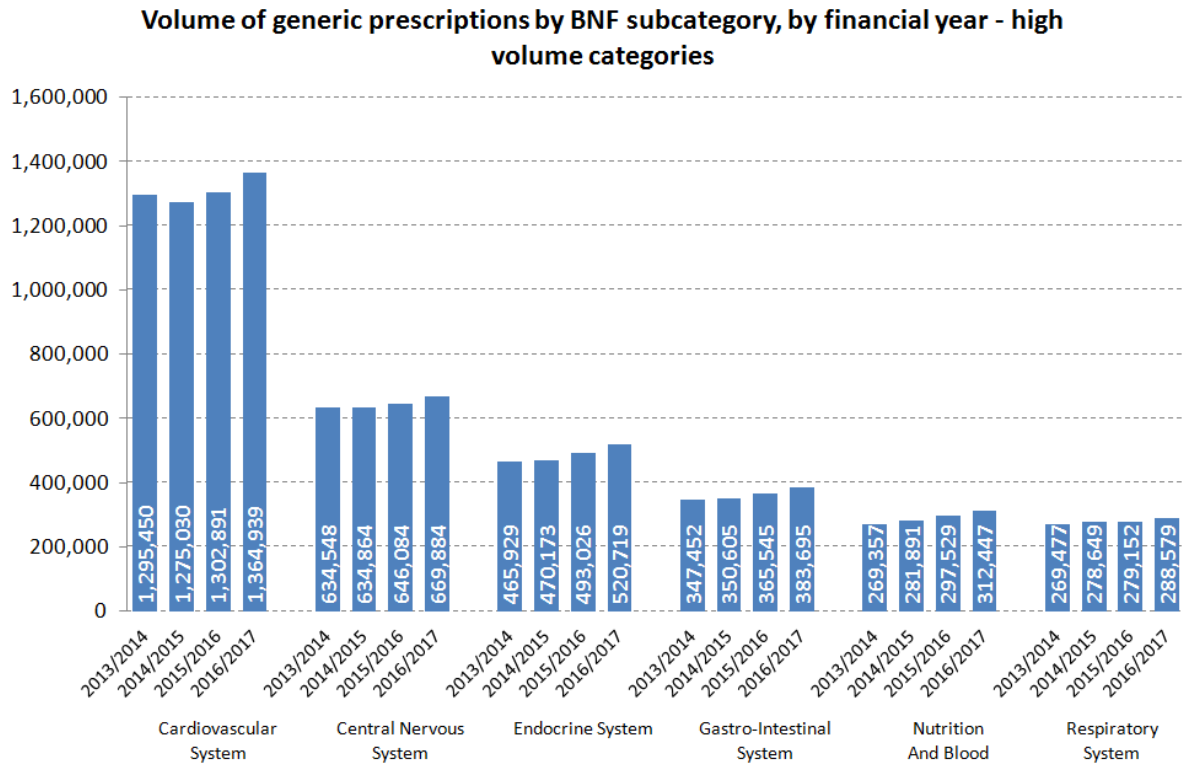
The following charts show low, medium and high BNF sub category volume of prescriptions; the highest volume is prescriptions for the cardiovascular group of illnesses, which is consistent with the increasing prevalence and mortality reductions.

Volume of generic prescriptions by BNF subcategory, by financial year - low volume categories



Volume of generic prescriptions by BNF subcategory, by financial year - medium volume categories





Locality	Financial Year	Items dispensed	Total Cost	Cost per item	population	rates per 1,000 of the population	cost per head
Ruislip & Northwood	2014/15	1,293,247	£9,077,186	**£7.02**	**93,200**	**72.1**	**£97.39**
Ruislip & Northwood	2015/16	1,338,849	£9,633,533	**£7.20**	**94,600**	**70.7**	**£101.83**
Ruislip & Northwood	2016/17	1,398,206	£9,643,479	**£6.90**	**95,500**	**68.3**	**£100.98**
Uxbridge & West Drayton	2014/15	1,279,979	£8,975,687	**£7.01**	**96,000**	**75.0**	**£93.50**
Uxbridge & West Drayton	2015/16	1,296,747	£9,201,686	**£7.10**	**98,000**	**75.6**	**£93.89**
Uxbridge & West Drayton	2016/17	1,378,906	£9,345,372	**£6.78**	**99,500**	**72.2**	**£93.92**
Hayes & Harlington	2014/15	1,212,961	£8,135,645	**£6.71**	**104,200**	**85.9**	**£78.08**
Hayes & Harlington	2015/16	1,270,813	£8,624,284	**£6.79**	**105,700**	**83.2**	**£81.59**
Hayes & Harlington	2016/17	1,318,881	£8,539,741	**£6.47**	**107,000**	**81.1**	**£79.81**

4. Public health campaigns (Promotion of Healthy Lifestyles)

NHS Pharmacists are required to participate in up to six campaigns each year to promote public health messages to their users as part of their NHS contract. When requested to do so by NHS England the NHS pharmacist records the number of people to whom they have provided information as part of those campaigns.

- Urinary tract infections
- Influenza
- COPD

5. Advanced services

The level of provision of Advanced, Enhanced and other locally commissioned services within Hillingdon and in neighbouring areas was assessed via a local survey, which was validated with further commissioner information for Hillingdon community pharmacies. Advanced services are services which are *relevant*, but do not constitute as *necessary*.

Necessary and Relevant Services

SCHEDULE 1 Regulation 4(1)

Information to be contained in pharmaceutical needs assessments

Necessary services are services that

(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other relevant services:

A **relevant service** is a service that is provided:

(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area.

Services categorised as necessary or relevant:

Services	Necessary or Relevant
Supervised consumption	Necessary
Needle and syringe programme	Necessary
NHS Health Check	Relevant
EHC and contraceptive services	Necessary
Stop smoking	Relevant

Services	Necessary or Relevant
COPD Screening (as part of stop smoking service)	Relevant
Asthma Support Service	Relevant
Chlamydia testing and treatment	Relevant
Minor Ailments Service	Relevant but necessary at certain times, e.g. Sunday and Public Holidays
Out of Hours Palliative Care Medicines Service	Necessary
Advanced services e.g. MUR, NMS	Relevant
Essential Services e.g. dispensing	Necessary

6. The Pharmaceutical Needs Assessment Questionnaire

All community pharmacists in Hillingdon (65 in total) and a total of 54 community pharmacies outside Hillingdon (within 2 kilometre geographic boundary) were requested to outline information about services provided in each pharmacy, from essential services around dispensing, advanced, enhanced and other locally relevant services like minor ailment scheme, disease specific services, vaccinations, screening and monitoring and a range of other commissioned and non-commissioned services.

The full text of the Pharmacy Questionnaire can be seen under Appendix 5. Based on responses received and the local commissioning knowledge, analysis was undertaken to show opening hours and the range of essential services.

In addition to the essential services, there are four Advanced Services within the NHS community pharmacy contractual framework (the *pharmacy contract*), which community pharmacies can choose to provide; as long as they meet the requirements set out in the Secretary of State Directions. Each one of these services is intended to support and empower patients to manage their medicines and appliances better and reduce wastage. These are:

A. Medicines Use Reviews (MURs)

Currently 100% of Hillingdon's community pharmacies are able to provide MURs. During 2016/17, 21,500 MURs were conducted in Hillingdon by an average of 59 pharmacies (90%) each month. Nationally, the number of Medicine Use Reviews provided by pharmacies has increased; between 2006/07 to 2016/17 the volume grew from around half a million to just over 3 million (March 2017).

The table below shows the Medicine Use Reviews conducted and claimed by Hillingdon pharmacies from April 2016 – March 2017.

Medicines Use Reviews					
Date	**Items dispensed**	**Total no. of pharmacies**	**MURs conducted**	**No. claiming MURs**	**% claiming MURs**
Apr-16	392,095	64	1,662	61	95%
May-16	387,069	64	1,610	58	91%
Jun-16	391,500	64	1,436	61	95%
Jul-16	392,721	64	1,556	59	92%
Aug-16	382,673	64	1,525	60	94%
Sep-16	394,140	64	1,513	60	94%
Oct-16	381,957	64	1,739	61	95%
Nov-16	401,357	64	1,812	59	92%
Dec-16	400,261	65	1,628	57	88%
Jan-17	381,697	65	1,977	59	91%
Feb-17	361,670	64	2,784	56	88%
Mar-17	404,937*	64	2,272	52	81%

B. New Medicine Service (NMS)

New Medicine Service is offered by all of the community pharmacies within Hillingdon. During 2016/17, 64 out of Hillingdon's 65 pharmacies claimed NMS with an average of 46 (71%) pharmacies claiming each month.

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The table below shows the numbers of pharmacies claiming the New Medicines Service in Hillingdon from April 2016 – March 2017.

New Medicines Service (NMS)				
Date	**Items dispensed**	**Total number of pharmacies**	**Number claiming NMS**	**% claiming NMS (higher is better)**
Apr-16	329,095	64	46	72%
May-16	387,069	64	45	70%
Jun-16	391,500	64	43	67%
Jul-16	392,721	64	46	72%
Aug-16	382,673	64	46	72%
Sep-16	394,140	64	43	67%
Oct-16	381,957	64	45	70%
Nov-16	401,357	64	48	75%
Dec-16	400,261	64	47	72%
Jan-17	381,697	64	45	69%
Feb-17	361,670	64	51	80%
Mar-17	404,937	64	49	77%

Source: Pharmaceutical Services Negotiating Committee (PSNC) Website
http://psnc.org.uk/funding-and-statistics/nhs-statistics/mur-statistics
http://psnc.org.uk/funding-and-statistics/nhs-statistics/nms-statistics/

C. Appliance Use Reviews (AURs)

There are 7 pharmacies in total which provide Appliance Use Review (AUR) service, and these are spread across the three localities: 1 in Ruislip & Northwood, 4 in Uxbridge & West Drayton and 2 in Hayes & Harlington.

D. Stoma Appliance Customisation Service (SACS)

Stoma Appliance Customisation (SACS) Service is also provided by 6 pharmacies in total across the 3 localities (2 in each).

7. Enhanced services

The NHSE is authorised to arrange for the provision of the following additional pharmaceutical services with a pharmacy contractor:

A) **Anticoagulant monitoring service**, the underlying purpose of which is for pharmacist to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly

B) **Care home service**, the underlying purpose of which is for pharmacist to provide advice and support to residents and staff in a care home relating to the proper and effective ordering of drugs and appliances for the benefit of residents in the care home the clinical and cost effective use of drugs, the proper and effective administration of drugs and appliances in the care home, the safe and appropriate storage and handling of drugs and appliances, and the recording of drugs and appliances ordered, handled, administered, stored or disposed of

C) **Disease specific medicines management service**, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional

D) **Gluten free food supply service**, the underlying purpose of which is for pharmacist to supply gluten free foods to patients

E) **Independent prescribing service**, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with the NHSCB

F) **Home delivery service**, the underlying purpose of which is for pharmacist to deliver to the patient's home—drugs, and appliances other than specified appliances

G) **Language access service**, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—drugs which they are using, their health, and general health matters relevant to them

H) **Medication review service**, the underlying purpose of which is for a registered pharmacist to conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient, to advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and where appropriate, to refer the patient to another health care professional

I) **Medicines assessment and compliance support service**, the underlying purpose of which is for pharmacist to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens

J) **Minor ailment scheme**, the underlying purpose of which is for pharmacist to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment

K) **Needle and syringe exchange service**, the underlying purpose of which is for a registered pharmacist to provide sterile needles, syringes and associated materials to

drug misusers, to receive from drug misusers used needles, syringes and associated materials, and to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre

L) **On demand availability of specialist drugs service**, the underlying purpose of which is for pharmacist to ensure that patients or health care professionals have prompt access to specialist drugs

M) **Out of hours services**, the underlying purpose of which is for pharmacist to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period)

N) **Patient group direction service**, the underlying purpose of which is for pharmacist to supply or administer prescription only medicines to patients under patient group directions

O) **Prescriber support service**, the underlying purpose of which is for pharmacist to support health care professionals who prescribe drugs, and in particular to offer advice on the clinical and cost effective use of drugs, prescribing policies and guidelines, and repeat prescribing

P) **Schools service**, the underlying purpose of which is for pharmacist to provide advice and support to children and staff in schools relating to the clinical and cost effective use of drugs in the school, the proper and effective administration and use of drugs and appliances in the school, the safe and appropriate storage and handling of drugs and appliances, and the recording of drugs and appliances ordered, handled, administered, stored or disposed of

Q) **Screening service**, the underlying purpose of which is for a registered pharmacist to identify patients at risk of developing a specified disease or condition, to offer advice regarding testing for a specified disease or condition, to carry out such a test with the patient's consent, and to offer advice following a test and refer to another health care professional as appropriate

R) **Stop smoking service**, the underlying purpose of which is for pharmacist to advise and support patients wishing to give up smoking, and where appropriate, to supply appropriate drugs and aids

S) **Supervised administration service**, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at Pharmacists premises, and a Supplementary Prescribing Service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber, and with a doctor or a dentist is party to a clinical management plan, to implement that plan, with the patient's agreement.

8. Locally commissioned services

Community pharmacists sit right at the heart of our communities and are trusted, professional and competent partners in supporting individual and community health. They have a significant and increasingly important role to play in improving the health of local people. In Hillingdon, we have a strong history of successful partnership work exemplified by Hillingdon Stop Smoking Service, Emergency Hormonal Contraception Scheme and other such work which the local authority commissions via community pharmacists.

Local authorities have responsibility for commissioning a wide range of services, including most public health services and social care services. The following public health services provided by community pharmacies can be commissioned by local authorities:

- Supervised consumption

- Needle and syringe programme
- NHS Health Check (including Atrial Fibrillation Screening in 9 pharmacies)
- EHC and contraceptive services
- Sexual health screening services
- Stop smoking
- Chlamydia testing and treatment
- Weight management
- Alcohol screening and brief interventions
- COPD screening

There are a small number of circumstances where a public health service is commissioned by another organisation, egg NHS England commission vaccination services from GPs, community pharmacies and other providers. There may also be circumstances where Clinical Commissioning Groups may wish to be involved in commissioning a public health service, due to the impact the service may have on the development or management of long-term conditions. Hillingdon Council commissions the following services:

A. NHS Health Check

Launched in April 2009, the NHS Health Check is a national prevention programme which aims to identify people at risk of developing heart disease, stroke, diabetes, kidney disease or vascular dementia. Everyone between the ages of 40 and 74 in England who has not been diagnosed with vascular disease or already being managed for certain risk factors should be offered an NHS Health Check once every five years to assess their risk.

An NHS Health Check assessment involves a 20-30 minute appointment with a healthcare professional (usually a practice nurse or community pharmacist) where height, weight, waist circumference and blood pressure measurements are taken. Personal details, including age, ethnicity, postcode, smoking, drinking, dietary and exercise habits are recorded alongside any family history of vascular disease. In community pharmacies, a finger-prick blood test for cholesterol and glucose is also carried out. The assessor will then calculate the person's risk of developing a vascular disease over the next 10 years. This risk will be explained to the person and they will be given healthy lifestyle advice to help them reduce/maintain their risk level and signposted to local services such as leisure centres and health walks. If necessary, the person will be referred to their GP for further investigations.

Currently, 18 Hillingdon pharmacies are contracted to provide an NHS Health Check service to cover three localities (commissioning information). However, based on the Pharmacy Survey, 20 pharmacies (31% of Borough pharmacies) actively offer this service – 8 of these are located in Uxbridge & West Drayton with 6 pharmacies each in Ruislip & Northwood and Hayes & Harlington.

B. NHS stop smoking service

The Stop Smoking Service is the most widely offered service with 91% of pharmacies offering it across the three localities in Hillingdon (59 out of 65); 48 pharmacies also offer smoking cessation as part of PGD. Community pharmacy remains the main provider of this service for smokers in Hillingdon.

In 2016/17, the Hillingdon Stop Smoking Service (HSSS) helped 1,001 people to set a quit date and 463 to quit smoking. Hillingdon's pharmacy providers saw the majority of these, and helped 587 (59%) persons to set a quit date and 202 to quit. HSSS offers the

opportunity for pharmacy staff to attend an approved Level 2 advisor training program free of charge, which pharmacies in Hillingdon take up to provide stop smoking services for Hillingdon residents, through a contract with Hillingdon Council. Pharmacy staff are responsible for marketing their individual services and generating referrals.

The Level 2 service consists of supporting patients to a 4 week quit as defined by DH and NICE guidance. This involves counselling patients, helping them to set a quit date and offering weekly 1-1 support for a maximum of 6-8 sessions. Level 2 advisors offer behavioural therapy delivered to a high standard, as outlined in the NCSCT Standard Treatment Programme and provide pharmacological support to aid cessation. All the different stop smoking treatment options (NRT and stop smoking medication), unless there are any contra-indications, are offered equally as first line of treatment to patients. Furthermore, 47 Hillingdon pharmacists are trained to deliver the stop smoking medication Champed® directly to patients via a Patient Group Direction (PGD).

Stop Smoking advisors are required to record client information using specified monitoring forms and return completed monitoring forms by the 10th of each month or at least quarterly to ensure regular and timely performance reporting and remuneration. All accredited advisers are encouraged to attend a refresher course twice a year.

Innovations in the service also include pharmacy providers being trained by the HSSS in a COPD screening tool to screen the population for early detection of COPD and a referral pathway to the GP's once COPD has been detected. The majority of the activity is focused in Hayes & Harlington and Uxbridge & West Drayton localities which show higher levels of deprivation and higher estimated prevalence of chronic conditions like circulatory diseases, cancers.

C. COPD screening for smokers accessing community pharmacy

This locally enhanced service is aimed at providing help and support for dependant smokers in Hillingdon, who wish to give up through provision of a Level 2 Stop Smoking Service by primary care professionals.

Level 2 Stop Smoking Advisors can screen smokers for COPD as part of their assessment routine. This is via a brief questionnaire and a lung age monitor. A COPD-6 screening monitor is provided on loan to the participants free of charge for the duration of their participation in the Local Enhanced Service. Key aspects of the service include:

- Smokers accessing the service will be offered a brief screening questionnaire
- If score over 3 then the smoker offered a lung age function screen
- If abnormal results are identified, this will trigger a referral to the patients GP
- All staff should be aware of the service and be able to advise patients how to access it

Hillingdon has 60 pharmacies accredited to use the Vital graph COPD-6 screening tools. However, based on the Pharmacy Survey, 20 pharmacies actively provide COPD specific services, split equally across all three localities: Ruislip & Northwood (9), Uxbridge & West Drayton (11), Hayes & Harlington (10). The prevalence of COPD in Hillingdon is 1.2% of the GP register population, compared with 1.7% in England. Within the Borough there is a higher prevalence in Ruislip & Northwood (1.2%) and Uxbridge & West Drayton (1.3%) than in Hayes & Harlington (1%).

D. Supervised consumption of methadone via community pharmacies

This service has the following elements:

- Stabilise and maintain engagement in prescribing regime - as part of a comprehensive treatment package, the daily supervision of diversional opioids can ensure that therapeutic plasma levels are maintained and help ensure that the service user's opiate dependency is stabilised, which reduces the need for illicit opiates. The successful stabilisation of illicit drug use can reduce the risk of blood-borne virus transmission and overdose and positively impact on public and individual health.
- Reduce diversion of medication (leakage) - supervised consumption also assists in ensuring that diversional opioids are taken in accordance with prescribers' instructions therefore reducing medication misuse. This also limits the likelihood of medication being diverted onto illicit drug markets, termed *leakage*. Supervised consumption may have a significant effect in reducing overdose deaths attributed to illicit consumption.
- Support effective communications whilst a person becomes established in their treatment regime - community pharmacy staff have daily contact with individuals receiving treatment via supervised consumption. As such, community pharmacies play a valuable role, both in supporting individuals and monitoring their day to day progress in drug treatment. The supervised consumption scheme also enables the community pharmacy, prescriber and/or the treatment provider's keyworker to effectively communicate any relevant comments or concerns regarding the individual's progress or wellbeing.
- Opioid supervised consumption scheme - 47 pharmacies provide this scheme. Coverage across the Borough optimises patient choice. Pharmacists play a key role in providing treatment to opiate dependent patients. Pharm Outcomes is now the platform used to record supervised consumption activity.
- Needle exchange provided by community pharmacies - this scheme provides a harm reduction intervention which aims to reduce drug related morbidity/mortality and positively impact upon anti-social behaviour and drug-related crime. All needle and syringe provision pharmacies participating in the scheme must develop operating procedures which underpin health and safety of both staff and clients. Operating procedures should reflect available national advice and locally produced needle exchange service guidelines.

The community pharmacy must:

- offer a user-friendly, non-judgmental, client-centred and confidential service at all times
- provide access to approved injection materials and paraphernalia, together with sharps containers for return of used equipment and appropriate health promotion materials
- provide safe disposal for used equipment returned by service users
- offer support and advice to service users, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate
- assist service users to remain healthy until they are ready to cease injecting and ultimately achieve a drug-free life with appropriate support.

The following are not *pharmacy musts*:

- Low commissioning priority with government policy shift away from harm minimisation and financial constraints
- HDAS continues to operate a large *pick and mix* needle exchange, supported by community pharmacies
- Daniels provides equipment to the scheme but sharps collection from pharmacy sites is from PHS.

Prevention of drug related deaths and blood-borne viruses

The scheme aims to protect health and reduce the rate of blood-borne infections and drug related deaths among service users by:

- promoting safe practice to service users, including advice on sexual health and sexually transmitted infections, HIV and Hepatitis C transmission and Hepatitis B immunisation
- reducing the rate of sharing and other high risk injecting behaviours
- providing sterile injecting equipment and other support
- promoting safer injecting practices
- providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).

Improve the health of local communities by preventing the spread of blood-borne infections

The scheme aims to improve the health of local communities by preventing the spread of blood-borne infections by:

- ensuring the safe disposal of used injecting equipment
- referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.

Improve access to services

- The scheme aims to maximise the access and retention of all injectors, especially the highly socially excluded
- The scheme will help service users access other health and social care and act as a gateway/signpost to other services such as treatment planning/recovery, prescribing, hepatitis B immunisation, hepatitis and HIV screening and primary care services.

E. Minor ailments service

A minor ailment service is available in 29 pharmacies across Hillingdon (R&N =3, U&WD = 10, H&H =16). In brief, it aims to provide greater choice for parents, carers of older people and patients to utilise the expertise of community pharmacists as NHS professionals. They can become the first port of call for conditions such as cough, cold, temperature, infant gripes, and nappy rash, though no treatment is provided for babies under the age of 3 months.

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Pharmacies have a crucial role in supporting young families through advice and support before, during and after pregnancy, and promoting programmes like healthy start, smoking cessation and contraception. The following conditions are included:

- Constipation
- Diarrhoea
- Headache, sore throat, earache
- Hay fever, conjunctivitis, indigestion and infant gripes, thread worms
- Cough, temperature, nasal congestion
- Fungal skin infections
- Thrush, cold sores, nappy rash, headache

The uptake of this service has been low in the past but is improving. This service has the potential for reducing the pressure of the traditional urgent care and needs to be an integral part of the local NHS and social care capacity planning. Closure of the Urgent Care Centre in Hayes is being balanced to some degree with developing the role of community pharmacy in that area, which is a great example of how pharmacy services can be effectively used to their full potential. A larger proportion of pharmacies that provide the service are based in the Hayes & Harlington locality.

F. Emergency hormonal contraception (EHC)

Almost all (49, 75%) of the Hillingdon Pharmacies provide EHC over the counter at a cost, and the remainder have said they would provide if commissioned. In addition, 29 Hillingdon pharmacies, as well as providing over the counter EHC, also supply it free of charge to clients up to the age of 25 through a Patient Group Direction (which means they are trained, assessed and directed to provide the medicine to the specified client group). Residents below the age of 25 are specifically targeted under this scheme due to the high rate of terminations of pregnancy, and to prevent unwanted conceptions, especially amongst younger age groups.

G. Chlamydia screening and treatment

Due to the informal nature of community pharmacy premises, they can provide ideal non-threatening environment for targeting young people, and hence can play an important role in helping to control the spread of sexually transmitted infections (STIs). 28 pharmacies provide Chlamydia screening and 15 pharmacies are trained to provide Chlamydia treatment via a Patient Group Direction (PGD).

H. Identification and management of various diseases

In addition to their important existing role of supplying medicines to patients and optimising medicine use, community pharmacies provide further services to the local population where they may screen people for various conditions, train to provide services under patient group direction or support patients in managing their condition. Some examples are:

- 12 pharmacies offer asthma support services. 4 of these are in Ruislip & Northwood which has a higher prevalence of asthma patients than the other Hillingdon localities

- 16 pharmacies in the Borough offer hypertension support. 4 of these are in Ruislip & Northwood which has the highest prevalence of the condition among the Hillingdon localities
- 11 pharmacies (17% of pharmacies in the Borough) offer services for Diabetes Type I. 16 pharmacies offer services for Diabetes Type II (4 in Hayes & Harlington). 16 pharmacies (6 in Hayes & Harlington) offer diabetes management services (screening and monitoring)
- 6 pharmacies (4 pharmacies in Uxbridge & West Drayton and 2 in Hayes & Harlington, 9% of the pharmacies in the Borough) offer obesity management services for adults, and 2 offer this for children
- 55 pharmacies (85% of pharmacies in the Borough) provide some form of home delivery service to residents. 21 of these are in Ruislip & Northwood which has a slightly older population.

Utilisation of health services is higher by older populations. Therefore the higher proportion of older residents in Ruislip & Northwood matches well with the high prescription items and costs. The higher proportion of younger university age population in Uxbridge & West Drayton is consistent with utilisation of young people's services eg immunisations, Chlamydia screening and treatment.

The younger ethnic mix in Hayes & Harlington reflects a need for similar services for young people but also due to a maturing ethnic population, a higher need for services like NHS Health Check to identify vascular conditions early to prevent exacerbations. The majority of the growth predicted for the ethnic population could be in Hayes & Harlington locality, and some across the other two localities.

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Hillingdon Pharmaceutical Needs Assessment 2018

Appendix 4: Pharmacy Survey Results

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March 2018

Pharmacy Survey

An electronic survey was agreed by the LPC and sent out via email to all 65 borough pharmacies and 54 pharmacies around Hillingdon's boundary. The survey contained questions on services offered to the community (ie advanced, enhanced and essential, disease specific, screening and vaccinations) along with questions about staffing, access, parking, opening hours and consultation rooms. The survey was sent out on the 9th June for 2 weeks, and was completed by 100% of borough pharmacies and 20% of out of borough pharmacies. A copy of the survey be found in Appendix 5.

Full survey results are available on request.

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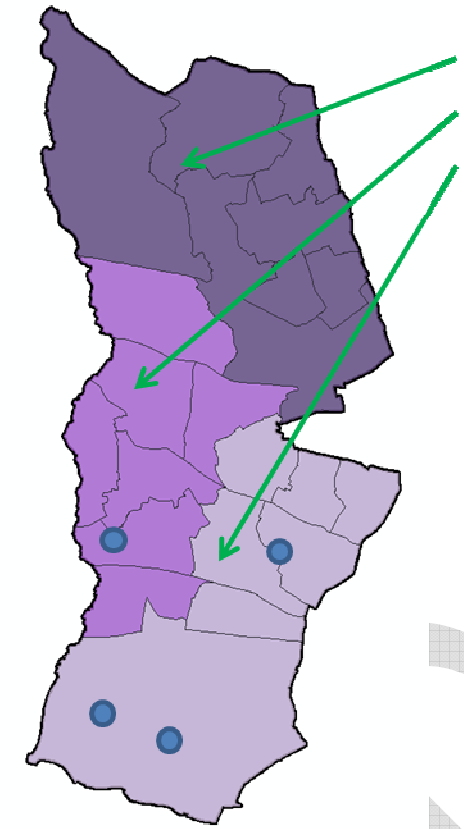
Hillingdon's Pharmacies, 2017



● 100 hour contract

65 pharmacies in total:
- 23 in Ruislip & Northwood
- 21 in Uxbridge & West Drayton
- 21 in Hayes & Harlington

Healthy Living Pharmacy Status
- 14 have achieved HLP status
- 44 working towards

In 2015, 58 pharmacies indicated an interest in becoming HLP accredited

28 are part of large chains (Boots, Lloyds etc)
7 are in groups containing 2-10 pharmacies
30 are independent
0 distance selling pharmacies or private pharmacies

Opening times:
56 open between the core hours of 9.30am–5pm (Mon-Fri),
8 close at lunch times
1 closes at 1pm on Wednesday
61 are open on Saturdays
15 are open on Sundays

* see Appendix 4 for full opening times

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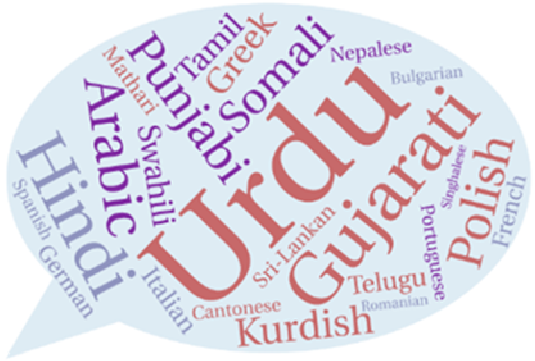
Pharmacy Staffing, 2017

62 pharmacies have a **Dementia Friend** working onsite



58 pharmacies have staff who **speak languages** other than English

29 have a **Health Champion** working onsite

14 have a **Health Trainer** working onsite

10 have a **Pharmacist with Special Interest**

74% totally agree their clinical skills are well utilised, and **26% partly agree**

Pharmacy IT, 2017

64

Have release 2 enabled

63

Have summary of care records enabled

60

Have an up to date NHS choice entry

56

Have access to IT in the consultation room/area

2

Intend to do so within 12 months

50 of the 56

Have access to patient records

44

Have access to NHS.net email

35

Actively use it

powered by Piktochart make information beautiful

Hillingdon's pharmacy consultation areas / rooms, 2018

Pharmacies were asked about their consultation areas / rooms. Out of the 65 pharmacies in Hillingdon:

All are compliant with MURs / NMS

26 say consultations can be carried out in patients homes, 32 said at another site

Facilities available within the consultation areas / rooms:

64 have seating

60 have hand washing close by; 2 more have this planned

27 have access to a toilet

Wheelchair access:

49
access with wide door, 3 have this planned

41
ramped access, 2 have this planned

5
access with electric door, 1 has this planned

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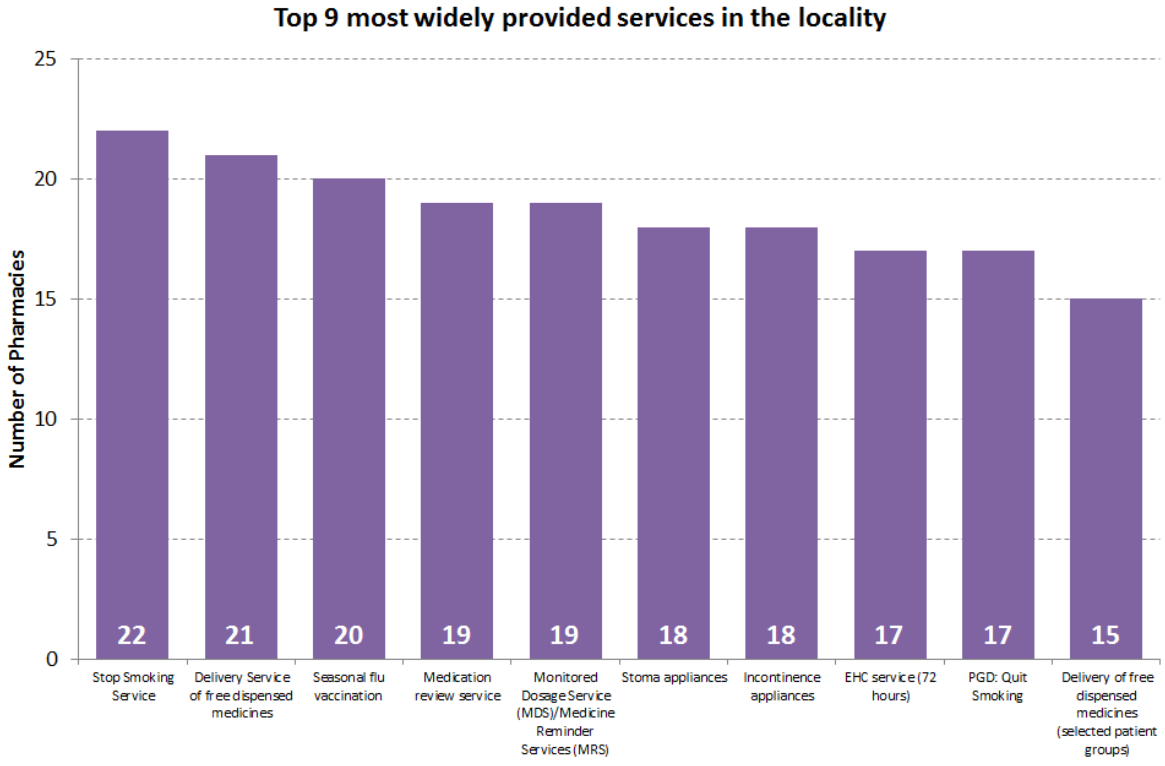
make information beautiful

Services by locality

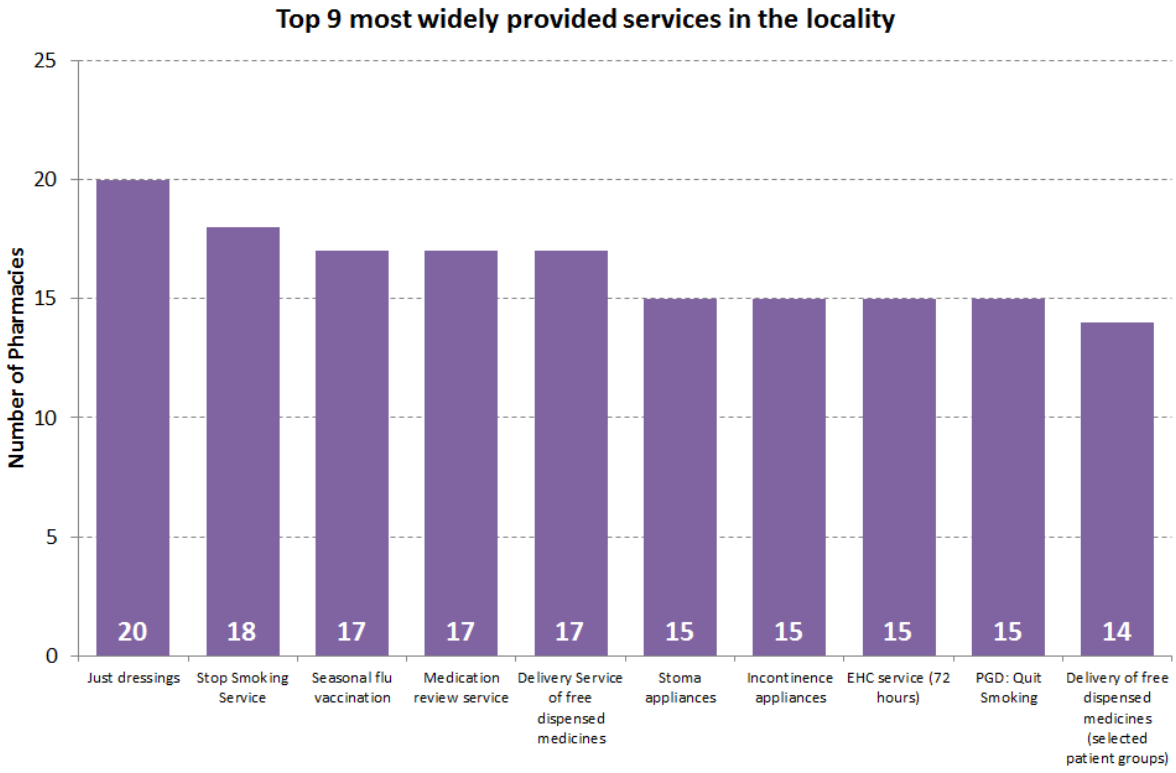
Ruislip & Northwood – 23 pharmacies

All of the pharmacies within R&N provide Just Dressing (Appliances), Medicines Use Review, New Medicines Service, collection of prescriptions from GP surgeries and a repeat prescription service. Of the remaining services, the top 10 are:



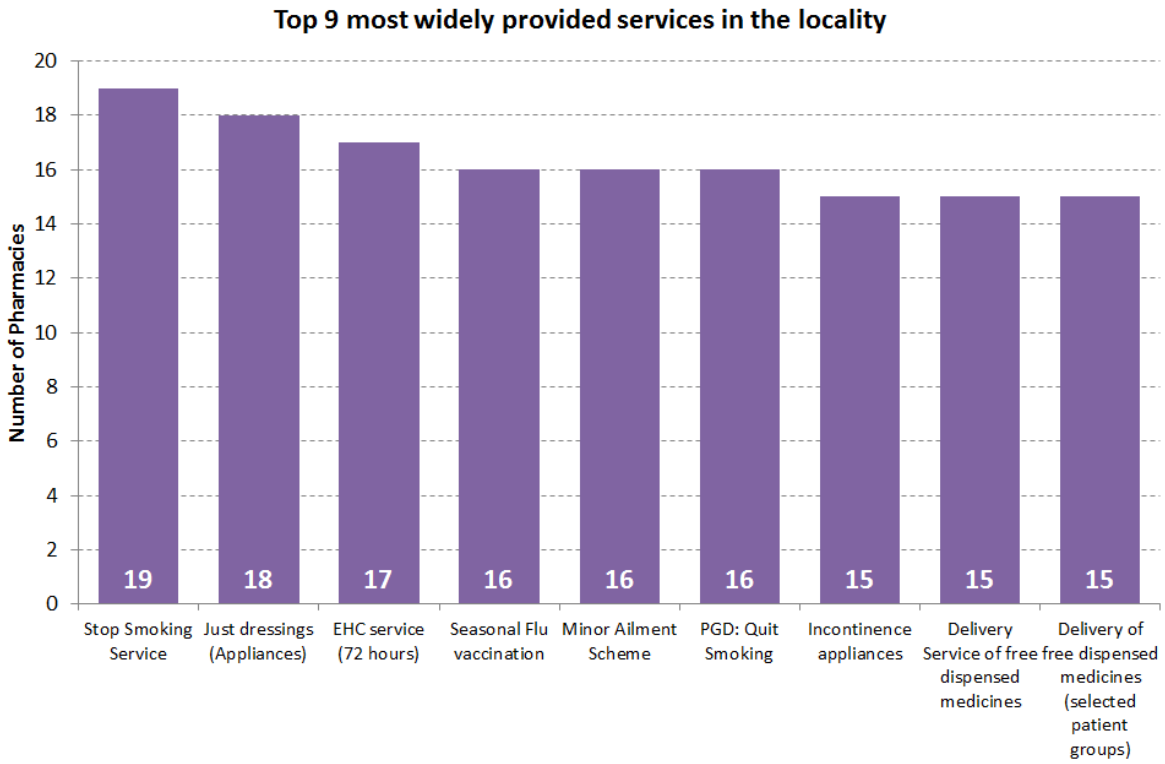
Uxbridge & West Drayton – 21 pharmacies

All of the pharmacies within U&WD provide Medicine Use Reviews, New Medicines Service, collection of prescriptions from GP surgeries and a repeat prescription service. Of the remaining services, the top 10 are:



Hayes & Harlington – 21 pharmacies

All of the pharmacies within H&H provide Medicine Use Reviews, New Medicines Service, collection of prescriptions from GP surgeries and a repeat prescription service. Of the remaining services, the top 9 are:



Borough Provision

All pharmacies now offer Medicines Use Review (MURs) and New Medicines Services (NMS) – an increase in service provision since 2015.

Disease specific services are available at a small number of pharmacies across the Borough, with the exception of COPD services which are provided more widely. Most pharmacies would be willing to provide these services if they were commissioned to do so. Provision has **increased** since the 2015 PNA in the following areas:

Diabetes Type 1
Diabetes Type 2
Depression and Parkinson's
Asthma
Hypertension

Screening and monitoring services are available at a small number of pharmacies across the Borough, with the exception of Chlamydia screening and cholesterol services which are provided more widely. Almost all pharmacies have indicated their willingness to provide these services if they were commissioned to do so. Provision has increased since the 2015 PNA in the following areas:

Asthma management
Cholesterol
Diabetes management
Gonorrhoea

However, provision of Chlamydia screen has reduced since 2015. One pharmacy is a pilot for Atrial Fibulation with Harefield Hospital.

Vaccination services are available at a range of pharmacies across the Borough, with the flu vaccination provided widely (and has seen an increase in provision from 35 pharmacies in 2015 to 53 in 2018). Another large increase since 2015 is the provision of the PCV jab (4 pharmacies in 2015, now 29); travel vaccinations have also seen an increase in provision (mainly provided privately), and MMR provision has increased from 2 to 10 pharmacies. Most pharmacies would be willing to provide vaccinations if they were commissioned to do so.

Pharmacies offer a wide range of other services. Those that have seen a large increase since 2015 are:
- PGD: Quit Smoking (an increase of 13 pharmacies)
- PGD: Malaria (an increase of 12 pharmacies)
- Substance Misuse Service (an increase of 6 pharmacies)
- Emergency Hormone Contraception

Conclusion
Since 2015, although there is one less pharmacy (in Ruislip & Northwood) and the population has increased, provision of overall services has increased.

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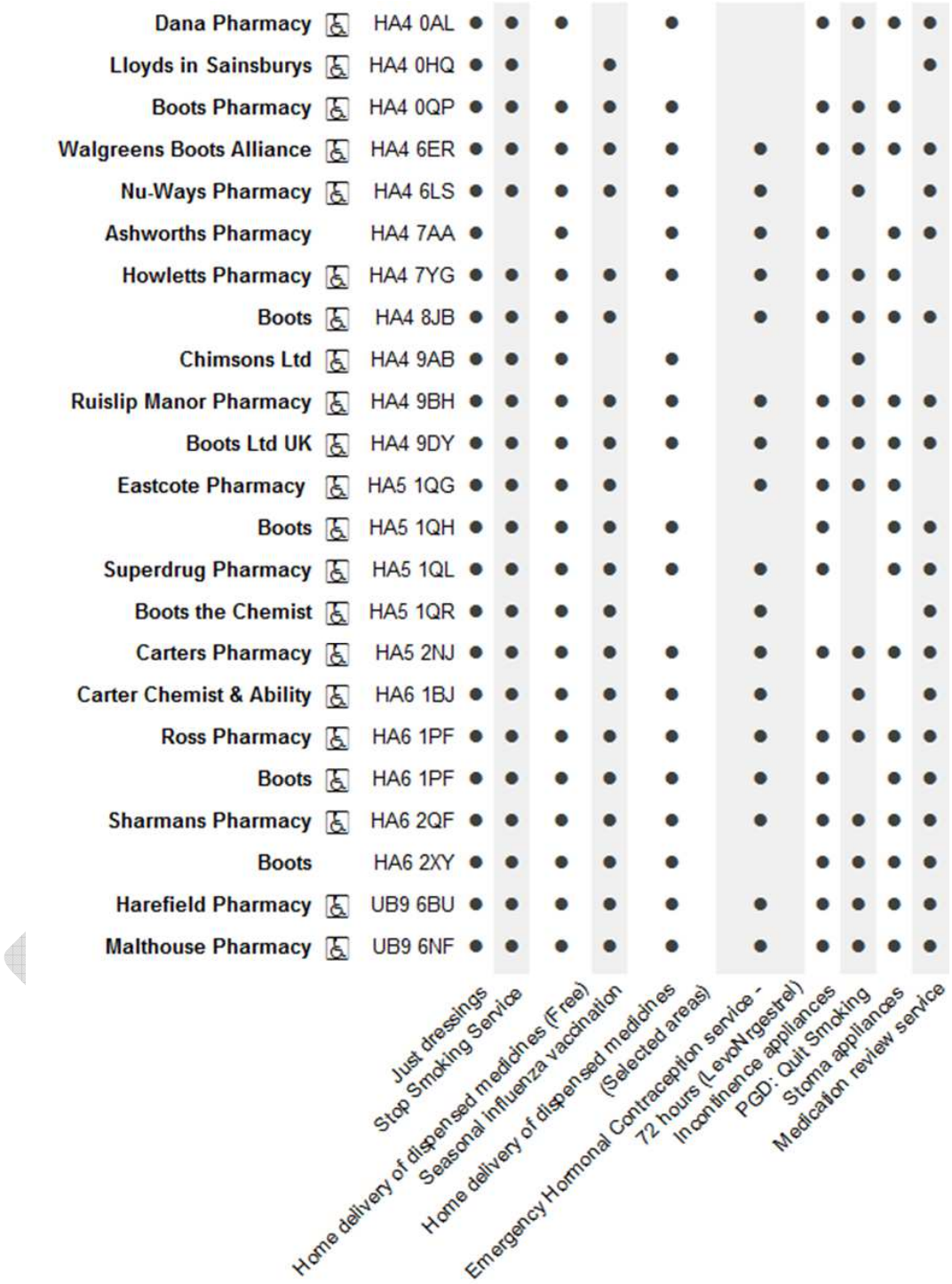
Top ten most widely provided services across the borough

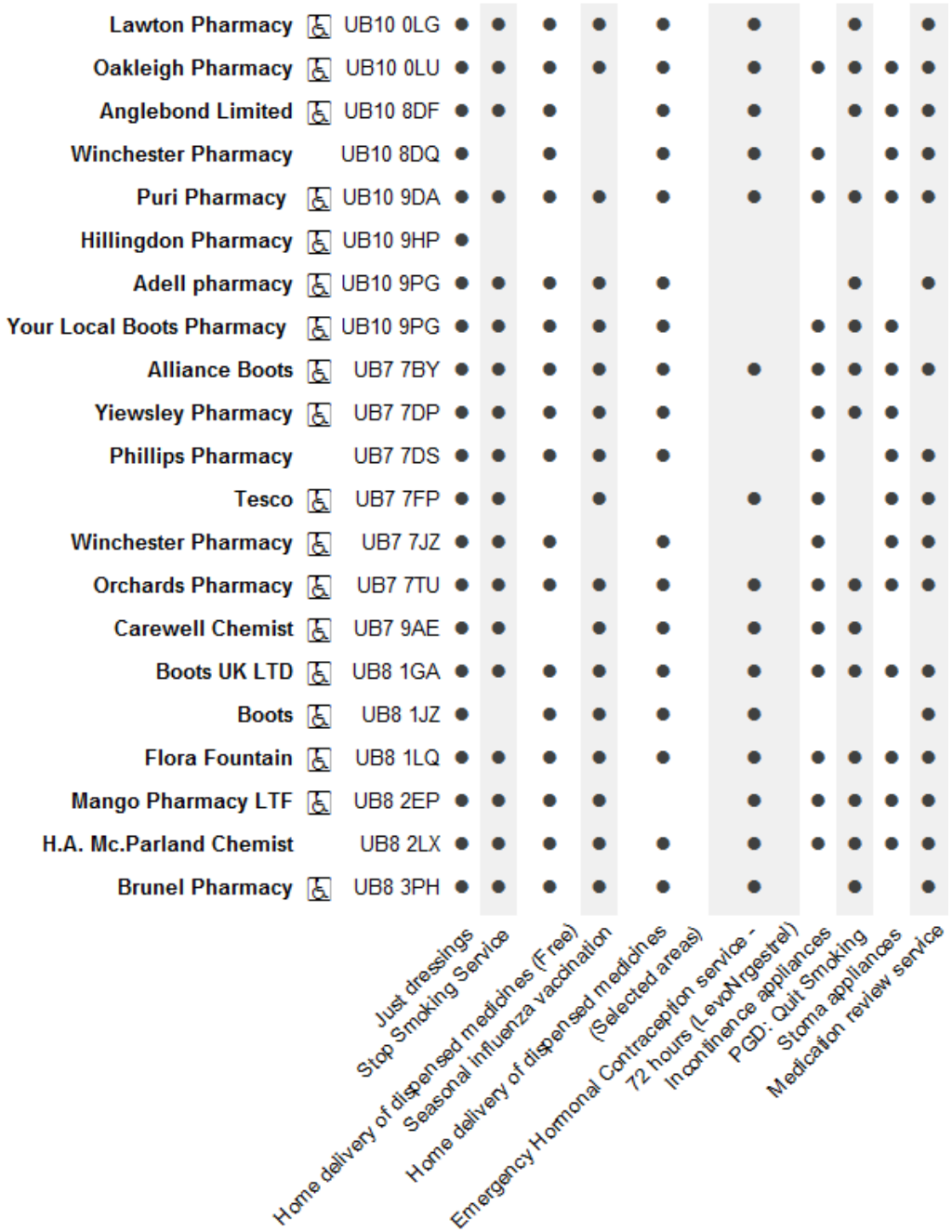
Ruislip & Northwood



Dana Pharmacy 100 Victoria Road Ruislip Manor HA4 0AL	**Lloyds in Sainsburys** 11 Long Drive South Ruislip HA4 0HQ	**Boots Pharmacy** 716 Field End Road Ruislip HA4 0QP	**Walgreens Boots Alliance** 2a Woodlane Ruislip HA4 6ER	**Nu-Ways Pharmacy** 292 West End Road Ruislip Ruislip Gardens HA4 6LS	**Ashworths Pharmacy** 64 High Street Ruislip HA4 7AA	**Howletts Pharmacy** 81 Howletts Lane Ruislip HA4 7YG	**Boots** 67 The High Street Ruislip HA4 8JB
Chimsons Ltd 29 Victoria Road Ruislip Manor HA4 9AB	**Ruislip Manor Pharmacy** 53 Victoria Road Ruislip HA4 9BH	**Boots Uk Ltd** 212 Whitby Road Rusilip HA4 9DY	**Eastcote Pharmacy** 111 Field End Road Eastcote HA5 1QG	**Boots** 123 Field End Road Eastcote HA5 1QH	**Superdrug Pharmacy** 143 Field End Road Eastcote Pinner HA5 1QL	**Boots the Chemist** 169-171 Field End Road Eastcote HA5 1QR	**Carters Pharmacy** 41 Salisbury Road Eatscote Pinner HA5 2NJ
Carter Chemist & Ability 112-114 High Street Northwood HA6 1BJ	**Ross Pharmacy** 28 Joel Street Northwood Hills Northwood HA6 1PF	**Boots** 32 Joel Street Northwood Hills HA6 1PF	**Sharmans Pharmacy** 3-4 Clive Parade Northwood HA6 2QF	**Boots** 11 Maxwell Road Northwood HA6 2XY	**Harefield Pharmacy** 12e High St Harefield UB9 6BU	**Malthouse Pharmacy** Breakspear Road North Harefield UB9 6NF	

Top ten most widely provided services across the borough

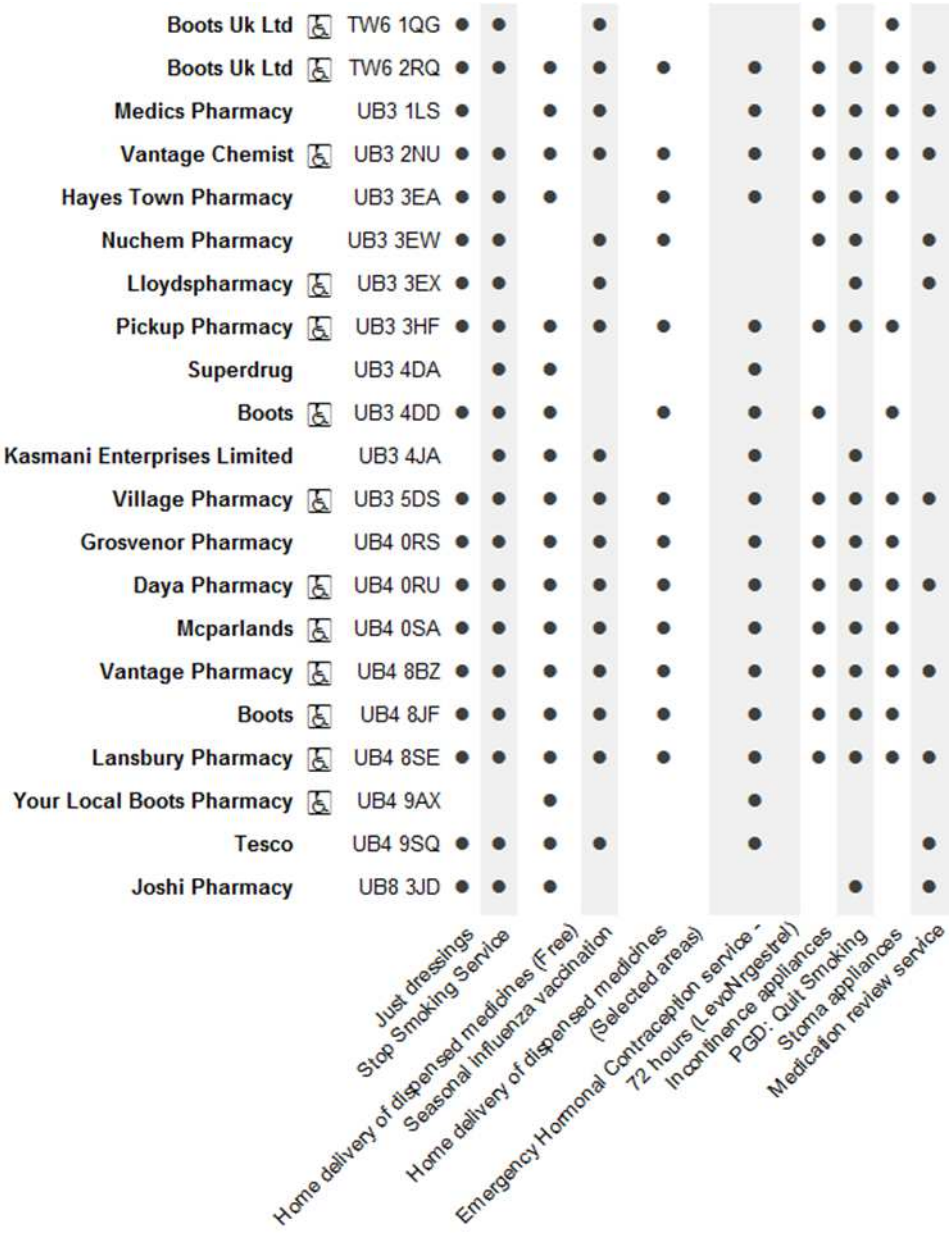
Uxbridge & West Drayton



Lawton Pharmacy 8 Crescent Parade Uxbridge Road Uxbridge UB10 0LG	**Oakleigh Pharmacy** Uxbridge Road Hillingdon Heath Uxbridge Middlesex UB10 0LU	**Anglebond Limited** 1 Swakeleys Road Ickenham UB10 8DF	**Winchester Pharmacy** 79 Swakeleys Road Ickenham UB10 8DQ	**Puri Pharmacy** 165 Ryefield Avenue Hillingdon UB10 9DA	**Hillingdon Pharmacy** 4 Sutton Court Road Hillingdon UB10 9HP	**Adell Pharmacy** 392 Long Lane Hillingdon UB10 9PG
Your Local Boots Pharmacy 380 Long Lane UB10 9PG	**Alliance Boots** 14-16 Station Road West Drayton UB7 7BY	**Yiewsley Pharmacy** 28 High Street Yiewsley Yiewsley West Drayton UB7 7DP	**Phillips Pharmacy** 84 High Street West Drayton UB7 7DS	**Tesco** Chantry Close Yiewsley UB7 7FP	**Winchester Pharmacy** 64 Swan Road West Drayton Uxbridge UB7 7JZ	**Orchards Pharmacy** 6 Laurel Lane West Drayton West Drayton UB7 7TU
Carewell Chemist 10 Mulberry Parade West Drayton UB7 9AE	**Boots UK LTD** 128 The Chimes Shopping Centre High Street Uxbridge UB8 1GA	**Boots** 163 High Street Uxbridge UB8 1JZ	**Flora Fountain** 283 High Street Uxbridge UB8 1LQ	**Mango Pharmacy Ltd** 3 The Parade High Street Cowley UB8 2EP	**H.A. Mc.Parland Chemist** 118-120 Cowley Road Uxbridge UB8 2LX	**Brunel Pharmacy** Medical Centre Kingston Lane Uxbridge UB8 3PH

Top ten most widely provided services across the borough

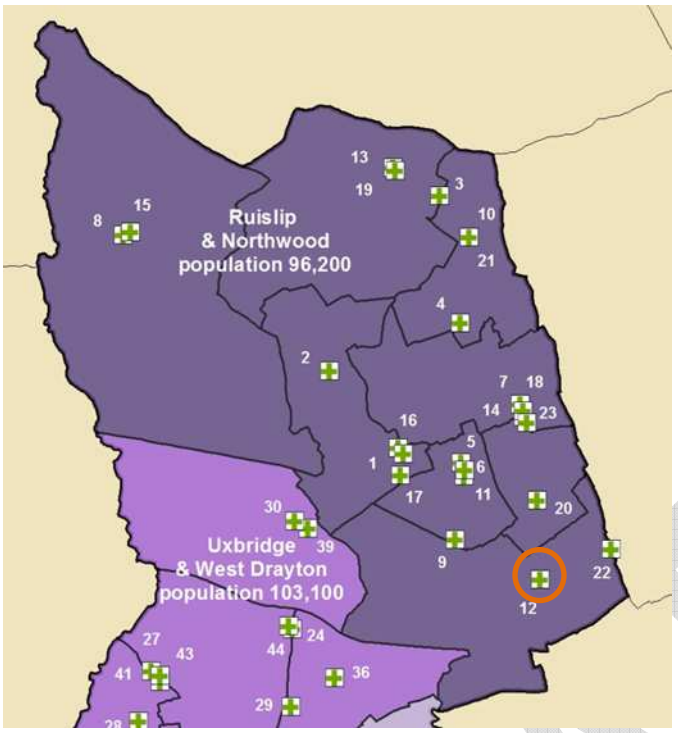
Hayes & Harlington



Boots Uk Ltd Terminal 3 Departures Landside Heathrow Airport Hounslow TW6 1QG	**Boots Uk Ltd** Unit 3044 Terminal 5 Landside London Heathrow TW6 2RQ	**Medics Pharmacy** 11 Dawley Road Hayes UB3 1LS	**Vantage Chemist** 1 Park Parade Barra Hall Circus Hayes UB3 2NU	**Hayes Town Pharmacy** 11 Coldharbour Lane Hayes UB3 3EA	**Nuchem Pharmacy** 24 Coldharbour Lane Hayes UB3 3EW	**Lloyds Pharmacy** Lombardy Retail Park Coldharbour Lane Hayes UB3 3EX
Pickup Pharmacy 20-21 Broadway Parade Coldharbour Lane Hayes UB3 3HF	**Superdrug** 2-8 Station Road Hayes UB3 4DA	**Boots** 28-30 Station Road Hayes UB3 4DD	**Kasmani Enterprises Limited** 6 Northfield Parade Hayes UB3 4JA	**Village Pharmacy** 218-220 High St Harlington Hayes UB3 5DS	**Grosvenor Pharmacy** 788 Uxbridge Road Hayes UB4 0RS	**Daya Pharmacy** 750 Uxbridge Road Hayes UB4 0RU
McParlands 522 Uxbridge Road Hayes UB4 0SA	**Vantage Pharmacy** 252 Kingshill Avenue Hayes UB4 8BZ	**Boots** 1266 Uxbridge Road Hayes UB4 8JF	**Lansbury Pharmacy** 102 Lansbury Drive Hayes Middlesex UB4 8SE	**Your Local Boots Pharmacy** 236 Yeading Lane Hayes UB4 9AX	**Tesco** Glencoe Road Hayes UB4 9SQ	**Joshi Pharmacy** 315 Harlington Road Uxbridge UB8 3JD

Services by locality

Ruislip & Northwood



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● = later opening hours:

Lloyds in Sainsburys, open until 10pm Mon-Sat

Key	Pharmacy
1	Ashworths Pharmacy
2	Howletts Pharmacy
3	Carter Chemist & Ability
4	Carters Pharmacy
5	Chimsons Ltd
6	Dana Pharmacy
7	Eastcote Pharmacy
8	Harefield Pharmacy
9	Nu-Ways Pharmacy
10	Ross Pharmacy
11	Ruislip Manor Pharmacy
12	Lloyds Pharmacy in Sainsbury's
13	Sharman's Chemist
14	Superdrug, Eastcote
15	The Malthouse Pharmacy
16	Boots, 67 High Street
17	Boots, Wood Lane Medical Centre
18	Boots, Eastcote
19	Boots, Northwood
20	Boots, Whitby Road
21	Boots, Northwood Hills
22	Boots, 716 Field End Road
23	Boots, 171 Field End Road

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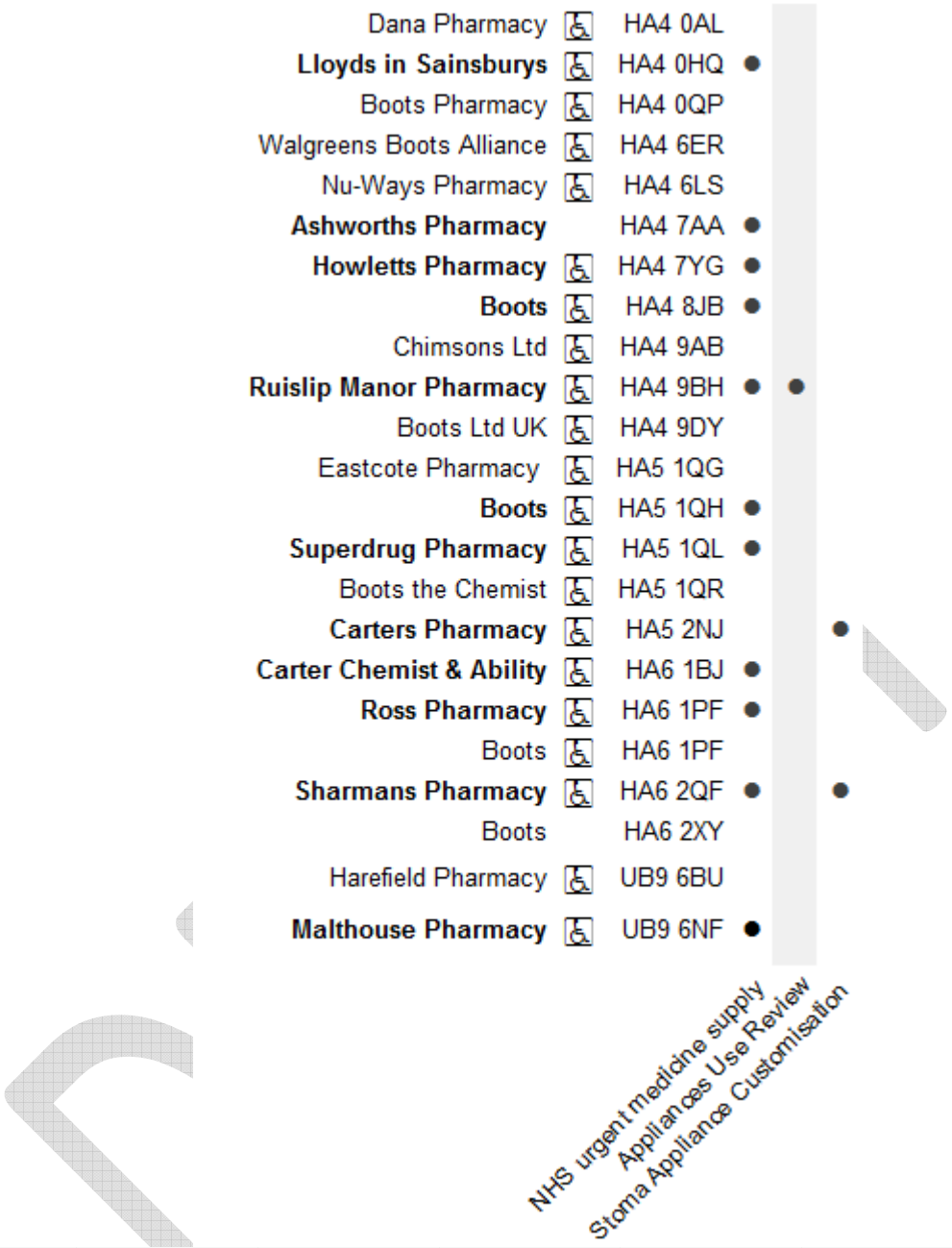
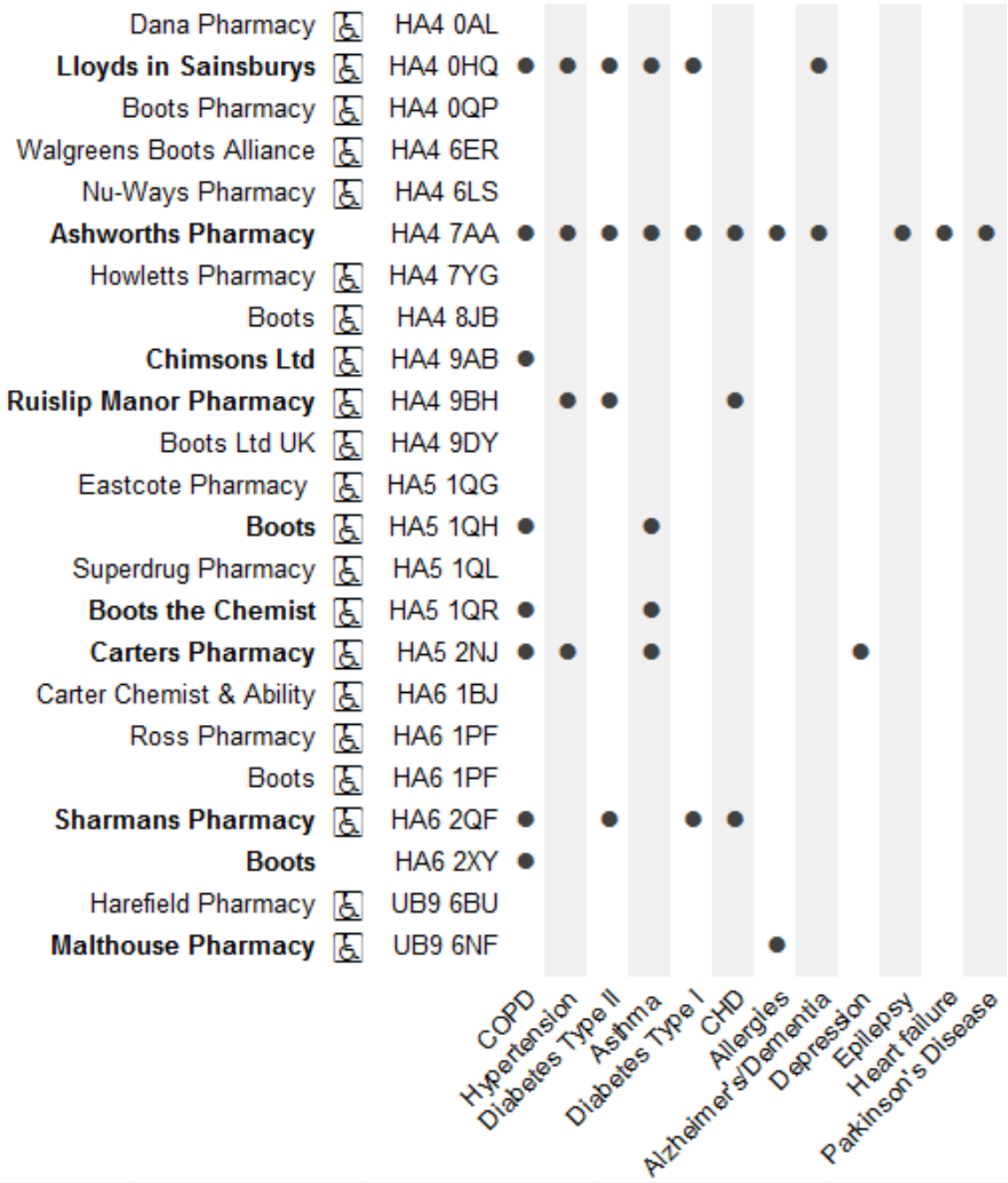
Ruislip & Northwood - Advanced Services



Lloyds In Sainsburys 11 Long Drive South Ruislip HA4 0HQ	**Ashworths Pharmacy** 64 High Street Ruislip HA4 7AA	**Howletts Pharmacy** 81 Howletts Lane Ruislip HA4 7YG	**Boots** 67 The High Street Ruislip HA4 8JB	**Ruislip Manor Pharmacy** 53 Victoria Road Ruislip HA4 9BH	**Boots** 123 Field End Road Eastcote HA5 1QH	**Superdrug Pharmacy** 143 Field End Road Eastcote Pinner HA5 1QL
Carters Pharmacy 41 Salisbury Road Eatscote Pinner HA5 2NJ	**Carter Chemist & Ability** 112-114 High Street Northwood HA6 1BJ	**Ross Pharmacy** 28 Joel Street Northwood Hills Northwood HA6 1PF	**Sharmans Pharmacy** 3-4 Clive Parade Northwood HA6 2QF	**Malthouse Pharmacy** Breakspear Road North Harefield UB9 6NF		

Ruislip & Northwood - Disease Specific Services



Lloyds In Sainsburys
11 Long Drive
South Ruislip
HA4 0HQ

Ashworths Pharmacy
64 High Street
Ruislip
HA4 7AA

Chimsons Ltd
29 Victoria Road
Ruislip Manor
HA4 9AB

Ruislip Manor Pharmacy
53 Victoria Road
Ruislip
HA4 9BH

Boots
123 Field End Road
Eastcote
HA5 1QH

Boots The Chemist
169-171 Field End Road
Eastcote
HA5 1QR

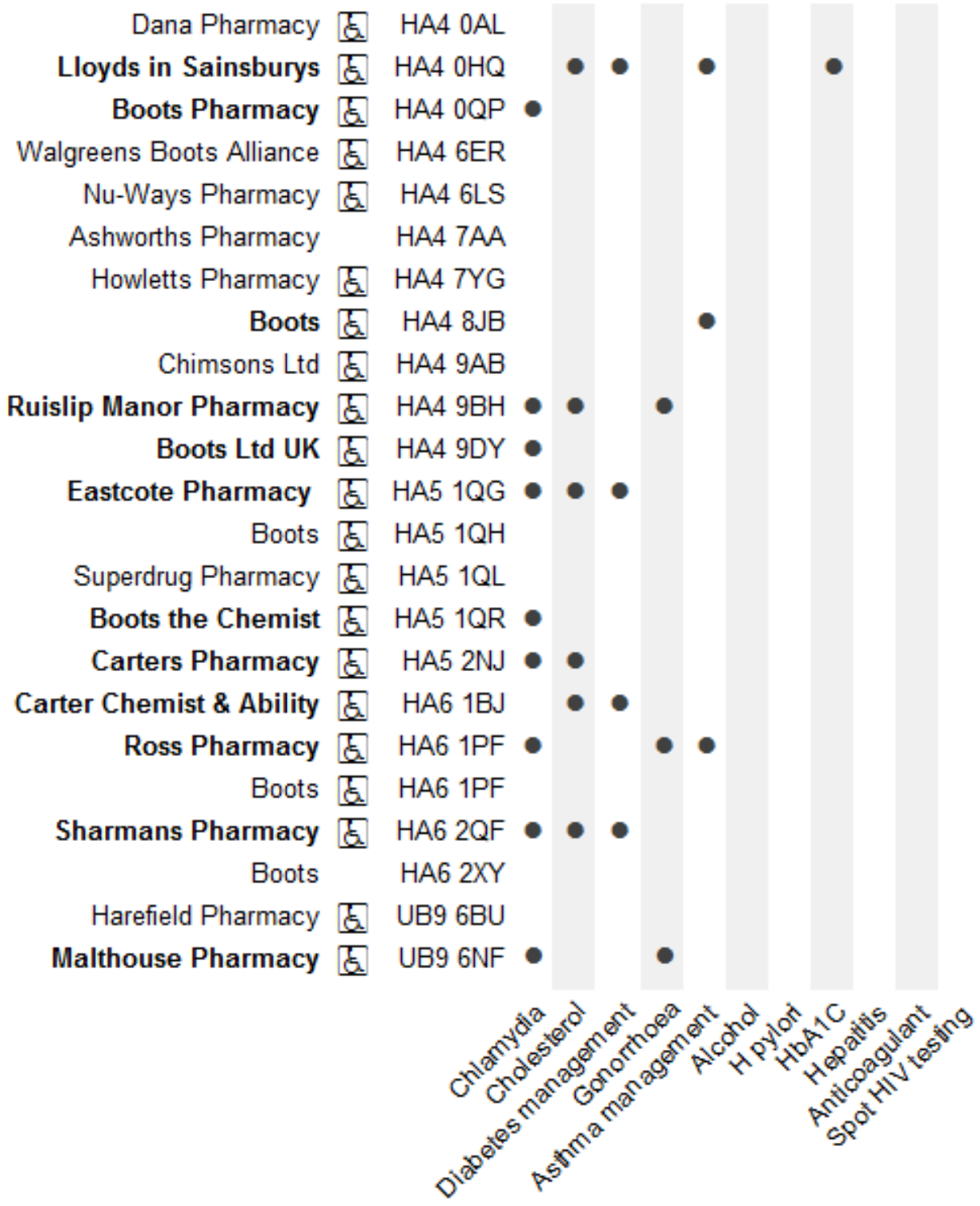
Carters Pharmacy
41 Salisbury Road
Eatscote
Pinner
HA5 2NJ

Sharmans Pharmacy
3-4 Clive Parade
Northwood
HA6 2QF

Boots
11 Maxwell Road
Northwood
HA6 2XY

Malthouse Pharmacy
Breakspear Road North
Harefield
UB9 6NF

Ruislip & Northwood - Screening & Monitoring Services



Lloyds In Sainsburys
11 Long Drive
South Ruislip
HA4 0HQ

Boots Pharmacy
716 Field End Road
Ruislip
HA4 0QP

Boots
67 The High Street
Ruislip
HA4 8JB

Ruislip Manor Pharmacy
53 Victoria Road
Ruislip
HA4 9BH

Boots Uk Ltd
212 Whitby Road
Rusilip
HA4 9DY

Eastcote Pharmacy
111 Field End Road
Eastcote
HA5 1QG

Boots The Chemist
169-171 Field End Road
Eastcote
HA5 1QR

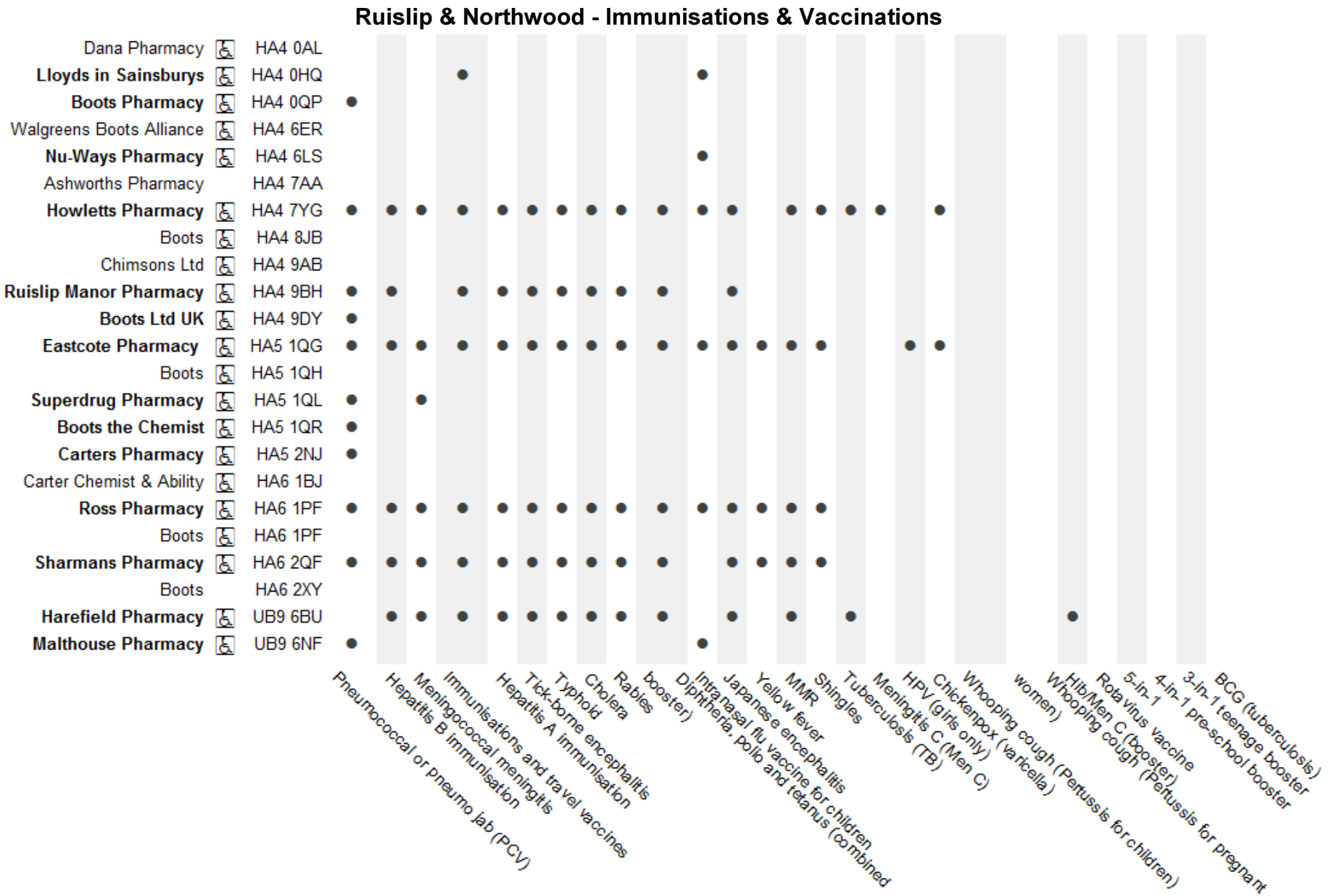
Carters Pharmacy
41 Salisbury Road
Eatscote
Pinner
HA5 2NJ

Carter Chemist & Ability
112-114 High Street
Northwood
HA6 1BJ

Ross Pharmacy
28 Joel Street
Northwood Hills
Northwood
HA6 1PF

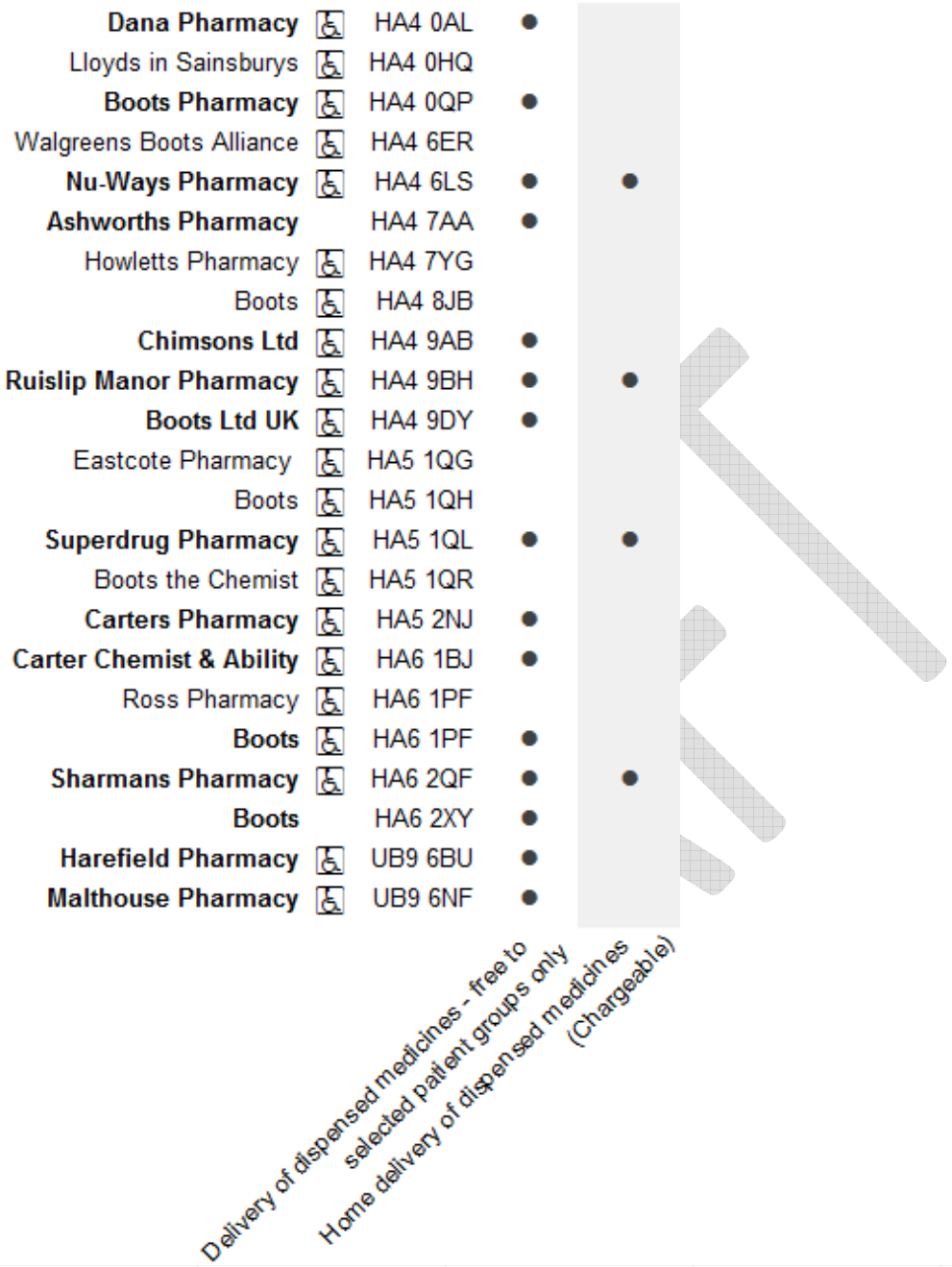
Sharmans Pharmacy
3-4 Clive Parade
Northwood
HA6 2QF

Malthouse Pharmacy
Breakspear Road North
Harefield
UB9 6NF


Ruislip & Northwood - Immunisations & Vaccinations
Dana Pharmacy HA4 0AL
Lloyds in Sainsburys HA4 0HQ
Boots Pharmacy HA4 0QP
Walgreens Boots Alliance HA4 6ER
Nu-Ways Pharmacy HA4 6LS
Ashworths Pharmacy HA4 7AA
Howletts Pharmacy HA4 7YG
Boots HA4 8JB
Chimsons Ltd HA4 9AB
Ruislip Manor Pharmacy HA4 9BH
Boots Ltd UK HA4 9DY
Eastcote Pharmacy HA5 1QG
Boots HA5 1QH
Superdrug Pharmacy HA5 1QL
Boots the Chemist HA5 1QR
Carters Pharmacy HA5 2NJ
Carter Chemist & Ability HA6 1BJ
Ross Pharmacy HA6 1PF
Boots HA6 1PF
Sharmans Pharmacy HA6 2QF
Boots HA6 2XY
Harefield Pharmacy UB9 6BU
Malthouse Pharmacy UB9 6NF
Pneumococcal or pneumo jab (PCV)
Hepatitis B immunisation
Meningococcal meningitis
Immunisations and travel vaccines
Hepatitis A immunisation
Tick-borne encephalitis
Typhoid
Cholera
Rabies booster)
Diphtheria, polio and tetanus (combined
Intranasal flu vaccine for children
Japanese encephalitis
Yellow fever
MMR
Shingles
Tuberculosis (TB)
Meningitis C (Men C)
HPV (girls only)
Chickenpox (varicella)
Whooping cough (Pertussis for children)
women)
Hib/Men C (booster)
Whooping cough (Pertussis for pregnant
Rota virus vaccine
5-in-1
4-in-1 pre-school booster
3-in-1 teenage booster
BCG (tuberculosis)

Ruislip & Northwood - Other Services

Ruislip & Northwood - Prescription & Delivery Services



Dana Pharmacy 100 Victoria Road Ruislip Manor HA4 0AL	**Boots Pharmacy** 716 Field End Road Ruislip HA4 0QP	**Nu-Ways Pharmacy** 292 West End Road Ruislip Ruislip Gardens HA4 6LS	**Ashworths Pharmacy** 64 High Street Ruislip HA4 7AA	**Chimsons Ltd** 29 Victoria Road Ruislip Manor HA4 9AB
Ruislip Manor Pharmacy 53 Victoria Road Ruislip HA4 9BH	**Boots Uk Ltd** 212 Whitby Road Rusilip HA4 9DY	**Superdrug Pharmacy** 143 Field End Road Eastcote Pinner HA5 1QL	**Carters Pharmacy** 41 Salisbury Road Eatscote Pinner HA5 2NJ	**Carter Chemist & Ability** 112-114 High Street Northwood HA6 1BJ
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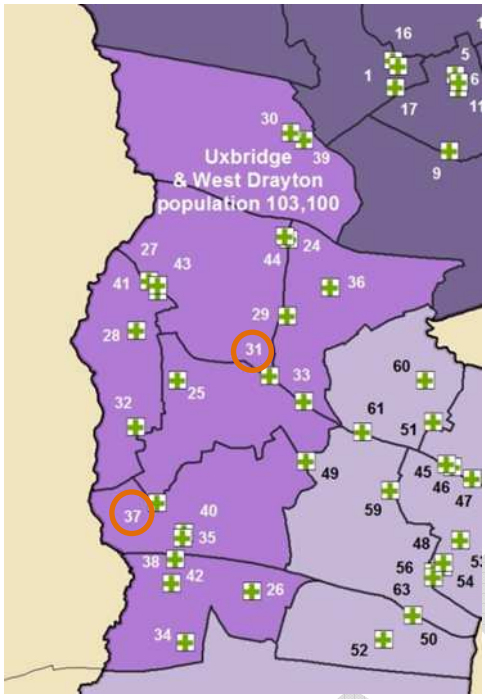
Uxbridge & West Drayton



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= 100 hour contract

= later opening hours:

Lawtons, open until 9pm daily

Tesco, open until 11pm Mon–Fri and 10pm Sat

Key	Pharmacy
24	Adell Pharmacy
25	Brunel Pharmacy
26	Carewell Chemists
27	Flora Fountain Ltd
28	H A McParland Ltd
29	Hillingdon Pharmacy
30	Anglebond Pharmacy
31	Lawtons Pharmacy
32	Mango Pharmacy
33	Oakleigh Pharmacy
34	Orchards Pharmacy
35	Phillips Pharmacy
36	Puri Pharmacy
37	Tesco In-Store Pharmacy
38	Winchester Pharmacy
39	Winchester Pharmacy
40	Yiewsley Pharmacy
41	Boots, Uxbridge (High Street)
42	Boots, West Drayton
43	Boots, Intu Shopping Centre
44	Boots, 380 Long Lane

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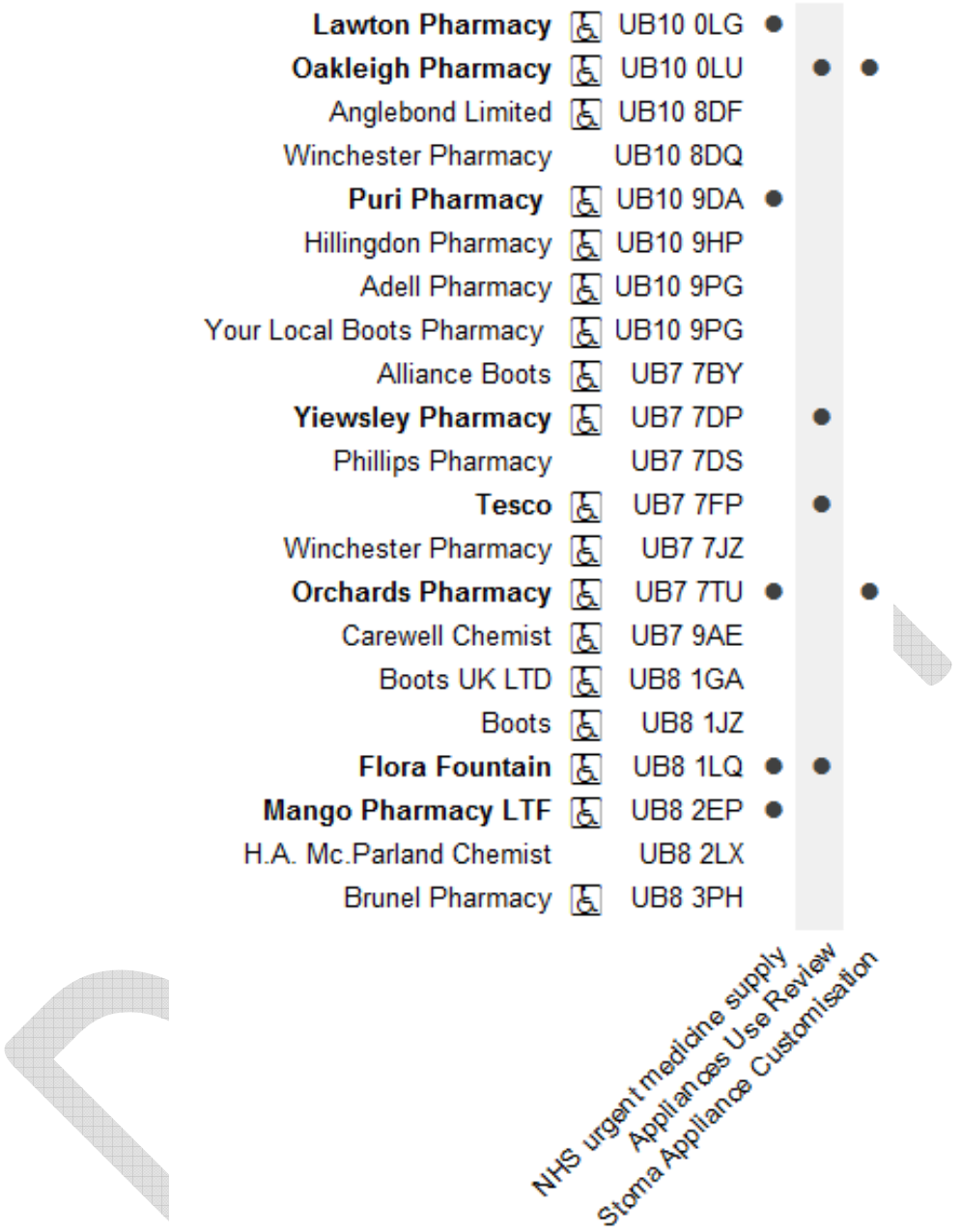
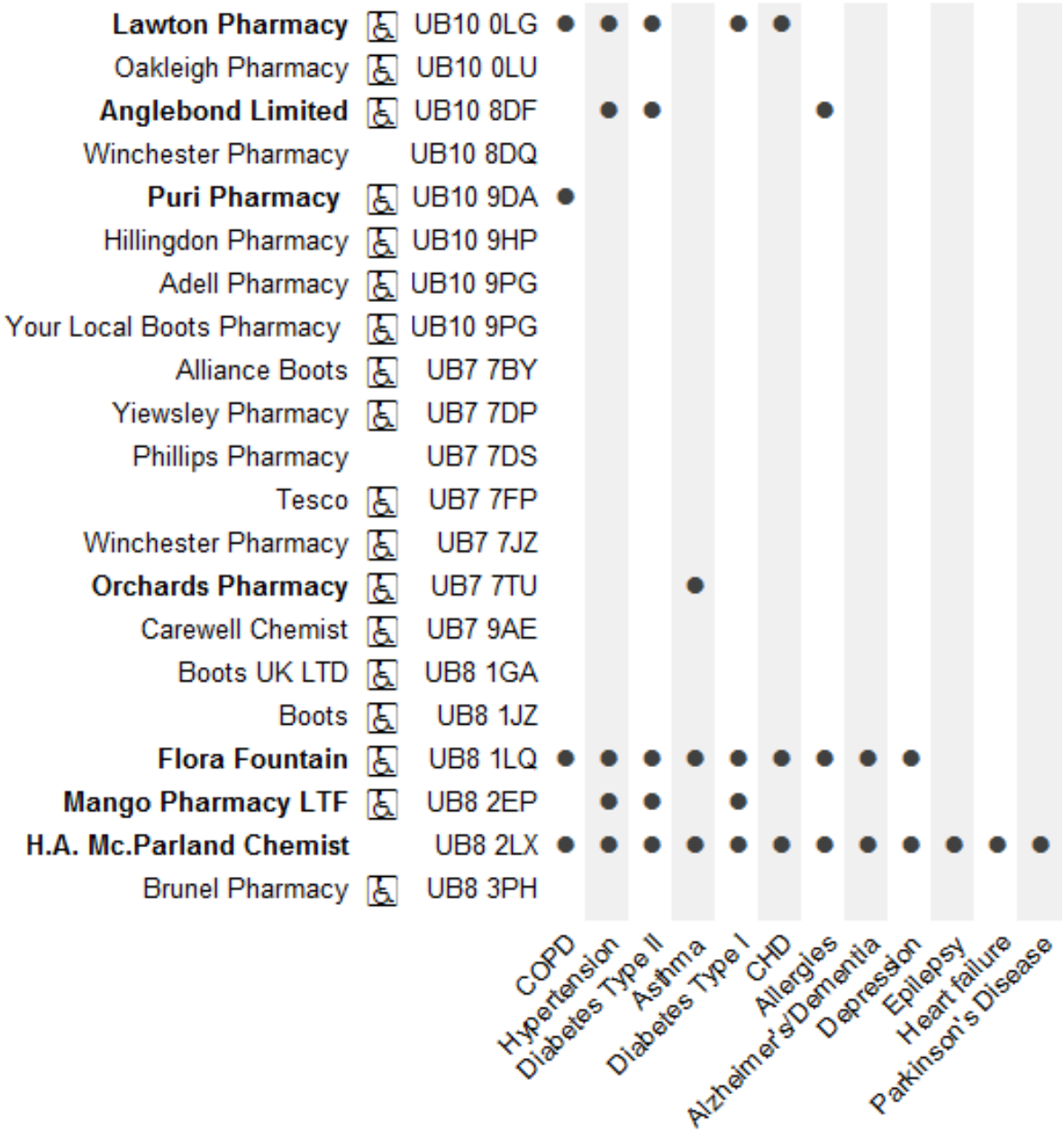
Uxbridge & West Drayton - Advanced Services



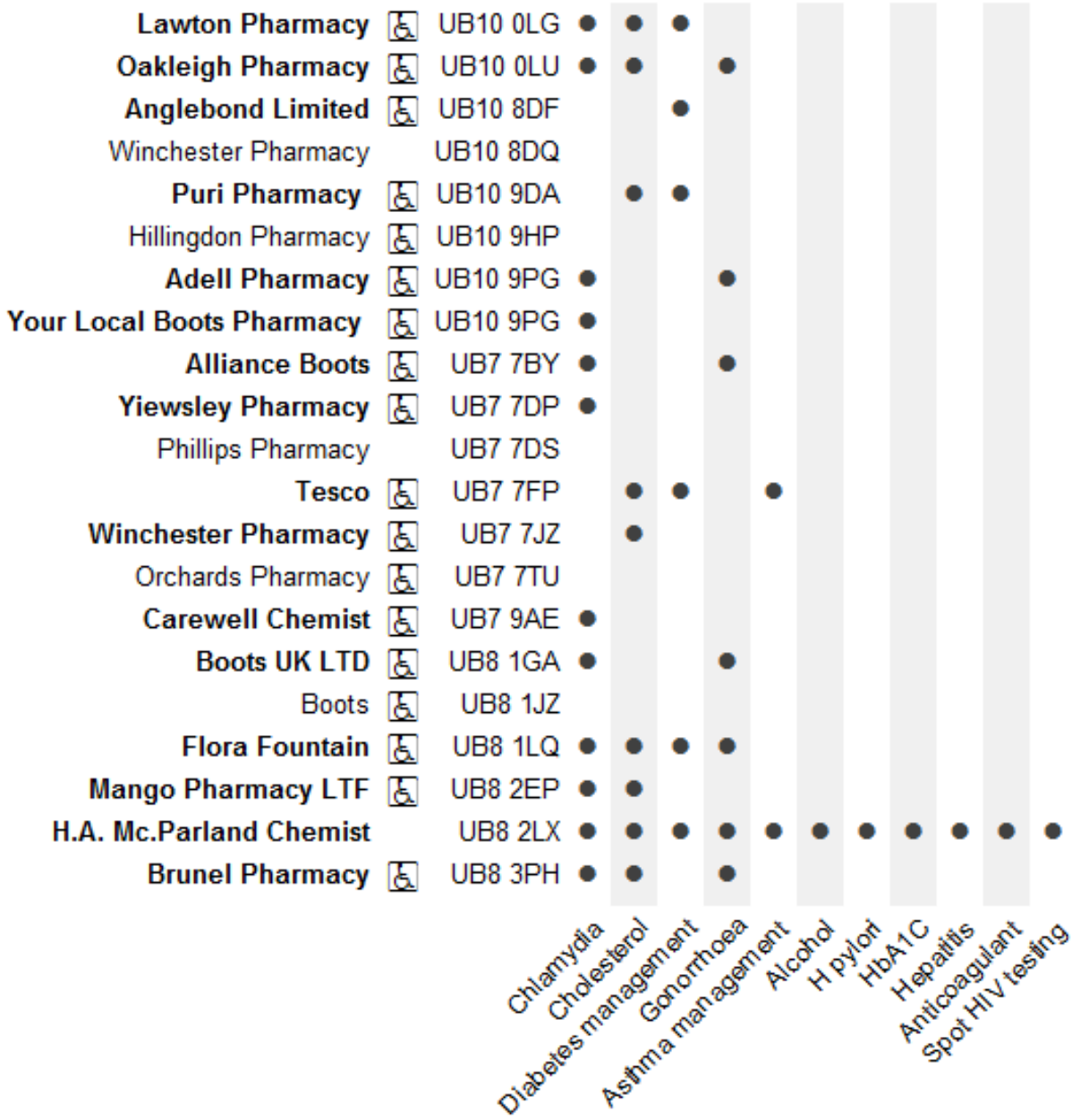
Lawton Pharmacy 8 Crescent Parade Uxbridge Road Uxbridge UB10 0LG	**Oakleigh Pharmacy** Uxbridge Road Hillingdon Heath Uxbridge Middlesex UB10 0LU	**Puri Pharmacy** 165 Ryefield Avenue Hillingdon UB10 9DA	**Yiewsley Pharmacy** 28 High Street Yiewsley Yiewsley West Drayton UB7 7DP	**Tesco** Chantry Close Yiewsley UB7 7FP
Orchards Pharmacy 6 Laurel Lane West Drayton West Drayton UB7 7TU	**Flora Fountain** 283 High Street Uxbridge UB8 1LQ	**Mango Pharmacy Ltd** 3 The Parade High Street Cowley UB8 2EP		

Uxbridge & West Drayton - Disease Specific Services



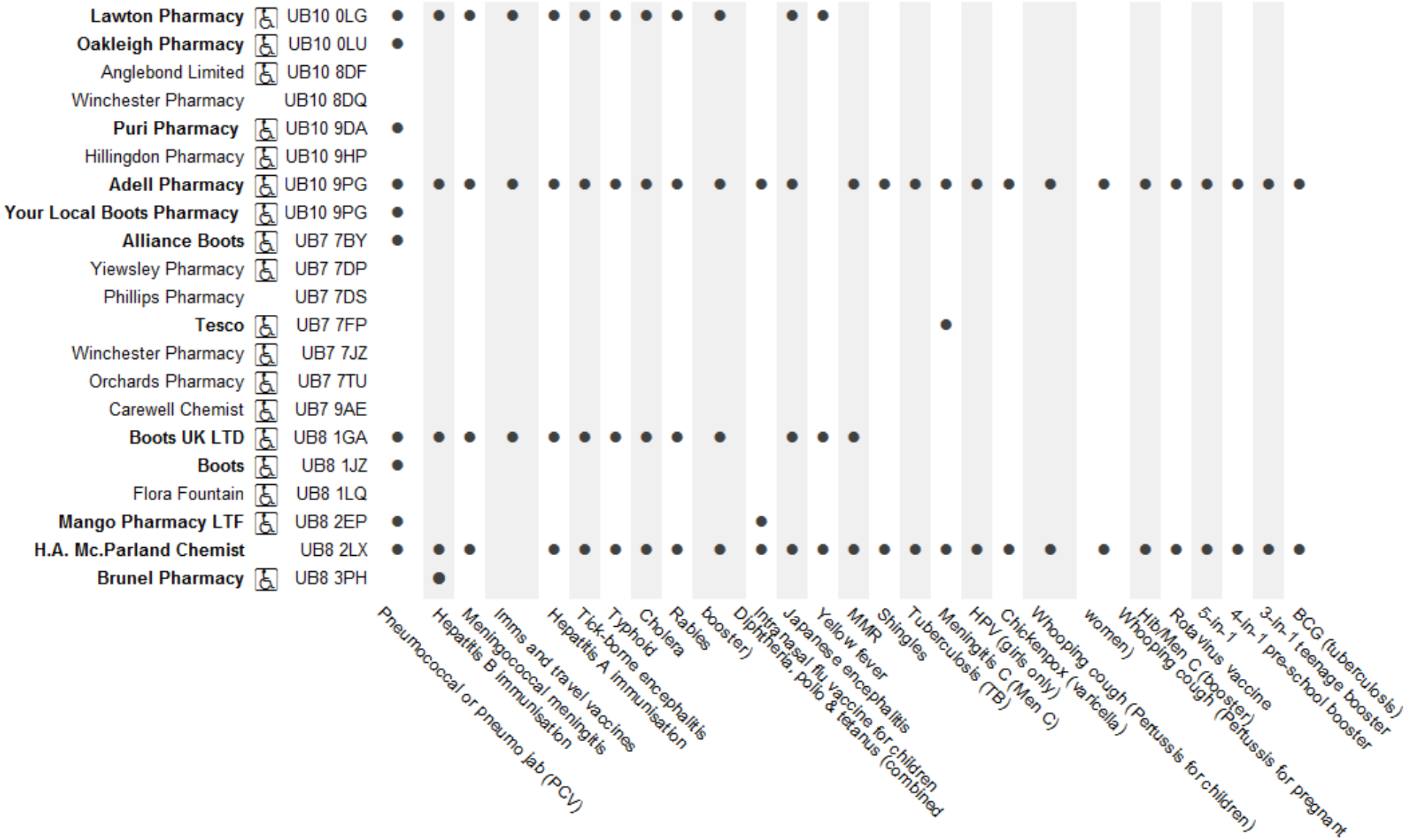
Lawton Pharmacy 8 Crescent Parade Uxbridge Road Uxbridge UB10 0LG	**Anglebond Limited** 1 Swakeleys Road Ickenham UB10 8DF	**Puri Pharmacy** 165 Ryefield Avenue Hillingdon UB10 9DA	**Orchards Pharmacy** 6 Laurel Lane West Drayton West Drayton UB7 7TU	**Flora Fountain** 283 High Street Uxbridge UB8 1LQ
Mango Pharmacy Ltd 3 The Parade High Street Cowley UB8 2EP	**H.A. Mc.Parland Chemist** 118-120 Cowley Road Uxbridge UB8 2LX			

Uxbridge & West Drayton - Screening & Monitoring Services

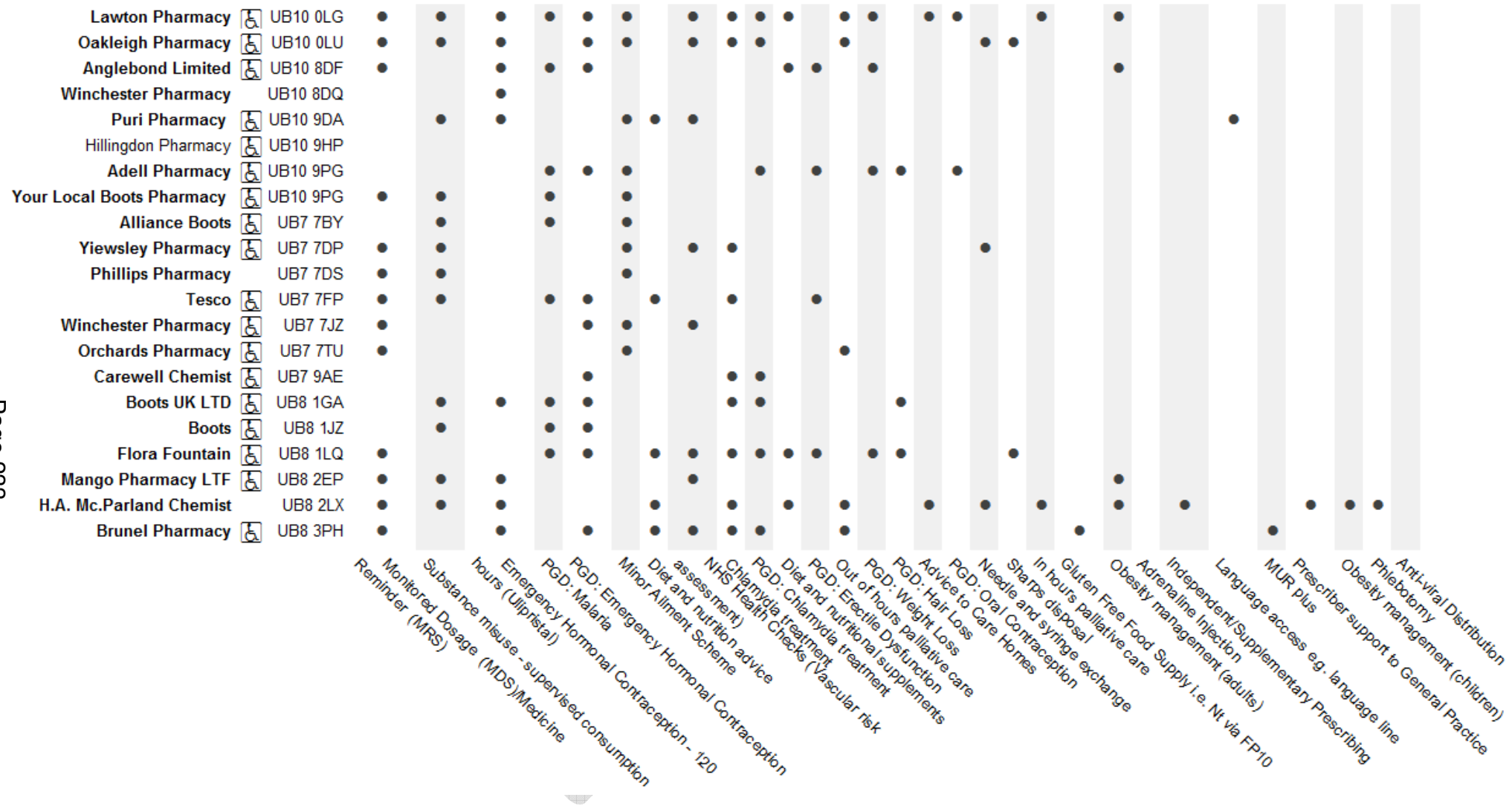


Lawton Pharmacy 8 Crescent Parade Uxbridge Road Uxbridge UB10 0LG	**Oakleigh Pharmacy** Uxbridge Road Hillingdon Heath Uxbridge Middlesex UB10 0LU	**Anglebond Limited** 1 Swakeleys Road Ickenham UB10 8DF	**Puri Pharmacy** 165 Ryefield Avenue Hillingdon UB10 9DA	**Adell Pharmacy** 392 Long Lane Hillingdon UB10 9PG	**Your Local Boots Pharmacy** 380 Long Lane UB10 9PG
Alliance Boots 14-16 Station Road West Drayton UB7 7BY	**Yiewsley Pharmacy** 28 High Street Yiewsley Yiewsley West Drayton UB7 7DP	**Tesco** Chantry Close Yiewsley UB7 7FP	**Winchester Pharmacy** 64 Swan Road West Drayton Uxbridge UB7 7JZ	**Carewell Chemist** 10 Mulberry Parade West Drayton UB7 9AE	
Boots UK LTD 128 The Chimes Shopping Centre High Street Uxbridge UB8 1GA	**Flora Fountain** 283 High Street Uxbridge UB8 1LQ	**Mango Pharmacy Ltd** 3 The Parade High Street Cowley UB8 2EP	**H.A. Mc.Parland Chemist** 118-120 Cowley Road Uxbridge UB8 2LX	**Brunel Pharmacy** Medical Centre Kingston Lane Uxbridge UB8 3PH	

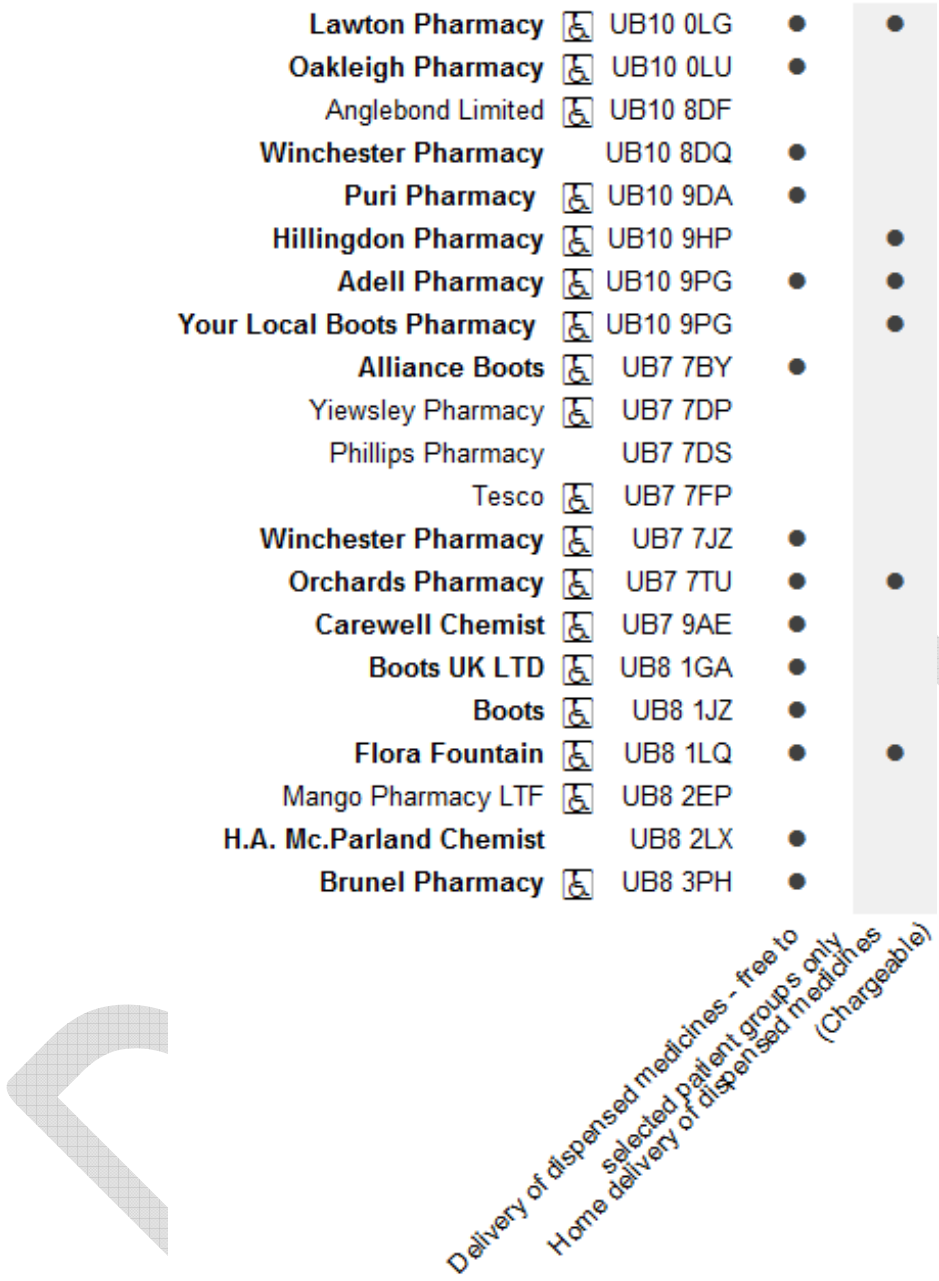
Uxbridge & West Drayton - Immunisations & Vaccinations



Uxbridge & West Drayton - Other Services

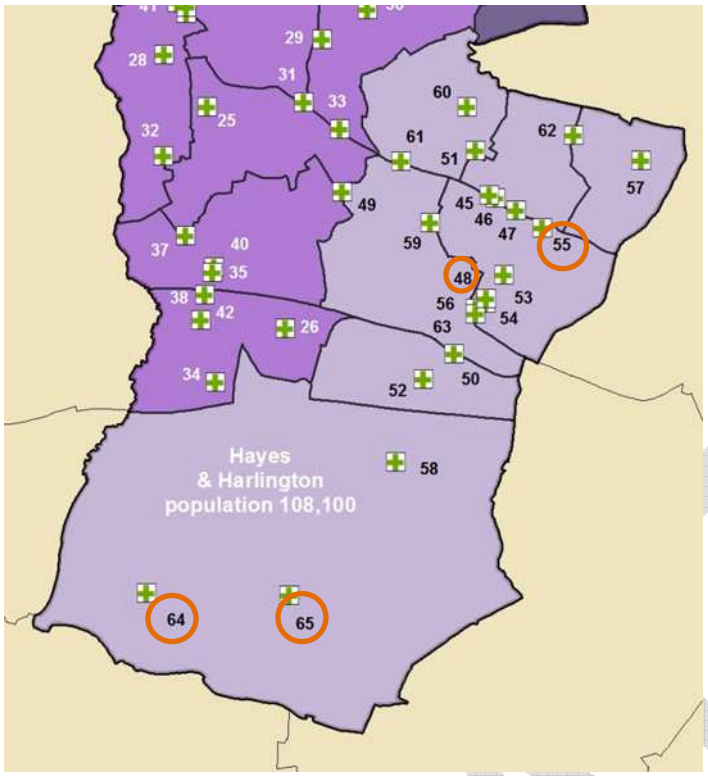


Uxbridge & West Drayton - Prescription & Delivery Services



Lawton Pharmacy 8 Crescent Parade Uxbridge Road Uxbridge UB10 0LG	**Oakleigh Pharmacy** Uxbridge Road Hillingdon Heath Uxbridge Middlesex UB10 0LU	**Winchester Pharmacy** 79 Swakeleys Road Ickenham UB10 8DQ	**Puri Pharmacy** 165 Ryefield Avenue Hillingdon UB10 9DA	**Hillingdon Pharmacy** 4 Sutton Court Road Hillingdon UB10 9HP	
Adell Pharmacy 392 Long Lane Hillingdon UB10 9PG	**Your Local Boots Pharmacy** 380 Long Lane UB10 9PG	**Alliance Boots** 14-16 Station Road West Drayton UB7 7BY	**Winchester Pharmacy** 64 Swan Road West Drayton Uxbridge UB7 7JZ	**Orchards Pharmacy** 6 Laurel Lane West Drayton West Drayton UB7 7TU	
Carewell Chemist 10 Mulberry Parade West Drayton UB7 9AE	**Boots UK LTD** 128 The Chimes Shopping Centre High Street Uxbridge UB8 1GA	**Boots** 163 High Street Uxbridge UB8 1JZ	**Flora Fountain** 283 High Street Uxbridge UB8 1LQ	**H.A. Mc.Parland Chemist** 118-120 Cowley Road Uxbridge UB8 2LX	**Brunel Pharmacy** Medical Centre Kingston Lane Uxbridge UB8 3PH

Hayes & Harlington



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= 100 hour contract

= later opening hours:

Hayes Town Pharmacy, open untill 11pm daily

Lloyds in Sainsburys, open until 10pm Mon-Sat

Boots T5, open until 9.30pm daily

Boots T3, open until 9.30pm daily

Key	Pharmacy
45	Daya Ltd
46	Grosvenor Pharmacy
47	H A McParland Ltd
48	Hayes Town Pharmacy
49	Joshi Pharmacy
50	Kasmani Pharmacy
51	Lansbury Pharmacy
52	Medics Pharmacy
53	Nuchem Pharmacy
54	Pickups Chemist
55	Lloyds Pharmacy in Sainsburys
56	Superdrug
57	Tesco In-Store Pharmacy
58	The Village Pharmacy
59	Vantage Chemists
60	Vantage Pharmacy
61	Boots, 1266 Uxbridge Road
62	Boots, 236 Yeading Lane
63	Boots, Hayes (Station Road)
64	Boots, Terminal 5
65	Boots, Terminal 3

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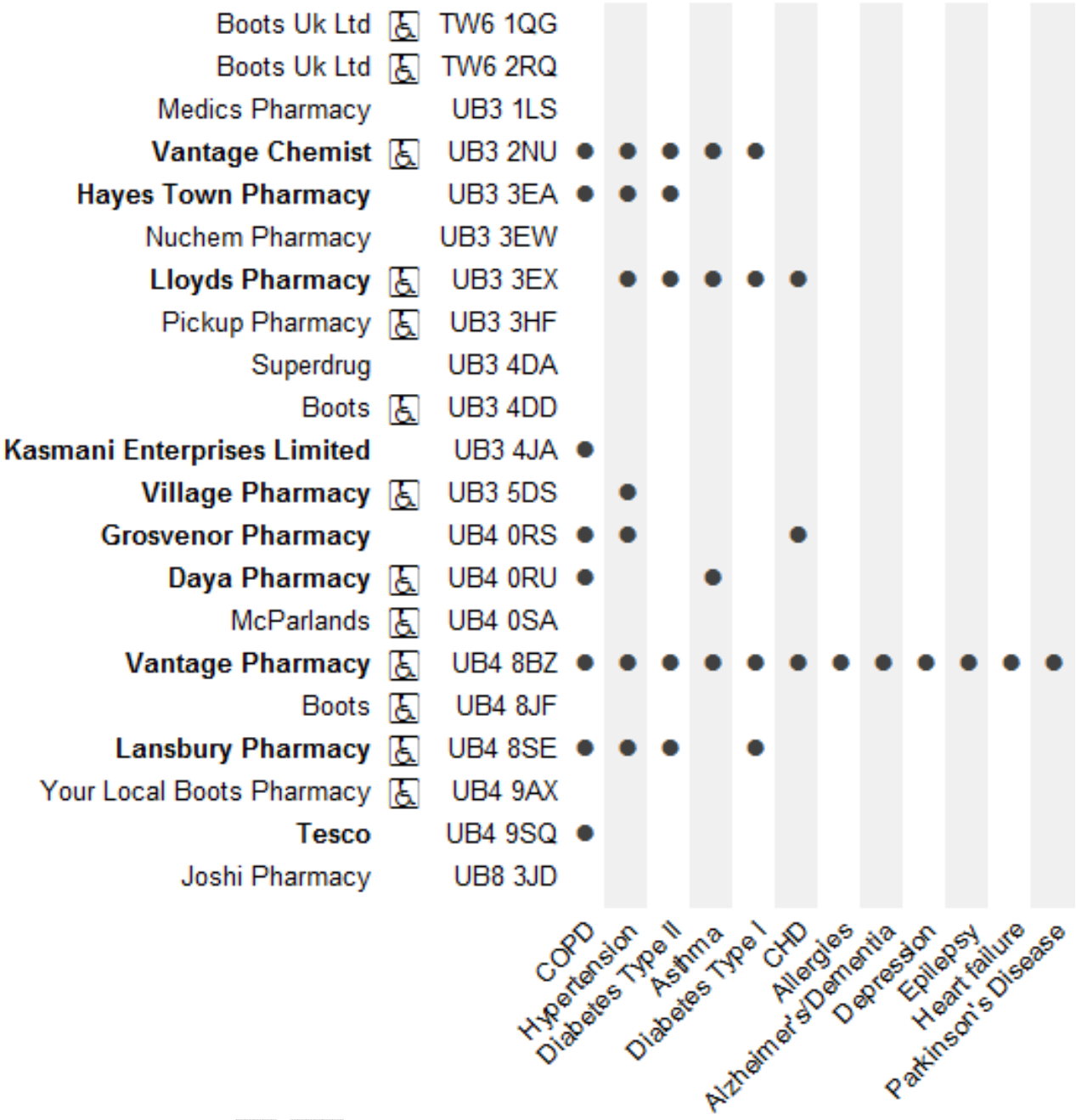
Hayes & Harlington - Advanced Services

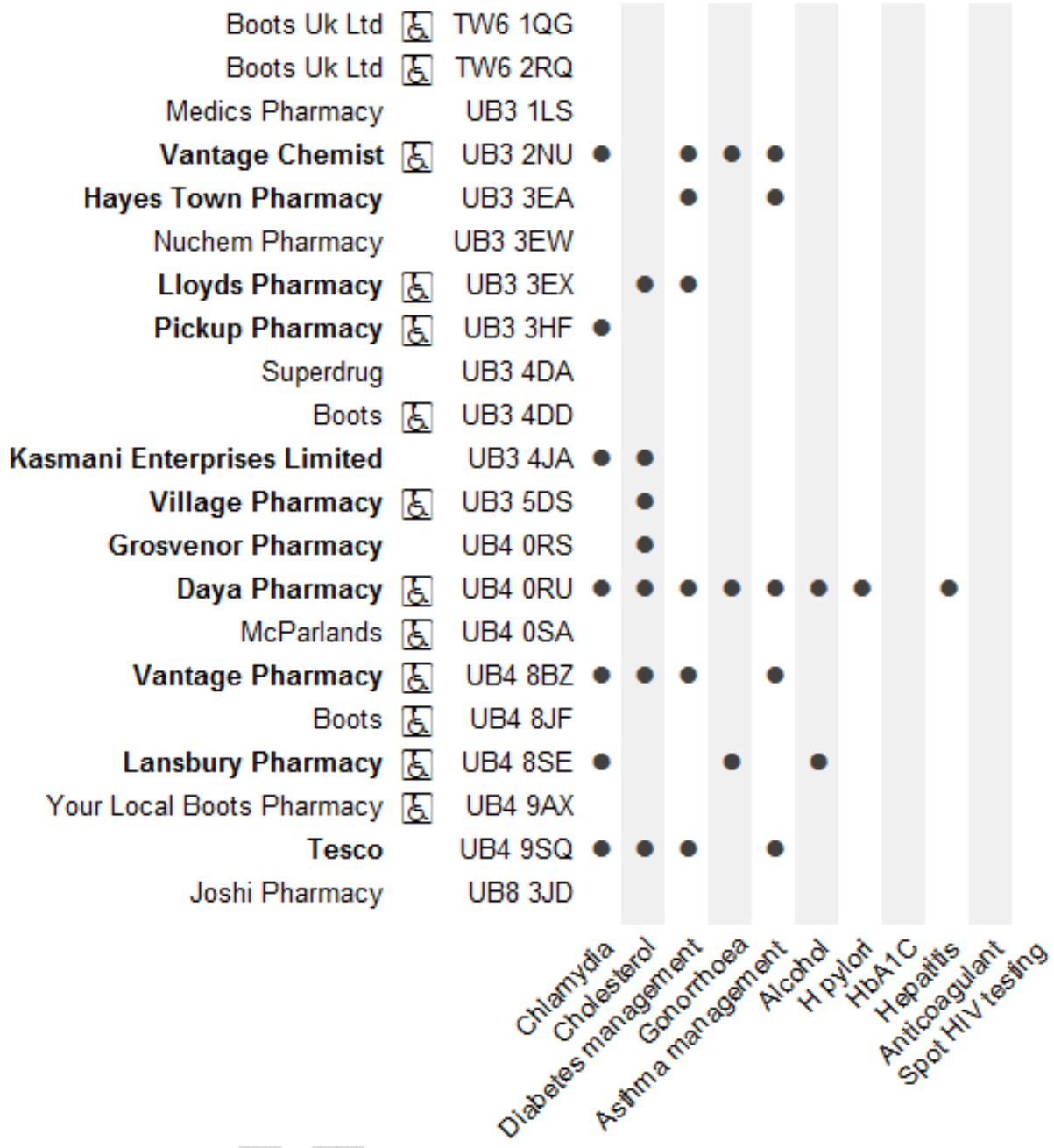
Medics Pharmacy 11 Dawley Road Hayes UB3 1LS	**Vantage Chemist** 1 Park Parade Barra Hall Circus Hayes UB3 2NU	**Pickup Pharmacy** 20-21 Broadway Parade Coldharbour Lane Hayes UB3 3HF	**Daya Pharmacy** 750 Uxbridge Road Hayes UB4 0RU	**Vantage Pharmacy** 252 Kingshill Avenue Hayes UB4 8BZ

Hayes & Harlington - Disease Specific Services



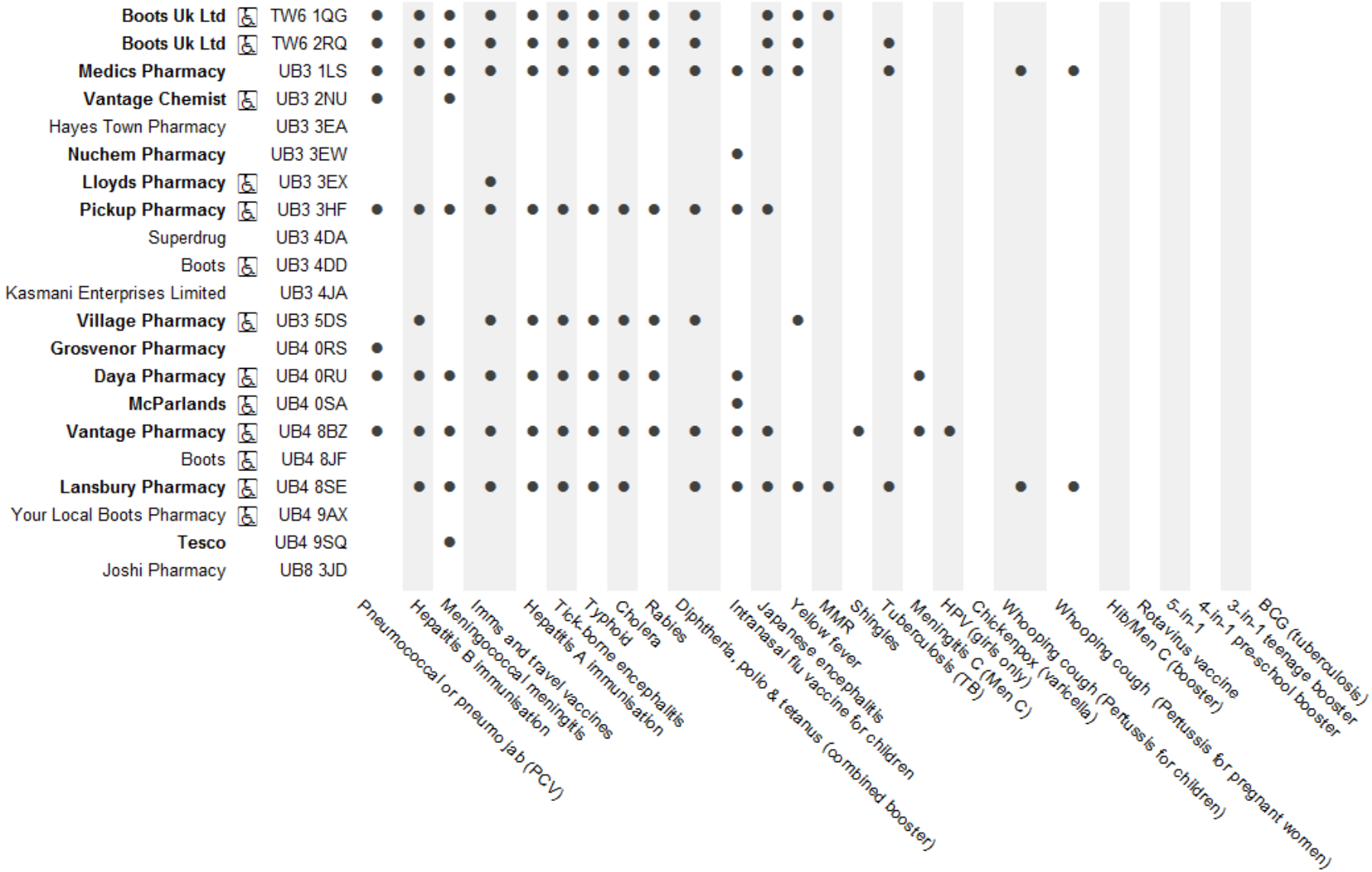
Vantage Chemist 1 Park Parade Barra Hall Circus Hayes UB3 2NU	**Hayes Town Pharmacy** 11 Coldharbour Lane Hayes UB3 3EA	**Lloyds Pharmacy** Lombardy Retail Park Coldharbour Lane Hayes UB3 3EX	**Kasmani Enterprises Limited** 6 Northfield Parade Hayes UB3 4JA	**Village Pharmacy** 218-220 High St Harlington Hayes UB3 5DS
Grosvenor Pharmacy 788 Uxbridge Road Hayes UB4 0RS	**Daya Pharmacy** 750 Uxbridge Road Hayes UB4 0RU	**Vantage Pharmacy** 252 Kingshill Avenue Hayes UB4 8BZ	**Lansbury Pharmacy** 102 Lansbury Drive Hayes Middlesex UB4 8SE	**Tesco** Glencoe Road Hayes UB4 9SQ

Hayes & Harlington - Screening & Monitoring Services

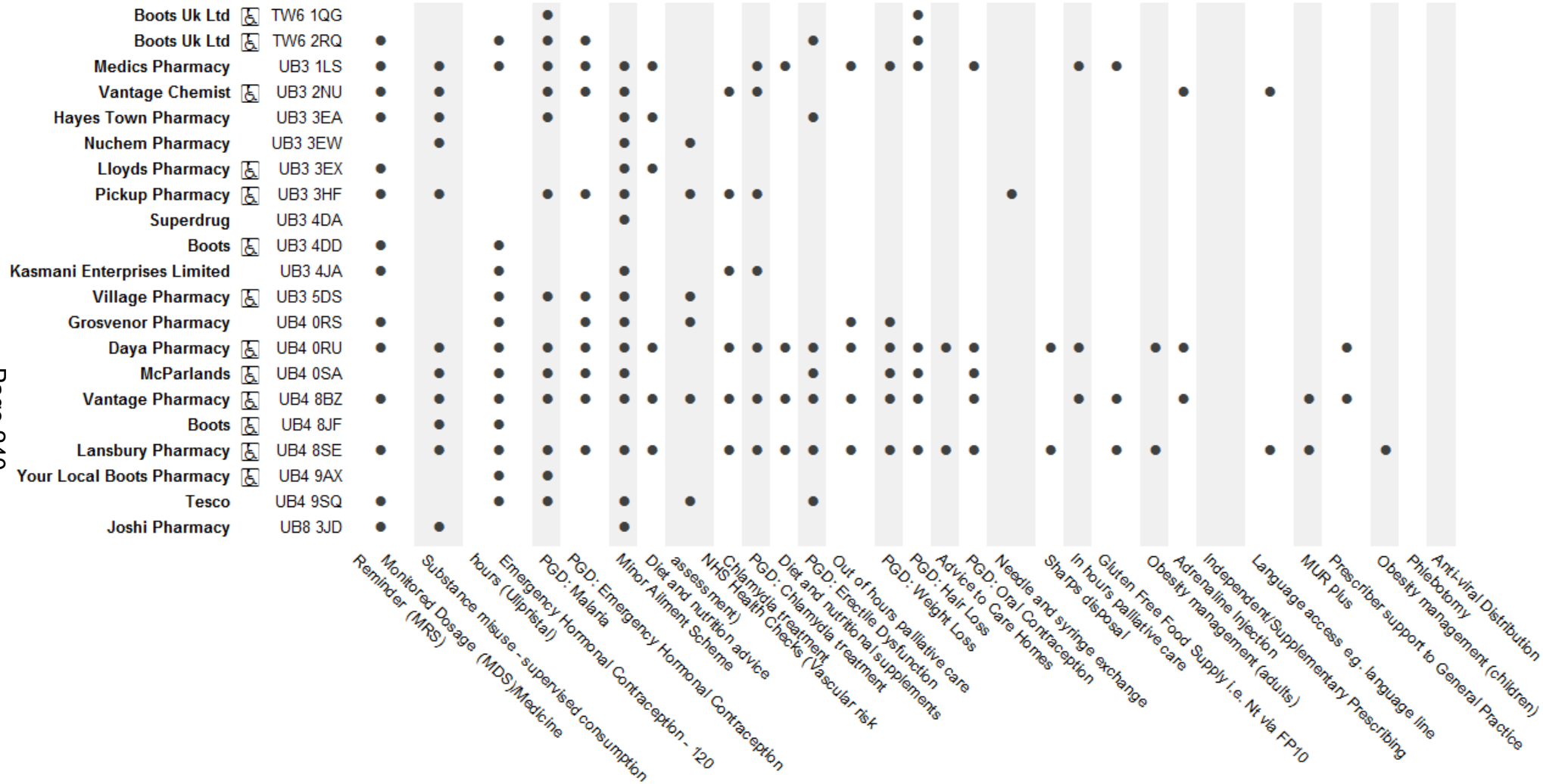


Vantage Chemist 1 Park Parade Barra Hall Circus Hayes UB3 2NU	**Hayes Town Pharmacy** 11 Coldharbour Lane Hayes UB3 3EA	**Lloyds Pharmacy** Lombardy Retail Park Coldharbour Lane Hayes UB3 3EX	**Pickup Pharmacy** 20-21 Broadway Parade Coldharbour Lane Hayes UB3 3HF	**Kasmani Enterprises Limited** 6 Northfield Parade Hayes UB3 4JA
Village Pharmacy 218-220 High St Harlington Hayes UB3 5DS	**Grosvenor Pharmacy** 788 Uxbridge Road Hayes UB4 0RS	**Daya Pharmacy** 750 Uxbridge Road Hayes UB4 0RU	**Vantage Pharmacy** 252 Kingshill Avenue Hayes UB4 8BZ	**Lansbury Pharmacy** 102 Lansbury Drive Hayes Middlesex UB4 8SE

Hayes & Harlington - Immunisations & Vaccinations



Hayes & Harlington - Other Services



Hayes & Harlington - Prescription & Delivery Services

Boots Uk Ltd	♿	TW6 1QG	●	
Boots Uk Ltd	♿	TW6 2RQ	●	
Medics Pharmacy		UB3 1LS		
Vantage Chemist	♿	UB3 2NU	●	
Hayes Town Pharmacy		UB3 3EA	●	
Nuchem Pharmacy		UB3 3EW	●	●
Lloyds Pharmacy	♿	UB3 3EX		
Pickup Pharmacy	♿	UB3 3HF	●	
Superdrug		UB3 4DA		
Boots	♿	UB3 4DD	●	
Kasmani Enterprises Limited		UB3 4JA	●	●
Village Pharmacy	♿	UB3 5DS	●	
Grosvenor Pharmacy		UB4 0RS		●
Daya Pharmacy	♿	UB4 0RU	●	
McParlands	♿	UB4 0SA	●	●
Vantage Pharmacy	♿	UB4 8BZ	●	●
Boots	♿	UB4 8JF	●	
Lansbury Pharmacy	♿	UB4 8SE	●	●
Your Local Boots Pharmacy	♿	UB4 9AX	●	
Tesco		UB4 9SQ		
Joshi Pharmacy		UB8 3JD		

Delivery of dispensed medicines - free to selected patient groups only
Home delivery of dispensed medicines (Chargeable)

Boots Uk Ltd Terminal 3 Departures Landside Heathrow Airport Hounslow TW6 1QG	**Boots Uk Ltd** Unit 3044 Terminal 5 Landside London Heathrow TW6 2RQ	**Vantage Chemist** 1 Park Parade Barra Hall Circus Hayes UB3 2NU	**Hayes Town Pharmacy** 11 Coldharbour Lane Hayes UB3 3EA	**Nuchem Pharmacy** 24 Coldharbour Lane Hayes UB3 3EW	**Pickup Pharmacy** 20-21 Broadway Parade Coldharbour Lane Hayes UB3 3HF
Boots 28-30 Station Road Hayes UB3 4DD	**Kasmani Enterprises Limited** 6 Northfield Parade Hayes UB3 4JA	**Village Pharmacy** 218-220 High St Harlington Hayes UB3 5DS	**Grosvenor Pharmacy** 788 Uxbridge Road Hayes UB4 0RS	**Daya Pharmacy** 750 Uxbridge Road Hayes UB4 0RU	
McParlands 522 Uxbridge Road Hayes UB4 0SA	**Vantage Pharmacy** 252 Kingshill Avenue Hayes UB4 8BZ	**Boots** 1266 Uxbridge Road Hayes UB4 8JF	**Lansbury Pharmacy** 102 Lansbury Drive Hayes Middlesex UB4 8SE	**Your Local Boots Pharmacy** 236 Yeading Lane Hayes UB4 9AX	

Pharmacy opening hours

Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday
Ruislip & Northwood					
Ashworths Pharmacy	64 High Street, Ruislip	HA4 7AA	09:00 - 18:00	09:00 - 13:00	Closed
Howletts Pharmacy	81 Howletts Lane, Ruislip	HA4 7YG	09:00 - 18:00	09:00 - 13:00	Closed
Carter Chemist & Ability	112-114 High Street, Northwood	HA6 1BJ	09:00 - 19:00	09:00 - 13:00	Closed
Carters Pharmacy	41 Salisbury Road, Eastcote	HA5 2NJ	09:00 - 17:00	Closed	Closed
Chimsons Ltd	29 Victoria Road, Ruislip Manor	HA4 9AB	09:00 - 18:30	09:00 - 17:30	Closed
Dana Pharmacy	100 Victoria Road, Ruislip Manor	HA4 0AL	09:00 - 18:00	09:00 - 13:00	Closed
Eastcote Pharmacy	111 Field End Road, Eastcote	HA5 1QG	09:00 - 18:30	09:00 - 17:00	Closed
Harefield Pharmacy	12e High Street, Harefield	UB9 6BU	09:00 - 18:30	09:00 - 14:00	Closed
Nu-Ways Pharmacy	292 West End Road, Ruislip Gardens	HA4 6LS	09:00 - 18:00	09:00 - 14:00	Closed
Ross Pharmacy	28 Joel Street, Northwood	HA6 1PF	09:00 - 18:30	09:00 - 17:30	Closed
Ruislip Manor Pharmacy	53 Victoria Road, Ruislip Manor	HA4 9BH	09:00 - 18:00	09:00 - 17:00	Closed
Lloyds Pharmacy in Sainsburys	Sainsburys, 11 Long Drive, South Ruislip	HA4 0HQ	08:00 - 22:00	08:00 - 22:00	10:00 - 16:00
Sharman's	3 Clive Parade, Maxwell Road, Northwood	HA6 2QF	09:00 - 19:00	09:00 - 17:30	10:00 - 14:00

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Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday
Ruislip & Northwood					
Superdrug	143 Field End Road, Eastcote	HA5 1QL	09:00 - 18:30	09:00 - 17:30	Closed
The Malthouse Pharmacy	The Malthouse, Breakspear Road North Harefield	UB9 6NF	09:00 - 18:30	09:00 - 13:00	Closed
Boots	67 High Street, Ruislip	HA4 8LS	09:00 - 18:00	09:00 - 18:00	11:00 - 17:00
Boots	Wood Lane Medical Centre, 2A Wood Lane, Ruislip	HA4 6ER	M, F 08:30 - 19:00 Tu, W 08:30-20:00 Th 08:30 - 16:00	08:30 - 13:30	Closed
Boots	123 Field End Road, Eastcote	HA5 1QH	09:00 - 19:00	09:00 - 17:30	Closed
Boots	11 Maxwell Road, Northwood	HA6 2XY	09:00 - 18:00	09:00 - 18:00	10:15 - 16:00
Boots	212 Whitby Road, Ruislip	HA4 9DY	09:00 - 18:00	09:00 - 17:30	Closed
Boots	32 Joel Street, Northwood Hills	HA6 1PF	09:00 - 18:30	09:00 - 17:30	Closed
Boots	716 Field End Road, South Ruislip	HA4 0QP	09:00 - 19:00	09:00 - 17:00	Closed
Boots	169-171 Field End Road, Eastcote	HA5 1QR	09:00 - 18:00	09:00 - 18:00	Closed

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Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday
Uxbridge & West Drayton					
Adell Pharmacy	392 Long Lane, Hillingdon	UB10 9PG	09:00 - 19:00	09:00 - 17:00	Closed
Brunel Pharmacy	Kingston Lane, Uxbridge	UB8 3PH	09:00 - 17:30	Closed	Closed
Carewell Chemists	10 Mulberry Parade, West Drayton	UB7 9AE	09:00 - 18:00	09:00 - 13:00	Closed
Flora Fountain Ltd	283 High Street, Uxbridge	UB8 1LQ	09:00 - 17:30	09:00 - 16:00	Closed
H A McParland Ltd	118/120 Cowley Road, Uxbridge	UB8 2LX	08:45 - 18:00	09:00 - 17:30	Closed
Hillingdon Pharmacy	4 Sutton Court Road, Hillingdon	UB10 9HP	09:00 - 18:00	Closed	Closed
Anglebond Pharmacy	1 Swakeleys Road, Ickenham	UB10 8DF	09:00 - 18:30	09:00 - 14:00	Closed
Lawtons Pharmacy	8-9 Crescent Parade, Uxbridge Road Hillingdon	UB10 0LG	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00
Mango Pharmacy	3 The Parade, High Street, Cowley	UB8 2EP	09:00 - 18:00	09:00 - 13:00	Closed
Oakleigh Pharmacy	Uxbridge Road, Hillingdon	UB10 0LU	09:00 - 18:00	09:00 - 13:00	Closed
Orchards Pharmacy	6 Laurel Lane, West Drayton	UB7 7TU	09:00 - 13:00 14:00 – 18:00	09:00 - 13:00	Closed
Phillips Pharmacy	84 High Street, Yiewsley	UB7 7DS	09:00 - 18:30	09:00 - 18:00	10:00 - 16:00
Puri Pharmacy	165 Ryefield Avenue, Hillingdon	UB10 9DA	M, Tu, Th, F 08:30 - 17:30 W 09:00 – 13:00	Closed	Closed

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Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday
Uxbridge & West Drayton					
Tesco Pharmacy	Yiewsley High Street, West Drayton	UB7 7GN	M 08: - 23:00 Tu, W, Th, F 07:00 - 23:00	07:00 - 22:00	11:00 - 17:00
Winchester Pharmacy	64 Swan Road, West Drayton	UB7 7JZ	M, Tu, Th, F 09:00 - 18:15 W 09:00 – 17:30	09:00 - 13:00	Closed
Winchester Pharmacy	79 Swakeleys Road, Ickenham	UB10 8DQ	09:00 - 18:00	09:00 - 17:00	Closed
Yiewsley Pharmacy	28 High Street, Yiewsley	UB7 7DP	Tu, W, Th, F 08:30 - 18:30 M 08:30 – 21:00	09:00 - 13:00	Closed
Boots	163 High Street, Uxbridge	UB8 1JZ	08:00 - 18:30	09:00 - 18:00	10:30 - 17:30
Boots	14/16 Station Road, West Drayton	UB7 7BY	M, Tu, Th, F 09:00 - 18:30 W 09:00 - 17:30	09:00 - 17:30	Closed
Boots	128 Intu Shopping Centre, Uxbridge	UB8 1GA	M, Tu, W, F 09:00 - 19:00 Th 09:00 - 20:00	09:00 - 19:00	11:00 - 17:00
Boots	380 Long Lane, Hillingdon	UB10 9PG	08:30 - 18:30	09:00 - 17:30	Closed

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Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday
Hayes & Harlington					
Daya Ltd	750 Uxbridge Road, Hayes	UB4 0RU	09:00 - 19:30	09:00 - 18:00	Closed
Grosvenor Pharmacy	788 Uxbridge Road, Hayes	UB4 0RS	09:30 - 19:00	09:30 - 18:00	Closed
H A McParland Ltd	522 Uxbridge Road, Hayes	UB4 0SA	M, Tu, Th, F 08:45 - 18:30 W 08:45 – 17:30	09:00 - 14:30	Closed
Hayes Town Pharmacy	11 Coldharbour Lane, Hayes	UB3 3EA	08:00 - 23:00	08:00 - 23:00	08:00 - 23:00
Joshi Pharmacy	315 Harlington Road, Hillingdon	UB8 3JD	09:00 - 19:00	09:00 - 13:00	Closed
Kasmani Pharmacy	6 Northfield Parade, Station Road, Hayes	UB3 4JA	09:00 - 19:00	09:00 - 13:00	Closed
Lansbury Pharmacy	102 Lansbury Drive, Hayes	UB4 8SE	09:00 - 19:00	09:00 - 18:00	Closed
Medics Pharmacy	11 Dawley Road, Harlington	UB3 1LS	09:00 - 18:30	09:00 - 13:00	Closed
Nuchem Pharmacy	24 Coldharbour Lane, Hayes	UB3 3EW	09:00 - 19:00	09:00 - 18:00	Closed
Pickups Chemist	20-21 Broadway Parade, Coldharbour Lane, Hayes	UB3 3HF	08:30 - 21:00	09:00 - 20:00	10:00 - 16:00
Lloyds Pharmacy in Sainsburys	Lombardy Retail Park, Coldharbour Road Hayes	UB3 3EX	08:00 - 22:00	08:00 - 22:00	11:00 - 17:00
Superdrug	2-8 Station Road, Hayes	UB3 4DA	09:00 - 18:00	09:00 - 17:30	Closed
Tesco Pharmacy	Glencoe Road, Hayes	UB4 9SQ	08:00 - 21:00	08:00 - 20:00	10:00 - 16:00

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Pharmacy Name	Address	Postcode	Monday - Friday	Saturday	Sunday
Hayes & Harlington					
The Village Pharmacy	218 High Street, Harlington	UB3 5DS	09:00 - 18:30	09:00 - 14:00	Closed
Vantage Chemists	1 Park Parade, Barra Hall Circus, Hayes	UB3 2NU	M, Tu, Th, F 09:00 - 18:30 W 09:00 – 18:00	09:00 - 14:00	Closed
Vantage Pharmacy	252 Kingshill Avenue, Hayes	UB4 8BZ	09:00 – 18:00	09:00 - 14:00	Closed Except when on duty
Boots	1266 Uxbridge Road, Hayes	UB4 8JF	M, Tu, Th, F 09:00 - 18:00 W 09:00 - 17:30	09:00 - 17:30	Closed
Boots	236 Yeading Lane, Hayes	UB4 9AX	09:00 - 19:00	09:00 - 17:30	Closed
Boots	28-30 Station Road, Hayes	UB3 4DD	09:00 - 18:30	09:00 - 17:30	Closed
Boots	T5, Unit 3044 Departures Level (check in), Heathrow Airport	TW6 2RQ	05:30 - 21:30	05:30 - 21:30	05:30 - 21:30
Boots	T3 Landside Departures, Heathrow Airport	TW6 1QG	05:30 - 21:30	05:30 - 21:30	05:30 - 21:30

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Dental Practices

Dental Practice	Address	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
Ruislip & Northwood									
Victoria Road Dental Clinic	105 Victoria Road, Ruislip	HA4 9BN	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed
The Field End Dental Clinic	70 Field End Road, Pinner	HA5 2QG	09:00 - 19:00	09:00 - 18:00	09:00 - 19:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed
The Dental Design Studio	1 Murray Road, Northwood	HA6 2YP	08:00 - 18:00	08:30 - 19:00	08:00 - 18:00	08:30 - 19:00	08:00 - 18:00	09:00 - 13:00	Closed
Kingsend Dental Health Clinic	34 Kingsend, Ruislip	HA4 7DA	08:00 - 17:30	08:00 - 17:30	08:00 - 17:30	08:00 - 17:30	08:00 - 13:00	Closed	Closed
Orchard Dental Care	6 Elm Avenue, Ruislip	HA4 8PD	08:30 - 17:30	08:30 - 17:30	09:00 - 20:00	08:30 - 17:30	08:30 - 13:30	09:00 - 13:30	Closed
The Northwood Hills Dental Clinic	35 Norwich Road, Northwood	HA6 1ND	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	08:00 - 15:00	Closed	Closed
Oakdale Dental Practice	103 Pinner Road, Northwood	HA6 1QN	08:00 - 17:30	08:00 - 17:30	08:00 - 17:30	08:00 - 17:30	08:00 - 13:30	Closed	Closed
Hillside Dental Care	27 Field End Road, Pinner	HA5 2QQ	09:00 – 17:30	09:00 - 17:30	09:00 – 17:30	09:00 - 17:30	09:00 - 13:00	Closed	Closed
Northwood Hills Dental Practice	141 Pinner Road, Northwood	HA6 1DB	08:30 – 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	09:00 - 12:00	Closed
Dental Surgery	33 Eastcote Road, Ruislip	HA4 8BE	09:15 - 17:30	09:15 - 17:30	09:15 - 17:30	09:15 - 17:30	09:15 - 12:00	Closed	Closed
Eastcote Dental Practice	154A Field End Road, Pinner	HA5 1RH	09:00 - 17:00	09:00 - 19:00	09:00 - 19:00	09:00 - 17:00	09:00 - 16:30	Closed	Closed

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Dental Practice	Address	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
Ruislip & Northwood									
Ivory Dental Practice	40 Station Approach, South Ruislip	HA4 6RZ	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:00	09:00 - 17:00	Closed	Closed
Dental Surgery	117 High Street, Ruislip	HA4 8JN	08:30 - 17:00	08:30 - 17:00	08:30 - 17:00	08:30 - 17:00	08:30 - 17:00	Closed	Closed
Northwood Dental Practice	7 Station Approach, Northwood	HA6 2XN	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	09:00 - 17:30	09:00 - 14:00	Closed
Parkway Dental Practice	58A Park Way, Ruislip	HA4 8NR	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 13:00	Closed	Closed

Dental Practice	Address	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
Uxbridge & West Drayton									
I D H Ltd	278B High Street, Uxbridge	UB8 1LQ	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	08:00 - 16:00	Closed	Closed
I D H Ltd	11 Station Road, West Drayton	UB7 7BT	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	08:30 - 16:30	Closed	Closed
Swakeleys Dental Practice	116 Swakeleys Road, Uxbridge	UB10 8BA	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed
Court Drive Dental Practice	1A Court Drive, Uxbridge	UB10 0BJ	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:30	09:00 - 16:00	Closed	Closed
Sweetcroft Dental Practice	267 Long Lane, Hillingdon	UB10 9JR	09:00 - 17:30	09:00 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 16:00	09:00 - 13:00	Closed
Dental Surgery	15A Windsor Street, Uxbridge	UB8 1AB	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	Closed	Closed
Feel Good Dental Practice	77 Belmont Road, Uxbridge	UB8 1QU	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 13:00	Closed

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Dental Practice	Address	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
Uxbridge & West Drayton									
Campbell House Dental Practice	330 Long Lane, Hillingdon	UB10 9PF	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed
Escentics Dental & Implant Centre	299 Long Lane, Hillingdon	UB10 9JY	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	
Denpure Dental Care & Implant Centre	77 Swakeleys Road, Uxbridge	UB10 8DQ	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 14:00	

Dental Practice	Address	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
Hayes & Harlington									
The Hayes Dental Practice	115 Station Road	UB3 4BX	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:00	Closed	Closed
Dental Surgery	87A Coldharbour Lane	UB3 3EF	09:00 - 17:15	09:00 - 17:15	09:00 - 17:15	09:00 - 17:15	09:00 - 17:15	Closed	Closed
Dental Surgery	9 Yeading Lane	UB4 0EL	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	Closed	Closed
Yeading Lane Dental Practice	9 Yeading Lane	UB4 0EL	09:00 - 18:45	09:00 - 17:45	09:00 - 17:45	09:00 - 17:45	08:30 - 15:00	Closed	Closed
The Village Dental Practice	159 High Street	UB3 5DA	09:00 - 17:30	Closed	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed
130 Dental Centre	130 Coldharbour Lane	UB3 3HB	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed
Yeading Dental Care	1A Carlyon Road	UB4 0NR	09:00 - 14:00	09:00 - 14:00	09:00 - 14:00	09:00 - 18:00	09:00 - 18:00	09:00 - 16:00	Closed

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Hillingdon Pharmaceutical Needs Assessment 2018

Appendix 5: Pharmacy Survey

March 2018

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Pharmaceutical Needs Assessment 2018

Appendix 5: Survey

Pharmaceutical Needs Assessment, Pharmacy Survey 2018

*Required

Pharmacy Details

ODS Code (PPD Code)

Name of Contractor (ie name of individual, partnership or company owning the pharmacy business)

Trading Name

Address of pharmacy premises

Address 2

Town

Borough

Postcode

Pharmacy email address

Pharmacy telephone number

Pharmacy fax

Pharmacy website address

Please answer the following questions. *

	Yes	No
Can we store the above information and and use this to contact you?	○	○
Are you an appliance only contractor?	○	○
Are you a 100 hour contract pharmacy?	○	○
Is the pharmacy a distance selling pharmacy? (i.e. It cannot provide essential services to persons present at the pharmacy)	○	○
Does the pharmacy hold a Local Pharmaceutical Services (LPS) contract? (ie It is not the standard pharmaceutical service contract)	○	○
Is your pharmacy private? (ie no NHS contract)	○	○
Is the pharmacy entitled to Pharmacy Access Scheme Payments?	○	○

Is your pharmacy independent or part of a national group?

- ○ Independent
- ○ Group with 2-5 pharmacies
- ○ Group with 6-10 pharmacies
- ○ Group with more than 10 pharmacies

Opening Times and Accessibility

Please indicate the times your pharmacy is open.

Please complete opening and closing times followed by lunchtime hours in 24 hour format for each day i.e. 09:00 - 17:00 13:00 - 14:00

If you have days that you are closed please input CLOSED.

If your pharmacy does not close for lunch please input NO LUNCH.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

With regard to the above opening times, what are your core contracted hours at the pharmacy?

Please complete opening and closing times followed by lunchtime hours in 24 hour format for each day i.e. 09:00 - 17:00 13:00 - 14:00

If you have days that you are closed please input CLOSED.

If your pharmacy does not close for lunch please input NO LUNCH.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Does your pharmacy provide printed information in the following formats?

- [ ] Easy Read
- [ ] Large prints
- [ ] Braille
- [ ] None of these

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Consultation Areas and Premises

Please answer the following questions about your premises. *

	Yes	No	No, but planned within the next 12 months	Don't know
There are free car parking facilities available close to the premises during opening hours	○	○	○	○
Car parking facilities that require payment are available close to the premises during opening hours	○	○	○	○
Disabled car parking facilities are available close to the premises during opening hours	○	○	○	○
The consultation area /room is clearly signposted as a private consultation area within the pharmacy	○	○	○	○
Conversations in the consultation area/room cannot be overheard when talking at normal speaking volumes by other patients and staff	○	○	○	○
Seating is available for patients and staff within the consultation area/room	○	○	○	○
Hand washing facilities are available close to the consultation area/room	○	○	○	○
Patients have access to toilet facilities	○	○	○	○
There is a consultation area/room which complies with MUR/NMS requirements	○	○	○	○
The consultation area/room is accessible to wheelchair users with ramped access	○	○	○	○

The consultation area/room is accessible to wheelchair users with wide door				
The consultation area/room is accessible to wheelchair users with electric door				
We can undertake consultations in patients' homes (or other suitable sites)				
The access to the pharmacy premises complies with the Equalities Act				
There is access to an offsite consultation area/room				

Information Technology

Please answer the following questions on your Electronic Prescription Service.

	Yes	Intended within the next 12 months	No intention	Don't know
Is your system 'Release 2' enabled?				
Do you have access to an IT system within the consultation area/room?				

If you have said you have access to an IT system within a consultation area/room. Does this IT system have access to patient records?

- Yes
- Intending to within the next 12 months
- No and no intention to gain access
- Don't know

Please answer the following questions on the software/file formats on your pharmacy IT system. *

	Yes	No
Do you have access to a Microsoft Office package (eg Word/Excel)?		
Do you have access to NHS.net email?		
Is NHS mail being used?		
Is your NHS Summary of Care Records (SCR) enabled?		
Do you have an up to date NHS choice entry?		

Services

Does your pharmacy dispense the appliances below?

	Yes	Intending to begin within the next 12 months	No and not intending to
Stoma appliances	○	○	○
Incontinence appliances	○	○	○
Just dressings	○	○	○

If your pharmacy dispenses other appliances please provide information in the text box provided below.

Are the following ADVANCED services offered? *

	Yes	Intending to begin within the next 12 months	No and not intending to provide	Don't know
Medicines Use Review (MUR)	○	○	○	○
Appliances Use Review	○	○	○	○
Stoma Appliance Customisation	○	○	○	○
New Medicines Service (NMS)	○	○	○	○
NHS urgent medicine supply advanced service	○	○	○	○

Other than the dispensing services, does your pharmacy offer any of the following disease specific services? *

	Currently provide via NHS	Currently provide privately	Currently provide via Local Authority	Would be willing to provide if commissioned	Not willing or able to provide
Allergies	○	○	○	○	○
Alzheimer's/Dementia	○	○	○	○	○
Asthma	○	○	○	○	○
CHD	○	○	○	○	○
COPD	○	○	○	○	○
Depression	○	○	○	○	○
Diabetes Type I	○	○	○	○	○
Diabetes Type II	○	○	○	○	○
Epilepsy	○	○	○	○	○
Heart failure	○	○	○	○	○
Hypertension	○	○	○	○	○
Parkinson's Disease	○	○	○	○	○

If your pharmacy offers any other disease specific services please provide information in the text box provided below.

Draft

Services - Part 2

Are the following screening and monitoring services offered at your pharmacy? *

	Currently provide via NHS	Currently provide privately	Currently provide via Local Authority	Would be willing to provide if commissioned	Not willing or able to provide
Alcohol	○	○	○	○	○
Anticoagulant monitoring service	○	○	○	○	○
Asthma management	○	○	○	○	○
Chlamydia screening service	○	○	○	○	○
Cholesterol	○	○	○	○	○
Diabetes management	○	○	○	○	○
Gonorrhoea	○	○	○	○	○
H pylori	○	○	○	○	○
HbA1C	○	○	○	○	○
Hepatitis	○	○	○	○	○
Spot HIV testing	○	○	○	○	○

If your pharmacy offers any other screening and monitoring services please provide information in the text box provided below.

Are the following vaccinations services offered at your pharmacy? *

	Currently provide via NHS	Currently provide privately	Currently provide via Local Authority	Would be willing to provide if commissioned	Not willing or able to provide
Pneumococcal or pneumo jab (PCV)					
Rotavirus vaccine					
Meningitis C (Men C)					
5-in-1 vaccine					
Hib/Men C (booster)					
MMR					
Seasonal influenza vaccination					
Intranasal flu vaccine for children					
4-in-1 pre-school booster					
HPV vaccine (girls only)					
3-in-1 teenage booster					
Chickenpox vaccination (varicella)					
Shingles					
BCG (tuberculosis) vaccination					
Hepatitis A immunisation					
Hepatitis B immunisation					
Meningococcal meningitis					
Rabies					
Japanese encephalitis					
Tick-borne encephalitis					
Tuberculosis (TB)					
Yellow fever					
Diphtheria, polio and tetanus (combined booster)					
Typhoid					
Cholera					
Whooping cough (Pertussis for children)					
Whooping cough (Pertussis for pregnant women)					
Immunisations and travel vaccines					

If your pharmacy offers any other vaccination services please provide information in the text box provided below.

Services - Part 3

Are the following other services offered at your pharmacy? *

	Currently provide via NHS	Currently provide privately	Currently provide via Local Authority	Would be willing to provide if commissioned	Not willing or able to provide
Advice to Care Homes Service	○	○	○	○	○
Chlamydia treatment service	○	○	○	○	○
Emergency Hormonal Contraception service - 72 hours (Levonorgestrel)	○	○	○	○	○
Emergency Hormonal Contraception service - 120 hours (Ulipristal)	○	○	○	○	○
Gluten Free Food Supply Service i.e. not via FP10	○	○	○	○	○
Independent/Supplementary Prescribing Service	○	○	○	○	○
Language access service e.g. language line	○	○	○	○	○
Medication review service	○	○	○	○	○
Diet and nutrition advice	○	○	○	○	○
Diet and nutritional supplements	○	○	○	○	○
Monitored Dosage Service (MDS)/Medicine Reminder Services (MRS)	○	○	○	○	○
Minor Ailment Scheme	○	○	○	○	○
MUR plus service	○	○	○	○	○
Obesity management (adults)	○	○	○	○	○
Obesity management (children)	○	○	○	○	○
PGD: Erectile Dysfunction	○	○	○	○	○
PGD: Weight Loss	○	○	○	○	○
PGD: Quit Smoking	○	○	○	○	○
PGD: Hair Loss	○	○	○	○	○
PGD: Malaria	○	○	○	○	○
PGD: Emergency Hormonal Contraception	○	○	○	○	○
PGD: Oral Contraception	○	○	○	○	○
PGD: Chlamydia treatment	○	○	○	○	○
Adrenaline Injection	○	○	○	○	○
Phlebotomy Service	○	○	○	○	○
Prescriber support service to General Practice	○	○	○	○	○
Stop Smoking Service	○	○	○	○	○
Substance misuse service - supervised consumption	○	○	○	○	○
Needle and syringe exchange service	○	○	○	○	○
Sharps disposal service	○	○	○	○	○

NHS Health Checks (Vascular risk assessment) service					
In hours palliative care services					
Out of hours palliative care services					
Anti-viral Distribution service					
Collection of prescription from GP practices					
Home Delivery Service - delivery of dispensed medicines (Free)					
Home Delivery Service - delivery of dispensed medicines (Chargeable)					
Home Delivery Service - delivery of dispensed medicines (Selected areas)					

If there are any other services offered at your pharmacy please provide information in the text box below.

Does your pharmacy provide any of the following non-commissioned services? *

	Yes	No
Collection of prescriptions from GP surgeries		
Delivery of dispensed medicines - free of charge on request		
Delivery of dispensed medicines - free of charge to selected patient groups only		
Delivery of dispensed medicines - selected areas		
Delivery of dispensed medicines - chargeable		
Repeat prescription services		
The pharmacy has achieved Healthy Living Pharmacy (HLP) status?		
The pharmacy is working towards Healthy Living Pharmacy (HLP) status?		

Skills/Working Relationships

Please confirm the number of pharmacist hours a week within your pharmacy.

Do you have any pharmacists with a specialist interest (PHWSI)?

- Yes
- No
- Don't know

How many other support staff do you have in your pharmacy (in WTE)? Please include any dispensing staff and dispensing appliance contractors.

In addition to English, please list any languages spoken by members of staff at the pharmacy.

Do you have Health Champions working with your pharmacy?

- Yes
- No
- Don't know

If 'Yes', how many?

Do you have any Health Trainers working with your pharmacy?

- Yes
- No
- Don't know

Do you have any Dementia Friends working with your pharmacy?

- Yes
- No
- Don't know

What could be done or changed to improve pharmaceutical services for your local population?

What do you see as the major opportunities and challenges for pharmaceutical services locally in the next three years?

Do you have any other comments?

Please read the statements below and select the most appropriate response. *

	Yes, totally	Yes, partly	Not at all
The clinical skills in your pharmacy are well utilised	○	○	○
You have a good relationship with local General Practices	○	○	○
You have a good relationship with your local Clinical Commissioning Group (CCG)	○	○	○
You have a good relationship with your local authority (Public Health/Adult Services)	○	○	○
You have a good relationship with your NHS England local area team	○	○	○

Your Details

Your name

Your position

Contact telephone number

Your email address

How would you like to complete this survey in the future?

- Online
- Email
- Hard copy (paper version)

DRAFT

CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND WELLBEING UPDATE

Relevant Board Member(s)	Dr Ian Goodman Councillor Philip Corthorne
Organisation	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
Report author	Jane Hainstock and Judy Mace (HCCG)
Papers with report	Appendix 1 - Latest performance levels Appendix 2 - Implementation Plan 2018/19 to 2020

1. HEADLINE INFORMATION

Summary	This paper presents: 1. An update on progress of the children and young people's emotional health and mental health transformation. 2. The implementation plan 2018/19 towards 2020.
Contribution to plans and strategies	Hillingdon's Health and Wellbeing Strategy Hillingdon's Sustainability and Transformation Plan Hillingdon CCG's Commissioning Intentions 2017/18 Hillingdon Children and Young Persons Emotional Health & Wellbeing Transformation Plan Hillingdon Children and Young People's Needs Assessments National: 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing' (2015) The Five Year Forward View For Mental Health – report from the independent Mental Health Taskforce to the NHS in England (February 2016) Implementing the Five Year Forward View for Mental Health **(**NHSE 2016) NHS ENGLAND specialised commissioning Children & Adolescent Mental Health Services (CAMHS) case for change (NHSE August 2016)
Financial Cost	This report does not seek approval for costs but the Board may wish to note that 2018/19 indicative funding for Hillingdon's Children and Young People Mental Health and Emotional Wellbeing: ***Care domain: Getting Advice & Help*** Indirect funding e g Early Help, School Nursing, Health Visiting, Primary Care, Schools, Child Development Centre, Therapy support, counselling, sexual health, substance misuse and targeted programmes . **Hillingdon CCG** budgets for Children and Young People Mental

	Health (CYP MH) ***Care Domain: Getting More Help.*** Specialist Community Emotional and Mental Health £2,079,000 Eating Disorders, Learning Disability and Crisis Emergency Services £524,623 (over 5 years) Liaison & Diversion £169,801 (for two years) ***Care domain: Getting Risk Support*** Perinatal mental health funding £123,000 Child sex abuse hub £251,200 (for two years) **Indirect funding** NHSE/specialised commissioning inpatient support

Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board:

a) **notes Progress to date in achieving the Transformation Plan**
b) **notes and agrees the Implementation Plan for 2018/9 towards 2020**
c) **notes the refreshed 2017/18 Hillingdon Local Transformation Plan (Appendix 1)**

3. INFORMATION

Background

This paper provides a performance update against the commitments made in the Hillingdon Children and Young Peoples Mental Health and Emotional Wellbeing Local Transformation Plan. This is a five year plan, agreed by HWB December 2015 and since refreshed annually.

The transformation plan is supported by 5 years (non -recurrent) transformation funding to support reducing in-patient care, and improving access to evidence based care closer to home, specifically:

- Community Eating Disorders Service
- Crisis: urgent care, emergency and out of hours service including self-harm
- Learning Disability
- Access to Waiting times

Summary of Progress

Overall there has been significant progress since the Hillingdon Transformation Plan was first developed in 2015.

The key focus of the plan was to improve specialist services and address gaps in provision and fragmentation of care. To ensure economies of scale, work has taken place across the North West London 8 CCGs and boroughs as well as locally.

New services commissioned became operational during 2016-17 and continue to be developed and embedded. An evaluation has been completed for both the Community Eating Disorder and pilot Crisis Care out of hour's service, which has informed the next steps set out below.

Hillingdon is keen to ensure that as well as sufficient access, services are of high quality and represent value for money.

Managing waiting times has been a significant challenge for Hillingdon; good progress has been made and the number of non-urgent people referred who are waiting for assessment over 18 weeks has significantly reduced; performance is expected to be within the 85% target by the end of November 2017. This has been achieved despite an increase in the number of referrals to the service. Going forward focus will shift to sustaining improvement in access to treatment times. There is no waiting list for urgent referrals.

Additional NHSE funding has been secured during 2017 to provide a focus on two specific vulnerable population groups:

- Young Offenders, for Liaison and Diversion work
- Child Sexual Abuse Hub

Hillingdon is leading on the development of a North West Child Sexual Abuse London Hub.

This additional resource contributes to delivery of one of the priority work streams; to ensure that all Hillingdon vulnerable children and young people receive appropriate timely services.

For 2018/19 increasing access and minimal waiting times will remain a priority. In addition the proposal that a Hillingdon Single Point of Referral/Access offering early intervention will be fully developed within existing resources and based on a model that better meets the needs of children and families as identified in our work to date.

The THRIVE model will be taken through to implementation. We already offer services across thrive including those outlined above which fall within the 'Getting More Help' and 'Getting Risk Support' sections as well as :

"Getting Advice" - provided through existing services, such as Early Help, School Nursing, Health Visiting Primary Care, Schools, Child Development Centre, Therapy support, counselling, sexual health, substance misuse and targeted programmes.

"Getting Help" - provided as part of Early Help, parenting support, 0-19 service etc.

To ensure that Hillingdon is providing the full THRIVE framework model, mapping will highlight the current provision in place and identify any gaps or duplication. This work will enable us to determine next steps including service re-development, re-modelling (with contract variations) and possible re commissioning.

The summary below shows on a page progress and priorities.

Summary of progress since 2015

From 2015:

Tiered service:

Tier 1: Wide number of providers, disparate uncoordinated and unconnected system. Some evidence based practice

Tier 2: Providers and service is fragmented & an uncoordinated system. Some evidence based practice.

Tier 3: Long waiting times.

Tier 4: 8 young people in the highest level of inpatient care

Oct 2017

Training has taken place in the providers and is to be delivered in schools

Work has been focussed on Specialist & Community CAMHS, as follows:

Increased investment (35% increase) providing new evidence based services:

- Reduced waiting times – 85% seen in 18 weeks, despite 14% increase in referrals
- Eating disorders NICE compliant
- Emergency services 24/7
- Learning difficulty
- Peri-Natal Mental Health service (£123K)
- CSA hub funding £240K (2 yrs)

Getting risk support: 3 young people in the highest level of inpatient care

2018 to 2020

Redesigning the system removing tiers,

1. **THRIVE** MODELLING to DELIVERY **Priorities:**
2. **Access :**
   - Local Single Point of referral/access
   - Minimal Waiting Times
   - Using technology
3. **Workforce Training**
   - Training Early help intervention & support Children Centres, Schools, GP Practices
4. With NWL **Review** newly commissioned services
5. **Vulnerable Groups** expanded focus
6. **Sustainability** beyond **2020**:

THRIVE MODEL

Progress

3.1 Community Eating Disorders Services

The Hillingdon Community Eating Disorders Service was commissioned as a pilot in April 2016. CNWL NHS Foundation Trust (CNWL) provide the service. The aim of the pilot was to substantially improve access and meet quality standards (NICE) for children and young people for assessment and treatment for eating disorders. Hillingdon CCG contribute £154,000 per annum to this service.

NHS England published Times Experimental Statistics for 2016/17 which showed that CNWL are the best performing London Trust with 93.3% of urgent cases seen within one week and 83.5% of routine cases seen within four weeks (July 2017).

Twenty Nine Hillingdon children and young people were referred to the service in the first 16 months from April 2016 - July 2017.

Month 6 2017-18 reporting shows that for:
Non urgent cases - 87.5% were seen and had treatment started within 4 weeks. Performance is above the target of more than 50%.
Urgent cases - 83.3% were seen within one week, below the 100% threshold. The exception was due to one young person where the family chose an appointment outside of the waiting time target.

Outcome measures show improvements for those children and young people accessing the service (Appendix 2 Performance).

Next Steps:

- Review the value for money of this service (efficiency, economic and effectiveness) to inform the future direction of the service.

3.2 Crisis: urgent care, emergency and out of hours service

In April 2016 Funding was allocated by the 8 NWL CCGs to CNWL and West London Mental Health Trust (WLMHT) to develop and implement a pilot out of hours' crisis service. The aim was to bring parity of esteem for children & young people (CYP) presenting with mental health issues in Accident and Emergency Units (A&E'S) during Out of Hours.

The services enable CYP up to the age of 18, in crisis to be assessed and supported by CAMHS qualified nurses in a timely manner. All CYP who present in crisis and when an emergency admission is sought, are assessed. In 2016/17 878 CYP accessed the NWL service. Hillingdon was the second highest user of the service with 123 CYP accessing the service, this is in line with the Hillingdon CYP population and levels of deprivation.

Initial evaluation of the pilot took place in September 2016 with further evaluation in July 2017. These showed the majority of cases assessed were for self-harm, suicidal ideation and overdose. Other issues include:

- Difficulty recruiting staff on an out of hours shift pattern leading to over reliance on agency staff;
- Challenges with capacity due to delivering services over a large geographical area leading to reliance on existing staff such as Psychiatric Liaison Services to review CYP within contacted timescales;
- Fragmented service provision with out of hours not linked to "in" hour's crisis services;
- Health focussed with limited social care input;
- Capacity to support training of A&E staff limited in some areas;
- Ability to fully support other colleagues i.e. police, paramedics limited due to capacity;
- Intensive community service focussed on reducing unnecessary admission not in place in all areas.

Recent feedback from The Hillingdon Hospital consultants confirmed that this service has improved.

Next steps:

- Enhance the current crisis service to provide a 24 hours per day/365 days per year rapid response within four hours of referral. Providing clinical and risk assessment, and where appropriate, delivering evidence based intensive time limited interventions. (Anticipated to be fully operational 1.4.2018)
- Monitor the development of the new Crisis and Out of Hours.
- Agree the timetable for the evaluation of the new service for Hillingdon children.
- Implement Develop a dashboard with key outcomes to be monitored.

Hillingdon CCG funding for 17/18 is £227,113.

3.3 Learning Disability

A learning disability service was commissioned in 2016, this was recognised by CQC during the Ofsted SEND inspection in January 2017:

"*The new specialist CAMHS team working specifically with children and young people who have a learning disability (CAMHS LD) is working well with families and achieving good outcomes. A multi-disciplinary team assesses each case at the point of referral to make sure the child or young person receives the most appropriate support*"**.**

The service provides:

- Monthly Learning Disability Forum meetings with all agencies in the Borough
- Consultation sessions either for specific agencies such as schools, or round specific families.
- Assessments (Functional assessment for challenging behaviour, diagnostic assessments for mental health difficulties)
- Intervention (Medication, Individual/ CBT work, systemic implementation of behaviour support plans)

- Training for special schools around positive behaviour support/ mental health difficulties –whole school and specific classes.
- Training for other agencies including respite services and social workers.
- User groups and consultations

Access to Assessment and Treatment for CYP with a Learning Disability

Referrals and contacts are increasing as demonstrated below:

Learning Disability Hillingdon referrals per annum

2014/15	18
2015/16	29
2016/17	39
2017/18 (Forecast)	36

Number of Learning Disability Contacts per annum

2014/15	706
2015/16	807
2016/17	1369
2017/18 (Forecast)	1406

Next steps

- Review the value for money of this service (efficiency, economic and effectiveness) to inform the future direction of the service.
- Implement new ways of working, pathways and service delivery models in line with national and local plans.

3.4 Referrals and Waiting times performance

Referrals to Community Specialist CAMHS: (THRIVE - Getting help, Getting more help, Getting risk support):

All referrals, including referrals from A&E, for self-harm and or anxiety, for services commissioned by the CCG and provided by CNWL are screened by duty senior clinicians on the same day for urgency and appropriateness.

Referrals determined as clinically urgent are prioritised and the complex care element of the service respond.

The time frames determined by the clinician are:

- 2 hours,
- 24-48 hours or
- 2-3 weeks

Priorities include psychosis or suspected psychosis, severe depression and deterioration in functioning.

The remainder are discussed in a weekly Multi-Disciplinary Team meeting and are reviewed and prioritised by the clinicians.

Referrals average 100 per month, with an average case load of 722 (M7 2017) and have increased by 14%.

Although it is difficult to compare boroughs service activity, due to child demography and child population Hillingdon is similar to other boroughs such as Brent.

Waiting times

The 18 week target definition:

'A child or young person must have had a two contacts from the service. The assessment includes the beginning of treatment'.

Considerable progress has been achieved at M7 (October 2017) the month end performance was 78%, this is marginally below the 85% target. At M7 there were 44 children who had were outside of the 18 week target, this is a reduction from 206 March, 176 in July and 63 in September. Given the reduction of children waiting, the service is optimistic the target will be met in November.

The reduction has been achieved by increasing staff, providing increased hours by offering the service in the evenings and at weekends.

The table below shows that of the 44 children waiting, 43 have been seen once however they have not had their second contact and therefore fall outside of the 18 week target.

Weeks Wait	Number of patients waiting		
	Waiting for assessment (1st Appointment)	Waiting for treatment (2nd Appointment)	Total
4	6	2	8
5	2	1	3
6	2	2	4
7	1	3	4
8	1	1	2
9	5	1	6
11	1		1
12	1		1
13	1	1	2
14	4		4
15	3		3
16	1		1
19	1		1
24		1	1
33		2	2
45		1	1
Grand Total	**29**	**15**	**44**

While Families are waiting they are informed they can contact the specialist CAMH service if there is any concerning change in a CYP and the clinical situation will be reviewed, family are able to approach the service or GP again.

Families are given self-help guides e.g. Young Minds, BEAT, National Autistic Society (NAS), LBH local offer pages.

NHSE has provided two tranches of waiting list money for Hillingdon CCG £64,000 per annum, the total funding of £128,000 is allocated for waiting list reduction.

Reduction of children and young people in "Getting Risk support" in patient care (formally tier 4): there are currently 4 young people in inpatient care, this has reduced from 8.

3.5 Mental Health Training

Training is provided across the system as part of professional development. Specific training commissioned during 2017/18 as part of the transformation plan are highlighted below.

Mental Health First Aid Training
The Youth Mental Health First Aid (MHFA) in Schools programme is a three year programme launched in Easter 2017 which is fully funded by the Department of Health with a value of £200 per person trained. Every secondary school in England is invited to one place.

In the programme's first year Mental Health First Aid England aim to train a member of staff in over 1000 secondary schools to become a **Youth MHFA Champion.**

By the end of 2020 every secondary school in England will have been offered the opportunity to attend this training.

Hillingdon have liaised with Mental Health First Aid England to provide training courses in Hillingdon during 2017/18. Every Hillingdon secondary school have been offered a place. It is expected that those attending the course become Youth MHFA Champions within the school.

Young MINDs Practitioner Training
'Young Minds' Practitioner training events for Schools, five all day events are being commissioned. The training supports awareness of emotional health, building resilience and supporting children and young people.

Hillingdon local specialist CAMHS service; all staff have received training, this has resulted in the remodelling of service provision, resulting in improved productivity such as providing out of hours services including weekends.

The CYP IaPT training programme has enabled the service and commissioners to have a measurable outcome measure during and following treatment.

4 Priorities and Implementation Plan 2017/18 towards 2020

The agreed priorities for 2017/19 are:

1. **THRIVE** MODELLING to DELIVERY **Priorities:**
2. **Access :**
    - Local Single Point of referral/access
    - Minimal Waiting Times
    - Using technology
3. **Workforce Training:**
    - Training Early help intervention & support Children Centres, Schools, GP Practices
4. With NWL **Review** newly commissioned services
5. **Vulnerable Groups** expanded focus
6. **Sustainability** beyond **2020**

Below shows a summary of the Implementation Plan, with drivers, objectives and resources and enablers.

The detailed plan is available in Appendix 3.

The Implementation Plan on a page:

DRIVERS

Population: Growing, aged 0-19 living in Hillingdon 26% of the population. Estimated to grow to 88,300 by 2021

Increasing child mental ill health and developmental disorders

Workforce:
Increasing workload 14% increase in referrals to specialist CAMHS
An ageing workforce
Education & training needs

Prevention & building resilience
Reducing higher level need

Policy: Drivers in place for change
Future in mind.
Five year forward view for mental Health.
Implementing the five year forward View.
THRIVE model

Finance National transformation funding **ends 2020**

OBJECTIVES

Enabling self-care, so that the children, young people and their families/carers are emotionally able with resilience to deal with emotional distress – **THRIVING***

A **workforce** that feels connected and is able to **provide emotional support,** recognising when and where to **get advice* and help*** in a timely way.

Improving **access** to the appropriate level service. Including using technological solutions.

Working towards sustainability, developing capacity in the system reducing the need for **risk taking support***

*THRIVE model

RESOURCES

Getting Advice & Help **Indirect funding e g** Early Help, School Nursing, Health Visiting Primary Care, Schools, Child Development Centre, Therapy support

Hillingdon Council budget for CYP MH tier 2 services (Getting help*) is £667,700

(Getting more help) **Hillingdon CCG** budget for Specialist Community emotional and mental health is £2,079,000 and

Eating disorders, Learning disability and emergency services £524,623

Learning & Diversion £169,801

(Getting Risk Support)

Perinatal mental health funding £123,000

Child sex abuse hub £251,200 (for two years)

ENABLERS

Working with: Children, & Young People. Families/carers

THRIVE Framework for providing the full range of emotional and mental health services, from prevention to specialist support

Needs Assessment updated 2016

Technology.

National and local focus on children and young people's emotional and mental health, IaPT

Partnership CCG, council and partners

Workforce Development and Training Strategy

Children Centres, Schools, specialist services for vulnerable and General Practice. Peers and volunteers.

5 FINANCIAL IMPLICATIONS

This paper does not seek approval for costs but the Board may wish to note the indicative funding for Hillingdon's Children and Young People Mental Health and Emotional Wellbeing.

This paper is not seeking Financial implications are highlighted thought out the paper.

6. EFFECTS ON RESIDENTS, SERVICE USERS & COMMUITIES

The effects of the plan. The transformation of services that provide emotional health and wellbeing and mental health services as a total system affect the total child population across the THRIVE framework from prevention to high level mental health provision.

Consultation has been presented in previous papers.

7. BACKGROUND PAPERS

July 2017 and September 2017

Appendix 1

ANNEX : Hillingdon CCG
Local information and implementation plans for Hillingdon CCG and London Borough of Hillingdon

1.0 Background

Hillingdon is now in the third year of its five year Transformation Plan for Children and Young People's (CYP) Mental Health Services. We have been working in collaboration with children, young people, their families and service providers to implement the new model focusing on the North west London (NWL) priorities identified in 2015 and revised in 2016 namely :

1. Minimal Waiting Times
2. Specialist Community Eating Disorder Service
3. Redesigning the system
4. Vulnerable Groups
5. Crisis and Urgent Care pathways

Implementation of the transformation programme is supported by three enabling work streams :

a) Supporting Co-production
b) Workforce Development and Training
c) Needs Assessment

We completed our Joint Strategic Needs Assessment (JSNA) for Children and Young Peoples Emotional and Mental Health and Wellbeing in 2016 and subsequently undertook some co-production with a group of Children and Young People and will continue to use the findings to develop and implement the changes to the local system.

2.0 October 2017 update

2.1 Minimal Waiting Times

Following the initial tranche of NHSE 'improving waiting list' monies received in 2016, Hillingdon achieved the target set for year 1 and was able to access the year 2 funding. The total funding available over two years was £128,000 (£64,000 per year). Over this period Hillingdon CCG in partnership with Central North West London (CNWL) our specialist Children & Adolescent Mental Health service (CAMHs) provider, CYP and families have reviewed and refined the specialist CAMHS services to support access to the right staff with the right skills in a timely way including evening and weekend working. We are exploring options to expand online support available across the Borough.

Since 2014 there has been a 14% increase in referrals to the Specialist CAMH services and although there was been an improvement in the numbers of young people seen within the required timescale, and more young people seen than originally envisaged; at the point of this refresh, the target of 85% of referrals being seen within 18 weeks is not expected to be met until the end of November 2017.

During 2018/2019 HCCG will continue to monitor waiting times for assessment and treatment and continue to refine the service and working with the Children and Young Peoples Mental Emotional Health and Wellbeing Steering Group (CYP steering group) we will identify new ways of working to support long term sustainable improvements to waiting times. Elements of how this will be achieved are addressed below in our plans described in 2.4 'Redesigning the System'.

2.2 New services

We have invested in new services Perinatal (£123,000 and additional NWL investment in 2016/7), Community Eating Disorder (£150,000), Crisis and Liaison including Self Harm (£195,000) and Learning Disability Services (£155,000) have been established and have had positive initial evaluations. Hillingdon remains a significant user of all these services and will continue to work in partnership with all stakeholders regarding ongoing evaluation and performance management.

2.3 Vulnerable Groups

As outlined in the NWL Transformation Plan Hillingdon has recognised the need to expand the groups considered under the 'Vulnerable Groups' scope and focus on those with additional risk factors for poor mental health and emotional wellbeing including:

- Looked After Children
- Those in or at risk of contact with the Criminal Justice System
- Young carers'
- Children who have been abused or neglected
- Children presenting in Crisis and admitted to Tier 4 Facility

Discussions are at an early stage between Community Paediatric services and Specialist CAMHs to identify gaps and develop co-ordinated pathways that will improve the outcomes of all CYP through establishing 'joint clinics'. It is thought this new approach will support an improvement in waiting times. The next phase of this work will involve working collaboratively with a wider stakeholder group to include Social Care, Special Education Needs and Disability teams, Education and Criminal Justice services to consider how to integrate pathways and processes improve the outcomes of children and young people and their families.

The NHSE Health and Justice Collaborative Commissioning project aims to facilitate better integration between Children's and Young Peoples Mental Health and Emotional Wellbeing and the Youth Justice Service. NHSe allocated £101,000 funding, of which £74,000 is recurrent for three years to support the work. The first stage of the project was to complete a 'deep dive' needs assessment and to test the potential to establish a Child and Young Person Liaison and Diversion service. The second stage due to commence this winter, is to pilot a service that will work in collaboration with young people and seek to collect and collate information and experience about what works and improves the outcomes of CYP at risk or in contact with the Criminal Justice system to support the future shape and model of the service.

Hillingdon CCG is a joint signatory to the local Place of Safety S136 Protocol and data is reviewed at a monthly interface meeting. If a young person is detained then a review is undertaken to determine the circumstances leading to the presentation and what lessons could be learnt especially if the Young Person was known to local services. There have been no presentations of CYP this year.

Children sometimes present in crisis, cannot be managed by local services and are admitted to 'Tier 4' inpatient facilities. These are often some distance away. The table below shows the reduction in admissions over the last three years.

Year	14-15	15-16	16-17
No of CYP	55	43	36

Even with this improving picture Hillingdon's rate of admissions is 85 per 10,000 children slightly above the London average of 82. In recognition of this issue the CCG has further invested in the CAMHs Crisis and Liaison Team, offering rapid 24/7 Assessments and support to further reduce the rate of admissions from Hillingdon.

The NSPCC Report published in September 2017 highlighted that many Transformation Plans overlooked the needs of children and young people who have been abused or neglected and by focusing primarily on acute interventions rather than prevention or early intervention missed an opportunity to improve their life chances. In Hillingdon we are including this group in our priorities for prevention and in our collaborative and integrated approach to early intervention going forward.

2.4 Redesigning the System

During 2017 the CCG and Local Authority have begun to jointly review Specialist CAMHs services with involvement of a group of children, young people and parents with experience of the services to discuss their ideas and priorities for how this intensive element fits within a proposed model of service that is fit for purpose in Hillingdon.

The proposed Thrive Model of Care (developed by the Anna Freud National Centre for Families) is made up of three complementary principles, Needs Led, Integrated and Effective and Transparent, the model was endorsed by LBH and the CCG and other stakeholders in 2016.

1. Needs Led: The Thrive Model provides our starting point for designing services which is consistent with this approach. It provides a way of focusing the resources on the needs of the child, ensuring that services are focused on the needs of the child and make explicit the needs based offer to the family and young person. We will use this principle to explore potential synergies available amongst the most vulnerable such as Young Offenders, Looked after Children and those with Autism Spectrum Disorder.

2. Integrated: Ensure that different parts of the system including commissioners, service providers and stakeholders work effectively together, sharing expertise and knowledge in the best interests of the Child or Young Person and recognise the importance of Family/Carer support. We expect a diversified system with a collaborative multiagency approach that is community based and with clear links to Stakeholders. We want individual professionals to be clear about their role and the role of others in this work.

3. Effective and Transparent: We expect services to be able to demonstrate the impact they have on CYP, using proven, best practice or evidence based interventions where they exist at any element of the part Thrive model. We expect all partners to share learning and implement rigorous outcomes monitoring to measure the effectiveness of interventions in different parts of the system.

Since April 2017 HCCG commissioned a number of externally facilitated Co-Produced workshops to support making the next steps of implementing the vision in Hillingdon. The outcome of the workshops saw attendees support the NWL priorities (above) and propose additional details and areas to focus the work. The initial findings from stakeholders are shown below and have been classified into the 4 areas considered at the workshops. We will continue to test the development and implementation of these concepts and aspirations including funding and timeframes for delivery going forward:

1. <u>Prevention and Mental Health Promotion</u>

Hillingdon based website: There was a consensus, especially from young people, to develop a Hillingdon based website that contains up to date information on mental health and emotional wellbeing activities within the Borough that included signposting and on-line support for both young people and parents.

Programmes of Mental Health Support in schools: those who took part in the co-production wanted

to see effective mental health promotional work, potentially in partnership with the Healthy London Programme, schools and LBH and the CCG and to develop and test models of young people peer to peer support as well as providing more training and support for staff in schools

Children & Young People's Well-Being Coordinators: This was identified as a priority not only in respect of promoting CYPs health but also a key point of liaison and support for those requiring additional support.

2. Advice and Support

As well as a webpage helping with advice and support those that took part agreed a Central point of referral/Single Point of Access (SPA) should be considered to improve the speed of response and the access to support, information and treatment. This central point of referral/SPA should consider:

- Being centrally located so that people could access easily and avail services such as parenting classes together with receiving initial advice and support.
- Have access to a range of Practitioners with core mental health expertise offering advice and support to CYPs, Parents and staff in mainstream services.
- Offer some Group and training interventions with an emphasis on early interventions.
- Offer clear information and signposting for those families of children with additional support needs such as ASD.
- Be a core point of referral for CAMHs and other specialist services - but to also continue to work with and support CYPs, families and relevant professionals whilst such referrals were being made.

3. Getting Help In Mainstream Settings

Website/Social Media: The importance of building on existing resources e g information and support currently delivered via websites was highlighted as well as bringing together the information and updating the content.

Mental Health Coordinators: This is seen as a core source of support and advice for parents and CYPs in mainstream settings. There was agreement that this role should not be an additional role but a formalisation of an existing role in early years/schools. This role is to co-ordinate all emotional wellbeing and mental health support delivered in schools, manage Peer to Peer support, deliver training and act as a point of co-ordination of referrals.

Training for professionals working in mainstream settings: A train the trainer's model was proposed with training being delivered to Mental Health Coordinators in the first instance who could then train other staff e g in schools, early years etc.

'Inclusion' (Wellbeing Strategy/ Behaviour Strategy): It was suggested that this Strategy should be developed and endorsed by schools in the Borough, particularly focused on pupils most at risk of exclusion as a result of social, emotional and mental health difficulties and or ASD and Challenging Behaviour. Work on this is underway and is being led by LBH.

Integrated Pathway for ASD/Mental Health: Building on existing developments over recent year's further high quality and accessible advice and support for parents and carers and CYPs should continue to be developed. This work is underway and is being led by LBH

4. Getting Help in Targeted and Specialist Settings:

Young People's Health Passport: Young people highlighted this as a priority that would support both the CYP in crisis as well as those who come into contact with a CYP by making them aware easily of the difficulties that the CYP is experiencing, likely triggers and what support would be most helpful.

All those who attended the sessions agreed that the provision of specialist CAMHs input for young people should be delivered, where appropriate, in community based settings. Enabling CYPs to access such services in new ways would involve a redesign of existing services and co-location.

3.0 Objectives and Expected Outcomes

3.1 Minimal Waiting Times

We will continue to work with CNWL, CYP and families who use services to monitor the specialist CAMHS 'waiting list' in terms of time to assessment and time from assessment to treatment. We note the work that CNWL has begun to support the cultural change and refining of the service needed to achieve and maintain minimal waiting times.

The CCG will continue to monitor this objective via the CNWL contract meetings and through wider system and stakeholder discussions.

3.2 Vulnerable Groups

We recognise the need to encourage collaboration and where appropriate integration across different sectors and services to support a 'holistic' approach to mental and emotional health and wellbeing to recognise and respond to the specific and additional mental health and emotional wellbeing support needs of particular groups of CYP.

Community Paediatric services and Specialist CAMHs are working together to facilitate the development of coordinated pathways that will support CYP and families. Additionally a working group with representation from, Social Care, SEND, Education and Criminal Justice services is to be set up and will consider how to address the needs of vulnerable children and young people and their families.

The CCG will lead the implementation of the NHSE Health and Justice Collaborative Commissioning project locally and ensure that as the pilot is implemented over the next 9 - 12 months, the information and experience collected through the pilot evaluation and key performance indicators are used to shape and model the service for the future.

LBH is leading the work with schools and wider stakeholders to develop a behaviour management strategy for pupils at risk of exclusion.

Developing an integrated pathway and services for CYP with ASD and Mental Health difficulties is underdevelopment led by LBH.

3.3 Hillingdon 'Local Offer' Website development

This website will provide a fully comprehensive, easy to access information tool for young people and their families. It is expected the new website will go-live from the end of October 2017 and building on the coproduction work already undertaken, local professionals will be invited from mid-September onwards to trial the new site and scope requirements whilst also creating a project plan monitoring progress on amendments they suggest.

The expected outcome is an improvement in access to advice and support for children, young people, families and wider community and will support the implementation of the Thrive model in Hillingdon. The KPI's and measurements to test success are part of the project implementation.

3.4 Development of a central referral point for Specialist CAMHS (SPA):
A central referral point for specialist CAMHS would support speedier access to support and treatment for CYP and professionals working in the system. This will require integration of out of hours, crisis services and the integrated referral management system across the Barnet, Hillingdon and Harrow area.

It is expected that outcomes of delivering this objective will be increased numbers of CYP as well as speedier access to services and reduction in waiting times; however the level of improvement possible and determining other benefits will be tested in the development phase.

3.5 Programme of Support within Schools
We will build on the mental and emotional health and wellbeing advice and support available in schools through a number of initiatives including;

Facilitating A 'Young Minds' Practitioner training event for Schools across Hillingdon developed in partnership with schools and the schools improvement team during the autumn term. This training workshop will be used to develop the scope of a CYP wellbeing Co-ordinator role as well as agree the evaluation process for the role going forward. Discussions are taking place to ensure CYP and families are involved throughout the development and implementation of this work.

We will consider the potential of other opportunities such as the Mental Health and Schools link programme run jointly by the Department of Education and the Anna Freud National Centre for Children and Families, and work undertaken by the Schools and Brunel University to support the development of advice and support for CYP and their families.

3.6 Early Intervention and Peer Support - Clinical Peer Support Lead
We will work with the 'Thrive London' programme part of the wider Healthy London programme to test the potential to develop Peer Support approaches that provide guidance and advice within schools.

The expected outcomes of this work are improved access to advice, support and information for Children, Young People, Families and professionals in schools and the wider health and care system.

3.7 Co-production
We recognise the importance of co-production with Children and Young People and Families and are currently developing a business case that incorporates Child and Young People Mental activity within the wider CCG health information programme and seeks to pilot a self-sustaining co-production model via one year pilot targeting geographic areas of high referrals to Specialist CAMH services.

We will have continue further discussions with CYP and their families about how they would like to see the plan implemented and monitor the objectives going forward.

4 Transformation Funding Allocation

4.1 Previous Funding Allocation

CCG	Eating Disorders 15/16	Transformation Plan 15/16	Recurrent uplift	Eating Disorders 16/17	Transformation Plan 16/17	Recurrent uplift
Brent	£163,584	£409,468	£573,052	£173,000	£420,000	£593,000
Central London	£91,557	£229,176	£320,732	£91,557	£307,823	£399,380
Ealing	£211,543	£529,514	£741,057	£211,543	£630,997	£842,540
Hammersmith and Fulham	£100,744	£252,173	£352,918	£100,744	£328,186	£428,930
Hillingdon	£149,760	£374,863	£524,623	£121,785	£304,840	£426,625
Hounslow	£152,983	£382,931	£535,913	£149,760	£374,863	£524,623
Harrow	£121,785	£304,840	£426,625	£152,983	£382,931	£535,913
West London	£116,621	£291,914	£408,534	£116,621	£369,509	£486,130
Total	£1,108,577	£2,774,879	£3,883,454	£1,117,993	£3,119,149	£4,237,141

4.2 Transformation Funding Allocation 17/18

CCG	Eating Disorders 17/18	Transformation Plan 17/18
Hillingdon	£149,760	£350,000

4.2 Total Local Investment

Investment in Children and Young People's Mental Health			
	Clinical Commissioning Group	NHSE (Tier 4 CAMHS)	Local Authority
15/16	£2,27m		
Total			
16/17	£2,23m		
Total			
17/18	£2.45m		£678,000 *
Total			

- *The total does not include the contribution to the Mental Health and Emotional Wellbeing agenda made by general or universal services e g School nursing, Health Visiting, Primary Care etc.

5 Children and young people's mental health transformation plan

The table below outlines the local transformation Plans specific to Hillingdon CCG.

Priority	Current Position	2017-18 Investment and Implementation Plans
Minimal waiting times	Trajectory in place for service to achieve 18 week waiting time target by the end of November 2017. Further development and expansion of Getting Advice and Getting Help activity e g online information and advice, developing schools activity etc -	• Investment in place • Continue to monitor performance and support cultural change via the monthly CNWL contract meetings and wider stakeholder forums • Increase networking and liaison across the local system • Embed joint Community Paediatric and Specialist CAMHs clinics • Complete development pathways work across Community Paediatric and Specialist CAMHS • Build collaborative and integrated approach across Health, education, SEND, Social care etc. mechanism to be agreed. See 'redesigning pathway's' section below
Community Eating Disorder Service	In place with positive evaluation.	• Investment in place • Continue to monitor and assess the impact of the service on the wider specialist CAMHS pathway
Redesigning Pathways - A Tier free system	• Continue to revise the care pathway ensuring it designed with all key stakeholders including service users and carers. Potential market engagement exercise of Specialist CAMHs to ensure awareness of best practice from elsewhere. • Supporting the development of the Hillingdon 'Local Offer website	• Investment in place for 2017/18 • Consider evaluation and impact assessment of new Specialist CAMHS services during 17/18 to determine gaps and future requirements • See actions outlined in Minimal waiting times above • Engage with Children and Young People mental

	• Explore the Thrive London potential to trial peer support models in the Borough • Explored potential to express interest in joining the National Mental Health and Schools Programme • Planning 'Young Minds' practitioner training for s schools in Hillingdon • Support the work undertaken by LBH and Brunel University raising the awareness of mental health issues in schools	& emotional health support providers to ensure their information is incorporated into the website • Work with Brent and Harrow to test the potential to establish a centralised referral point for specialist CAMHS (phase1). • Develop a borough wide communication plan • Applications for DOE programme due in by 201017 to start in January 2018 • Ensure the training supports the DOE National programme
Vulnerable Groups Enhanced Support for Learning Disabilities and Autistic Spectrum Disorders	• Learning Disability service in place and support the work with LBH to enhance the offer for CYP and families ASD and Mental Health and emotional well-being issues. • Continue to support developments in the understanding of evidence based mental health interventions for neurodevelopment conditions. • Current mapping of the gaps between core services such as CAMHs CDC and LD services and an assessment how best to address the identified gaps. • CYP Youth justice needs assessment completed. Service model being discussed with CNWL and will be implemented by the end of 17/18.	Investment of £155,000 and £101,000 in 17/18 Ensure all stakeholders support the development and implementation of the Behaviour Management strategy for children at risk of exclusion in schools being developed by LBH and Schools s. Implement and monitor the new Crisis and Liaison service and ensure the model is based on co-production
Crisis and Urgent Care Pathways	• Comprehensive service in place end of November 2017, but under pressure from increasing referrals. 25% of all referrals currently come from Hillingdon	Investment of £195,000 with additional £32,113 PYE 17/18) Monitor the new service and KPIs to ensure the service is robust and delivers increased access and support

6 Key Enablers

The table below outlines how key enablers will support transformation specific to Hillingdon CCG.

Enabler	Current Position	2017-18 Investment and Implementation Plans
Supporting Co-production	This has already been progressed this year during the care pathway developments externally facilitated. A number of new CYPs and Parents have expressed an interest in joining t the CYP Steering Group which will become the agreed forum for taking forward transformation in a Co-produced manner Further work is underway to develop a business to embed co-production in the wider Hillingdon Health promotion work and pilot a one year project.	£5000 Business case in development
Needs Assessment	Completed September 2016, no plans to re-fresh this year	None required
Workforce Development and Training Strategy	Training Needs Assessment has been undertaken identifying general mental health awareness and Transition as the major issues Stakeholders wished to progress. Young Minds commissioned to provide 5 days Training on a range of CYP Mental Health Issues Other training programmes including Mental Health First Aid training for schools and parent training programmes are in place CYP IAPT is funded within contractual requirements	£6000

Appendix 2

Performance

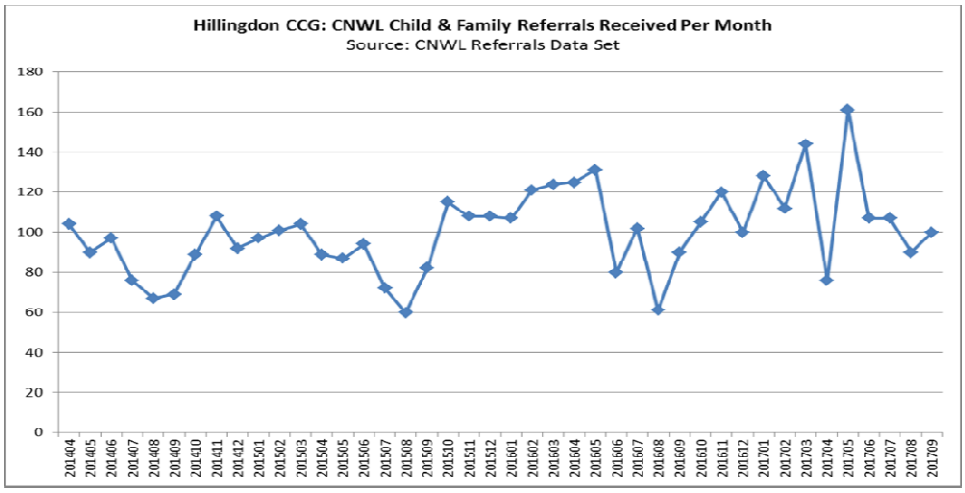
Eating Disorders

Referrals, started treatment to outcome improvement measures by CORC

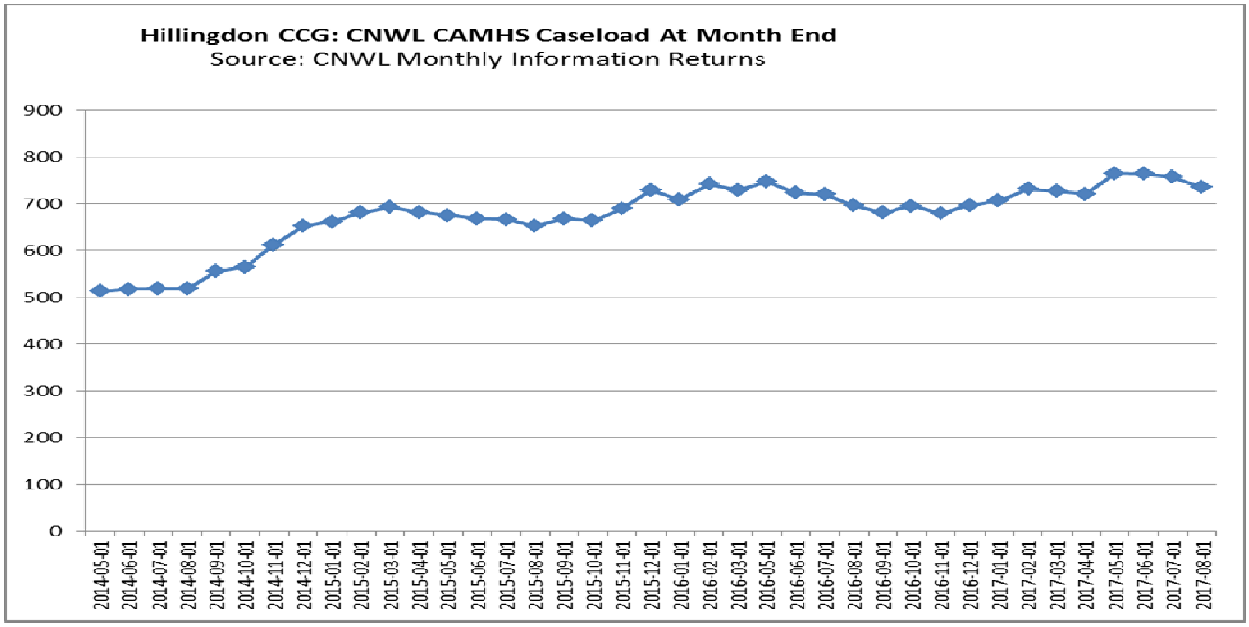
Requirement	Description	Threshold	In month Q	Year to date	Exception
Routine referrals Seen within 4 weeks	% of CYP referred (routine cases) with suspected ED that started treatment within 4 week of referral in the reporting period	>50%	87.5%	81.8%	None
Urgent Referrals Seen within 1 week	% of CYP with ED (urgent cases) referred with a suspected ED will access NICE concordant treatment within 1 week of referral	100%	No data	83.3%	This was due to one family choosing to book outside the target date.
Outcome measure improvement	% of young people discharged with CYPIAPT/ CAMHS Outcome Research Consortium (CORC) measure showing improvement between acceptance and discharge	>45%	**57.1%**	**75.9%**	None

Referrals

Referrals per month average 110.5.since 2014 M4-2017 M7



Caseloads have been increasing since 2014 and now average 674 (M7 2017)



Crisis: urgent care, emergency and out of hours service

OOH Service 1st April 2016 to 31st March 2017

	Central London	West London	H'don	Brent	H'w	H&F	Ealing	H'slow	TOTAL NWL
Assessments	40	80	123	117	102	84 (4 WLMHT 80 CNWL)	170 (91 WLMHT and 79 CNWL)	162 (WLMHT 158 and 4 CNWL)	**878**

Appendix 3

Implementation Plan 2017 Q3 to 2018/19

*CCG clinical commissioning Group ** London Borough of Hillingdon

All relent work streams are and will continue to be co-produced with children, young people and their families / carers.

Priority 1 THRIVE – redesign the system from tiers	**LEAD**	**Q4 2017/18**	**Q1 2018/19**	**Q2**	**Q3**	**Q4**	**Outcome**
Actions:							
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
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[1]

[1] C&YP – children & young people

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.
"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.
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
Actions:							
1 Stream line referral process, with appropriate sign posting. Supporting C&YP and their families to receive the "*right help at the right time"*	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.
2 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
3 Continue to reduce waiting times for specialist CAMHS. • All referrals are screened by duty senior clinicians on the same day for urgency • Clinically urgent are prioritised and progressed to the complex care element of the service for urgent response. • Urgent response times: ○ 2 hours ○ 24-48 hours ○ 2-3 weeks ○ Non-urgent 85% to be seen within 18 weeks.	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

4 Online Support & Technology CCG Technology Solutions working with LBH Lead Officer will develop a tailored, interactive website covering local CAMHS provision.	CCG and LBH	Implement quick wins e.g. NHS recommended web sites and apps and other local CCG systems. Identify if funding stream available	With LBH and CCG communication teams develop local site. Link with other local CCG's where appropriate.	Test	Implement	Communicatio n/ launch	By 2019 there will be the foundation of a matrix of electronic provision – across THRIVE

Priority 3 Workforce Training	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
Actions:							
Actions identified from needs assessment, prioritised work plan.	CCG with LBH	Continue training programme across the system: Children Centres Early intervention Schools General Practice Social Care C&YP – Peers Families / carers Scope Webinars provided across the borough provided by existing team/serve providers.	Deliver programmes within existing budgets. Develop training matrix with in current contracts – to encourage take up credit for validation and continuing professional development.		Launch training matrix		Programme of workforce training available year on year
Schools: Young MINDs Practitioner, by Q4, Q1: funding £5K Mental Health First Aid Training – NHSE offer one free place for training per secondary school.	CCG with LBH and schools	'Young Minds' Practitioner training event for Schools. 5 all day events. Oct 17. Every secondary school take up training offer from NHSE for MHFA Continue working with Heads Forum representatives.	Number of schools participated – Who trained by Primary and secondary school. Identification next steps and funding streams working with schools.	Based on funding availability, as for Q1 and Q3 in Priority 3. MHFA			Five full day events attended. Mental Health Training attended with identified MHFA champion per secondary school. To inform key worker/ coordinator, MENCO type role.
Explore and test the concept of Co-ordinator/ key worker/ MENCO role within existing workforce.	CCG and Schools	Scope evidence based approaches and models.	Building on MHFA champion model.				Hillingdon model agreed and developed for all schools

Priority 4 Review newly commissioned services for impact	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
Actions:							
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
Sustainability for Specialist Getting More Help based on: Outcomes Activity model sustainability – see Priority 6	CCG	As for priority 6 below					
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
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
Actions:							
Review and scope emotional health and mental health gaps across the vulnerable cohort	CCG and council	Identify key leads across the vulnerable cohort groups Current provision per group. Gap identification:	Implement easy wins. Evidence based interventions, how to fill gaps	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.
CSA Hub NWL development:	CCG with NWL	Rapid review: Estates Consultant Rota Commission support for children and young people. Commission voluntary sector to work with young people to identify if technology solution Present update to the NWL commissioners.	Evidence based Support in place. Secure estates and rota	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.

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

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 & 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. To be prepared for bids as they become available.	CCG with LBH and partners	Clarify existing provision across the system, e.g. Identify gaps. Within existing resources: Agree evidenced based approach across the life course.	Map shared model of pathways. Matrix of service provision across existing services.	Training and develop identified across the borough. Methods to provide and meet gaps.			There will be an agreed approach to behaviour management and systems across the borough within existing resources. Successful bid applications.

**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
Actions:							
Business case identification across funding gaps and following reviews	CCG		Development and process as soon as identified.				Funding decisions for all work streams.
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 analysists 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
1 THRIVE – redesign the system from tiers	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.
2 Access	Limited innovation using 21st century solutions to increase capacity and early intervention.	Remodelling based on learning across the country.	CCG
3 Workforce Training	Capacity change management - Behaviour / skills may be slow to embed.	Identify champions and leaders in the system Training programs, within system. Children's IaPT training. Scope webinar	All partners across the system and individual statutory organisations e g CCG, LLBH, CNWL, Schools
4 Review newly commissioned services for impact	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
5 Vulnerable children and young people	Limited funding across the system for specific provision.	Bid for national finding and developments. Scope bid template ready for timely response for funding. Develop economic model demonstrating invest to save across the system.	CCG with LBH
6 Sustainability	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

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UPDATE: STRATEGIC ESTATE DEVELOPMENT

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

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

3. 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.

<u>Key points emerging from the strategic estates plan</u>

- 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. Negotiations with The Hillingdon Hospital Trust continue to establish whether the Hub is delivered as part of the new Skin Clinic or an alternative location on the hospital site.	Site options appraisal to be completed Dec 2017 to determine the location of the Hub 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 commissioned to establish the development potential of the existing Uxbridge Health Centre site to meet the Hub requirements.	Site options appraisal to be completed Dec 17 to determine the location of the Hub 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. Negotiations are now underway to establish commercial terms and the detailed design. 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. Discussions are now taking place with the developer of the Nestle site to establish whether additional health accommodation can be provided on this site.	S106 agreement currently being agreed for the OVF
New premises for Shakespeare Medical Centre	Negotiations between the practice, CCG and Council are progressing well for the proposed relocation of the practice to new premises on the former Woodside Day Centre site. The indicative	Planning application due to be submitted Dec 17

and Yeading Court Surgery	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.	
Yiewsley Health Centre	The CCG has been successful in securing funding to refurbish vacant space at the site to provide additional clinical accommodation. This will create additional capacity for primary care provision at the site. In addition a request will be made to the Council to allocate some health S106 funding towards improving the entrance, reception and waiting area at the centre. A long term solution for the site is still being explored with the support of CNWL and the Council planning team.	Tenders for work due to be returned 20 Nov 17 NHS England due diligence to be completed by Dec 17 Target date for project commencement Feb 18
Future of Northwood and Pinner Community Hospital	NHSPS along with the appointed project team (including design and planning consultants) have been working to maximise value and ensure best use of the site is achieved. A full suite of due diligence surveys have been instructed and carried out, the output from which has fed into the proposed design which would include re-provision of the Northwood Health Centre alongside residential provision. This will ensure the site specific sensitivities are dealt with appropriately. The commercial agents' advice is being provided to ensure the tenure mix, within the residential element, is in keeping for the location and suitably appropriate. Further to the initial meeting with the council in July, we will be engaging with all of the occupants at Northwood Health Centre whilst also formalising a pre-app meeting with Hillingdon Council shortly. This is with the intention to submit a planning application at the earliest possible date.	Planning pre-application process target Dec 2017
Improving Access to Primary Care	The CCG continues to review the quality and capacity of primary care premises across the Borough. A primary care strategy has been developed and was approved by the CCG in November 2017. 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.	**Parkview Surgery** completed in 2016 **Wood Lane Medical Centre** completed in 2016 **Hillingdon Health Centre** completed in 2016 **Cedar Brook Practice** completed in 2016

		King Edwards and Swakeleys Medical Centres completed in 2017 **Otterfield Medical Centre** completed in 2017 **Kincora Surgery** funding awarded in Oct 2017 works commencing shortly **Heathrow Medical Centre** works progressing on site – expected to complete May 2018 **Yiewsley HC** – due diligence underway, works expected to be completed end of June 2018. **St Martin's Medical Centre** planning consent not granted so revised scheme being developed **Three** other schemes due for delivery in 2018/19

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
- 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 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 30th September 2017. The Council has received one further contribution since the last report to the Board in September, this have been added to Appendix 1 and is highlighted in bold. As at 30th September 2017, the Council holds 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.

To note 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 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, Hillingdon CCG is now requesting that they are allocated towards the Yiewsley Health Centre Scheme outlined in the table above. This will ensure that they are utilised towards an eligible scheme within the prescribed time limit.

Subject to the agreement of NHS PS, Hillingdon CCG have indicated that they will be requesting that a total of £87,000 from six s106 health facilities contributions (including those held at H/20/238F and H/37/301E), is allocated and released towards the refurbishment scheme at Yiewsley Health Centre.

In line with the Council's S106 allocation process, a Cabinet Member report to request the formal allocation and release of the funds towards scheme is expected to be submitted to the Leader of the Council and the Cabinet Member for Finance, Property and Business Services before the Christmas break.

HILLINGDON COUNCIL FINANCIAL IMPLICATIONS

As at 30th September 2017, there is £2,626,962 of Social Services, Housing, Health and Wellbeing S106 contributions available, of which £1,328,788 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, both of which have been earmarked to the North Hub Health Scheme. There is a risk that these contributions will be returned to the developer with accrued interest if not utilised by the spend deadline as stipulated by the conditions attached to them. In order to avoid returning both these contributions to the developer and due to the short utilisation time remaining, it is expected that both contributions will be used towards the Yiewsley Health Centre Refurbishment scheme subject to the allocation and approval process.

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 £1,161,839 are provisionally earmarked towards proposed health hub schemes as detailed by below:

Proposed Health Hub Scheme	**Amount**
North Hub	184,884
Uxbridge / West Drayton Hub	520,593
New Yiewsley Health Centre	452,460
Pine Medical Centre	3,902
Total Earmarked	**1,161,839**

The remaining balance of £136,335 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 November 2017)
			AS AT 30/09/17	AS AT 30/09/17			
H/11/195B *57	Ruislip	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494	3,156.00	3,156.00	No time limits	North Hub	Funds to be used to support the provision of local healthcare facilities arising from the needs of the development. No time limits.
H/20/238F *72	West Ruislip	Former Mill Works, Bury Street, Ruislip. 6157/APP/2009/2069	31,441.99	31,441.99	2018 (Feb)	North Hub	Contribution received as the health facilities contribution towards providing health facilities in the Authority's Area. Funds to be spent towards (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at local level or, any new facility required to compensate for loss of health facility caused by the development. First instalment to be spent by February 2018. Second instalment to be spent by June 2018**. Due to the short time scale for spending this contribution, these funds are to be earmarked towards a scheme to improve Yiewsley Health Centre. Allocation Subject to formal approval.**
H/22/239E *74	Eastcote	Highgrove House, Eascote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	North Hub	Funds received towards the cost of providing health faciities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/36/299D *94	Cavendish	161 Elliot Ave (fmr Southbourne Day Centre), Ruislip. 66033/APP/2009/1060	9,001.79	9,001.79	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of of a health facility caused by the development.
H/37/301E *95	Northwood	37-45 Ducks Hill Rd, Northwood 59214/APP/2010/1766	12,958.84	12,958.84	2018 (July)	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Due to the short time scale for spending this contribution, these funds are to be earmarked towards a scheme to improve Yiewsley Health Centre. Allocation Subject to formal approval.
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.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid November 2017)
			AS AT 30/09/17	AS AT 30/09/17			
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 (estimated)	North Hub	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 5 years of completion of development. Estimated spend deadline 2019.
H/48/331E *107	Eastcote	216 Field End Road, Eastcote 6331/APP/2010/2411	4,320.40	4,320.40	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/51/205H *110	Eastcote	Former RAF Eastcote (Pembroke Park), Lime Grove, Ruislip 10189/APP/2014/3354 & 3359/3358 & 3360	17,374.27	17,374.27	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/54/343D *112	Harefield	Royal Quay, Coppermill Lock, Harefield. 43159?APP/2013/1094	17,600.54	17,600.54	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/53/346D *113	Northwood	42-46 Ducks Hill Road, Northwood 49987/APP/2013/1451	8,434.88	8,434.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/63/385D *129	Northwood Hills	Frank Welch Court, High Meadow Close, Pinner. 186/APP/2013/2958	10,195.29	10,195.29	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend.
H/57/351D *	Northwood	103,105 & 107 Ducks Hill Road, Northwood 64345/APP/2014/1044	6,212.88	6,212.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
Total "earmarked " towards North Hub			**184,884.41**	**184,884.41**			

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid November 2017)
			AS AT 30/09/17	AS AT 30/09/17			
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 facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/39/304C *97	Yeading	Fmr Tasman House, 111 Maple Road, Hayes 38097/APP/2012/3168	6,448.10	6,448.10	2020 (Aug)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/55/347D *114	North Uxbridge	Honeycroft Day Centre, Honeycroft Hill, Uxbridge 6046/APP/2013/1834	12,162.78	12,162.78	2022 (May)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to spent/committed within 7 years of receipt (May 2022).
H/47/329E *106	Townfield	Land at Pronto Industrial Estate, 585-591 Uxbridge Road, Hayes 4404/APP/2013/1650	14,066.23	14,066.23	2024 (July)	Ux/WD Hub	Funds received the cost of providing healthcare facilites within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.
H/49/283B *108	Uxbridge North	Former RAF Uxbridge, Hillingdon Road, Uxbridge 585/APP/2009/2752	624,507.94	447,149.63	2024 (Aug)	Ux/WD Hub	Funds to be used towards the provison of healthcare facilities serving the development in line with the Council's S106 Planning Obligations SPD 2008. Funds to be spent within 10 years of receipt. £177,358 from this contribution is allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015). £177,358 transferred to HCCG July 2015.
H/58/348B	North Uxbridge	Lancaster & Hermitage centre, Lancaster Road, Uxbridge 68164/APP/2011/2711	7,587.72	7,587.72	No time limits	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/64/387E *136	Uxbridge North	Norwich Union House, 1-2 Bakers Road, Uxbridge. 8218/APP/2011/1853	15,518.40	15,518.40	2023 (Sept)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt.
Total "earmarked" towards Uxbridge/West Drayton Hub			**697,951.28**	**520,592.97**			

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid November 2017)
			AS AT 30/09/17	AS AT 30/09/17			
H/32/284C *89	Yiewsley	Former Honeywell site, Trout Road, West Drayton (live/work units). 335/APP/2010/1615	5,280.23	5,280.23	No time limits	Yiewsley HC (refurb)	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. The location of the new health centre is still to be determined. Funds to now be earmarked towards an interim scheme to refurbish and improve the existing health Centre. Subject to formal allocation.
H/33/291C *91	West Drayton	Former Swan PH, Swan Road, West Drayton. 68248/APP/2011/3013	5,416.75	5,416.75	No time limits	Yiewsley HC (refurb)	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises at local level. Any new facility required to compensate for loss of a health facility caused by the development. **The location of the new health centre is still to be determined. Funds to now be earmarked towards an interim scheme to refurbish and improve the existing health Centre. Subject to formal allocation.**
H/42/242G *100	West Drayton	West Drayton Garden Village off Porters Way West Drayton. 5107/APP/2009/2348	337,574.00	337,574.00	No time limits	New Yiewsley HC	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . Earmarked towards the provision of a new heath centre facility in the Yiewsley/West Drayton area, subject to request for formal allocation.
H/50/333F *109	Yiewsley	39,High Street, Yiewsley 24485/APP/2013/138	12,444.41	12,444.41	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Earmarked towards the provision of a new health centre facility in the Yiewsley area, subject to formal allocation.
H/59/356E *120	Yiewsley	Packet Boat House, Packet Boat Lane, Cowley 20545/APP/2012/2848	14,997.03	14,997.03	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/60/359E *121	Yiewsley	26-36 Horton Rd, Yiewsley 3507/APP/2013/2327	25,273.45	25,273.45	2023 (Jan)	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. Spend within 7 years of receipt (Jan 2023).
H/61/382F *128	West Drayton	Kitchener House, Warwick Rd, West Drayton. 18218/APP/2013/2183	8,872.64	8,872.64	2026 (April)	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Spend within 10 years of receipt (April 2026).

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid November 2017)
			AS AT 30/09/17	AS AT 30/09/17			
H/62/384F *128	Yiewsley	Caxton House, Trout Road, Yiewsley. 3678/APP/2013/3637	15,482.07	15,482.07	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend.
H/66/390D *137	West Drayton	Fmr Anglers Retreat, Cricketfield Road, West Drayton (11981/APP/2013/3307)	8,319.90	8,319.90	2021 (Sept)	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. The location of the new health centre is still to be determined. Funds to now be earmarked towards an interim scheme to refurbish and improve the existing health Centre. Subject to formal allocation.
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
Total "earmarked" towards New Yiewsley Health Centre			**452,460.20**	**452,460.20**			
H/18/219C *70	Yeading	Land rear of Sydney Court, Perth Avenue, Hayes. 65936/APP/2009/2629	3,902.00	3,902.00	No time limits	Pine Medical Centre	Funds received towards the cost of providing health facilites in the Authorities Area. No time limits. £1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval. Confirmation received from NHS PS to confirm that the scheme is still valid. £1,800 allocated towards Pine Medical Centre improvements (Cabinet Member Decision 29/05/2015).
H/30/276G * 85	Townfield	Fmr Hayes FC, Church Road, Hayes. 4327/APP/2009/2737	104,319.06	35,620.80	2022 (Feb)	To be determined	Funds received as the first and second instalment towards the cost of providing health facilities in the Authority's area including the expansion of health premises to provide additional facilities, new health premises or services (see legal agreement for details). Funds to be spent within 7 years of receipt (July 2019). £68,698.86 allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request from NHS PS received to transfer funds. £68,698.86 transferred to NHS PS 24/02/2015. Final instalment (£35,620.80) received. Remaining balance to be spent by February 2022.
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 facilites 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).

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid November 2017)
			AS AT 30/09/17	AS AT 30/09/17			
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).
To be determined			208,935.08	140,236.82			
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	1,544,230.97	1,298,174.40			

HILLINGDON LOCAL SAFEGUARDING CHILDREN BOARD: ANNUAL REPORT 2016-2017

Cabinet Member(s)	Councillor David Simmonds CBE
Cabinet Portfolio(s)	Deputy Leader of the Council and Cabinet Member for Education and Children's Services
Officer Contact(s)	Steve Ashley, Independent Chair of Hillingdon Safeguarding Children Board
Papers with report	Annual Report 2016/17

1. HEADLINE INFORMATION

Summary	It is a statutory requirement to publish the Annual Report. The report is a partnership document and describes the work of the local authority and partners engaged in children's safeguarding in the Borough.
Putting our Residents First	This report supports the following Council objective of: *Our People.*
Financial Cost	There are no direct costs applicable with the publication of this annual report.
Relevant Policy Overview Committee	Children, Young People and Learning
Relevant Ward(s)	The work of the Board covers the Borough.

2. RECOMMENDATION

That the Health and Wellbeing Board notes the content of the Annual Report and work of the Local Safeguarding Children Board during 2016/17.

3. INFORMATION

Supporting Information

The Annual Report is attached for the Health and Wellbeing Board to note. It lays out the work undertaken by the Board this year and includes specific reports from each of the agencies that make up the Board. The purpose of the Annual Report is to provide evidence about the standard to which the agencies responsible for safeguarding children in the London Borough of Hillingdon have performed.

This year, the Board has developed progressive training packages for all agencies and provided administrative and project management skills to move the Board forward including the development of its audit and performance processes to ensure it is able to properly hold agencies to account. In the coming year, the Board will develop the auditing agenda further to include analysis of agencies as well as multi agency audits.

The Board is aware that a challenging financial environment has placed huge pressures on all agencies and so it has become increasingly the case that organisations working together will be more likely to reach standards of safeguarding we expect.

The Board has published serious case reviews, some of which are historical, this year relating to occasions where a child or children have been injured or lost their lives. These reports are a sad reminder that safeguarding children is a difficult task. These reports speak for themselves, but the Board is determined that where it has fallen short of the required standard, it is able to ensure that lessons are learnt. This requires a multi-agency approach and a vigorous governance system holding agencies to account. The Board continues to provide this scrutiny, together with its partners, across the sector.

The report lays out in detail the areas where it needs to make further progress, but the Board is satisfied that, despite the difficult financial circumstances, agencies in the Borough of Hillingdon are providing services that ensure our children are properly safeguarded.

We have looked again at our priorities this year and they are set out in the report. The Board is determined that it does more work to listen to the views of children and young people and will be exploring ways in which it can be more responsive and better engaged with all our communities; particularly young people.

Comments from Social Care

Children Services in the London Borough of Hillingdon has continued to receive the Member, corporate and financial support which has taken the service it directly provides into the safeguarding environment, through a period of stabilising, to one of shaping further improved outcomes for children and young people in the Borough. More directly, in relation to the LSCB itself, the Council continues to provide the bulk of the financial support which provides for the independent leadership of the Board and its infrastructure which supports other agencies in the Borough. All of this contributes to the strategic and operational development and coherence of safeguarding in Hillingdon.

Financial Implications

There are no financial implications arising relating to the publishing of this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

The benefit or impact upon Hillingdon residents, service users and communities?

The publication of this report will not directly affect service users. If the report is not seen in the context of the timeframe it covers, it may cause some loss of confidence in the way in which children in the Borough are safeguarded by partners.

Consultation carried out or required

The report contains information from each of the agencies that form the partnership.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed this report, confirming that there are no direct financial implications associated with the recommendation that the Health and Wellbeing Board notes the content of the Annual Report.

Hillingdon Council Legal comments

There are no legal implications arising from this report. The report has been developed to ensure that all agencies engage in child safeguarding and working together to protect children from harm in line with statutory obligations and good practice.

6. BACKGROUND PAPERS

NIL.

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2016-2017

LSCB Annual Report

Hillingdon LSCB local safeguarding children board

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www.hillingdonlscb.org.uk

Andrea Nixon
Local Safeguarding Children Board
2016- 2017

Contents

1. Foreword

The Local Safeguarding Children Board is in place to ensure that all agencies engaged in child safeguarding are working together to protect our children from harm. To be effective, the board must show that it has challenged those agencies, and actively engaged with them, to improve services.

The current environment is difficult for every agency. Financial restrictions and increasing demand are making for new challenges. Despite the difficulties, I am pleased to report that this year we have seen continued improvement in safeguarding across the borough.

Children's Social Care have seen huge changes to their structures, the signs are these changes are now resulting in progress towards an efficient and effective service. One important indicator is the number of permanent staff the local authority are employing compared with agency staff. This is important because it provides stability and continuity for children and families. In Hillingdon, over 70% of children's social care staff are permanent; higher than the national average. In addition, we have seen changes to the structure and management of our children's centres. This was a worrying development because in many areas, financial cuts have seen all children's centres closed. Whilst a small number of our centres will close, I am satisfied that changes to structures will ensure that families that need support will still have access to the facilities that can only be offered by a high-quality children's centre.

In November 2016, OFSTED and the Care Quality Commission conducted an inspection in to the service provided by children's social care, health and education professionals to children who have special educational needs and/or disabilities (SEND). The report was very positive about the service provided to these children and whilst there is no grading given, it is clear this area of service is now performing at a high level and is considered amongst the best service in the country.

This year, Her Majesty's Inspectorate of Constabulary (HMIC) published a devastating report in to the management of child protection and safeguarding by the Metropolitan Police. The report did not examine any cases in Hillingdon, but was concerned with policing across London. The Met have promised a re-structure of their services and that they will re-focus their priorities to ensure an improvement in this area. Locally however, I have been impressed that the Borough Commander and his officers have already moved forward and are taking a pro-active approach to child safeguarding. It will be important over the next year to track the changes being made by the Met to ensure that the promised improvements materialise.

We all know that our health colleagues have been under severe pressure. There have been some changes locally that have added to these pressures. The closure of maternity services at Ealing Hospital and the transfer of these services to Hillingdon Hospital has seen some unintended

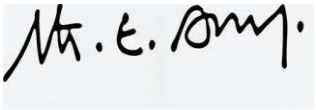
consequences. Whilst there is no evidence that safeguarding has been diminished during this time of increased demand, it will be important that the safeguarding board monitors these changes over the coming year.

The board itself has also continued to develop. We have pre-empted changes that will take place later this year, following the enactment of the Children and Social Work Bill. We have introduced a more efficient structure and the board will focus on ensuring that front line practice across agencies, and support for our most vulnerable families, is as good as it possibly can be. This year we have also increased our capacity to undertake audits. This is essential, as by examining cases and tracking the journey of children that enter the safeguarding system we can identify areas that need further work. One good example was a piece of work we conducted with the Borders Agency. We tracked a number of cases of children who had entered the country through Heathrow as asylum seekers. This in depth audit identified some very good and compassionate work as well as some areas for improvement. The board will now follow this work up to ensure standards are maintained and improved.

This report highlights much of the good work taking place across agencies in this borough and I would like to thank all the agencies that have worked with the board this year not only for the work they do, but for the positive contribution they make to the board.

I am pleased to report that children's safeguarding continues to improve, despite the pressures agencies are currently facing. Whilst I am satisfied that agencies are providing a good standard of safeguarding, there is room for further improvement, in particular, the level of intervention and support for those children and young people growing up in a family environment where drugs, alcohol, poor mental health and domestic abuse are a feature. We also need to be sure that we are doing everything we can to reduce youth violence and finally, to ensure that both looked after children and our young carers are being fully supported.

Thank you for taking the time and we would welcome any comments you have.



Steve Ashley

2. The London Borough of Hillingdon - Local Safeguarding Profile

It has been a busy year for Hillingdon's Children's Services department.

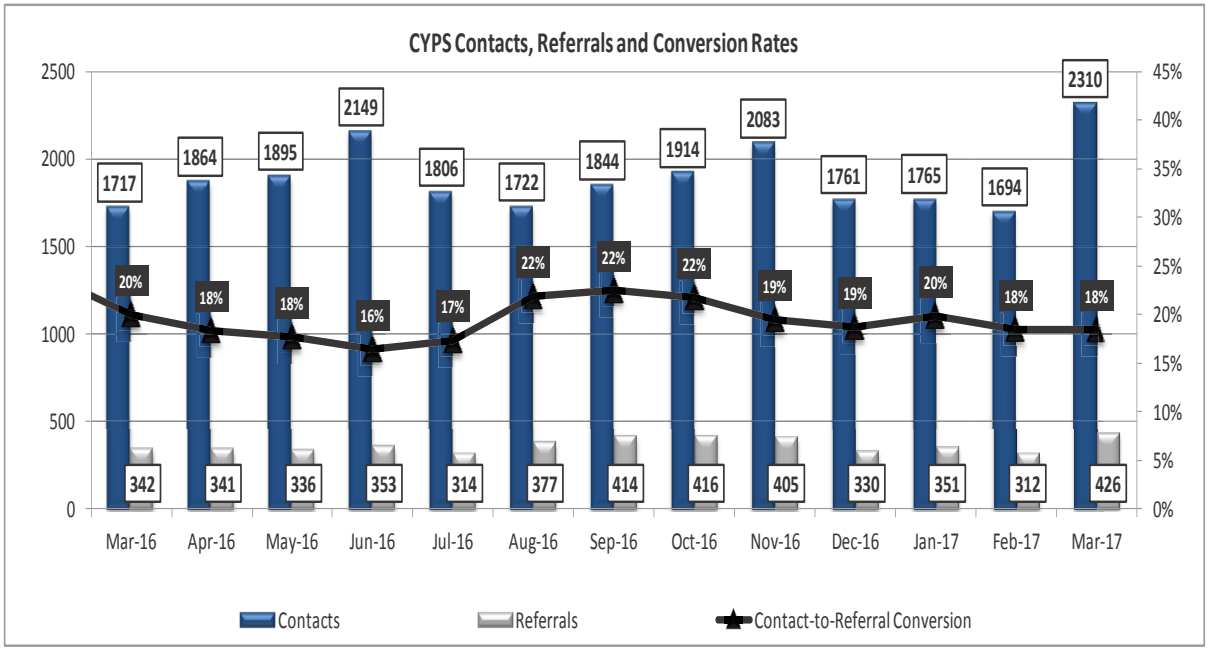
At the end of March 2017, Children's Services had 2,462 open cases. This is an increase of 4.6% from the end of March 2016 when 2,353 open cases were recorded as open to the service.

Contacts to Children's Services regarding concerns for the safety of a child are made through Hillingdon's Triage/MASH team. By way of a monthly comparison, the numbers of Contacts increased by 34.5%, from 1717 Contacts in March 2016, to 2310 Contacts in March 2017. However, the average number of Contacts received over the previous 12 month period has been steady at 1900 Contacts per month.

All Contacts are evaluated and those that meet the threshold for social work intervention are progressed via a Referral to the social work teams for assessment and further action where required. Contacts that are not progressed to social work intervention are sign-posted to other services or agencies, such as the Early Help and Prevention Service. The result of this is that no case results in 'No Further Action'.

2017 has also seen an increase in the conversion rate of Contacts to Referrals; this conversion rate has increased by 24.6% for the same period from 342 conversions in March 2016 to 426 conversions in March 2017. Over the course of the 2016-2017 financial year however, the average conversion rate per month has been steady at 364.5 conversions or just over 19%, with a range of 3% either side.

2.1 CYPS Contacts, Referrals & Conversion Rates



This table provides the published data (2015/16 CIN Census) to compare Hillingdon to national and London referral rates per 10,000. The full year figure for 2016/17 shows a 20% increase in referrals per 10,000 of population compared to 2015/16.

2.2 Referral Rates per 10000 children under 18 years

REFERRAL RATES PER 10,000 OF CHILDREN AGED UNDER 18		
2015/16	England	532
	London	491
	Outer London	463
	Hillingdon	526

2016/17	Hillingdon	632

There has been very little change in the number of Section 47 enquiries initiated. In March 2016 there were 132 recorded compared to 136 in March 2017.

Of the total 2,462 children known to social care at the end of March 2017, 744 were subject to Child In Need plans; this represents a 1% increase from 732 at the end of March 2016.

Children subject to Child Protection Plans have decreased by 15.2% from 348 at the end of March 2016 to 296 at the end of March 2017. The reduction in numbers of children subject to Child Protection Plans is directly linked to the success of our Early Help Programme, our joined-up working approach, the effectiveness of the front door MASH team and the improved first-time assessment process.

In March 2017, Children's Services were corporate parents to 304 looked after children (LAC). This represents a decrease of 11.8%, which is the lowest LAC number for the previous 13 months. (March 2016-2017). 83 of the 304 LAC were unaccompanied asylum seeking children (UASC) and represented 27% of the LAC population. This proportion has been stable throughout the last year.

In July 2016, the Home Office introduced the National Transfer Scheme (NTS) which outlined the process for the safe transfer of unaccompanied asylum seeking children from one UK local authority to another UK local authority. Young people who have been referred to, and are looked after by LBH prior to 1 July 2016 will not be impacted by the NTS.

In Hillingdon we remain above the 0.07% limit however we have successfully dispersed 28 young people via this scheme.

3. Governance & Accountability

Hillingdon LSCB is comprised of statutory and voluntary partners. These include representatives from Health, Education, Children's Services, Police, Probation, Youth Offending Service, the Community & Voluntary Sector as well as Lay Members.

Our main role is to co-ordinate what is done locally to protect and promote the welfare of children and young people in Hillingdon and to monitor the effectiveness of those arrangements to ensure better outcomes for children and young people.

The efficacy of Hillingdon LSCB relies upon its ability to champion a safeguarding agenda through exercising an independent voice.

Our purpose is to make sure that all children and young people in our authority are protected from abuse and neglect. Children can only be safeguarded from harm if agencies work well together, follow procedures and guidance based on best practice and are well-informed and trained.

Regulation 5 of the Local Safeguarding Board Regulations (2006) sets out the functions of the LSCB as per section 14 of the Children Act 2004.

The Government's Statutory Guidance, ***Working Together to Safeguard Children (2015)*** defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances

This is to enable those children to have optimum life chances and enter adulthood successfully.

The Children and Social Work Act (2017) received Royal Assent in April 2017. Chapter 2 of the Act, entitled 'Safeguarding of Children' will affect the Board in three ways:

- The establishment of a Child Safeguarding Practice Review Panel. This panel will replace the existing national panel that looks at serious case reviews and in an essence abolishes serious case reviews as they currently work;
- Abolition of Local Safeguarding Children Boards;
- Changes to Child Death Overview Panels.

The Act abolishes the statutory requirement for an LSCB and deals with safeguarding arrangements under section 16: *"Local arrangements for safeguarding and promoting welfare of children"*
This section states that:

*"The safeguarding partners for a local authority area in England **must make arrangements** for—*

(a) the safeguarding partners, and

(b) any relevant agencies that they consider appropriate,

to work together in exercising their functions, so far as the functions are exercised for the purpose of safeguarding and promoting the welfare of children in the area."

The safeguarding partners are clearly identified as:

- *"the local authority;*
- *a clinical commissioning group for an area any part of which falls within the local authority area;*
- *the chief officer of police for a police area any part of which falls within the local authority area."*

In terms of what this means in practice, the Act firstly provides details on how the "*local arrangements"* are required to deal with local child safeguarding reviews.

In a separate section, it provides some detail on how the safeguarding partners put in place *"local arrangements".*

It states that local safeguarding partners must publish these arrangements. In terms of what the arrangements might look like, the only statutory requirements are:

- there must be arrangements for scrutiny by an independent person of the effectiveness of the arrangements;
- a requirement that all safeguarding partners and relevant agencies for the local authority area act in accordance with the arrangements;
- and at least once in every 12 month period, the safeguarding partners must prepare and publish a report on what the safeguarding partners and relevant agencies for the local authority area have done as a result of the arrangements, and how effective the arrangements have been in practice.

There are further statutory requirements regarding the provision of information by agencies, and the requirement to follow directives of the Secretary of State; but these are largely standard clauses.

The final two areas that the Act covers are relevant. In terms of funding, the Act states:

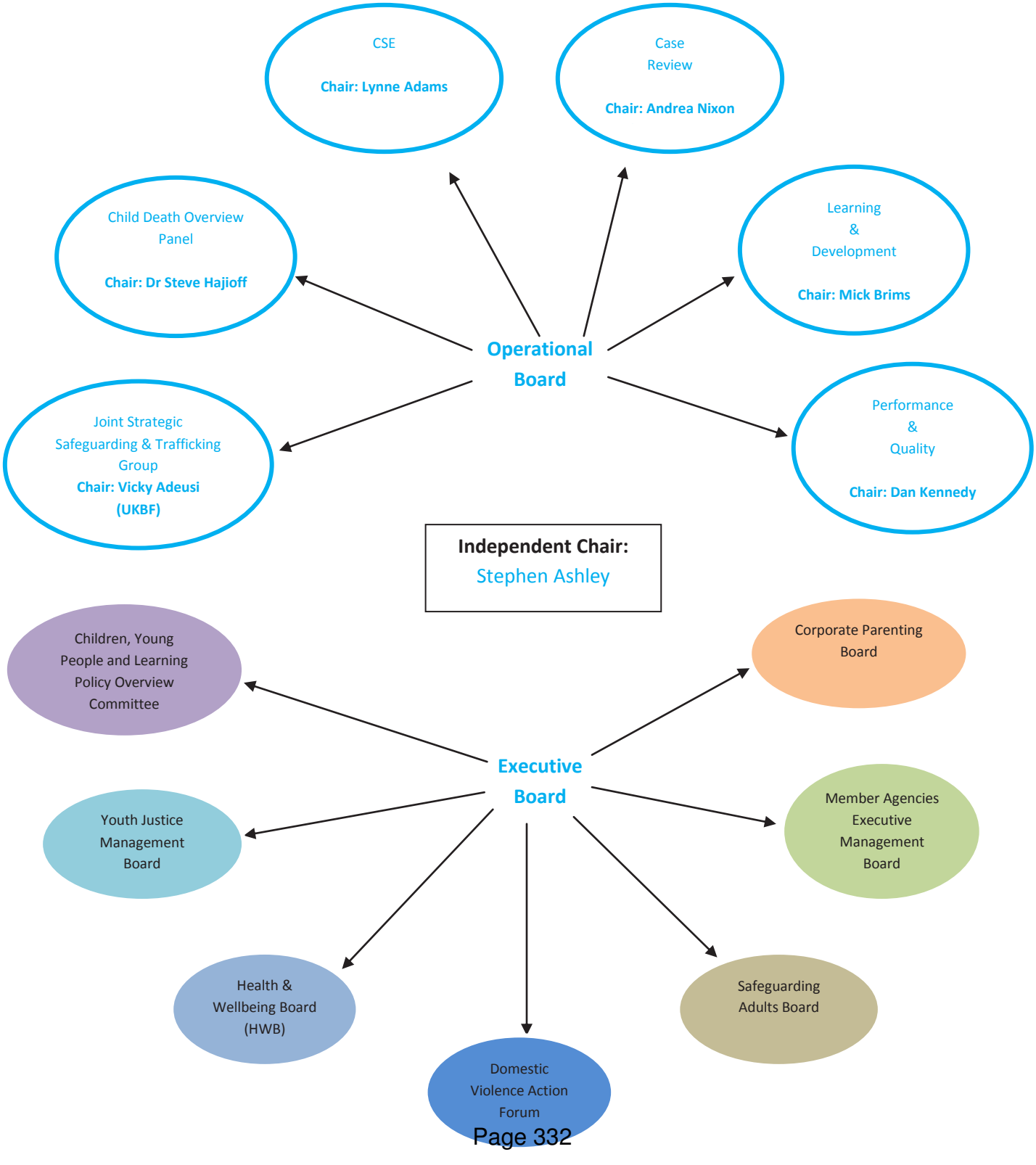
"The safeguarding partners for a local authority area in England ***may*** *make payments towards expenditure incurred in connection with arrangements: by making payments directly, or by contributing to a fund out of which the payments may be made."*

The next step will be for the key partners to meet and agree how this will move forward in line with the proposed new legislation.

4. Board Membership and Structure

The details of board partner representatives and their attendance at the LSCB Operational Board and LSCB Executive Board can be found below at 15.4 Appendix 4 and 15.5 Appendix respectively.

The graphic below outlines the LSCB Sub-Committee structure. Chairpersons are also designated for reference purposes.



5. LSCB Achievements 2016/2017

The Hillingdon LSCB is proud of the work it has achieved over the last year. This work could not have been possible without the support of its partners.

- We have produced and launched the HLSCB website**.** This has created an accessible platform for professionals and members of the public to access procedural support, information and learning from Serious Case Reviews and to raise awareness regarding key safeguarding issues for the children of Hillingdon. From 01 November 2016 (soon after the site's construction) to 31 March 2017, the LSCB's website had almost 12000 page views from over 2700 unique visitors, visiting on average at least 3 pages per each visit. Of these visitors, over two-thirds were returning visitors, suggesting that information on the site has ongoing utility. Almost one third of visitors were new to the site, suggesting that the website is reaching a new audience also. This is encouraging in aiding the LSCB in performing a core function of raising awareness and providing a safeguarding resource to the community.

- We have launched the HLSCB Twitter account, which has over 600 followers. The HLSCB has used this to share information about the LSCB and identify research, procedural updates, industry developments and general information to share with the Hillingdon Safeguarding & Quality Assurance Team. The HLSCB plans to make these information updates more widely available to Children's Social Care and on the LSCB website;

- We reviewed the Child Death Overview Panel (CDOP) process leading to a more effective & efficient service. Furthermore, we have developed a CDOP newsletter to provide information to members of the public and professionals around accident prevention and highlight national themes with regard to expected and unexpected child deaths;

- We launched the Information Sharing Protocol, providing clear guidance to professionals on when to share information if there is a concern for the safety or well-being of a child;

- We developed and launched a Child Sexual Exploitation (CSE) Toolkit, which is now widely used within Children's Social Care to assist in the identification and understanding of CSE risk to children;

- We have developed a Challenge Log to formally record safeguarding issues that are raised by the LSCB. This has improved inter-agency accountability, as agencies must provide a detailed response to the LSCB as to what action is being taken;

- We have developed a more effective multi-agency dataset which provides scrutiny and challenge to partner's performance, as well as our own. This has informed our audit programme and has already led to safeguarding improvements and inter-agency accountability;

- We have developed stronger partnerships with H.M. Harmondsworth & H.M. Colnbrook Immigration Removal Centres (IRCs) and now attend their Safer Community meetings. This ensures that the LSCB is sighted on any practice or multi-agency working concerns regarding children in detention and can provide multi-agency support in resolving these as required.

6. What we have achieved against 2016/18 priorities

6.1 Priority One - to ensure that there are effective arrangements across agencies to respond to early signs of neglect, including risks to unborn babies.

This priority goes to the heart of child protection. It ensures that safeguarding partners are focused on protecting those children most at risk. It is essential that agencies understand the problem of neglect and are confident in identifying this at an early stage.

Hillingdon Multi-Agency Safeguarding Hub (MASH) is now fully staffed with trained police officers. In addition to this, front-line police staff are given training and updates in relation to neglect and threshold levels for criminal cases, in particular around circumstances where the use of police protection legislation may be considered.

Early Help Assessment and Team Around the Family Guidelines relating to neglect have been developed by the Early Intervention & Prevention Service and circulated to front-line staff.

The London Child Protection Procedures Thresholds document has been adopted by Hillingdon LSCB, which includes clear threshold guidelines around recognising and responding to neglect. Information regarding neglect has been revised and placed on the LSCB website.

The West London Alliance training offer around neglect has now been made available to all partners.

Impact & Outcomes

In terms of the process used by front-line staff to identify and deal with neglect cases there have been a range of significant improvements.

All unborn babies known to Children's Services are tracked. Both pre and post-birth involvement by partner agencies is discussed, developed and reviewed at regular maternity concerns meetings.

Social Workers work in close collaboration with Early Intervention Services and their programme of work is circulated throughout Children Services teams. Early Intervention Services contribute to the identification of early signs of neglect by working directly with families and through the application and promotion of the Early Help Assessment and 'Team Around the Family' processes.

Early Intervention staff work in collaboration with social work teams to identify and meet the needs of families where early signs of neglect are evident, in order to address the risk through co-working of cases and 'step down' of cases where risk has been mitigated. The Early Intervention Service has also met with children's teams across partner agencies to ensure staff are able to understand processes and proactively complete Early Help Assessments and also make referrals to children's centres where required.

In order to ensure that partners are improving outcomes for those children at risk, the board has to ensure that it is able to hold partners to account. To do so, the board has developed a performance matrix that concentrates on those performance indicators that relate specifically to this neglect priority. This work has resulted in a more refined performance report that enables board members to hold each other to account. The performance indicators are supported by an audit process that is able to determine the quality of the work and not just relying on raw performance data.

One example of a successful outcome from this improved area of work concerned an audit conducted into pre-birth child protection conferences. The audit was conducted as a result of recommendations from a serious case review where physical abuse and neglect were, unfortunately, contributing factors. The audit raised issues around midwifery attendance at child protection case conferences and the consideration given to the role of midwifery in minuting contributions and formulating child protection plans. The Community Midwifery Service and the Children's Services Quality Assurance Service have taken these issues onboard, with Community Midwifery in the process of re-structuring their service to improve attendance issues. The Quality Assurance Service has made a renewed commitment to ensuring that midwives are fully engaged in child protection conferences and that Child Protection plans address their role in safeguarding unborn and newborn children.

6.2 Priority Two - to ensure that partners work together to protect Hillingdon's children from identified risks to their safety and welfare.

This priority is designed to ensure that the board and its partners are focused on any issue that places children in the borough at risk. Clearly, this can cover a wide range of issues and it is essential the board listens to the concerns of children at risk, as well as taking account of nationally recognised issues and those areas of specific risk raised by partners.

To ensure the risks to children in the borough are understood the following work has been undertaken with children at risk:

Social Workers meet with children alone, in line with statutory expectations and carry out direct work with children to obtain their views, wishes and feelings and conduct safety planning where required.

Changes have been made to the current electronic recording system to make it impossible for practitioners to record a child protection visit as successful, unless the child has been seen alone, at home, and their bedroom viewed;

Multi-agency core group meetings are a statutory requirement and are integral to the child protection process. The use of SMART Child Protection Plans are being progressed by the social worker as well as the Child Protection Advisor;

The local authority has developed targeted services for young people aimed at developing positive self esteem, supporting emotional health and well being and developing leadership skills. New programs have also been developed that offer advice and support regarding sexual health and drug and alcohol misuse.

Children's teams conduct satisfaction surveys and the results have an impact on the service and how it is delivered to children and young people and their carers. Young people have been engaged from our LAC population to involve their views on our Board priorities and future programmes;

Children, young people and families are actively engaged in service development and delivery through ongoing family engagement and via specific consultative processes such as the Hillingdon Youth Council and through review processes such as the 0-19 review which engaged over 600 families;

The LSCB has developed a young person's page on the board website;

The assessment and intervention planning process for children and young people who are working with the Youth Offending Service incorporates a self-assessment by the young person, whilst their parents/carer sign off an agreed intervention plan.

Impact & Outcomes

Safeguarding partners have undertaken a number of specific areas of work to improve the level of safeguarding in specific areas.

Strategic development has continued around the management of risks of child sexual exploitation. The Multi-Agency Sexual Exploitation (MASE) Panel reviews risk assessments and ensures that relevant information is shared amongst partner agencies. The Youth Offending Service now contributes to both the MASE and Violence and Vulnerability (Serious Youth Violence) multi-agency meetings, ensuring that information is shared and co-ordinated strategies developed between agencies to keep children safe.

The 'Missing Protocol' has been developed and shared with agencies. The CSE strategic sub-group have collated relevant information which is shared within agencies. A 'Missing Register' has been developed and is updated each week and from this, a 'Missing Report' is shared with agencies showing the current cohort of missing children. In addition, the process for children and young people who are reported as missing, but are not open to Children's Services, has been reviewed and developed to ensure consistency.

'Asset Plus', the new national assessment framework, has been implemented by YOS and supports a more robust approach to identifying risks to safety and well-being and appropriate intervention measures.

Children educated at home have been identified as a concern by the Performance and Quality Sub-Committee and a subsequent report was scrutinised at the LSCB Operational Board. This work has resulted in a multi-agency agreement for the Hillingdon Home Education Service to conduct an audit to understand how many families there are in Hillingdon who educate their children at home and to identify what support they would like or may need. An update on the progress of this audit will be sought at the LSCB Executive Board Meeting in September 2017.

The LSCB Business Unit reviewed all of its internal policies in summer 2016 and agreed, updated policies have been placed on the LSCB website to ensure that up to date information is available for professionals and members of the public around safeguarding.

6.3 Priority Three - to oversee the implementation of the Early Help and Early Intervention programme in Hillingdon.

Children's Social Care have developed a new programme and asked the board to oversee implementation and in particular to secure the engagement of all safeguarding partners. The 2017/2018 Children and Young People's plan has been finalised. It sets out the vision for children's services and focuses on areas that require additional effort to help children and young people who are vulnerable. It is explicit in the engagement of safeguarding partners. The independent chair of the board facilitated a meeting of senior executive leads for safeguarding agencies who agreed to support the plan. The operational plan lays out clear priorities and targets. Partners have developed

an early intervention and prevention scorecard which contains the right performance indicators and outcome measures to assess the difference made by the application of the strategy.

Furthermore, in order to protect children at risk at the earliest possible stage it is essential that partners engage in effective Early Help and Intervention Programmes. The LSCB has initiated a process to review the Early Intervention and Prevention Strategy so that it is fully owned by all multi-agency partners and embedded in local practice. This strategy has been presented to the LSCB Operational Board, with a Task and Finish Group to be convened in June 2017 to devise a timetable for implementation.

The LSCB is also aware of the recent transition of oversight for Children's Centres from local schools and education providers to the Local Authority. The LSCB will continue to seek updates at Operational and Executive Boards as to how the impact of this transition upon providers and young children in Hillingdon.

Impact & Outcomes

The overall aim of the Early Intervention & Prevention Strategy document is to establish the foundation and framework for EIPS activity for children and young people across the partnership.

In addition, performance indicators for this strategy are shared across agencies and presented at the board's performance and quality sub-group. A quarterly report is presented at each LSCB Operational and Executive Board.

The LSCB has assisted the EIPS in devising safeguarding audits tools for Early Years and Children's Centres settings. This audit will be commenced in June 2017 and the LSCB will seek information as to the outcome of this audit of early years safeguarding in Hillingdon once all responses are received.

As noted below in section 10.1 b), the progression of the Early Intervention & Prevention Strategy has led to service re-structuring to better meet the needs of children and families, an embedding of the Early Help Assessment (EHA), Team Around the Family (TAF) and Lead Professional framework amongst Early Help professionals and progress in implementing the Troubled Families program.

6.4 Priority Four - to ensure that Hillingdon LSCB can evidence the effectiveness of single agency and multi-agency safeguarding arrangements to satisfy ourselves that risks to children and young people are identified early in order to protect them from harm.

It is essential that statutory safeguarding procedures are being correctly applied. This provides the assurance that those children at risk are protected. This is a critical part of the work of the board. Whilst the board is responsible for safeguarding all children, those that are referred to Children's Services by agencies are, by definition, at the highest risk. This section provides examples of the work conducted by the board to ensure that statutory guidance is adhered to.

The board has overseen a range of initiatives around safeguarding arrangements. A monthly audit program is now delivered by the Children's Services Quality Assurance Teams. Audit findings are reported to senior managers and triangulated by board performance and audit data which is presented to senior managers and the Operational and Executive Boards. Practice Improvement Practitioners now work with all Local Authority social work teams to develop practice.

Hillingdon Access to Resource Panel reviews care plans for children and care packages, to ensure the risk is owned and shared and to prevent drift and delays in achieving permanency for children. There are strong governance arrangements and a clear line of reporting. Service Managers' meetings within Children's Services take place monthly; the senior management team meets every fortnight. Information is shared via these forums with the policy overview committee and Cabinet.

All 'Asset plus' assessments and Intervention plans are signed off by YOS managers. The work of the YOS is overseen by a multi-agency management board.

Section 11 and 175 education audits have been completed and a summary of this audit has been presented to the LSCB Executive Board.

Recommendations from serious case reviews and domestic homicide reviews are monitored through the Case Review Sub-Committee. An action plan is presented to every LSCB Operational and Executive Board meeting for scrutiny and to understand learning points from these case reviews.

A robust audit programme has been developed by the LSCB. Current audits include a Children's Centre audit, an Early Years audit, a joint 'journey of the child' audit with the UK Border Force and Children's Social Care and a Pre-Birth conference audit of Midwifery contribution to Pre-birth Child Protection Case Conferences.

CNWL has ensured front-line staff are trained in safeguarding and safeguarding children training compliance is a standing item on all divisional and trust wide boards, trust policies and guidelines are on the Intranet and safeguarding updates are communicated to staff via the Trust's weekly bulletin, which is circulated to employees. There is a designated safeguarding section within the Trust's Intranet site which is regularly updated with any new developments and guidance pertinent to safeguarding;

The CNWL Safeguarding Children and Young People Policy provide procedural guidance and direction for the implementation of robust, high quality safeguarding services for children and young people. Bi-annual Section 11 audits are a requirement of the Children Act and CNWL completed the latest audit in June 2016.

Impact & Outcomes

The Pre-Birth Child Protection Case Conference has raised awareness amongst the LSCB Operational and Executive Board members as to the importance of the role of midwifery in safeguarding very young and unborn children. AS outlined below, the Community Midwifery Service has incorporated feedback from this audit into re-structuring some aspects of their service.

Information and learning points from Serious Case Reviews are informing the LSCB's audit program (eg. the upcoming Toxic Trio multi-agency audit) with a view to ensuring that learning from serious case reviews is disseminated amongst partners and there is evidence of resultant changes in practice where required.

In addition to the individual outcomes of the initiatives outlined above, the LSCB has recognised that there is a need to complete further work in understanding from children directly via engagement work what makes them feel safe, and which in turn will inform oversight of safeguarding arrangements going forward.

7. LSCB Challenges 2016/2017

It is a primary function of LSCB to facilitate discussions between agencies around areas of concern. Hillingdon LSCB has developed a healthy culture of 'challenge' between agencies. Whilst the auditing programme and performance monitoring form the major part of this work, partners regularly raise issues of concern. Detailed below are some of those issues and the action that has been taken. In addition, we have included some issues that have recently been raised and are currently being worked upon.

LSCB MEETING	RELEVANT BOARD	CHALLENGE	MADE BY	RESOLUTION
July 2015	Executive	Concern about high figures of self harm and alcohol abuse under 18 cases at Hillingdon Hospital A&E.	Cllr Simmonds	Chair of LSCB wrote to Director of Public Health. Numbers monitored through P&Q sub-committee and reported to Executive Board.
25/09/2015	Executive	Sharing information with children centres.	OFSTED	A new database has been purchased. 3 chairs of children's centres have met with Service Manager for Early Intervention & Prevention. Report to Executive following consultation.
18/03/2016	Executive	Governance arrangements for CDOP.	Cllr Simmonds	The function of the CDOP has moved to the LSCB Business Unit. Future CDOP meetings will look at prevention work, linked to child deaths. Public Health will chair future CDOP meetings. Report back to Executive Board following Children Social Care Bill implementation.
14/10/2016	Executive	Is the health visiting service in Hillingdon good enough?	Cllr Simmonds	Performance data received from the provider tells us the service is good; however there are areas to improve on. This data will need to be audited. Further specific work can be carried out by the Board when the current procurement process is completed.

October 2016	Executive	Are elective home educated children in Hillingdon safe?	Policy Overview Committee	Admissions Team are sending out a survey to YP currently Electively Home Educated (EHE). Children's Social Care has been requested by LSCB Chair to provide Admissions Team with number of EHE children subject to CP/CIN over past year. Triage nurses at The Hillingdon Hospital (THH) are having training to help pick up signs if child is EHE and this will be part of the standard questionnaire used for all children coming into THH.
LSCB MEETING	**RELEVANT BOARD**	**CHALLENGE**	**MADE BY**	**RESOLUTION**
December 2015	Operational	What is the impact on Hillingdon Hospital of Ealing Maternity Unit closing?	Jenny Reid	Monthly meetings are taking place with MASH/CSC Ealing, plus meetings with other hospitals in the surrounding area to confirm systems are in place to ensure safeguarding of women and unborn children. Ealing will provide THH with their list of children subject to CP plans.
7/6/2016	Operational	What is the impact on Hillingdon Hospital of Ealing Paediatrics closing?	Operational Group	Level of workforce at THH with regards to nursing is very good. A new paediatric department is opening on 21/10/16. Activity has increased but is stable.
1/3/2016	Operational	There is no representative from the voluntary sector on either the LSCB Operational or Executive Board (or SAB).	Safeguarding Adults Board	Hillingdon for All is taking over from HAVS. To be invited to future Op Meetings when up and running. TOR for voluntary groups checked to ensure include responsibilities for safeguarding.
7/6/2016	Operational	Safeguarding	Steve Ashley	Debbie Weissang has

		processes at the Haven.		visited Havens and discussed referral pathways for young people who are victims of sexual abuse. More work on raising awareness will be carried out.
3/10/2016	Operational	Future of the LSCB following the Wood report.	Steve Ashley	Task and finish group will look at what changes to the LSCB will look like in Hillingdon. Chair to submit report to Executive.
21/11/2016	Operational	Border Force protocols when children attend hospital from the airport prior to going immigration.	Tendayi Sibanda	Theresa Murphy clarified there had been some miscommunication and misunderstanding; Border Force has good processes in place, and there is no concern. Executive Board assured.
November 2016	Operational	Community midwives not involved in discussions at CP case conferences.	Tendayi Sibanda	An audit was carried out on 55 cases between 01/06/16 and mid December 2016; findings presented to the LSCB Operational Board on 06/03/17.
March 2017	Executive	CSE/Missing/Serious Youth Violence (SYV)	Steve Ashley	This Chairman's Challenge is in the process of being compiled for the next LSCB Executive Board in June 2017.

Recent board challenges and priorities going forward include:

- Engaging the voluntary sector in a meaningful way and ensuring safeguarding is a high priority;
- How do we ensure that home educated children are safe and their needs are met, especially under the current legislation?
- Implementing the Children and Social Care Bill;
- We want to ensure that the voice of the child is heard, we need to improve our engagement with children, young people and parents.

The independent chair also raises issues that he believes are of concern. The most recent examples (as outlined in most recent Chair's Challenge) are:

- Child Sexual Exploitation
- Missing Children
- Serious Youth Violence

Each agency is asked to report on their activity in these areas and a discussion takes place to ensure that all agencies understand the work being conducted. Action plans are formulated and monitored to improve service.

8. Learning and Development

Hillingdon LSCB has continued to meet aspects of its statutory obligations via provision of a varied, multi-agency training program for professionals and members of the public in the local area who may have a role or interest in safeguarding children. Hillingdon has provided ongoing access to Working Together to Safeguard Children Courses so that designated safeguarding lead professionals are able to access and maintain their knowledge around safeguarding obligations.

Hillingdon LSCB has also sought to raise knowledge and awareness around key areas including the Signs of Safety approach to safeguarding, Child Sexual Exploitation, Early Help, Domestic Abuse. Hillingdon LSCB has continued to enact the charging policy outlined in its Annual Report 2015-2016, which has enabled a wider variety of training courses to be offered this year, whilst still offering a comparable number of candidate training places.

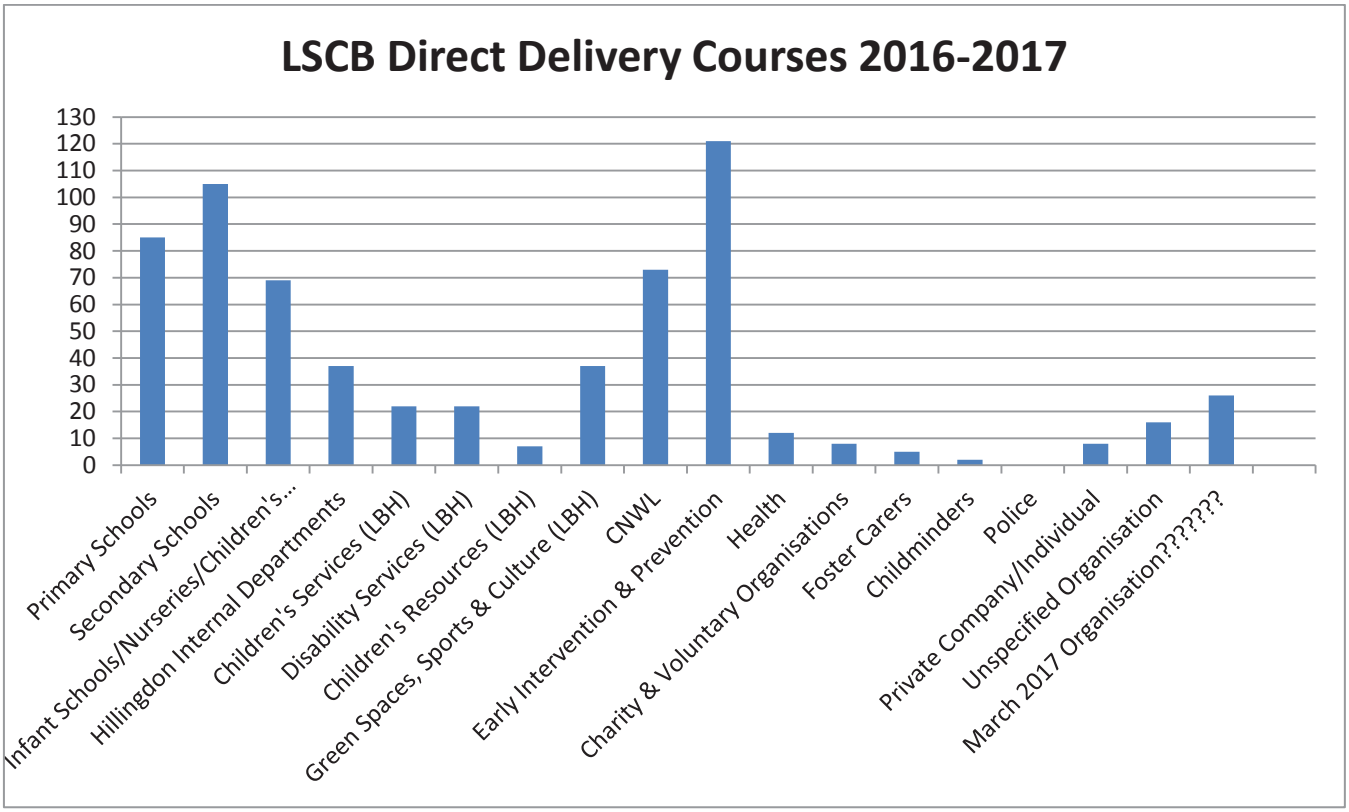
8.1 Table 2 - LSCB Training Summary

Course Title	Total Attendees	Total Places Offered	%
Child Protection Case Conferences - a Signs of Safety approach	48	75	64%
Child Sexual Exploitation: A Trauma-Focused Approach	28	32	87.50%
Core Groups and Child Protection Plans	35	50	70%
Domestic Abuse Awareness and Impact on Children and Young People	48	50	96%
Early Help Assessment and Team Around the Family eLearning	27	N/A	
Early Help in Hillingdon	12	25	48%
Education terminology and entitlements	13	25	52%
Initial Working Together to Safeguard Children (Level 3)	209	225	93%
Introduction to Child Sexual Exploitation - What do professionals need to know?	69	125	55%
Introduction to Safeguarding Children eLearning	573	N/A	
Refresher Working Together to Safeguard Children (Level 3)	160	200	80%
Understanding the Trauma and Psychological Impact of Harmful Practices	27	32	84%
Direct Delivery Subtotal:	657	839	78%
E-Learning Subtotal:	600	N/A	N/A
Grand Total training Places Accessed:	**1257**		

The LSCB views this training data as encouraging, particularly in that the table above indicates a very high level of uptake and penetration around direct safeguarding courses within the wider community. Overall, almost 4 out 5 Direct Delivery places offered by the LSCB have been taken up and the LSCB will review its training program in line with its priorities and attendance rates to try and further enhance the reach of its training program.

8.2 Direct Delivery Courses

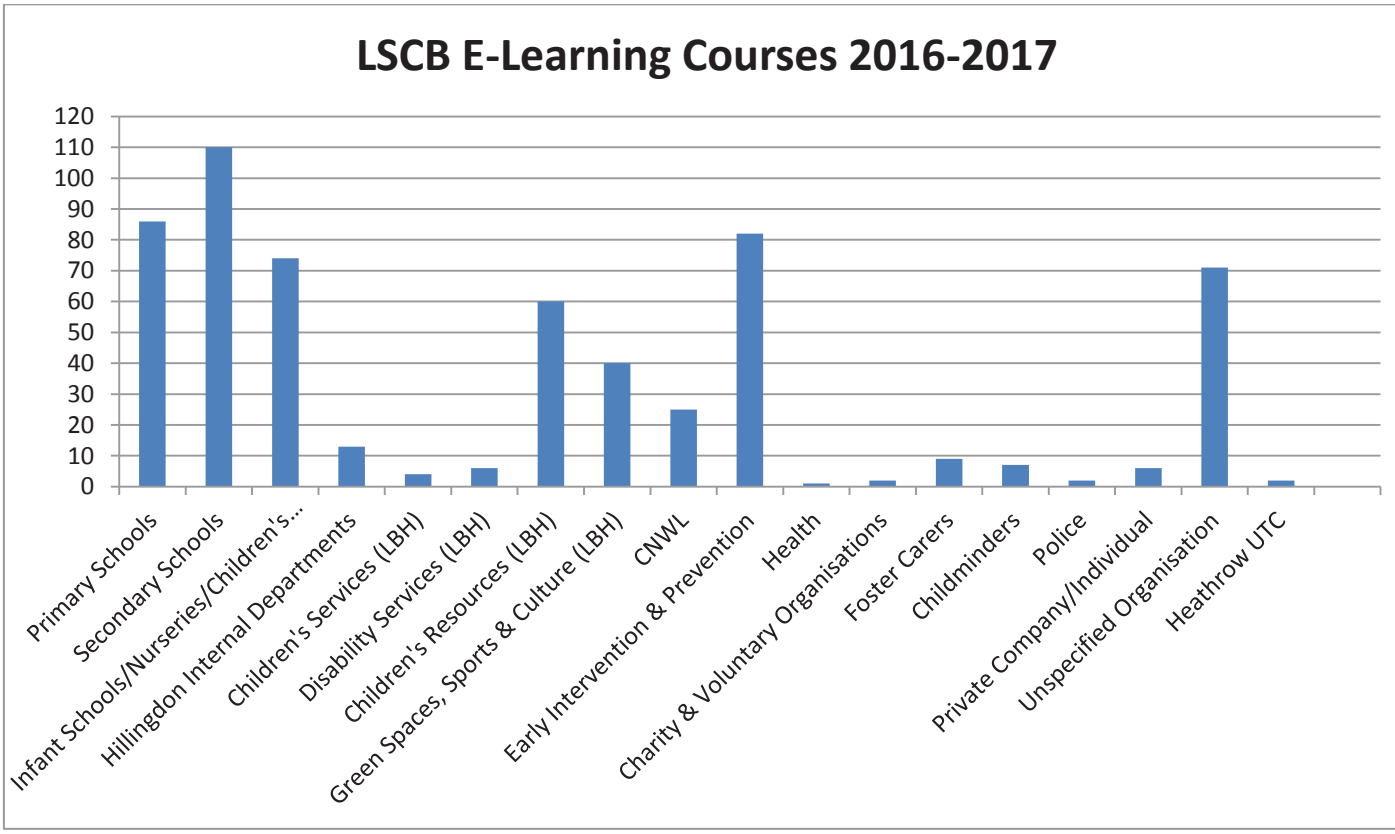
Regarding the uptake of courses delivered in person by a qualified trainer, partner agencies have accessed the range of courses offered in the table above as outlined below -



It is noted that a large proportion of the places offered in Direct Delivery training are for the Initial & Refresher Working Together to Safeguard Children Level 3 Course. Reviewing the graph above, the LSCB training attendance rate for Children's Services, Disability Services & Children's Resources may appear lower than anticipated. However, many workers in these departments are already trained to Level 3 and beyond and furthermore, may have accessed provision within their own department around this training. As such, this may account for attendance rates for larger safeguarding partner organisations here.

8.3 E-Learning Courses

Hillingdon LSCB has continued to offer a range of E-Learning opportunities for professionals and members of the public regarding the safeguarding of children. The most popular E-Learning course has been the 'Introduction to Safeguarding Course', accounting for over 90% of the virtual courses taken up by various partner agencies outlined below -



A similar caveat applies to E-Learning as with Direct Delivery training; many workers in council statutory services will have already accessed the training offered via E-Learning at a higher level and/or may have accessed provision within their own agency, which may be factor in the attendance rates for these services. This may also be a factor for some other large safeguarding partner organisations. The very high uptake from schools, nurseries and early years settings is positive and suggests a commitment to ensure staff have access to online training in these areas.

8.4 New Training Initiatives

Hillingdon LSCB has remained cognisant of safeguarding risks around Female Genital Mutilation, Forced Marriage, Honour-Based Violence and Modern Slavery. To offer an opportunity for safeguarding professionals and members of the public to learn more of these safeguarding risks, a package of training has been commissioned via the organisation 'True Honour'. This package will be delivered across the 2017-2018 year and will cover all four topic areas above. Hillingdon LSCB remains committed to ensuring that awareness and understanding of these complex social and cultural safeguarding issues is raised in order to enhance safety for children in Hillingdon.

The LSCB will continue to expand its training offer where possible in response to the dynamic nature of the needs of and risks posed to children in Hillingdon.

8.5 Audit Activities

Hillingdon LSCB has renewed its focus on audits as one method of understanding the multi-agency approach of partner agencies to safeguarding children locally.

In 2016, the LSCB has completed a number of safeguarding audits as follows -

i) s.11 Audit (Children Act 2004)

The Section 11 audit provides organisations with a self assessment tool to assess their effectiveness of the arrangements for safeguarding children at a strategic level and then identify actions for improvement. The audit is usually undertaken on a Biennial basis with a report provided to the LSCB. The audit was commenced in April 2016, with an initial completion date of 03.06.2016 and completed with the assistance of 'Enable' audit software.

A full report as to the methodology and results of the audit was completed by Helen Smith, LSCB Training & Quality Assurance Officer in September 2016. At the time that Ms Smith's report was completed, 65% (15 of 23) of agencies had fully responded. Key findings from this self-assessment exercise included -

- 53% (9) of agencies that responded rated themselves overall as 'Good' across a wide variety of 41 core safeguarding indicators and 17 additional thematic questions;
- 12% (2) of agencies that responded rated themselves overall as 'Outstanding' across a wide variety of safeguarding indicators and procedures;
- 12% (2) of agencies that responded rated themselves overall as 'Requires Improvement' across a wide variety of safeguarding indicators and procedures;
- 12% (2) of agencies that responded rated themselves overall as 'Inadequate' across a wide variety of safeguarding indicators and procedures, whilst 2 additional agencies provided only partial responses in addition to the 15 that full completed the entire s.11 audit tool.

Impact & Outcomes

It is expected that agencies will review their audit results and complete further self-assessment in 12 months (September 2017 onward).

ii) s.175 Audit (Education Act 2002)

Hillingdon LSCB is required to ensure that schools, with regard to their duty under Section 175 and section 157 of the Education Act 2002, are fulfilling their statutory obligations regarding safeguarding and promoting the welfare of children. One of the ways this is done is by asking schools to self-evaluate their internal safeguarding arrangements and therefore assist schools in evidencing robust safeguarding procedures and/or identifying any areas where improvement is required.

The audit was sent to 114 educational establishments. This included colleges, independent schools, infant schools, junior schools, primary schools, secondary schools and special schools. Presentations were undertaken at the schools safeguarding cluster meetings, articles were placed in the heads briefing, and the Child Protection Lead for Education at all schools were contacted. The audit deadline was extended and a reminder letter was sent out in August 2016 to all Head Teachers to encourage as wide-ranging a response as possible.

Of the 114 audits sent out to local educational establishments -

- 56 schools successfully completed 100% of the audit;
- 10 schools completed between 90-99% of the audit;
- 6 schools completed between 50-90% of the audit;
- 8 schools started the audit however completed less than 50% of questions;
- 34 schools did not commence the audit.

s.175 Audit Themes

All schools that started the audit (hereafter referred to as 'All schools') have an identified designated safeguarding lead, who is fully trained, with a deputy. All except one school had updated the CP Lead for Education when the designated lead had changed.

All schools identified that child protection training was facilitated, either at INSET sessions, at induction or on an annual basis. Strategies used when staff are absent included E-learning or informal training session with the DSL.

Schools who reported that they did not have a staff handbook, noted that information about the child protection policy and who to contact was available as leaflets/flowcharts or on the school's network. All schools reported having child protection as a key part of induction for new starters.

All schools identified that decision regarding referrals are made via discussions with the safeguarding leads/teams and often with consultation with CP lead for education or MASH/Triage. All schools identified having a whistle blowing policy and identified a variety of ways of updating safeguarding procedures to staff - via training, discussion at team meetings, INSET day sessions, staff bulletins. Only one school identified that they "sent out the policy" and did not identify any form of discussion/training.

All schools identified measures in place to ensure children's voices are heard, that opportunities are provided for them to talk about anything that concerns them and that additional support was available for children at risk of, or have disclosed abuse, these included worry books, availability of learning mentors/pastoral staff, school counsellors, circle time, PSHE, open door policies, posters, growth and nurture groups and other groups.

Schools consistently identified the use of their websites for providing information to parents in respect of their safeguarding responsibilities. Other means of communicating with parents frequently included newsletters, notice boards, annual questionnaires, home/school link books. Many primary/infants/junior schools identified having an open door policy to encourage parents to seek advice, and using a home/school link book to communicate messages.

Schools consistently identified undertaking a parental questionnaire/survey to gather parent's views. In respect of e-safety schools report information being provided to parents via school website and e-safety briefings/evenings, although comments indicate that attendance at events is mixed.

Impact & Outcomes

It is expected that schools take forward any areas of identified improvement and implement improvements themselves in their business plans. Anecdotal feedback from schools indicate that many schools have used the audit as a reminder to update policies, and these were done in the summer term (2016), or identified as an action for the autumn term.

Where schools had identified areas of development or concern, the Child Protection Lead for Education from Children's Services has contacted the school in question to discuss and develop a plan to address any identified safeguarding issues.

Where schools did not respond to or complete the majority of the audit, the LSCB will write to these schools by July 2017, highlighting the value of completing the audit of safeguarding processes and outlining that the next s.175 Audit will commence in January 2017.

iii) Community Midwifery & Child Protection Case Conference Audit

A concern was raised by The Hillingdon Hospital at the LSCB Case Review Subcommittee in November 2016 that community midwives felt that their input was not adequately sought or incorporated into Child Protection Case Conference decision-making or subsequent Child Protection Plans. Concern was therefore held that the key role of midwifery in pre-birth and immediate post-birth child protection as not being adequately emphasized and supported by the multi-agency network.

In order to examine this issue, the LSCB Business Unit completed a focused thematic audit of the minutes and linked Child Protection Plans between 01.06.2016 to 16.12.2016 (53 conferences). This cohort included -

- every Pre-Birth Initial Child Protection Case Conference in the identified period;
- every Review Child Protection Case Conference prior to the child's birth (where applicable) in the identified period;
- every Review Child Protection Case Conference held within 28 days of birth in the identified period.

Key Findings included -

- That there was a significant proportion of Child Protection Case Conferences where a midwife was not present and written information was not provided;
- That there was a significant proportion of Child Protection Case Conferences where Child Protection plans did not consider and provide for the safeguarding role of midwives in the meeting minutes and Child Protection Plans;
- That there was considerable evidence in meeting minutes to suggest that the contribution of midwives is either not sought, not being fully minuted, or contributions provided by midwives contain limited analysis of risk.

Impact & Outcomes

The Community Midwifery Service & Hillingdon Children's Services Service Improvement Team have both acknowledged the findings of this audit and have devised action plans to further explore and address the issues identified in this audit. The Community Midwifery Service has utilised the findings of the audit to support a re-structure of local midwifery services to ensure more continuous midwifery services from an allocated midwife for expectant mothers.

The Service Improvement Team has taken on board feedback around ensuring that the views and attendance of midwifery at Child Protection Case Conferences are consistently detailed and minuted in full and that Child Protection or Child In Need Plans incorporate SMART tasks for midwifery in working to safeguard children and families.

The LSCB plans to complete a review audit of this issue in the fourth quarter of 2017 to ascertain what actions have been taken, what change has occurred and the influence this has had on outcomes for children and families.

iv) Joint Strategic Safeguarding and Trafficking Audit

The LSCB Business Unit in partnership with UK Border Force (Terminal 2) and Children's Services is at an advanced stage of a joint-agency case audit around the journey of Unaccompanied Minors - some of whom were identified as suspected trafficking victims - from point of entry at Heathrow through to the first few months of their time as Looked After Children in Hillingdon. This audit is near completion and it is intended to be presented at LSCB Board Meetings in June 2017.

v) MASH Health Check

Hillingdon's Multi-Agency Safeguarding Hub (MASH) has been in place since 2014, providing a single point of contact for all child safeguarding concerns in Hillingdon. As this model of multi-agency working has now been in place for over two years, the LSCB has decided to look at lessons that can be learned in keeping children safe from the experience and expertise that has developed in the MASH.

To this end, the LSCB in conjunction with Hillingdon Children's Services are actively developing a 'MASH Health Check' process. This will combine quantitative data measures with qualitative information-gathering to obtain an holistic overview of the multi-agency strengths of the MASH in keeping children safe and to identify areas where further development is needed. It is envisaged that this Health Check will be completed by summer 2017.

vi) Childminding, Early Years & Children's Centres Audits

Audit tools have been devised and readied for distribution to Childminders, Early Years Centres and Children's Centres in Hillingdon. These audits are context specific, self-assessment questionnaires along similar lines to those sent out to schools and other community organisations as per the s.11 & s.175 audits outlined above.

These tools are now ready distribution and it is anticipated that they will be circulated to relevant childminders, Early Years Centres and Children's Centres by June 2017.

vii) Toxic Trio Audit

Upon completion of the MASH Health Check, the LSCB intends to complete a multi-agency case audit with regards to the prevalence of and agency response to the Toxic Trio (mental health, domestic violence & substance misuse). The Serious Case Review regarding Baby W (published by the LSCB in April 2017) noted aggregation of risk factors as significant in the circumstances surrounding the death of Baby W and as such, the LSCB will undertake this audit with a view to understanding how we are responding to this cluster of risk factors as a multi-agency safeguarding group. It is anticipated that this audit will be completed in October 2017.

viii) Neglect & Multi-Agency Early Help Audits

Upon the completion of the audit exercises outlined above, the LSCB is looking to complete multi-agency audits around safeguarding arrangements for Neglect and Early Help in Hillingdon in line with board priorities.

ix) Further Audits

Consideration will be given to subsequent audits around safeguarding areas such as Private Fostering, Signs of Safety and Domestic Violence in the second half of the year as appropriate.

9. Safeguarding Children in Hillingdon

Hillingdon LSCB needs to be assured that safeguarding children in Hillingdon is a priority for partners and through this work children are kept safe. This section highlights the areas of safeguarding that the Board are prioritising and what has been achieved.

9.1 Safeguarding children and young people at risk of radicalisation

Safeguarding those who might be vulnerable and at risk to radicalisation is part of the Prevent duty, as required under the Counter Terrorism and Security Act 2015.

In Hillingdon, we have been working in the following areas:

a) Partnership working

A local Prevent Partnership group has been in place in Hillingdon since 2008 and works together to develop and implement an annual and local Prevent action plan. This group has a broad membership from both within the Council departments and other local statutory services, including: Police, Probation, Uxbridge College, Brunel University, schools, Community Mental Health Service, Adult Services, Community Health, Hillingdon CCG, Hillingdon and Harefield Hospitals, Youth Offending Service, Children's Services and Hillingdon LSCB.

Through this partnership, support and co-ordination of how each organisation is meeting their duties under Prevent are discussed alongside a shared risk assessment and an agreed proportionate approach for the borough.

This group meet quarterly and reports into the Strong and Active Communities Partnership which is a theme group of the Local Strategic Partnership (LSP). Regular updates are also provided to the Safer Hillingdon Board and the LSP Executive as required.

Advice and support to partners is also provided by the Stronger Communities Manager as the Council's Prevent lead.

b) Support for vulnerable individuals

The “Channel” process is established in Hillingdon, which consists of a multi-agency process for responding to identified risk and need, and in providing appropriate support to those individuals who are vulnerable.

Through the LSCB we are working collectively with partners to ensure that any safeguarding concerns are managed effectively and in a co-ordinated manner across all agencies.

Local guidance has been provided to partner organisations with regards to the Prevent duty, including how to respond and make referrals when there are concerns.

c) Training and Awareness Raising

A programme of training for staff and other stakeholders in relation to Prevent is ongoing. The facilitation of these sessions has been accredited by the Home Office and delivered by the Stronger

Communities Manager. These sessions are open to all Council staff as appropriate and to external partners, including schools.

2500 staff from across the council and partner agencies, including schools have received this training since October 2014. Training is undertaken at the council as well as sessions undertaken within agency's venues.

Schools in particular have been increasing their demand for support, advice and training for staff, to ensure that they are able to meet the requirements of the new duty.

d) Work with our communities

Engagement with the community is a key aspect of the Prevent work.

Hillingdon Inter Faith Network (HIFN) plays a key role in enabling us to work together with our faith communities in promoting greater understanding and strengthening relationships.

HIFN are a member of the Strong and Active Communities Partnership and there are a number of initiatives that have been developed in partnership with them. These include: the Annual Peace walk, Annual Inter Faith week events, Inter Faith workshops in schools and regular themed network meetings on community issues. We have also established an emergency response network of faith leaders, to support our management of any incidents or community concerns.

Through the Strong and Active Communities Partnership, a broader approach has been established to promoting community involvement, inclusion, access to local services and participation in learning, leisure, arts and culture underpin the aim of building stronger and more resilient communities.

9.2 Missing

Children's Services have continued to develop strategies and working approaches to increase safety and prevent young people from going missing or being at risk of Child Sexual Exploitation (CSE). Recognising the risks and vulnerabilities of young people going missing a robust approach continues to assessment, management oversight and learning from return home interviews. A missing register has been developed with data commencing from April 2015 that provides both current and historic information relating to missing from home, care and education. This data provides themes and vulnerabilities for specific young people that are shared with multi agency partners. A fortnightly virtual missing panel has been formed that provides regularly management scrutiny and oversight of all young people who are missing to ensure necessary processes are being followed in order to achieve safety without delay.

NYAS is an independent organization that provides children in care and care leavers in Hillingdon with advocacy support and to assist children and young people in resolving their concerns and complaints by providing independent and confidential information, advice and representation. In 2016/2017, NYAS received 135 referrals and supported each of these young people.

NYAS also provided volunteer Independent Visitors for looked after children with 13 Hillingdon looked after young people having a Independent Visitor undertaking activities including swimming, eating out, and trips to the cinema, bowling, theme parks and recreational parks.

In August 2016, NYAS began independent return home interviews for children and young people open to all teams across Children's Social Care. Since this time, 40 independent return home interviews have been undertaken.

9.3 Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people is a form of child sexual abuse.

Sexual exploitation results in children and young people suffering harm and causes significant damage to their physical and mental health. Some young people may be supported to recover whilst others may suffer serious life-long impairments which may, on occasion, lead to their death, for example through suicide or murder.

There has been an increase in the media exposure of Child Sexual Exploitation (CSE) which has heightened awareness of the issue amongst statutory agencies as well as amongst members of the public. However, Serious Case Reviews have looked at the way that certain cases have been handled by the responsible authorities elsewhere in the country. This has highlighted the need for all organisations to look at their practices and procedures and, most importantly, to use the lessons learnt to inform the further development of our joint work on child sexual exploitation.

a) CSE Strategy & Action Plan

A CSE Strategy was developed in 2015 to ensure that the individual agencies work effectively together to prevent CSE, intervene early when risks are identified, help, protect and support children who are being exploited and determinedly pursue the perpetrators. The Strategy builds on the pro-active multi-agency work which is already undertaken in Hillingdon by providing a framework for all professionals working with children and young people to deliver a programme designed to raise awareness of CSE in age appropriate ways and provide them with the appropriate life skills in order to prevent them becoming involved in sexual exploitation.

An action plan was incorporated into the Strategy based around the 3Ps: prevention, protection and prosecution. This action plan identified the work that would need to be progressed and clearly highlighted all responsibilities that had been agreed by the partner agencies. The action plan also included a requirement to ensure that appropriate pathways and therapeutic support were available for those young people at risk of CSE. This is reviewed quarterly by the CSE strategic sub- committee.

b) The External Services Scrutiny Committee Review

At this meeting, Members considered the progress that had been made in the Borough over the previous two years in relation to the prevention of sexual exploitation, the protection of children and young people who are being (or are at risk of being) sexually exploited, as well as the disruption and prosecution of offenders.

The Committee highlighted a number of matters as set out below:

i) Communication / Information Sharing

Despite some restrictions in relation to information sharing contained within the Data Protection Act (1998), protocols are in place in Hillingdon to share information in relation to CSE. A review of the Caldicott Principles guidance was undertaken previously so that it now includes a presumption to

share information. This change has been particularly helpful to the health sector, making it clear to health professionals when they can share information.

MASH brings together safeguarding professionals from a variety of agencies in one location. When frontline police officers receive a report, they grade and assess it and MASH officers then flag those with CSE concerns. Some of the reports reviewed by the MASH are in relation to missing persons that show no concerns relating to CSE. These reports are monitored and assessed to ensure that there are no long-term implications or links to other safeguarding concerns. If there are no further developments within six months, these cases are marked as dormant and are only reopened if further information is received.

Hillingdon Hospital regularly receives young patients from outside of the Borough and is introducing Child Protection-Information Sharing (CP-IS) which is a nationwide system that enables child protection information to be shared securely between local authorities and NHS trusts across England. As not all of the neighbouring boroughs use the same computer system, information sharing may continue to be a challenge. It should be noted that Hillingdon Social Care is already using this NHS system.

ii) Training/Awareness Raising

A peer review had been undertaken by Havering and deemed Hillingdon's CSE training to be of a high standard. Over the last two years, Council officers have delivered training to approximately 1,200 individuals, including hospitals, pharmacists, housing officers, health education and Stockley Academy staff. This training includes examples of good and bad practice and makes the referral process clear as this is everyone's responsibility. All Councillors are a possible point of contact for the parents or victims of CSE. Training will be available to all Members in order for them to provide the correct advice and understanding of the reporting system.

A programme of training has been designed and delivered to Metropolitan Police officers. This is now included in a rolling programme of training for officers due to it's success.

With regard to schools, a wrap around service is being developed and 'SAFE!' will be delivering online workshops to Harefield School with the intention of rolling these out across the Borough. The Social Care Bill includes a statutory requirement for PSHE to cover issues such as grooming.

CSE training has been provided for GPs and there are clear referral pathways in place. If a young person is known to Social Services, it will raise a flag with their GP who can contact the MASH and/or the Designated Doctor / Designated Nurse for Safeguarding Children at Hillingdon Clinical Commissioning Group (HCCG). CSE processes at Hillingdon Hospital have also been strengthened over the last year with induction training now including CSE. Systems are in place to support staff in reviewing cases. Weekly Child Safetynet meetings are held and any young person who is known to be sexually active (for example, they if they are using the GUM clinic or maternity services) will be asked a series of questions which have been designed to help identify CSE.

iii) Looked After Children (LAC)

Training is provided for foster carers in Hillingdon to help support their understanding of CSE. Young people are allocated a social worker who will, where relevant, be involved in Multi Agency Sexual Exploitation (MASE) meetings that consider high risk cases. Young people undergo initial and annual health assessments which can highlight concerns to social workers. To help support young people,

the Children in Care Council (CICC) has identified beneficial targeted programmes such as 'Unique Swagga'.

Personal education plan (PEP) meetings are a statutory school based requirement for children in care to help track their education and promote their achievements. If a young person discloses CSE at school, officers are confident that this information will be fed back to the Virtual School.

9.4 Harmful Sexual Behaviour (HSB)

Sexual abuse perpetrated by children is unfortunately not a rare occurrence. Around one third of all sexual offences against children and young people in the UK are committed by other children and young people (Hackett 2014).

Hillingdon LSCB has commissioned a task and finish group to firstly audit, using the NSPCC audit tool, the current position of agencies in their understanding of HSB, to create a HSB strategy and to implement the NSPCC Framework. The framework aims to support local work with children and young people who have displayed HSB, and their families, by delivering and developing clear policies and procedures, and by refreshing local practice guidelines and assessment tools. This work has only just started and a full report will be included in the 2018 annual report.

9.5 Domestic Abuse (DA)

The Hillingdon Domestic Abuse (DA) Steering Executive has strategic oversight of the Domestic Violence and Violence against Women and Girls (VAWG) strategy across the council. This includes ensuring that Hillingdon Council's Policy on domestic abuse continues to be reviewed and updated, ensuring that there is a robust action plan. This includes taking high level policy decisions in relation to DA and VAWG issues. The DA Steering Executive has ultimate responsibility for the DA Action Forum that reports directly to the DA Steering Executive on the work, targets, progress and achievements of the DA Action Forum's individual subgroups.

The DA Steering Executive informs the LSCB of the successful achievements of the subgroups in reducing the risks of DA and VAWG to victims and survivors. Providing equitable access to services, referrals and awareness raising, specialist support and safeguarding, robust data collection to influence change and secure on-going DA/VAWG provision, including joint collaborative partnership working and critical integration of services for an effective victim centred approach. This is notwithstanding Hillingdon's Annual White Ribbon Day Conference, which was an outstanding success, this year's conference focused on the topic 'Sexual Violence'. The Domestic Abuse Action Forum continues in its commitment to raise the profile of DA/VAWG and to openly state its zero tolerance of all forms of Domestic Abuse and other harmful practices.

9.6 Female Genital Mutilation (FGM)

a) Mandatory Reporting

The Serious Crime Act 2015 introduced the duty to report female genital mutilation. All regulated health and social care professionals and teachers are now required to report known cases of FGM in girls under 18 identified as part of their work to the police within 1 month.

b) Local Multi-agency and Community approach

Tackling the issue of FGM locally and developing strategies to prevent, protect, identify and report FGM are progressed through established multi-agency forums which include the Local Safeguarding Children's Board, the Violence against Women and Girls Sub-group, the Sexual Violence and Public Health sub-group and the Domestic Violence Forum. Membership of these forums include Elected Members, colleagues from across Health (CNWL, Hillingdon Hospital, Public Health, CCG and GPs), Community Safety Partnership, Hestia, UK Border Force (UKBF), Community Group representative and Children's and Adult's Social Care.

Each agency has a strategy for responding to FGM underpinned by the daily activity associated with their profession. Through the multi-agency forums agencies continue to share good practice and raise awareness.

c) Awareness and training

Hillingdon LSCB provides training to all frontline staff across partner agencies. This includes an e-learning course 'Introduction to Safeguarding Children' which helps practitioners to understand the types of abuse and neglect a young person/child may experience, including domestic abuse, and FGM and how to identify the tell tale signs, how to respond professionally if you suspect a child is being abused and/or when a child/adult discloses abuse and how to develop reliable methods of keeping accurate records. This training is mandatory for all children's social workers.

A themed training session 'Understanding the Trauma and Psychological Impact of harmful Practices (honour based violence, forced marriage, FGM) is also available to all partner agencies including schools through the LSCB. A half day workshop has also been commissioned for all professionals to understand what FGM is and the impact on adults and children.

Children's Social Care has produced a FGM resource pack for frontline practitioners which is available to all children and young people's services staff, partner agencies and schools, and can be accessed via the HLSCB website.

Some secondary schools have requested specific training from Public Health and information is provided through PSHE however this is not mandatory. The Domestic Violence Education Officer who is located in the Safeguarding and Children's Service Improvement Service includes FGM in the Domestic Abuse training delivered to Colleges.

NHS England has produced specific training for health colleagues in identifying and reporting FGM. Health colleagues in CNWL, Hillingdon Hospital (GUM, Midwifery, A&E and Paediatrics), Health Visitors in Children's Centres and GPs have all received this training which is now included in induction and safeguarding training. Local Care Pathways for FGM are followed in local health settings with specific questions for practitioners to ask when seeing patients. Hillingdon has a named GP to refer cases of FGM to who is a member of the Hillingdon Sexual Violence and Public Health Sub-group.

There is established communication between the clinic and local community groups to raise awareness.

d) Heathrow

There is a well established relationship between UKBA and Children's Social Care in preventing and deterring FGM through Operation Limelight. Social Workers assist Police, Border Agency and Home. The operation has been declared a success and forms part of an ongoing strategy to protect young women from FGM.

UKBA have delivered training to airline staff to identify possible signs of FGM and have processes in place to report concerns.

e) Reporting and Safeguarding Children

All safeguarding training across the partnership includes FGM and the mandatory duty to report FGM. All reports of FGM to the Police will be passed to the dedicated FGM team in the MET.

Where a child or young person has suffered FGM the referral process into Children's Social Care is the same as for any other child abuse concern. The referral is made into the MASH and normal safeguarding procedures are followed.

9.7 Elective Home Education (EHE)

a) Legal Context

Every parent has a right to provide Elective Home Education (EHE) for their school age child(ren).

This means that, rather than attending school, parents take full responsibility for providing education to their child(ren) outside the school environment, which could be at home or elsewhere.

b) What the law says -

Section 7 of the Education Act 1996 provides that:

"The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable -

- to his age, ability and aptitude, and
- to any special educational needs he may have,

either by regular attendance at school or otherwise."

Current law does not require parents to inform the Local Authority of their arrangements to home educate. The information most Local Authorities hold on children receiving home education are from parents taking their children off a school's roll and giving EHE as their reason. Furthermore, the local authority has no power of entry to evaluate whether the education being provided by a parent meets the requirements of section 7 (Education Act, 1996). Guidance states that local authorities can make contact with families providing EHE and, although the families are not required to engage with us, it would be sensible for them to do so.

c) Hillingdon's Policy

In Hillingdon, action is being taken to strengthen engagement with families who have chosen to home educate. Families are contacted on occasions to request evidence of the education being provided, and this can take the form of, for example, the family providing samples of work or a meeting being arranged either at home or elsewhere to go over the type of provision on offer. The purpose of the meeting is not to establish the quality of the education, or to establish that certain subjects are being taught (there is no requirement for a family to follow any curriculum), but rather to establish that the education provision is full time, efficient and suitable. Following an assessment, a report is provided to the family which will summarise the education being provided and identify whether, or not, the local authority has any concerns.

d) The Hillingdon Picture

271 children are currently (as of 27th March 2017) known to Hillingdon Council to receive an elective home education. This is the highest number of children ever recorded by the council. (At the same point in 2016, 235 pupils were known to be receiving EHE).

This breaks down as 112 primary aged children and 159 secondary aged children. 142 of the pupils are girls and 129 are boys. The two largest demographics where we have records are White English/British and Travellers of Irish Heritage.

88 pupils have started receiving home education since 1st September 2016.

e) Improvements implemented since 2015 -

Improving Information to Parents -
A dedicated webpage is now in place which brings together information for parents as well as useful links and contacts for further support.

Seeking the Views of Residents
An Elective Home Education Survey has been produced and this has been sent to a sample of parents in spring 2017, with a view to sending out to all EHE parents in the summer.

EHE Policy Document Has Been Updated
Hillingdon's EHE policy has been reviewed to ensure all contact information is up to date. The policy has not been changed fundamentally, but is now reviewed every spring.

Joint Working
The School Placement and Admissions team work closely with the Special Educational Needs and Disability team as there are 11 children with an Education, Health and Care Plan who are known to be in receipt of EHE. Officers also work closely with Social Care to ensure coordination and careful risk assessment.

f) LSCB involvement

Elective Home Education has been one of the Chair's Challenges at recent Operational, Board and Executive LSCB meetings.

The challenge for the local authority is to:

- Ensure as many children receiving EHE in Hillingdon are known to us;
- Ensure that the quality and suitability of education is up to standard.

LSCB are promoting that agencies work together to help identify children who are receiving elective home education as well as providing ongoing safeguarding where required for children at risk of harm.

The most recent actions discussed at the LSCB meetings were

- EHE survey to be circulated - This has been sent to a sample of parents and we will seek feedback from those parents before sending to all other EHE parents
- Commitment to professional development of professionals - A Professionals Briefing Sheet has been agreed and the School Placement and Admissions team will be arranging Bitesize training events for professionals.
- Access granted to LCS (Social Care database) for senior admissions staff.
- Quarterly data on EHE is provided for the EHE dashboard, for ongoing monitoring.

The following actions will require continued support from the LSCB panel members

- Commitment for information sharing from NHS sources (eg A&E, GPs etc)
- Support to use alternative avenues to identify children in Hillingdon not in school and not classified as Children Missing Education (for example housing database).

10. Key Safeguarding Activities

10.1 Early Intervention and Prevention Services (EIPS)

a) Service purpose

Working together with families who most need our support, so that they may develop the capabilities required to be self-reliant and prosperous.

EIPS does this through the provision of:

- Child and Family Development Services: Securing and providing a range of early learning, childcare and family development services delivered through early years centres and children's centres;
- Families' Information Service: providing information, advice and assistance to families in the borough regarding childcare, early education and other services that may be relevant to them;
- 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 immunization, reduce childhood obesity by promoting healthy eating and physical activity and identify health issues early, so support can be provided in a timely manner;
- Key-working Services: Meeting the needs of families by providing integrated 1-1 support and challenge to enable them to overcome problems including those identified within the terms of the Troubled Families programme, those concerned with school absence and non participation in education employment and training;
- Targeted Programmes: meeting the needs of families by securing and providing targeted programmes of developmental activity that enables children, young people and families to develop the behaviours, skills and capabilities to avoid or overcome problems and risks; and
- Youth Offending Services: meeting the needs of young people who have come to the attention of criminal justice agencies by delivering intervention and tracking services with a view to reducing the likelihood of further offending behaviour.

b) Progress on safeguarding priorities, impact and outcomes for children & families

- Implementing the Early Intervention and Prevention Strategy 2016 - 2019 with partners and fully embedding structural changes in the Early Intervention and Prevention Service. Recent changes include a move towards full staffing of all service divisions, the commissioning of an integrated Healthy Child Programme and the development of a locality-based, 'family network' model of early support provision for the delivery of the Children's Centre programme. Work is being progressed to finalise strategic priorities and implement revised strategy and operational plan for 2017 - 2018;
- Good progress has been made on ensuring the Lead Professional, Early Help Assessment (EHA) and Team Around the Family (TAF) processes are consistently applied by all partners. A review of the EHA and TAF processes was undertaken with partners in order to ensure the process was as streamlined and user-friendly as possible. Required changes were made, endorsed by the LSCB and implemented. As a result, a range of practitioners including key

workers, social workers and housing officers play a central Lead Professional role in securing troubled families related outcomes. Of the 1,036 identified as experiencing multiple and complex challenges as defined by the Troubled Families programme, 244 (23.5%) have achieved and sustained significant progress in relation to a minimum of 2 of the 6 prescribed criteria to date. EIPS is Continuing to progress service development and partnership activity in order to deliver outcome requirements of the extended Troubled Families programme;

- 408 EHA and TAF training events were delivered during 2016 with 278 delivered to date during 2017. The 2017 sessions have been delivered to managers and practitioners across the partnership with participants ranging from teachers to health visitors and school nurses. The number of actual EHA's and TAF's completed for the year are as follows -

	2015/2016	2016/2017 (to 23.03.17)
EHAs Completed:	253	252
TAFs Completed:	234	222

Safeguarding priorities for 2017/18:

- Continuing to increase and strengthen the application of the EHA and TAF processes;
- Developing our locality-based model for family support.

10.2 Multi Agency Safeguarding Hub (MASH)

In order to be responsive to the changing needs of children and young people resident in Hillingdon, the MASH provides a structure, ethos and initial foundation for effective safeguarding and the provision of family support services. The formation of a multi agency, interdisciplinary team enables five social work senior practitioners and a manager to work alongside a range of partner agencies to begin the social work process of engagement, information gathering, assessment and the provision of services for vulnerable children and their families. Five triage officers, supported by their team leader, screen a high level of contacts determining which require to be signposted to more appropriate forms of support, whether the service users or professionals request can be met through the provision of information and advice or if the information provided constitutes a referral. The co-location of triage, MASH as well as partner agencies including Victim Support, Housing, Education and health fosters a rapid collation and sharing of information to determine robust threshold decisions. In doing so, the best interests of children remain paramount whilst being mindful of the legal, policy and organisational framework for involvement and intervention. This is addition to the views of parents, carers and families in the decision making process in accordance with the principles of service user involvement, collaboration and partnership with parents.

Whilst the MASH has proven to be effective in one of the most challenging social care environments in London, the dedication of staff and passion for improvement has enabled the team to remain dynamic in the pursuit of excellence. The team's capacity to efficiently manage a particularly high volume of contacts and referrals is considered in the context of the commitment to more consistent threshold decisions, the timeliness of decisions and the monitoring of contacts with the outcome of signposting as well as information and advice. This is in order to improve the life chances of children

supported by universal services, children with additional needs, complex needs and children deemed at risk.

To further the progress achieved a new and innovative model is being proposed to fully integrate the referral and assessment duty team with the MASH. This will be achieved by the duty manager having oversight and making operational decisions in relation to the child's journey through the process of contact, referral and needs based assessment. This is with a view to safeguarding and promoting children's welfare and development from point of contact in triage to the agreed point of transfer or closure subject to assessment. The role of NGO's and the integration of a children's champion for potential victims of trafficking is being explored and implemented moving forward.

10.3 Corporate Parenting and Looked after Children's Rights and Participation

London Borough of Hillingdon is committed as corporate parents to provide the best care and support to its Looked After Children and Care Leavers population. The Corporate Parenting Board (CPB) is chaired and attended by elected members, officers and young people and is guided by the question "if this were my child...".

The CPB meets 6 times a year, with young people from Hillingdon's Children in Care Council sitting on the board. The views of the Children in Care Council are presented by the Children's Rights & Participation Team. The CPB is informed by 5 working groups, also chaired by elected members to drive forward the work of the board.

The Children's Rights & Participation Team undertakes monthly visits to London Borough of Hillingdon in-house residential units to support young people and signpost them to other services where required. The Children's Rights & Participation Team also engages with semi-independent accommodation provision in Hillingdon to ensure that young people are aware of their rights and participation opportunities.

The Children in Care Councils Talkers (7-11yrs), Step Up (12-15yrs) and Stepping Out (16+yrs) meet on a monthly basis alongside Christmas and summer holiday activities. They have been involved in consultation on subjects including sibling contact, health, mental health, participation and changes to 18+ transport allowance.

The Children's Rights and Participation Team have successfully developed the 'Myreview' consultation documents to support young people to have their voices heard and views taken into account in preparation for LAC reviews. The team is also part of a London-wide participation forum to share good practice and ideas to support participation for looked after children.

The last 12 months has also seen a number of participation activities which our young people have been involved in:

- Care leavers conference July 2016;
- 48 young people attended the day which focused on raising awareness of mental health;
- Care leavers questionnaire - 88 young people completed the care leavers questionnaire, which has been analysed and recommendations made by young people incorporated into the CPB working group plans;
- Kids in care awards (KICA) September 2016;
- 144 children and young people were awarded with 14 young people being on the KICA panel, organising and comparing the event; CPB training to support young people in understanding the role and responsibilities of the board;

- MyBNK money workshop to support young people to develop the skills and knowledge to become financially independent.

10.4 Local Authority Designated Officer (LADO)

High Profile Cases:

Professional/Volunteer	Allegation	Outcome/Update
1. Teaching Assistant	Husband of TA has been arrested for producing indecent images of children. Concern that mother did not safeguard children in the family home.	Husband has pleaded guilty and awaiting sentencing. TA is in process of being dismissed for breach of trust.
2. Table Tennis Coach	Concern that he had not followed safer recruitment of a 16yr old and concerns around CSE as he referred 16yr old female to another coach for money. The other coach gave the 16yr old gifts/money.	Police Investigation led to No Further Action, as 16yr old withdrew her concerns against adult coaches. Table Tennis Coach has been given a warning and additional training around safer recruitment.
3. Police Officer	Wife accused Police officer/husband of domestic abuse and rape. Wife expressed concerns for own child. Police Officer countered that wife has mental health issues.	On-going police investigation. Police Office has been redeployed to desk duties.
4. Trainee GP	Charged and been found guilty of driving under the influence of alcohol with 2yr old child in car, leaving the scene of a Road Traffic Incident and being intoxicated in charge of a child below the age of 7yr.	Mother has been suspended from direct contact with patients at this time. Sentence included fine, community service and driving course. General Medical Council are making a decision about her future at present.
5. Sports Complex Manager - Private School	Arrested for making and downloading indecent images of children and having illegal substances in property, located on the school grounds	On-going police investigation. School have dismissed him for admitting to having illegal substances on school premises.

a) National LADO Themes

1. In keeping with national newspaper headlines, Hillingdon has been affected by allegations being made against sports coaches, both historical and current.

Historical - 3 requests for information from the Police about former football coaches in the Hillingdon area, dating back to the 80's. The Local Authority has no knowledge of these coaches or any previous allegations.
Current - Active on-going police investigation into - 2 football coaches, 1 Rugby coach, 1 swimming coach and 1 cricket Coach.

2. Historical allegations against Religious members.
   Currently, there are two live police investigations of historical sexual abuse.
   a) A vicar of the Church of England - Historical allegation from a man who states he was sexually abused in the 70's. A second victim has come forward also alleging sexual abuse. Currently, the vicar has been suspended.
   b) An Imam - Historical allegation from a child of sexual and physical abuse. On-going police Investigation. From the investigation so far, it would appear the mosque has said the Imam does not work with them and he is a lone member of the community.

b) LADO Themes in Hillingdon

Designated Responsibility for Foster Carers - From LADO investigations, there appears to be uncertainty as to whether foster carers are clear on balancing the right to family life and leaving foster children with unconnected people not known to the Local Authority. One example is a Foster Carer left a Looked After Child with a friend overnight and said he thought he was able to do so as the person had designated responsibility. It is not clear to foster carers how long a Looked After Child can be left for and whether these carers need to be checked/known to the Local Authority.

Taxi Drivers/Passenger Assistants - The LADO has received several referrals about children with special educational needs and disabilities being restrained or mishandled by transport staff when travelling to or from school to home. A theme from the LADO meetings is that these staff often do not have any training to manage children with additional needs. This is at a time when the child is likely to be most vulnerable, because as we know, most children with additional needs struggle to manage change and transitions from one setting to another.

Police referrals - The LADO has excellent and effective working relationships with the Child Abuse Investigation Team, Met Police and these referrals flow both ways and are managed in a timely manner. There has been concern that referrals from other police teams are not being passed on effectively. The LADO has experience of contacting police officers who do not know what the LADO function is or that they should have referred onto the LADO within one working day. ACTION - The LADO is booked to deliver 14 Professional Development Trainings over the coming months starting in July 2017, to make police colleagues aware of the LADO functions and the police's responsibilities across the Hillingdon Borough.

c) Impact of LADO

The following initiatives have or are due to be implemented to ensure that the LADO process is robust and safeguarding children from professionals and volunteers who have had allegations made against them:

- Addressing the Primary Head Teacher's Forum to network and deliver awareness training about when to refer and what are the Head Teacher's responsibilities.
- Developed a strong working relationship with the Sergeants of the Child Abuse Investigation Team, with a good understanding for each other's thresholds.
- Both the Child Protection Lead for Schools and the domestic Violence Lead for Schools are filled with permanent staff.

- All of the LADO referrals and minutes/actions will be recorded on LCS, under the Allegations tab by July 2017, so that staff that need to can access information.

11. Participation & Engagement

11.1 Engagement Projects

The Board continues to provide information and raise awareness of safeguarding to members of staff, but also members of the public. The following methods have been developed to ensure that our safeguarding message is heard.

International Women's Day: Hillingdon LSCB provided a stall at Botwell Library to provide information to members of the public on the work that we do and to promote our Twitter and Website.

The day event was very successful with lots of visitors to the stall who were initially unaware of the amount of information available on our website.

White Ribbon Day: Hillingdon LSCB continued to support and promote White Ribbon Day which this year had the theme of sexual violence. The event was extremely well attended and we will continue to support this event in the future.

11.2 Media Engagement

Twitter: @hillingdon_lscb

Hillingdon LSCB launched a Twitter account in September 2016. Currently we have over 500 followers. Regular, relevant information is posted each week. From this we have developed a Twitter summary that is distributed to front line social work staff highlighting articles and news stories.

Website: http://hillingdonlscb.org.uk/

The development and launch of the Hillingdon LSCB website has proved to be a huge success. Members of staff, both internal and external, are using the site as a useful resource. We have also had feedback from a member of the public:

"My name is Jessica and I came across your website at http://hillingdonlscb.org.uk/parents/useful-links/ while searching for ways to keep children safe in the home, as I am expecting my first very soon :)

Firstly, thank you, I found your website very useful.

I have also found another page that may be worth adding to your site. It's a comprehensive guide to keeping children safe in the home. It contains tips on keeping children safe from medications, harmful chemicals, electrical appliances and much more.

The article can be found at: http://householdquotes.co.uk/keeping-children-safe/

I would love to know what you think.

Kind Regards,

Jessica"

As noted in Section 5 above, the Hillingdon LSCB website has had a significant number of users visit the page since its inception in October 2016. The LSCB will consider how to further develop and

promote the site to encourage more visitors to view our safeguarding material as part of its wider engagement plan.

Newsletter: Hillingdon LSCB continue to produce a quarterly newsletter that is distributed to all front line staff. The Newsletters can also be found on the Hillingdon LSCB website http://hillingdonlscb.org.uk/what-we-do/events-and-news/

12. LSCB Sub-Committees

12.1 Performance and Quality Assurance Sub-Committee

The Performance and Quality Assurance Sub-Committee brings together key safeguarding partners across Hillingdon. The role of the committee is to promote high standards of safeguarding work, foster a culture of continuous improvement and multi-agency accountability and ultimately to provide assurance regarding safeguarding arrangements in Hillingdon to the LSCB Executive Board.

This is achieved by all agencies sitting down together and reviewing a 'scorecard' of performance indicators from all partners. This scorecard has been reviewed and updated with a much wider range of performance indicators from safeguarding partners.

Wherever a possible trend or outlying figure is identified, the owner of the indicator provides commentary around this and all agencies consider together what may be causing this, provide feedback from their own area of expertise and highlight what may be required to address the trend, if this is felt to be an area of risk. In this way, multi-agency scrutiny of performance data to identify areas of risk occurs.

Challenging and driving service improvement

Where agencies feel that further investigation is needed to fully understand whether an indicator or trend indicates risk or concern, a 'deep-dive' audits is completed. The agency that owns the relevant indicator is asked to conduct further enquiries and provide more information to the Sub-Committee, outlining any underlying performance issues and practice conditions that might be influencing the trend and whether this suggests risk to children. The deep-dive process also calls for remedial actions to be identified to address performance and risk. The P&Q Sub-Committee seeks to complete a deep dive audit each quarter.

Improving partner engagement

The P&Q sub-committee is only effective where there is robust attendance and engagement from partners. There has been a real focus on establishing better working relationships and drawing in a broader pool of partners such as the UK Border Force and Fire Service as well as establishing relationships with a wider array of police teams that have a role in safeguarding. Improved relationships has meant access to wider array of safeguarding data to ensure that concerning trends are identified.

Actions & Impact

P&Q Subcommittee members have completed deep dive audits on the following areas –

a) Child Presentations to The Hillingdon Hospital A&E Department due to Drug & Alcohol Misuse

This analysis of this deep dive audit is currently in the process of being finalised by The Hillingdon Hospital.

b) Children on Child Protection Plans for 18+ months

This deep dive audit was requested by the P&Q subgroup after performance data across 2016-2017 indicated that there were a number of children across the year to date who had been subject to

Child Protection Plans for two years or more. Taking into account this metric, the P&Q Sub-Committee requested a deep dive audit by the Quality Assurance Service regarding the circumstances of each of these children and information as to the management review processes that were in place to review children subject to Child Protection Plans for 18 months or longer.

Feedback from the Service Manager of the Quality Assurance Team was shared at the P&Q Sub-Committee meeting in May 2017 and will be referenced in the LSCB's Annual Report for the year 2017-2018.

c) Future deep dive audits

The P&Q Sub-Committee has a further deep dive planned in the 2017-2018 year around persons presenting to The Hillingdon Hospital with mental health concerns.

12.2 Learning & Development Sub-Committee

The learning and development sub-committee has developed further this year to widen its role to include representatives from the Safeguarding Children and Safeguarding Adults Board. The new joint sub-committee has a clear Terms of Reference and renewed membership. The role of the sub-committee is to promote high standards of safeguarding by ensuring that training opportunities are provided and learning and development from serious case reviews and other safeguarding activities are shared. The sub-committee is chaired by LSCB training and quality assurance officer, who is also a substantive member of the Pan London LSCB training subgroup enabling sharing of skills and knowledge from across London to inform learning and development in Hillingdon.

Key items of work for the LSCB & SAB Learning and Development sub-committee include:

- Implementation of the Learning and Improvement Framework
- Implementation of training needs analysis to inform training programme
- Implementation of three stage course evaluation
- Development and roll out of Safeguarding Adults Pan London procedures workshops
- Development and roll out of training package from True Honour

12.3 Child Sexual Exploitation Sub-Committee

The CSE Sub-Committee was originally formed as a task and finish group, but due to the high priority placed on CSE within the LSCB, it is now a substantive sub-committee that reports directly to the Operational Board. The sub-committee has a robust action plan based on the model of Prevention, Protection and Prosecution.

Its key functions are:

- Scope the scale of the problem within Hillingdon by collecting and monitoring local data
- Share responsibility among members for the coordination and delivery of the CSE action plan
- Report to LSCB on progress, highlighting any specific barriers or areas of risk within the implementation of the action plan
- Raise awareness of sexual exploitation, missing, trafficked and gang related children/young people within agencies and communities
- Encourage the reporting of concerns about sexual exploitation, missing, trafficked and gang related children/young people

- Support the identification of training and awareness needs
- Disseminate guidance and examples of good practice

It's achievements for 2016/2017 has been;

- Over 2,000 professionals and young people have been trained. One good example is that 720 pupils received training at Ruislip High.
- LBH has participated in the update of the CSE operating protocol 2017.
- The CSE resource information pack for Young people, Parents and professionals has been updated.
- The new CSE definition has been distributed to Children's social care staff and partner agencies.
- The NWG membership for children's social care staff remains in place and is updated with new memberships at regular intervals.
- CSE sessions delivered by the CSE Strategic Manager, with young people, parents and carers are proving to be positive and effective.

12.4 Case Review Sub-Committee

The case review sub-committee has been arranged in order to review serious case reviews, safeguarding adult reviews and Domestic Homicide reviews, and to ensure what learning is embedded and cascaded into the children and adult services. The sub-committee has representatives from both adult and children services, as learning needs to be disseminated across both service areas.

During 2016-2017 HLSCB have published 3 serious case reviews -

a) Children X&Y http://hillingdonlscb.org.uk/what-we-do/serious-case-reviews/

Two children were poisoned by their mother who then took her own life. The family were not known to agencies other than universal services prior to this incident.

Learning

There were no key areas for learning from this review although there were areas to explore to promote good practise. The HLSCB were asked to write to the DFE in order for the DFE to satisfy themselves that procedure for schools regarding the safe storage of poisons is adequate.

To ensure that Midwifery ask expectant Mothers as a matter of course if they have experienced Domestic Violence. Although it's important to state the domestic violence did not feature within this family dynamic.

What has changed?

The DFE confirmed that they have reviewed their procedure for schools regarding storage of poisons and are satisfied that it is fit for purpose.

The Midwifery service has developed a safeguarding team that ensures that midwives receive regular supervision and updated training, including awareness regarding domestic violence and practice.

b) Death of a young person http://hillingdonlscb.org.uk/what-we-do/serious-case-reviews/

A young person and their Mother held hands and both jumped in front of a high speed train at a busy London station.

Learning

Following an extensive review of agencies involvement and interviews with practitioners and family members, the independent review concluded that there was no learning and therefore no recommendations following this serious case review. The conclusion was that this was a tragic event that could not have been predicted.

c) Baby W http://hillingdonlscb.org.uk/what-we-do/serious-case-reviews/

A baby on a Child Protection Plan presented at The Hillingdon Hospital with multiple fractures. Both parents denied causing the injuries. The baby made a full recovery.

Learning

HLSCB should conduct a multi-agency review of practice where the 'Toxic Trio' have been identified as a feature of the case.

The Hillingdon Hospital Trust should be asked to establish a system whereby records in relation to an individual are accessible to all departments within the hospital.

Children's social care should review their assessment format in order to ensure that, where first time parents are being assessed, all of their previous contact with Health, Police and Children's Social Care is sought. This should include mental health, drug and alcohol misuse, A&E and GP attendance. Assessments need to be scrutinised to ensure that the role of the Father and their background history is clear at the earliest possibility.

The CCG needs to review the time that a GP has available to assess first time parents.

HLSCB should review practice and develop training to assist practitioners in identifying on-going and changing risk and disguised compliance and where a decision not to refer is made how this decision is recorded.

Midwifery services to review their current safeguarding arrangements.

A review of agency contributions at Child Protection Case Conferences in order to ensure the best outcomes for the child.

What has changed?

This case has only recently been published and the subcommittee have developed an action plan to ensure that the recommendations are carried out.

Work to date:

Midwifery has reviewed their service and a safeguarding midwife who will be independent of the team will be recruited and supervision within the midwifery team will commence.

CNWL have trained all staff regarding visits to new parents and the need to report concerns and discuss concerns that are not clear cut with their supervisor.

An audit of Child Protection Pre-Birth case conferences has been undertaken and recommendations have been agreed by the HLSCB Executive Board. The Case Review Sub-Committee will ensure these are implemented.

Supervision training has been provided across all agencies.

12.5 Joint Strategic, Safeguarding and Trafficking Sub-Committee

This sub-committee is unique to the Hillingdon LSCB and its aim is to continue to strengthen the partnership that we have with Heathrow Airport, Her Majesty's Immigration Detention Centre and the Local Authority. Operations at Heathrow remain a priority for children's social care who support Border Force Officers in preventing child trafficking and potential victims of FGM being taken out of and returning to the UK.

Border force has participated in an audit alongside children social care looking at the journey of the child. The sub group will monitor the recommendations from the final report and report back to the LSCB.

The LSCB attend safeguarding meetings that are held monthly at H.M.Colnbrook Immigration and Detention Centre. The LSCB has requested that data reported at these meetings are shared with the Board. This request has been made to the Home Office and we await a response.

12.6 Child Death Overview Panel (CDOP)

The CDOP review specified child deaths, drawing on comprehensive information from all agencies on the circumstances of each child's death. Particular consideration is given to the review of sudden unexpected deaths in infancy and childhood; accidental deaths; deaths related to maltreatment; suicides and deaths from natural causes where there are lessons to be learnt.

CDOP are required to publish an annual report that details the cases that have been heard and any prevention programmes that have taken place. This will be published on the LSCB website in September.

A brief snapshot of our current figures is that from April 2016 to April 2017 we had 20 child deaths. Of these 8 deaths were classed as having modifiable factors and 12 with no modifiable factors.

Modifiable factors mean that there may have been actions taken that may have prolonged life expectancy, or measures taken to prevent an accident occurring.

Of the 8 deaths where it was identified that modifiable factors existed; 1x neonatal death,3x life limiting condition, 1x sudden unexpected death in infancy, 1x road traffic accident, 1x drowning, 1x suicide. It needs to be pointed out that none of these cases led to a serious case review.

The DFE published the Wood Report, a review of the role and functions of LSCB's, together with the government's response on 26 May 2016. The review found that the gathering and analysis of data on child deaths is incomplete and inconsistent, leading to a gap in knowledge. It suggests that child deaths need to be reviewed over a population size that gives a sufficient number of deaths to be analysed for patterns, themes and trends of death. It suggests greater regionalisation with consideration being given to establishing a national-regional model for CDOPs. The government says that evidence suggests that over 80% of child deaths have medical or public health causation and that only 4% of child deaths relate to safeguarding. Therefore, it intends to transfer national oversight of CDOPs from the Department for Education to the Department of Health, whilst ensuring that the focus on distilling and embedding learning is maintained within the necessary child protection agencies.

13. Conclusion

2016-2017 has shown increased development of the board, embedding changes that were initiated in 2015-2016, with the continued development of the business unit and prioritising the quality assurance programme. The business unit has taken over the running of the child death process, organising rapid response meetings and the organisation of the Child Death Overview Panel. This has increased the work load of the business unit considerably, and with proposed changes to the LSCB in the future the management of the CDOP will also need to be considered. This report provides you with reassurances of the effectiveness of local arrangements to safeguard and promote the welfare of children in Hillingdon.

The report demonstrates that safeguarding activity is progressing well and that Hillingdon LSCB has clear agreement on the strategic priorities achieved and what actions need to be taken forward over the coming year. The LSCB is aware of, and working to fulfil, its statutory functions under Working Together to Safeguard Children 2015.

Agency reports demonstrate that statutory and non statutory members are consistently participating towards the same goals in partnership and within their individual agencies.

The Board has, throughout the year, a programme that has monitored, quality assured and evaluated the quality of services within Hillingdon, and this programme of robust auditing analysis and challenge will continue to ensure that children and young people remain safe.

14. Appendices

14.1 Appendix 1 - Glossary

Acronym	Meaning	Acronym	Meaning
AIM	Assessment & Intervention Model	(H)LSCB	(Hillingdon) Local Safeguarding Children Board
CAMHS	Child & Adolescent Mental Health Service	LSCB BU	Local Safeguarding Children Board Business Unit
CCG	Clinical Commissioning Group	LSP	Local Strategic Partnership
CDOP	Child Death Overview Panel	MASE	Multi Agency Sexual Exploitation
CIN	Children in Need	MASH	Multi Agency Safeguarding Hub
CNWL	Central & North West London	MISPER	Missing Person
CPB	Corporate Parenting Board	MPS	Metropolitan Police Service
CPP's	Child Protection Plans	NGO	Non-Government Organisation
CSC	Children's Social Care (aka Children's Services)	NTS	National Transfer Scheme
CSE	Child Sexual Exploitation	NWG	Network for Women & Girls
CSU	Community Safety Unit	OFSTED	Office for Standards in Education
CYPS	Children & Young Persons Service	P&Q	Performance & Quality (Sub-Committee)
DA	Domestic Abuse	PSHE	Personal, Social & Health Education
DFE	Department for Education	RAS	Referral & Assessment Service
DSL	Designated Safeguarding Lead	SAB	Safeguarding Adults Board
ECPAT	End Child Prostitution, Child Pornography & Trafficking of Children for Sexual purposes	Section 47	Child Protection Investigation
EHA	Early Help Assessment	SEND	Special Educational Needs and/or Disabilities
EHE	Elective Home Education	SMART	Specific, Measurable, Achievable, Realistic, Timely (targets)

EIPS	Early Intervention & Prevention Service	TAF	Team Around the Family
FGM	Female Genital Mutilation	THH	The Hillingdon Hospital NHS Foundation Trust
HIFN	Hillingdon Inter Faith Network	UASC	Unaccompanied Asylum Seeking Children
HMIC	Her Majesty's Inspectorate of Constabulary	UKBF	United Kingdom Border Force
IRO	Independent Reviewing Officer	VAWG	Violence Against Women and Girls
L&D	Learning & Development		
LAC	Looked After Child		
LADO	Local Authority Designated Officer		
LBH	London Borough of Hillingdon		
LCS	Children's Services Database		

14.2 Appendix 2 - LSCB Budget Summary 2016/2017

Income 2016/2017

London Borough of Hillingdon	£227,586
NHS	£61,200
Contributions from Partner Agencies	£12,550
Revenue from Training Courses	£23,930
Total	**£325,266**

Outgoings 2016/2017

Staffing	£208,065
Non-Staffing	£73,778
Training	£12,550
Licenses	£4,946 (website costs)
SCR	£22,762
Chairman	£40,800
Total	**£362,901**

Variance: £37,635 overspend

14.3 Appendix 3 - Board Priorities for 2016/18

Strategic Priority	What does this mean?	Actions
To ensure that there are effective arrangements across agencies to respond to early signs of neglect, including risks to unborn babies.	The definition of neglect that the Board will work to is that contained in the statutory guidance; Working Together to Safeguard Children, (2015). Neglect often takes place in environments in which one or more of the following issues is apparent within the family unit:- • Domestic violence • Drug/alcohol misuse • Mental health issues. The Board will prioritise these three areas to tackle neglect.	• Develop a multi-agency neglect strategy owned by all partner agencies. • To improve awareness and understanding of neglect across the whole partnership. This includes a common understanding of neglect and the thresholds for intervention. • Ensure the effectiveness of service provision through key performance indicators for example, a reduction in the number of children subject to a child protection plan under the category of neglect and length of time on plan. • Ensure the Early Help & Early Intervention programme is used appropriately in the early recognition and identification of neglect.
To ensure that partners work together to protect Hillingdon's children from identified risks to their safety and welfare	We need to recognise that children and young people may face many risks. These could include: • Child Sexual Exploitation • Exploitation through the internet • Children Missing from Care, home and education • Domestic violence • Radicalisation • Female genital mutilation • Targeted youth violence • Drug abuse • Trafficking • Forced Marriage The Board will prioritise work to establish the level of risk in these areas and establish where there are gaps in service and how risk can be reduced and victims supported.	• Ensure that Task and Finish groups are established where it is identified through local intelligence, or national trends, that targeted action needs to take place to reduce the risk to children and young people. • Ensure that young people are consulted in order that any preventative interventions are meaningful to them. • Ensure preventative measures are directed at young people in order to raise their awareness and more importantly what they can do to protect themselves. • That local strategic plans are regularly reviewed and embedded into local practice. • Partners share a common understanding of risks to children and young people via training.

To oversee the implementation of the Early Help & Early Intervention programme in Hillingdon	To ensure that children and young people receive effective early help and appropriate interventions when needs are identified and/or problems arise. The Board will oversee the development of an Early Help/intervention strategy engaging all partners.	• To ensure an Early Help and Early Intervention strategy is developed and implemented across partner agencies. • Agree key performance indicators that can be measured against the strategy. • The Board to be satisfied with the Governance arrangements for the Early Help and Early intervention programme.
To ensure that Hillingdon LSCB can evidence the effectiveness of single agency and multi-agency safeguarding arrangements to satisfy ourselves that risks to children and young people are identified early in order to protect them from harm.	The Hillingdon LSCB is committed to challenging partner agencies to ensure that the Board can be satisfied that children and young people are safe in Hillingdon. The Board is committed to listening to the 'voice of the child' in order to learn lessons from practice and to challenge existing practice where necessary. The Board needs to be satisfied that all children and young people are seen, heard and helped; with the public and professionals being alert to risks posed to children and young people and how to report this when necessary.	• Effective auditing and quality assurance of partners practice. • Effective single agency and multi agency training across all agencies and organisations involved in safeguarding children • Monitoring and analysis of the Hillingdon LSCB performance web and the Board to effectively challenge. • Strong governance arrangements across all partner agencies. • An environment in which robust challenge is the norm • A clear engagement strategy ensuring the voice of the child is heard • An effective Board improvement plan that is regularly monitored at the Board.

14.4 Appendix 4 - LSCB Operational Board Members & Attendance

The charts below show the membership of both the Operational and Executive Board and the attendance of each Board member. Please note that due to the regionalisation of London Probation Service and CAFCASS are unable to continue to attend Board meetings. As partner agencies they still receive minutes of the meeting and if there is a specific issue raised that we would like them to address then they will attend for that meeting.

Name	Agency/Role	07/06/16	03/10/16	21/11/16	06/03/17
Andrea Nixon	LSCB Business & Development Manager	Y	Y	Y	Y
Ann Shelvin/Carole Jones	Schools Reps	Y	Y	N	Y
Chelvi Kukendra/Jenny Reid/Reva Gudi/Ceri Jacob	Clinical Commissioning Group	Y	Y	Y	Y
Chris Miles/Philip Powell/Vicki Hirst/Emily Grist	London Ambulance Service	N	N	Y	Y
Daniel Kennedy/Naveed Mohammed/Michael Zubek	LBH, Performance & Improvement	Y	Y	Y	Y
Dave Humphrey/Seb Florent/Emma White	Child Abuse Investigation Team	Y	Y	Y	Y
Deborah Mbofana/Kim Markham Jones	LBH, Public Health Well-being Team	N	Y	N	N
Erica Rolle	LBH, DV Forum	Y	Y	N	N
Fiona Gibbs	LBH, Prevent Lead	N	Y	Y	N
Clare Smart/Lisa Taverner/Glyn Jones/Steve O'Connor	Borough Police	Y	N	Y	Y
Graham Hawkes	Hillingdon Healthwatch	Y	N	N	Y
Helen Smith/Mick Brims	LSCB Training & Quality Assurance Officer	N	Y	Y	Y
Nikki Cruickshank	LBH, Safeguarding Children & Quality Assurance	Y	Y	N	Y
Lisa Crawshaw/Helen	CNWL Trust	Y	Y	N	Y

Willetts					
David Reid/Lucy McLeod/David George	London Fire Brigade	N	N	Y	N
Name	**Agency/Role**	**07/06/16**	**03/10/16**	**21/11/16**	**06/03/17**
Lynn Hawes	LBH, Youth Offending Service	N	Y	N	Y
Vicky Adeusi/Phil Douglas	Border Force	Y	N	N	N
Sally Morris	LBH, CP Officer for Education	Y	Y	N	N
Stephen Ashley	LSCB Independent Chair	Y	Y	Y	Y
Tendayi Sibanda/Bev Hall	The Hillingdon Hospital	Y	Y	Y	Y
Tom Murphy/Deborah Bell	LBH, Early Intervention Service	Y	Y	Y	N
Veena Majothi/Tahirah Muhammad/Kerri Prince	LSCB Laymembers	Y	Y	Y	N
Julie Gosling	LSCB Co-ordinator	Y	Y	Y	Y

14.5 Appendix 5 - LSCB Executive Board Members & Attendance

Name	Agency/Role	01/07/16	14/10/16	09/12/16	20/03/17
Andrea Nixon	LSCB Business & Development Manager	Y	Y	Y	Y
Antony Rose	Probation	Y	N	N	N
Ceri Jacob/ Reva Gudi/Caroline Morison/Jenny Reid/Sujata Chadha	Clinical Commissioning Group	Y	Y	Y	
Cllr David Simmonds	Lead Member	Y	Y	N	Y
Daniel Kennedy	LBH, Performance & Intelligence	Y	Y	Y	Y
Gavin Hughes	Uxbridge College	N	Y	Y	Y
Ian Macauley/Katie Warren	CAFCASS	N	N	N	N
Name	**Agency/Role**	**01/07/16**	**14/10/16**	**09/12/16**	**20/03/17**
Mangit Bringan/Sue Pryor	Schools Rep	Y	Y	Y	Y
Maria O'Brien/Helen Willetts	CNWL	Y	Y	N	Y
Matt Alexander/Richard Claydon/Martin Wilson	London Fire Brigade	N	Y	Y	Y
Nick Downing/Clare Murray/Colin Wingrove	Met Police	Y	Y	Y	Y
Shikha Sharma/Christina Atchison/Steve Hajioff	Public Health	Y	Y	N	N
Stephen Ashley	LSCB Independent Chair	Y	Y	Y	Y
Theresa Murphy/Vanessa Saunders/Tendayi Sibanda	The Hillingdon Hospital	Y	Y	Y	Y
Tony Zaman	LBH, Director of Children's Services	Y	Y	Y	y
Julie Gosling	LSCB Co-ordinator	Y	Y	N	Y

14.6 Appendix 6 - The Hillingdon Hospitals NHS Trust LSCB Annual Report

Name of agency	**The Hillingdon Hospitals NHS Trust**
Description of service	The Trust delivers acute medical services for the public. The services covered are Adult and Children inpatient and outpatients services, Emergency Department, Minor Injuries Unit (This is at Mount Vernon Hospital), and Maternity Services. Statutory safeguarding children arrangements at the Trust are as follows: • Executive Lead for Safeguarding Children • Named Nurse for Safeguarding Children • Named Doctors for Safeguarding Children • Named Midwife for Safeguarding Children The Trust has a multi-agency Safeguarding Committee, which meets on a quarterly basis and covers both adults and children safeguarding work. The Committee is chaired by the Executive Director of the Patient Experience and Nursing.
Safeguarding training undertaken in reporting period. % of staff trained at each level.	Level 1-3 Safeguarding Children Training Trust target is 80%. Figures on 31/03/2017 Level 1 91.3% Level 2 91.2% Level 3 86.1% Level 4 100% Safeguarding training is closely monitored by the Trust's Safeguarding Committee, at Divisional performance reviews and by the Learning and Development department.
Level 1 Introduction to Safeguarding Level 3 Working Together CSE Awareness DV FGM Prevent	These topics are part of the level 1-3 Safeguarding Children training mandatory training. In addition to the mandatory training the topics are also covered as stand-alone sessions: • CSE sessions delivered by Child Sexual Exploitation Prevention Manager dates for the whole year available. Risk assessments are done for all sexually active children attending the Emergency Department and Minor Injuries Unit. • FGM is delivered as part of core Safeguarding training, The Duty to report identified or reported FGM cases has been communicated with all members of staff at all levels including induction • Domestic Violence and abuse (DVA) –Stand-alone sessions for DVA were commenced and are well attended by staff. This has seen an improvement in identifying and signposting patients and staff suffering DVA • Prevent WRAP training booked for the year.

Regulator inspection in reporting period and outcomes	The Care Quality Commission (CQC) visit of October 2014 and follow up May 2015 The outcomes were reported to the LSCB last year. There has not been another CQC inspection.
Progress on safeguarding priorities in the reporting period	Below are priorities that were set for 2016/17. **1. To instigate the learning from Serious Case Reviews and Domestic Homicide Reviews from the last year** Learning from Serious Case Reviews (SCR) and Domestic Homicide Review (DHR) continues within the Trust. In November 2016, a learning event for one of the Serious Case Reviews was well attended by different departments within the Trust. Positive feedback was given by the attendees. Safeguarding Children Training and Supervision has been adapted to ensure that learning from SCR and DHR is continual There are plans for further events for another SCRs **2. By the end of the year, the Trust to have established a process of monitoring Safeguarding supervision.** Supervision is currently being monitored via a database owned by Safeguarding Children. There are plans that the recording of sessions is done on the Trust Database held by the Learning and Development Department. This will make supervision progress more visible to persons interested. **3. To increase training and engagement with staff based at and overseeing the Minor Injuries Unit in order to improve reporting and information sharing re vulnerable children and young adults.** The Safeguarding Children Policy was updated to ensure that the Minor Injuries Unit (MIU) get clear guidance regarding the referral system within the Trust and with other agencies. The Paediatric Liaison Services has ensured that there is clear communication between the main hospital and MIU **4. To work with Social Services colleagues to ensure social worker presence at A&E Safety Net meetings.** MASH Senior Practitioner now attends the A and E Safety Net meetings on a weekly basis. There is clear communication whenever this is not possible. MASH receives minutes for all meetings and update is always given.
Safeguarding priorities for 2017/18	• To Improve on existing liaison arrangements with Ealing Social Care and Community Health Services • To establish an electronic Interagency Referral to ensure that referrals are sent in a more timely and secure manner • To fully establish the Child Protection Information System (CP-IS) within A and E and Minor Injuries Unit

	• To continue the implementation of learning from Serious Case Review s and Domestic Homicide Reviews • Achieve CCG target for Safeguarding Children Training • To establish Safeguarding Supervision in area where staff works directly with children and their families • To establish a Safeguarding Caseload holding team for maternity services. This will ensure that safeguarding cases have an allocated midwife.
Good news stories	• Hillingdon MASH Senior Practitioner now attending the Multi-Agency A and E meetings. Minutes of the meeting are shared with MASH. Updates are given regarding Social Care decisions on referrals made each week. • Ealing Social Worker, Paediatric Liaison Health Visitor and Family Nurse Partnership attend monthly Maternity Safeguarding Children Meetings. This have been seen to improve communication between the agencies • Safeguarding Supervision is well established and regular with the TUDOR Sexual Health Service.
Good practice examples	• Our multi-disciplinary and multi-agency safety net work meetings continue to be an effective way of working towards ensuring that children either suffering or at risk of suffering significant harm are identified and that safeguarding/ child protection processes are put in place.
Any other comments	

14.7 Appendix 7 - NHS Hillingdon Clinical Commissioning Group LSCB Annual Report

Name of agency	NHS Hillingdon Clinical Commissioning Group (CCG)
Description of service	NHS Hillingdon CCG is a statutory NHS body with a range of statutory responsibilities including safeguarding children and adults. Like all CCGs, it is a membership organisation that brings together general practices to commission local health services for Hillingdon's registered and unregistered population. One of the advantages of being a clinically led organisation is that the CCG is in the unique position of being able to take account of the experience of patients who are best placed as service users, to know the right services for the area and can comment objectively when new services are commissioned. The CCG ensures that Safeguarding is included in all of the services from which it commissions health services and requires and obtains assurance from all Provider organisations that they are meeting safeguarding requirements. Safeguarding forms part of the NHS contract.
Safeguarding training undertaken in reporting period. % of staff trained at each level.	Level 1 – 100% Level 2 – 100% Level 3 – 100% Level 4/5 – 100% PREVENT Awareness –100% The Named GP delivers training to CCG staff as well as GPs and Practice staff.
Regulator inspection in reporting period and outcomes	In quarter 3, the CCG took part in a joint Hillingdon inspection by CQC and Ofsted for Children and Young People with Special Education Needs and Disability (SEND) as set out in the Children and families Act 2014. The findings from the inspection identified many areas of strengths. There is an action plan in place to address those areas of improvement that were identified. The CCG has already identified a need for a Designated Clinical Officer (DCO) to complement the Send Paediatrician (Designated Medical Officer) and is in the process of recruiting to that post. It was noted that the CCG is committed to successful implementation of the Special Educational Needs reforms. The CCG regularly reviews and monitors Safeguarding Children activities of its Provider organisations and will interrogate and review any gaps.
Challenges in the	**Child Protection Information System** (CP-IS) has proved to be challenging

reporting period	for Unscheduled Care Providers. However they are all working in collaboration with key Providers across North West London and NHS Digital (London) to ensure successful compliance by the end of 2017. **Child House/Child Sexual Abuse Hub** - This commissioned Review (by NHS England) has now been completed but work continues towards a relatively local service provision. **Capacity to fully engage with the many local and national organisational changes** and different commissioners of health service across the Health Economy will mean that the Safeguarding Children leads will have to be very creative with time management in order to retain full oversight of service providers' statutory duties and responsibilities.
Progress on safeguarding priorities in the reporting period	All Provider Trusts have systems and processes in place for Safeguarding Supervision for relevant staff. Safeguarding Children Training has been updated to include Child Sexual exploitation (CSE); Female Genital Mutilation (FGM) and PREVENT. Domestic Abuse is already included. We continue to encourage recording and reporting of Interventions with victims of Domestic Violence and Abuse and this is now reported in the quarterly Safeguarding (Children) Health Outcomes Framework (SHOF). Safeguarding Children profile continues to be raised within the CCG and all relevant meetings. The CCG is represented on the LSCB (executive and operational) and LSCB subgroups, key pan Hillingdon groups as well as relevant patch, regional, pan London and national groups including of the London child Protection Procedures editorial group.
Safeguarding priorities for 2017/18	Safeguarding Training – maintain and update single and multi-agency training (including specific training for Commissioners). Engagement of all Primary Care staff. Engagement and participation with the North West London proposal for a local Sexual Abuse Referral Centre (SARC) for children. Reinforce recording and reporting of interventions with victims of : Domestic Violence and Abuse; CSE and FGM Establish a Safeguarding supervision forum for GP Safeguarding Leads and relevant Practice staff Continue to seek assurance from Provider organisations as regards Safeguarding requirements, arrangements and priorities.
Good news stories	Multi-agency attendance at Overview and Scrutiny Panel, with good

	representation from across the Health economy, regarding Service Provision and partnership working with children and young people who are or may be victims of Child Sexual Exploitation (CSE). A successful CCG Child Health Conference (held locally) included a wide range of child focused topics delivered by local experts including GPs, Designated Doctors for Safeguarding Children, Looked After Children and Child Death Overview Process; the Local Authority CSE Prevention manager and the Targeted Programme manager for the Early Intervention and Prevention Programme. CSE presentation, by the CSE Prevention manager, to the CCG Governing Body Increased and improved contact from Primary Care as regards all aspects of Safeguarding Children including the impact of Domestic Violence and Abuse. The CCG is currently 'Piloting' a Paediatric community integrated clinic (in Hayes & Harlington) where a local consultant Paediatrician works alongside a local GP to see children in the community as oppose to referring them to the hospital. All GPs across the Borough can refer children to this clinic. The success of this 'Pilot' will lead to three further clinics – another in Hayes and Harlington, 1 in Uxbridge and West Drayton and one in North Hillingdon. Recent investment in the increase in Paediatric Consultants at the Hospital has led to meeting the waiting times at Paediatric A&E to 95% – 100%.
Good practice examples	The Named GP has developed a Did Not Attend (DNA)/Was Not Brought Policy which will be shared with all GPs and placed on the CCG Extranet. Good communication links with GPs and Practice Staff. Commissioning of a 'cost by case' service for children who may have suffered FGM or Sexual Abuse. Establishment of a GP Practice Safeguarding Supervision forum. Monitoring Provider participation in the DHRs and SCRs Action Plans. Relevant Safeguarding Children information continues to be cascaded to staff via CCG newsletter.
Any other comments	Safeguarding Children is now a standing agenda item at all Contract Quality Monitoring and Quality, Safety and Clinical Risk meetings.

14.8 Appendix 8 - Youth Offending Service LSCB Annual Report

Name of agency	Youth Offending Service
Description of service	Carries out the partner's statutory functions with regards to young offenders (aged 10-18).
Regulator inspection in reporting period and outcomes	No Inspection during this year.
Challenges in the reporting period	1. Identifying suitable staff to fill existing vacancies. 2. The corresponding delays in recruitment impacting on case load levels. 3. Embedding the new national assessment tool and having to train new staff as they come on line. 4. System problems with the new assessment tool impacting on functionality 5. Funding reduction from the Youth Justice Board
Progress on safeguarding priorities in the reporting period	The key safeguarding priorities for the YOS in 16/17 were; **To ensure all staff are trained to appropriate level in the key areas of working together, CSE and DV.** <u>Working together/Refresher</u> 88% of core staff have completed 69% of sessional staff have completed <u>CSE Awareness</u> 73% of core staff have completed 69% of sessional staff have completed <u>DV awareness</u> 50% core staff have completed 61% of sessional staff have completed There has been an improvement in numbers of staff completing designated training. Sessional staff usually work evenings and week-end and are less available for the formal training provided through the LSCB. Themed workshops are delivered to sessional staff raise their awareness. **Audits of Assetplus indicate good quality assessment and analysis of safeguarding and well being issues** 51% rated as good 11% satisfactory 38% unsatisfactory The unsatisfactory findings relate to specific staff members and these are being addressed through supervision and training.
Good news stories	• Reduction in custody rate per 1,000 of 10-17 year old population

	• Reduction in the rate (per 100,000 of 10-17 population) of young people entering the criminal justice system • Reduction in the re-offending rate of young people receiving a criminal justice outcome (Data as available January 2017)
Good practice examples	Child DM is 13 year old young person whose offending escalated from public order offences and criminal damage to knife possession, carrying an offensive weapon and a number of assaults including a racially aggravated incident. In September 16 he was sentenced to a specific community court order as an alternative to a custodial sentence. This comprised of 12.5 hours programmed contact time each week plus a 3 month curfew. DM presented with emotional and behavioural difficulties, suffered from severe ADHD for which he was prescribed medication and was under the care of CAMHS. In addition there were safety and wellbeing concerns including; Associating with older males, Regular absconding from school and home, Use of cannabis Alleged visits to the home of an adult on his way to school and receiving money at those visits Poor school attendance DM was referred to Children Social Care and made subject of a Child Protection Plan due to concerns about his vulnerability from others (outside of the family). He was referred to the SAFE project for advice and support on healthy and safe relationships. Local police were notified of the address of concern and spoke to the resident, although he denied any wrong doing. DM complied fully with his order supported by his parents. Although his curfew ended in December 2016 at the time of writing there have been no further reports of him going missing or committing offences. There are still safety and well being concerns but these are being managed jointly through the CP plan and the YOS intervention plan. All the agencies tasked with various levels of interventions for DM have worked well together recognising both DMs risk to others and his own vulnerability. His mother has reported feeling very supported by professionals and as a result she in a better "place" to manage her sons behaviour.
Any other comments	

14.9 Appendix 9 - Central & North West London (CNWL) LSCB Annual Report

Name of agency	Central and North West London NHS Foundation Trust
Description of service	CNWL provides a range of physical health, mental health, substance misuse, learning disability, offender care (prison and immigration removal centre) healthcare services across approximately 100 sites. It is one of the largest community facing trusts in England, with approximately 6,500 staff. CNWL provides services to a third of London's population and across wider geographical areas including Milton Keynes, Kent, Surrey, Buckinghamshire and Hampshire. Approximately 40% of services are community health and 60% are mental health and allied health specialties.
Regulator inspection in reporting period and outcomes	The Care Quality Commission- CQC -have been assessing compliance in the adult inpatient and the older adult in patient teams and services in Hillingdon, the standards include safeguarding children. The overall rating is "Good". The Prime Minister, Theresa May, delivered the annual Charity Commission Lecture on 9th January 2017 where she announced a series of measures to "transform mental health support". As part of this, she has asked the CQC lead "a major thematic review of children and adolescent mental health services across the country" to identify what is working well and what is not. CQC will take forward this work in discussion with other agencies and inspectorates, and expects to report on its findings in 2017/18. This is yet to be completed in CNWL.
Challenges in the reporting period	
Progress on safeguarding priorities in the reporting period	• **Mainstream safeguarding children and young people into everyday business** Safeguarding and promoting the welfare of all children and young people will be reflected in all areas of the Trust activities and business. ***Progress:*** - Robust Trust processes widely used across the organisation and easily accessible for all staff; - Policy in line with best practice; - Safeguarding intranet page for information and communication Trust wide. Page contains a library of safeguarding policies that are accessible, relevant, updated and available for staff guidance; - Robust monitoring of HR processes and compliance with safeguarding legislation in relation to recruitment; - Have a proactive stance and actively respond following publication of legislation, guidance, local and national case reviews, lessons

	learnt/recommendations from safeguarding investigations and incidents; - Think family approach embedded in all services helping parents/families secure better outcomes for their children through more effective and better co-ordinated interventions by CNWL staff; - Easy access to the oversight of those clients who are parents who have children and/or young people; to enable an essential to visit list as part of emergency preparedness; - Support all activities necessary to ensure that CNWL meets its responsibilities for looked after children and young people. • **Effective safeguarding structures and governance** Safeguarding children, young people and adults will be under taken by everyone; however, there will be staff employed in dedicated roles and structures within the Trust. This will provide a framework that supports best practice and allows the Trust to fulfil its key responsibilities. All Trust business and activity relating to safeguarding will follow the Trust's governance processes for oversight and monitoring purposes. ***Progress:*** - An effective safeguarding group that oversees and monitors all safeguarding business and activities; - Regular and scheduled safeguarding reports that inform the trust board of daily business and risks; - Safeguarding children arrangements in divisional structures, particularly for mental health, allied specialities, offender care and Sexual health reviewed, to ensure an established and robust safeguarding team - Safeguarding champions to promote the profile and importance of safeguarding across the trust; - Safeguarding children agenda item at all divisional and operational / service meetings; • **Learning through experience and the development of knowledge and skills for staff** We will systematically learn through experience and ensure that services are developed and monitored through these opportunities. Staff will demonstrate the values and competence required to effectively safeguard and promote the welfare of children and young people. ***Progress:*** - Review and update of training strategy; Improvement in training attendance to achieve agreed monthly targets - Tailored training for specialist services (offender care, additions etc.); - Review of supervision arrangements and policy to enable appropriate supervision and support for staff; - Safeguarding children addressed at staff personal development reviews and exit interviews; - Robust process in place for sharing learning relating to case reviews. - Audits widely undertaken relating to safeguarding issues to identify and

	improve clinical practice with outcomes shared with staff. • **Working in partnership** We will work professionally and in partnership with key agencies to protect, promote and provide services that meet all statutory regulation and local requirements of the population that we serve. We will embrace active representation on the Local Safeguarding Children Boards (LSCBs), participating in the work of its sub groups and engage with their priorities. ***Progress:*** - Continued attendance at Local Safeguarding Children Boards (LSCB) with regular communication at a senior level to inform / direct the wider safeguarding agenda across the economy - LSCB priorities incorporated into the safeguarding work plan - Continue to work in partnership with LSCBs as the government take forward the work following the Alan Wood review - IT systems that interface and an information sharing agreement in place to aid seamless service provision and communication between agencies - Planned programme of attendance at partnership agencies and sub groups with evidence of effectiveness. • **Engaging with service users** We will work together with families in relation to safeguarding and promoting the welfare of children and young people to shape services that are meaningful and have positive outcomes. ***Progress:*** - Provision of patient information that informs families of our statutory duties to safeguard; - Patient experience feedback reports; - Focus groups to assist with shaping services; - Safeguarding internet page for information and communication for use by partner agencies and service users.
Good news stories	
Good practice examples	In April 2016, in line with the national CAMHS Transformation plans, CNWL opened its Specialist Community Eating Disorders Service for Children and Young People. This service created the opportunity to replace and extend the CAMHS eating disorder mini-teams, by providing one unified service covering the five diverse Boroughs of: Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster. The service has received over 100 referrals, before celebrating its first birthday; and is on track to over-perform on expected referral targets; whilst feedback from service users has been overwhelmingly positive: “The advice given was good and really helpful “(Young Person), “Thank you for the excellent care” (Parent), “The help and support here is at a very high standard” (Young Person) The small highly dedicated multi-disciplinary team has been able to both prevent admissions, where possible, and facilitate early discharge, by

	ensuring that optimal outpatient service is provided. The team provide advice as well as discussing referrals and this has made the process much smoother than previously. They also offer to complete of joint reviews. By developing good relationships with both Community CAMHS and local paediatric services, the team have reduced lengthy admissions to Tier 4 Eating Disorder Units and increased identification and treatment of confirmed and suspected eating disorders. The support provided by the Paediatrics Team at Chelsea and Westminster Hospital has helped the team to medically stabilise some of the most unwell young people, through brief seven to fourteen day medical admissions, and facilitate rapid return to treatment in the community. The Commissioners are reviewing the service and will report in June. The out of hours CAMHS service is now fully operational across the Trust. An audit on in hours and out of hours assessments and the data collection part has concluded and the results are now being analysed. The service has established its own care governance meetings where issues are discussed and mitigated. Safeguarding updates are communicated to staff via the Trust's Weekly bulletin, which is circulated to all employees. There is a designated safeguarding section within the Trust's intranet site which is regularly updated with any new developments and guidance pertinent to safeguarding. Where Trust employees attend LSCB subgroups, relevant information is cascaded to the wider services, contributing to increased frontline knowledge and awareness. An example of the impact of the bulletin briefings on Safeguarding is the drive to increase staff attendance at training being run by Standing Together on Domestic Abuse, which has resulted in increased referrals to MARAC. CNWL's safeguarding children training is part of the Trust's mandatory training programme. A minimum 90% of staff are up to date with the relevant level of training for their role. A Domestic Abuse Enquiry Flowchart and a Domestic Abuse Risk Assessment Prompt Sheet have been ratified and rolled out to Health Visitors in Hillingdon. Hillingdon Community Children's Services staff received the following training: • Learning from a domestic homicide review • Health Visitors in Hillingdon have attended a series of bespoke learning sessions following a Serious Case Review. Ante natal and no access visit pathways have been revised in light of the review. Learning from serious case reviews is shared locally with those teams involved in the care and across the Trust. An overview of SCR's and Learning Lessons reviews is discussed in Part ll of the Quarterly Safeguarding meeting and quarterly at the Trusts Quality and Performance Committee.

14.10 Appendix 10 – Addendum Information to EIPS Report – Good Practice Examples

Good news stories:	• The creation of a new Healthy Child Service to deliver the Health Child Programme and provide an integrated health visiting and school nursing service; • The introduction of a 'Families in Need' funding scheme to support vulnerable families to access early learning and childcare; • The establishing of a menu of targeted programs which address specific risk related issues (including anti-social behaviours, substance misuse, and emotional health and wellbeing), or groups who are at significant risk of negative outcomes (including adolescent boys and young men, looked-after children and care leavers, and young people who are not in employment, education, or training).
Good practice examples	a) Key-working Service Case study *Family composition:* • *Parents-both parents in family home* • *Child age 12 Male* • *Child age 5 Male* *EHA completed by Secondary school* *Assessment details:* • *Anger at home directed towards parent, especially mother* • *School do not see this behaviour* • *Speech and language assessment to be undertaken to rule out any under lying condition* • *No identified needs for 5 year old* • *Parents wish for the 12 year old child to regulate his anger and not be violent* *TAF meeting convened* *Membership of TAF group:* • *Secondary School* • *School nurse* • *TAF Co-ordinator* • *Both parents* • *12 year old child (part of meeting)* *Actions from TAF Meeting:* • *S to have a Speech and Language assessment completed - School* • *Lunch spend to be monitored re: choices of refreshment - School*

- *Key worker to be considered - TAF Co-ordinator*
- *Parenting course to be considered - Parents*
- *Targeted youth programme & Sportivate information to be shared with school - TAF Co-ordinator*
- *After school clubs to be considered - Parents*

Outcome of EHA:

- *Key worker allocated to family to model positive behaviour techniques. Access to KWS Clinical Psychologist for S discussed during consultation between Key Worker and Clinical Psychologist and agreed as appropriate if S violence not eliminated.*

Family have emailed the TAF co-ordinator to thank her for the work to date:

- *"Many thanks for the meetings and the information conveyed. I would also like to take this opportunity to thank you greatly for your help, guidance and support in this very difficult matter. For us as parents, just knowing that there is a service out there (like yours) who is willing to listen to our worries and concerns is so re-assuring, otherwise we as parents would have felt alone and helpless. Your help is so important in resolving the problems that we are encountering."*

b) Healthy Child Services

Overview of Family Situation and support provided

- *Mother was met during her pregnancy by the health visitor; therefore a relationship was built before the new birth visit*
- *During the antenatal visit mother's history of depression was discussed*
- *Mother had requested the same health visitor visit her and her baby when she gave birth. The same health visitor was allocated to continue the families care*
- *At the new birth visit mother was tearful and stated that she feels she has not bonded well with her baby*
- *The health visitor discussed strategies and gave advice on how to cope with this and improve the bond between mother and baby. The health visitor had discussed visiting a children centre, however mother was reluctant*
- *At the maternal mood assessment mother stated that the bond had improved, however her maternal mood questionnaire evidently showed signs of postnatal depression*
- *Mother and the health visitor discussed attending the local children centre for parent and baby groups and also groups for mother's health, for example adult yoga*
- *Mother and the health visitor agreed to meet at the children*

centre later that afternoon for baby's weight review at clinic and to also be introduced to the children centre staff and find out about their facilities

- *Mother and baby attended the child health clinic later that afternoon as agreed. Baby's weight was reviewed and assessed by the allocated health visitor*
- *Mother and baby were then introduced to the children centre staff who gave mother information regarding groups etc.*
- *Mother completed the registration forms and booked onto two adult classes and also baby massage class for when baby is age appropriate*
- *Mother was introduced to the family support worker who supported the mother when she attended the children centre which mother stated she found supportive*

Outcomes and Impact:

- *Risk to child and mother as a consequence of post-natal depression avoided*
- *Mother enabled to fully bond with baby*
- *Mother able to avoid family isolation and build up social networks via the children's centre*
- *Emotional health and well-being of mother improved and sustained*

c) Targeted Programmes Case-Study:

Overview of family situation and support provided

- *A young woman who was referred to 'Unique Swagga' girls and young women's programme due to her involvement in serious youth violence and related concerns about her safety in the context of intimate relationships with boys.*

- *She attended the programme and, as she developed her confidence with the other participants and staff, began to disclose some of her experiences in relation to some of the risky situations she was putting herself in and, as a result, she become more aware of her own personal safety.*

- *She offered an opportunity to attend the Unique Swagga Part two programme, where she began to explore the consequences of her behaviour in a lot more depth, through her engagement in sessions that addressed issues in relation to personal safety and child sexual exploitation.*

- *Through the running of the level 2 programme, the young woman became a positive role model to other younger group members, and offered guidance around some of the risks the group were taking and highlighting the consequences of these risks.*

- *She also spoke out often about the importance of relationships with young people's parents/guardians, and reflected on her own personal experience after having a very turbulent relationship with her own mother.*

Outcomes and Impact

- *By the end of the part two programme, the young woman had re-established a developing relationship with her mother and was seeking to regain her mother's trust by being more honest about her whereabouts, as she understood that this is important to her own personal safety.*

- *The young woman was also able to engage positively with young women from outside her social and cultural circles, but she overcame this barrier and built some great friendships with all the girls on the project.*

- *As an outcome of her involvement in Unique Swagga, the young woman has shown a great interest in helping other young women and has expressed an interest in volunteering to work with other younger adolescents through the Hillingdon Young Volunteers Award programme.*

- *Personal reflective comment at the end of the programme: "Unique Swagga has encouraged me to become a better person. My self confidence has expanded and I am beginning to recognise my self-worth. Unique Swagga is a place where all types of girls can come together as one and express ourselves. I have made a family here and I will miss them very much!"*

Overview of Family Situation

Family was referred to the Centre following an intervention panel meeting. Mum was experiencing low mood following being trafficked into the UK and was awaiting Home Office confirmation of status. Mum was isolated and needed help with emotionally bonding with the 1 year old child and routines and boundaries

Support Provided

- *Attended Home Visit to meet family*
- *Continued home visits to gain mums trust and build a rapport*
- *Family Support Worker met Mum at her house and walked to the Centre to Introduce*
- *Mum was provided with Food Bank Vouchers*
- *Mum was encouraged to attend all appropriate sessions*
- *Mum was booked onto ESOL Writing course*

	• *Application was made for Family In Need Funding* • *Arranged a visit at local nursery and walked to the nursery with mum to show where Family Support Worker is* *Outcomes and Impact* • *Mum and child are attending the sessions at the Children's Centre regularly and booking sessions herself* • *Mum has started ESOL writing at the Children's Centre* • *Child is attending the Creche and is very settled* • *Early Year Practitioners key working and supporting mum with emotional bonding and both Mum and Child shown signs of improvement* • *Mums confidence has grown hugely and she is making plans for future courses at the Centre* • *Mums mood has lifted and she is less isolated, making friends in the centre* • *Child has registered with a local nursery for 2 mornings* • *Mums aspirations for what she can achieve for herself have increased* • *Mum is in a very positive place. She is taking care of her appearance, excited about the course she is on and looking forward to learning more,* • *She cannot believe her child will be starting "school" and has high expectations for her development* • *Mum is excited about her future and what she will become*

14.11 Appendix 11 – Addendum Information Corporate Parenting Report - Good Practice Examples

Good practice examples	a) Case Study - 'Elise' *'Elise' has been involved with The Children's Rights and Participation team for roughly 2 years. Elise came to the UK in 2014 as an Unaccompanied Asylum Seeking young person and has thrived during her time here. Elise has worked tirelessly to ensure she reaches her full potential both in education and wider life and receives positive reviews from both adults and young people she has come into contact with. Elise is an active member of the Children in Care Council (Stepping Out) and although she is unable to make some meetings due to study commitments she still consults with the group on issues that may be affecting others in care and care leavers.* *The Children's Rights and Participation Team have also supported Elise in various enrichment activities. Recently Elise has done some work with The Children's Commissioner through attending a meeting with Edward Timpson, Minister of State for Vulnerable Children and Families at the House of Parliament to discuss the topic of 'Staying Close' and wider issues for children in care and care leavers. Following on from this the Children's Commissioner sent Elise an opportunity personally to do a 'Take Over' day with Channel 4 news reporter Cathy Newman. Elise was given the opportunity to shadow reporter Cathy for the day and she even assisted her to write part of her report for the 10 o'clock news that night. Here is a what Elise had to say after the day "Monday was the most amazing and challenging, almost life changing day for me" " Thank you everyone who supported me and are supporting me"* *Again the positive feedback and response received about Elise have highlighted her commitment to making a change and her ever expanding skills set.* *The Children's Rights and Participation team will continue to support Elise to access opportunities which will further her aspirations and motivations and we will continue to be proud of her many achievements.* b) Case Study - 'Ryan' *Seventeen year old "Ryan" has been in care in Hillingdon for over 10 years. Ryan was referred to the Children in Care Council approximately 4 years ago and is still a member today. Ryan progressed from the middle Children in Care Council (Step Up) to the older group Stepping Out when he turned 16. This process was somewhat difficult for Ryan as he was settled and happy in the Step Up group, however him turning 16 meant he needed to move up to the oldest group so as to reflect the issues he would now face as a young person preparing to leave care. The Children's Rights and Participation Team supported Ryan in this transition and helped him to*

	understand the importance of the move. *Ryan is now settled in Stepping Out, The Children's Rights and Participation Team are all able to see and appreciate the difference in Ryan's actions and attitudes since progressing to this group. He has shown a marked improvement in his levels of maturity, understanding of issues faced by care leavers and commitment to the group and wider activities. The Children's Rights and Participation Team have supported Ryan to attend various different enrichment activities in a bid to help him improve his independent living skills and his confidence, for example he has attended MyBnk Money Workshop, receiving a Level 1 qualification in Money management. He has also attended and presented at various Corporate Parenting Board Meetings, interacting and fielding questions from council members and other senior staff members.* *The Children's Rights and Participation Team are currently supporting Ryan to complete a set of training opportunities which will hopefully enable him to take part in Social Worker interview panels and further corporate parenting board meetings. The team will continue to support Ryan in gaining further independent living skills via referrals made to Targeted Programme within Hillingdon and external workshops, including a Confronting Conflict workshop and the Become Coaching Programme. Despite facing many challenges in the last year, Ryan has shown resilience, allowing himself to get back up and is now currently attending college again and actively looking for a part time job. Ryan continues to show his commitment to the aims of the Children in Care Council and continues to make our team and his foster family proud in all that he does. The Children's Rights and Participation Team will continue to support Ryan to reach his full potential and in his journey to becoming a care leaver.*


LFB
LONDON FIRE BRIGADE


healthwatch
Hillingdon


Hillingdon
Clinical Commissioning Group


NHS
Central and
North West
London
NHS Foundation Trust


HILLINGDON
HIFN
INTER FAITH NETWORK


London
Probation Trust


HILLINGDON
LONDON


Cafcass


Border Force


ssafa
Lifelong support
for our Forces
and their families


METROPOLITAN
POLICE
TOTAL POLICING


The Hillingdon Hospitals NHS
NHS Foundation Trust


London Ambulance Service NHS
NHS Trust

HILLINGDON SAFEGUARDING ADULTS BOARD: ANNUAL REPORT 2016-2017

Cabinet Member(s)	Councillor Philip Corthorne
Cabinet Portfolio(s)	Social Services, Housing, Health and Wellbeing
Officer Contact(s)	Andrea Nixon, Social Care
Papers with report	Annual Report 2016/17

1. HEADLINE INFORMATION

Summary	The Hillingdon Safeguarding Adult Board (HSAB) brings together partners from across the Borough to discuss issues relating to vulnerable adults, to challenge performance and to ensure that together, the agencies offer the strongest safeguarding service to our vulnerable adults. The HSAB has a statutory duty to publish an annual report on the effectiveness of adult safeguarding and promoting the welfare of vulnerable adults in the Borough. Once agreed by the HSAB, the report is submitted each year to the Chief Executive, Leader of the Council, Cabinet and the Health and Wellbeing Board.
Putting our Residents First	This report supports the following Council objective of: *Our People.*
Financial Cost	There are no financial costs arising as a consequence of this report.
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Relevant Ward(s)	The report covers work across the Borough.

2. RECOMMENDATION

That the Health and Wellbeing Board notes the Annual Report and work of the Safeguarding Adults Partnership Board during 2016/17.

3. INFORMATION

Supporting Information

The Annual Report lays out the work undertaken by the Board in 2016/17, and includes specific reports from each of the agencies that make up the Board. There has not been an agency contribution from the Borough Police although they do contribute fully to Board meetings and

priorities. The purpose of the annual report is to provide evidence about the standard to which the agencies responsible for safeguarding adults in the London Borough of Hillingdon have performed.

This year the business unit has started to develop a multi agency training package for all agencies following the successful roll out last year of multi agency workshops that launched the Pan London procedures. The business unit has provided administrative and project management skills to move the Board forward including the development of audit and performance processes to ensure the Board is able to properly hold agencies to account. In the coming year, the Board will develop the auditing agenda further to include analysis of own agency as well as multi agency audits.

The Board is aware that a challenging financial environment has placed huge pressures on all agencies and so it has become increasingly the case that organisations working together will be more likely to reach the standards of safeguarding we expect.

HSAB has commissioned a Safeguarding Adult Review this year and will be publishing the findings in January 2018. HSAB will hold a number of learning events to ensure that lessons learnt are embedded into practice. This requires a multi-agency approach and a vigorous governance system holding agencies to account. The Board continues to provide this scrutiny, together with its partners, across the sector.

The Board has put a particular emphasis on issues around domestic abuse. There have been two domestic homicide reviews completed this year and as a result, the Board has begun to work much more closely with the Safer Hillingdon Partnership in order to ensure that there is coordinated and comprehensive awareness and engagement across the Borough.

The Board has looked again at the priorities for this year. The Board is determined that more work is done to better engage with all communities; particularly those that are vulnerable.

The Annual Report lays out in detail the areas where the Board needs to make further progress, but the Board is satisfied that agencies in the Borough of Hillingdon are providing services that ensure vulnerable adults are properly safeguarded.

Financial Implications

There are no financial implications arising as a consequence of publishing this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

The benefit or impact upon Hillingdon residents, service users and communities?

The publication of this report will not directly affect service users.

Consultation carried out or required

The report contains reports from each of the agencies that form the partnership.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed this report and confirms that there are no financial implications as a result of publishing this report.

Hillingdon Council Legal comments

The report being recommended to the Health and Wellbeing Board is a mandated annual review under the Care Act 2014. The Annual Report must be shared with the Health and Wellbeing Board. The Care Act 2014 mandates that the local authority, CCG, local police and any other relevant bodies be part of this report and have their performance commented upon.

The report properly covers the local authority, CCG and other relevant groups such as the Heathrow immigration and removal centre. The authors of the report have approached the police for input, but this information remains outstanding.

6. BACKGROUND PAPERS

NIL.

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2016-2017

SAB Annual Report

Hillingdon safeguarding adults board

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www.hillingdonsab.org.uk

Andrea Nixon
Safeguarding Adult Board
2016-2017

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1. Foreword

Thank you for taking the time to read this year's annual report. The Safeguarding Adult Board brings together partners across the borough to discuss issues relating to vulnerable adults, to challenge performance and to ensure that together, the agencies offer the strongest safeguarding service to our vulnerable adults.

The Safeguarding Adult Board has continued developing and has made progress in ensuring that the right information is presented in order that there is an increasing challenge for agencies to improve outcomes. As Chairman of the Board, I am assured that all the agencies involved will maintain their support and commitment.

It is proving to be a challenging environment for all agencies and the pressure on our hospitals and adult social care provider services is well-documented. This pressure is relentless, but agencies in Hillingdon are all engaged in looking at new ways of ensuring they maintain or improve standards.

This report highlights some of the work currently being undertaken and in particular looks at the board priorities. The board has developed a performance management framework based around these priorities and this has improved our ability to determine the impact agencies are having in delivering them.

Much of our work has focused on the implementation of Pan London procedures. These are important as it ensures that vulnerable adults always receive a proportionate and timely safeguarding service from agencies.

The board has put a particular emphasis on issues around domestic abuse. There have been two domestic homicide reviews completed this year and as a result we have begun to work much more closely with the Safer Hillingdon Partnership in order to ensure that there is coordinated and comprehensive awareness and engagement across the borough.

Mental health has featured in a number of safeguarding related cases in Hillingdon and given this, it is a priority to see that the coordination of these services continues to develop. Central North West London Mental Health Services, the provider in the borough, have improved recording systems and re-shaped to improve service delivery. However, dealing with these issues is not a matter for one agency and we continue to work together in order to shape and drive improved outcomes.

I have no doubt that all agencies are working to help our vulnerable adults and there are many examples of good practice; to this end I would like to thank all the front line services and voluntary and charity organisations in Hillingdon. At a strategic level, as a safeguarding community we are aware of the challenges and will continue to work hard to meet them.

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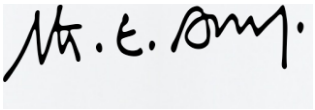
I hope you enjoy this report and welcome any comments you may have.



Steve Ashley

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2. Governance & Accountability

The Safeguarding Adult Board (SAB) is a multi-agency partnership comprised of statutory, independent and charitable organisations with a stakeholder interest in safeguarding adults at risk. A full list of members can be found in the body of the report with attendance details for the year.

The Board's objective is to protect and promote individual human rights, independence and improve wellbeing, so that adults at risk stay safe and are protected at all times from abuse, neglect, discrimination or poor treatment.

The role of the Board and its members is to:

- Lead the strategic development of safeguarding adults work in the borough of Hillingdon;
- Agree resources for the delivery of the safeguarding strategic plan;
- Monitor and ensure the effectiveness of the sub-groups in delivering their work programmes and partner agencies in discharging their safeguarding responsibilities;
- Ensure that arrangements across partnership agencies in Hillingdon are effective in providing a net of safety for vulnerable adults;
- Act as champions for safeguarding issues across their own organisations, partners and the wider community, including effective arrangements within their own organisations;
- Ensure best practice is consistently employed to improve outcomes for vulnerable adults.

Since November 2011, the SAB has had an independent chairman, who also chairs the Local Safeguarding Children's Board (LSCB). The independent chairman is a member of the London and National Chairs Group SAB. The SAB is comprised of an Operational Board and an Executive Board, which ensures that matters are dealt with at an agreed level of seniority.

In accordance with good practice, an annual report is produced and presented to Council Cabinet, the Health & Wellbeing Board and the Community Safety Partnership. From April 2015, production of an annual report became a statutory requirement (Care Act 2014).

Through common membership, there are links to Multi Agency Public Protection arrangements (MAPPA), the Multi Agency Risk Assessment Conference (MARAC), and the Community MARAC (CMARAC).

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2.1 Members Engagement

Over the last year the Board has been well supported by elected members. The lead member for Adult Safeguarding attends the Executive Board meeting. The SAB is now closely allied to the Health and Well Being Board and the Care Governance Board.

Elected Members have taken a lead in safeguarding issues. Considerable work has been undertaken in the community supporting front line professionals. In particular, Members have provided support to events concerning dementia, domestic abuse, elder abuse and disability issues. The lead Member organised a development event for Members on mental health, which involved CNWL and Hillingdon Mind. This provided Members with an insight into mental health issues and provided a platform for development and improvement work.

This level of engagement by Members is essential in the process of continuous improvement.

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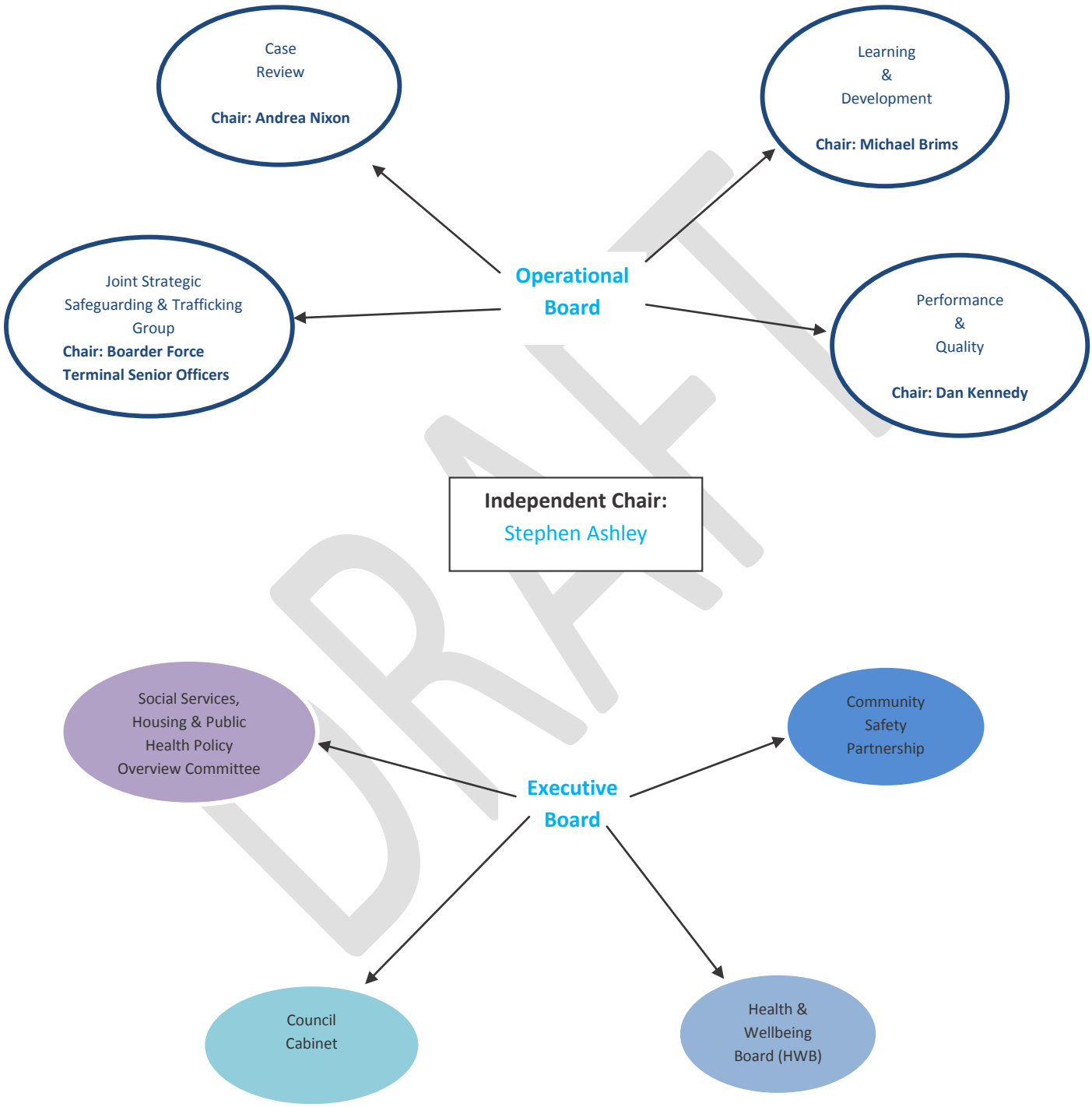
3. Board Membership & Structure

3.1 SAB Sub-Committees



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3.2 Performance and Quality Assurance Sub-Committee

The Performance and Quality Assurance sub-committee brings together key partners across the authority, whether this is in a provider or commissioner capacity. The role of the sub-committee is to promote high standards of safeguarding work; foster a culture of continuous improvement and ultimately to provide assurance to the SAB Executive Board. Key achievements over the previous year include -

a) Refreshing the Performance Scorecard

Following a review of both the format and content of the performance report, a new 'scorecard' has been adopted drawing together a much broader range of metrics than had been covered previously. Moving beyond the 'council-centric' approach of the previous report, the new scorecard draws together data from across the partnership including the Metropolitan Police, Hillingdon Hospital and CNWL. Explicitly aligned with the overarching priorities set by the Executive, the scorecard provides a robust approach enabling both the Committee (and by extension the Board) to properly scrutinise the work of the partnership, identify risks/issues and challenge partners on performance and practice.

b) Challenging and driving Service Improvement

Whilst providing meaningful analysis and tracking progress are essential elements of the new scorecard, it is just one part of the new performance framework adopted by the sub-committee. Through the increased transparency provided by the scorecard, it is easier to establish trends of performance and through RAG ratings and identify those areas that warrant increased scrutiny in the form of 'deep-dives'. This enables the agencies responsible to provide fuller detail of underlying performance, including mitigating causes and, importantly remedial actions being taken to address performance, especially where this is not where the partnership needs or wants this to be.

The P&Q sub-committee can only be effective where there is robust engagement from partners. As part of the drive to improve partner coverage, there has been a real focus on establishing better working relationships and drawing in a broader pool of partners. This includes engagement of the Border Agency and Fire Service, as well as establishing relationships with a wider array of police functions that have role in safeguarding.

3.3 Joint Strategic, Safeguarding and Trafficking Sub-Committee

This sub-committee is unique to the Hillingdon LSCB and SAB and its aim is to continue to strengthen the partnership that we have with Heathrow Airport, Her Majesty's Immigration Removal Centre and the Local Authority. Operations at Heathrow remain a priority for Children's Social Care who support UK Border Force Officers in preventing child trafficking and potential victims of FGM being taken out of and returning to the UK. We have identified a concern regarding vulnerable adults that

arrive at Heathrow and we are looking at the referral pathway for these cases and how we can better engage Adult Mental Health services.

UK Border Force has participated in an audit alongside Children's Social Care, looking at the journey of the child. The sub group will monitor the recommendations from the final report and report back to the LSCB. We will now commence a similar audit looking at the journey of vulnerable adults arriving at the airport.

The SAB Business Unit attends safeguarding meetings that are held monthly at H.M.Colnbrook Immigration and Removal Centre. The SAB has requested that data reported at these meetings be shared with the Board. This request has been made to the Home Office and we await a response.

3.4 Learning & Development Sub-Committee

The learning and development sub-committee has developed further this year to widen its role to include representatives from the Safeguarding Children and Safeguarding Adults Board. The new joint sub-committee has clear terms of reference and renewed membership. The role of the sub-committee is to promote high standards of safeguarding by ensuring that training opportunities are provided and learning and development from serious case reviews and other safeguarding activities are shared. The sub-committee is chaired by the joint business unit training and quality assurance officer, who is also a substantive member of the Pan-London training subgroup, enabling sharing of skills and knowledge from across London to inform learning and development in Hillingdon. E-learning modules are currently available for all staff via Hillingdon Learning Zone.

Key items of work for the LSCB & SAB Learning and Development sub-committee included:

- Implementation of the Learning and Improvement Framework;
- Implementation of training needs analysis to inform training programme;
- Implementation of three stage course evaluation;
- Development and roll out of Safeguarding Adults Pan London procedures workshops;
- Development and roll out of training package from True Honour.

3.5 Case Review Sub-Committee

The case review sub-committee has been arranged in order to review serious case reviews, safeguarding adult reviews and Domestic Homicide reviews, and to ensure what learning is embedded and cascaded into the children and adult services. The sub-committee has representatives from both adult and children services, as learning needs to be disseminated across both service areas. At the time of writing this report, the SAB has commissioned a SAR regarding the death of resident. Once completed, the report will be published on the SAB website and the

implementation of the recommendations will be monitored through the Case Review Sub-Committee.

4. SAB Achievements

Over the last 12 months, the SAB has worked with partner agencies to implement and/or support the following initiatives -

- Escalation Policy developed and adopted by SAB Executive Board;
- Pan-London implementation information workshops fully booked with excellent feedback;
- SAB Website developed and launched;
- Twitter account launched in late 2016, with nearly 100 followers at time of publication;
- SAB Safeguarding Audit developed in 2017 for use with all partner agencies. This is the first time such an audit has been undertaken in Hillingdon and is due to be implemented in the early 2017-2018 financial year;
- SAB challenge log introduced by the Board Chair;
- Police safeguarding clinics reinstated following intervention from SAB;
- SAB risk register developed;
- A Safeguarding Adult Triage Team established to screen all safeguarding concerns and initiate S42 enquiries.

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5. What we have achieved against 2016/18 SAB Priorities

The SAB's vision is that we will work together to enable people in Hillingdon to live a life free from fear, harm and abuse. In 2016 the Board identified four main priorities that will support this vision to become a reality.

- **Priority 1. To ensure that there are effective arrangements across agencies to reduce the risk of abuse and neglect of vulnerable adults in the borough.**

- **Priority 2. To ensure that partners understand, and provide an appropriate response to, vulnerable adults who require support with mental health.**

We are focusing on raising the profile and resilience of safeguarding because the more people, especially clients and carers, know about the nature of neglect and abuse and what they can do about it, the better vulnerable people can be protected.

- **Priority 3. To ensure that all agencies place the 'Making Safeguarding Personal' model at the centre of their response to vulnerable adults.**

We are focusing on developing our structure and changing practice; the Care Act 2014 and the Mental Capacity Act 2005 mark a shift in how adults are safeguarded and require a change of approach to ensure service user choice is at the centre of all services delivered.

- **Priority 4. To ensure that Hillingdon Safeguarding Adult Board has the capability and tools to effectively hold agencies to account, in order to satisfy ourselves that vulnerable adults are safeguarded within the borough.**

We are focusing on our ability to assure the quality and focus of practice. This our statutory responsibility, however we are also in a unique position to take an holistic view of the quality of services across agencies, thereby enabling us to highlight any gaps or misalignment of services.

Here is what partners said regarding the progress that has been made towards these priorities.

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5.1. Adult Social Care (ASC)

- Aide memoir developed for front line staff to facilitate discussions with the person;
- ASC monitor effective implementation of 'Making Safeguarding Personal' (MSP) through the monthly safeguarding performance reports and case file audits.
- Advanced Practitioners within ASC are MSP practice champions and MSP is a standing agenda item at the monthly advanced practitioner forum;
- Safeguarding referrals are now screened by a designated Social Workers within the Triage Team and all information/actions are recorded in the Council's database;
- Safeguarding performance reports are produced monthly and are analysed and discussed at a monthly meeting with ASC managers to identify areas requiring improvement and/or immediate priority areas;
- Quarterly performance report is produced for the CEO, DASS and Lead Councilor;
- Monthly safeguarding case file audits are carried out to quality assure best practice and robust decision making.

5.2.Central and North West London (CNWL)

- Neglect and all other types of abuse are included in CNWL SA (Safeguarding Adult) training, which is mandatory for all CNWL staff. Each of the services is also visited once a year to refresh staff regarding SA, which includes the types of abuse and the process for raising a concern.
- MSP is discussed in the mandatory SA training and staff are advised to seek consent before raising a SA concern, unless there are grounds to override this consent e.g. public interest.
- In addition when each of the CNWL services in Hillingdon is visited annually by the SA and MCA Specialist, the MSP agenda is reinforced. When staff contact the SA and MCA Specialist to discuss a SA concern, they are always advised to ask the patient what they want to happen, which is a key part of the SA process.
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- For SA referrals dealt with by CNWL under the Section 75 agreement, MSP should be embedded in practice throughout the SA process and the Safeguarding Adults Manager has the responsibility to ensure this is evidenced.

- Individual SA cases are audited on a monthly basis by Team Managers using the LBH template. These cases are then discussed at a monthly Peer Review meeting, which the CNWL Senior Advanced Practitioner - SA Mental Health organises.

- As one of the largest providers of mental health services in London, CNWL have a wealth of experience of working with people who require support with their mental health and ensuring that the service users' voices are listened to.

- The details of all SA referrals made by CNWL staff are kept on a spreadsheet held by the CNWL SA & Mental Capacity Act (MCA) Specialist. All telephone calls to the CNWL SA and MCA Specialist are also logged on a separate spreadsheet with advice given.

- Staff must complete a DATIX incident report whenever they raise a SA concern, which is copied into the CNWL SA and MCA Specialist for follow up. Every DATIX incident report is also reviewed by Senior Management after they are submitted and any SA concerns can also be identified at this stage.

- An audit is currently being undertaken to look at which CNWL physical health services are making SA referrals, which will enable the CNWL SA and MCA Specialist to target those teams that aren't making referrals to establish why this is the case. CNWL have a SA page on the Trust Internet, which patients can access.

- Individual SA cases are audited on a monthly basis by Team Managers using the LBH template. These cases are then discussed at a monthly Peer Review meeting which the CNWL Senior Advanced Practitioner SA Mental Health organises.

- The SAB Performance sub-committee is attended by CNWL and figures are provided as required. The CNWL SA & MCA Specialist also sends the quarterly SA report completed for the CCG to the LBH Performance team for their records. In addition, a meeting has been arranged with the LBH Performance Team and CNWL SA & MCA Specialist to discuss the SA data which is captured.

5.3.Disablement Association Hillingdon (DASH) and Age UK

- Staff are aware of signs of neglect and know where and when to seek help (DASH)

- Staff have attended mental health first aid training. (DASH)

- We continue to encourage disabled clients to keep themselves safe and to recognise inappropriate behaviour. (DASH)

- DASH took part in the s.11 Safeguarding Audit.

- All staff and volunteers undertake safeguarding training, which is mandatory and renewed every 3 years. Safeguarding is on the agenda for staff & volunteer team meetings.

- On-going review of safeguarding issues across our wide range of services. (Age UK)
- Regular internal audits of Safeguarding policy and procedures. (Age UK)

5.4.Heathrow Immigration & Removal Centre (IRC)

- All adults within the Centre have access to Mental Health services through the Healthcare provider CNWL. Patient details are recorded by CNWL.
- CNWL also provide Mental Health awareness training on-site for staff.
- Care & Custody have offered training to the Home Office in respect of Self-harm Awareness and the ACDT (Assessment, Care in Detention & Teamwork) document.
- Detainee and public awareness raised through Learning Bulletins' and notices to staff on safeguarding and self-harm. Awaiting Adult Abuse posters that will be displayed around the Centre and in visits areas.
- All staff complete E-Learning Training on Advanced Safeguarding Children and Safeguarding Vulnerable Adults.
- Instructions and posters are displayed around the Centre and details of Hillingdon Safeguarding are also displayed.
- Safeguarding is tailored to each individual detainee. A personalised care plan can be initiated if required and is centre around their needs.
- The Key Performance Indicators (KPIs) and quality are monitored by the Safer Community Manager.
- Building stronger relationships with external stakeholders.
- Continue self-auditing and Home Office contract monitoring to ensure KPI's.

5.5.Hillingdon Clinical Commissioning Group (CCG)

- Self neglect is detailed within the revised NHS Hillingdon Adult Safeguarding Policy. There is a specific section planned for the extranet pages which all CCG and GP practice staff can view and it is highlighted in the Adult Safeguarding training, together with neglect more generally, which the CCG deliver.
- The Domestic Violence Forum Health Subgroup, which the CCG Designated Adult and Children Nurses are instrumental in, provided support for DV awareness road shows in 2016 and the subgroup have a plan to continue the road shows for 2017. This raises the public awareness of relevant partner agencies and how they can support people, making their safeguarding concern personal and preventing neglect.

- CCG have embedded the Pan London Procedures into their practice. Training figures are reviewed from a CCG perspective and provider perspective quarterly and any gaps addressed.

- NHS Hillingdon CCG has embedded the London Multi-Agency Policy and Procedures into their practice.

- The Adult Safeguarding Multi-Agency Hub (MASH) is an area that NHS Hillingdon CCG is keen to support the development of.

- NHS Hillingdon CCG have a revised Adult Safeguarding policy, which provides information regarding MSP and how it should be applied. There is also information for all CCG and GP practice staff regarding MSP on the extranet.

- The Adult Safeguarding training incorporates the principles of MSP. MSP is also outlined in the Safeguarding Health Outcomes Framework (SHOF), which providers report to commissioners.

- Making Safeguarding Personal is discussed in training and with providers, it is an area which is currently being embedded in practice and will be a focus for 2017/2018.

- CCG do not generally talk directly to patient's regarding adult safeguarding concern. However, when a patient has contacted the CCG with a concern the call was led by the voice of the adult. A subsequent form was developed for staff to complete and highlight the area of need of the patient.

- NHS Hillingdon CCG has supported the development of a data dashboard which provides information pertaining to quality assurance in NHS providers of services and supports the scrutiny of the details provided.

- NHS Hillingdon CCG contributes to the information included in the risk register.

- NHS Hillingdon CCG have Key Performance Indicators in place for all NHS providers of services which are used as contractual leavers to ensure that vulnerable people are provided with the right support and referred appropriately through the system.

- NHS Hillingdon CCG commission services from providers to submit a quarterly report to the commissioners in the form of a (SHOF). The Designated Safeguarding Adult Nurse reviews all the data provided and discusses the report with the provider at the quarterly Quality meeting. If any changes are required the designated Safeguarding Adult Nurse will support the provider to make the changes. Contract Mechanisms can also be used if required.

- NHS Hillingdon CCG attends the Performance & Quality sub-committee and meets with the data analyst to discuss the development of the information provided. As well as this NHS Hillingdon CCG share information with the London Borough Hillingdon from providers where it has been previously agreed.

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- Key performance indicators have been discussed at the Operational Safeguarding Adult Board. Key performance indicators relating to Adult Safeguarding are also included in NHS Contracts for providers of NHS Services.

5.6.Hillingdon Hospital (THHFT)

- Awareness raised through trust staff mandatory Safeguarding Adults training every 3 years. This also includes training for new starters to the trust, medical induction and training for volunteers. Safeguarding procedures and how to address any safeguarding concerns about a concerns a patient are discussed with staff.

- When advice is sought about a potential concern, that the patient must be involved in the decision-making process for an alert to be raised. There may be exceptions to this, for example, if an alert is raised in the public interest or where the patient lacks capacity.

- Referral information is available from CNWL, who also provide THHFT with mental health liaison and support on site.

- In house, integrated Level 2 safeguarding training delivered to all trust staff every three years. A program of Level 3 safeguarding adults training will be commencing soon; this training will be delivered in-house by an external trainer with appropriate safeguarding experience. Training content and delivery will be in line with the forthcoming intercollegiate guidance for adult safeguarding. Workshop to Raise the Awareness of Prevent (WRAP) training will also be included.

- Pan-London Procedures (incorporating adult safeguarding procedures) are on the THHFT safeguarding intranet page for staff.

- THHFT produces a yearly safeguarding annual report, supplemented by quarterly safeguarding reports presented at the Trust's Safeguarding Adults Committee.

5.7.Performance and Quality Sub-Committee

- KPIs are now provisionally agreed, subject to refinement. These form the basis of both ongoing oversight and providing evidence base for further analysis into areas of concern.

- Performance report template agreed and populated. Information on additional metrics being sought which will be incorporated so new report with baselines and data available from 1st April 2017 for the financial year 2017/18.

- Performance report captures a broad range of data from both Hillingdon Council and partner agencies. The data provides the evidence base to undertake 'deep dive' analysis, with a forward calendar of possible topics discussed at each P&Q group.

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6. SAB Challenges 2016/2017

Topic of Challenge	Date	Location saved	Outcome
Chair challenges non-attendance from Housing representative	19th November 2015	HSCB/Hillingdon SAB/Board Meetings & Minutes/Operational Board Meetings/22nd February 2016/19-11-15 Minutes of Previous Meeting	24/06/16 - Still waiting for a representative from Housing to sit on the SAB. SA is in discussions with MAPPA. Lyn Forshaw is now a representative on the Operational Board and attended her first meeting on the 3rd October.
Chairman's Challenge - Referral Process	24th June 2016	HSCB/Hillingdon SAB/Board Meetings & Minutes/Executive Meetings/Chairman's Challenge/June 2016	No further action required.
Chair challenges the Board's confidence in the referral process	3rd October 2016	HSCB/Hillingdon SAB/Board Meetings & Minutes/Operational Board Meetings/3rd October 2016/03-10-16 Minutes of Meeting	
Chairman's Challenge - Making Safeguarding Personal.	7th October 2016	HSCB/Hillingdon SAB/Board Meetings & Minutes/Executive Meetings/Chairman's Challenge/October 2016	AN to set up a Task & Finish group to look at ways to roll this out effectively to all staff and confirm if the principles of Making Safeguarding Personal are being used, and to re-circulate the principles to all.

7. Effectiveness of Safeguarding Arrangements

7.1 Deprivation of Liberty Safeguards (DoLS)

As a consequence of the Cheshire West ruling, the number of DoLS authorisation requests received by Hillingdon Council has risen significantly year on year and is likely to continue to rise for the next 12 months. In 2015/16 Hillingdon received 1148 requests, in 2016/17 Hillingdon received 1393 requests. Each application can only be granted for a maximum of 12 months therefore these figures will be repeated each year, on top of any new requests received.

The Deprivation of Liberty Safeguards (DoLS) applies only to residential/nursing care homes and hospital settings; any other form of deprivation must be authorised by the Court of Protection. Thus an application must be made to the Court of Protection in respect of anyone in supported housing, or anyone who is living at home and receiving a care package that is imputable to the state, who lack capacity to make an informed decision about where they reside or what services they need and have been assessed as being deprived of their liberty under the Cheshire West acid test.

In response to the demand created by the above the Council has:

- Established a robust DoLS Supervisory Body that has agreed the forward strategy for DoLS and monitors performance/compliance;
- Continues to streamline processes for accepting and responding to DoLS authorisation requests
- Continues to increase its capacity to complete DoLS assessments by identifying internal staff to train as Best Interest Assessors (BIA)
- Awarded a contract to a provider agency to undertake assessments on behalf of the council
- Awarded a contract to an advocacy provider service

Next Steps

- Operational Board to receive further updates
- Continue to publicise to providers of residential, nursing and hospital services.
- The DoLS coordinator will continue to visit providers to raise awareness
- Supervisory body to continue to oversee the delivery of the DoLS responsibilities locally
- Continue to link to London-wide networks

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7.2 Making Safeguarding Personal

The aim of Making Safeguarding Personal (MSP) is to move safeguarding practice *away* from following a process *towards* the commitment to improving the experience and outcomes for people experiencing abuse or neglect. MSP promotes person-led, outcome-focused safeguarding.

The shift in culture and practice encapsulated by MSP is in response to what is now known about what makes safeguarding more or less effective from the perspective of the adult.

The Key Objectives of MSP focus on:

a) Developing an approach to safeguarding that is based on working with people

Using an outcome focused approach and engaging with the person throughout the safeguarding process can be done. Evidence shows that this leads to better outcomes for the person and can inform practitioners and safeguarding boards of the effectiveness of their work.

More time invested at the beginning can lead to a quicker resolution.

b) Improving people's experience/circumstances

Exploring how to support and empower people at risk of harm to resolve the circumstances that placed them at risk and/or manage risks themselves. MSP aims to encourage practice that puts the person more in control and generates a more person centered set of responses and outcomes. In this way the outcomes focus is integral to practice and the recording of practice in turn generates information about outcomes.

c) Utilising Professional Care Skills

MSP asks practitioners to go back to basic professional care skills - engagement, discussion, negotiation - as a means of safeguarding people rather than simply putting people through a process.

Risk and proportionality is potentially more achievable within MSP than within a process driven system.

d) Benchmarking Change

MSP enables all partners to see the benefits of this approach. There is a need to move adult safeguarding from a process driven approach to one that is focused on improving outcomes for, and the experience of, people who are referred to the service.

Within Adult Social Care, Advanced Practitioners act as Making Safeguarding Personal Practice Champions with a key focus on developing a real understanding within Adult Social Care teams about what people themselves wish to achieve: agreeing, negotiating and recording the person's desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then evaluating the extent to which those outcomes have been achieved.

7.3 Pan London Procedures

In December 2015, the Pan London Authorities updated their multi agency 2011 Safeguarding Adults Policy and Procedures. The updated procedures support the introduction of the Care Act 2014 and lay the foundation for change in the way that care and support is provided to adults, encouraging greater self-determination, so people maintain independence and have real choice.

There is an emphasis on working with adults with care and support needs who are at risk of abuse and neglect to have greater control in their lives to both prevent it from happening, and to give meaningful options of dealing with it should it occur.

The aim of the procedures are to better safeguard adults at risk of abuse throughout London; and in using this document better encourage the continuous development of best practice.

It covers the legislative requirements and expectations on individual services to safeguard and promote the well-being of adults, and a framework for SABs to monitor the effective implementation of policies and procedures.

Hillingdon SAB agreed to adopt the Pan London Procedures following their launch in February 2016. A series of workshops have been commissioned to inform practitioners and to help in embedding the procedures into practice. The implementation of the procedures will be monitored through the performance and quality sub-committee.

A copy of the procedures can be downloaded from:

http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures.

7.4 Safeguarding Performance Reports

The Safeguarding Performance Reports are drawn from the ASC database and are now produced on a monthly basis. The reports support understanding of safeguarding performance across Adult Social Care, within individual teams and by individual workers and enable ASC managers to identify areas of good practice as well as identifying issues that need to be addressed either within teams or with individuals. Information presented in the reports are analysed and discussed with ASC managers at monthly performance meetings; month on month improvements are also monitored as part of these meetings.

7.5 Domestic Violence

The overall purpose of the Domestic Violence Steering Executive (DVSE) is to have strategic oversight of domestic violence and violence against women and girls (VAWG) in Hillingdon. This includes ensuring that the council's policy on domestic violence continues to be reviewed and updated, ensuring that there is a robust action plan. This includes taking high level policy decisions in relation to DV and VAWG issues. The DV Steering Executive has ultimate responsibility for the DV Action Forum that reports directly to the DV Steering Executive on the work, targets, progress and achievements of individual subgroups.

The DV Steering Executive informs the SAB annual report of the successful achievements of the subgroups in reducing the risks of DV and VAWG to victims and survivors by continuing to provide equitable access to services, referrals and awareness raising, specialist support and safeguarding, robust data collection to influence change and secure on-going DV/VAWG provision, including joint collaborative partnership working and critical integration of services for an effective victim centered approach. This is notwithstanding Hillingdon's Annual White Ribbon Day Conference, which was an outstanding success focusing this year on sexual violence, and continues in its commitment to raise the profile of DV/VAWG and to openly state its zero tolerance of all forms of domestic violence and other forms of harmful practices.

The DVSE is working jointly with the Safer Hillingdon Partnership (SHP) in response to the two domestic homicides in the borough. The DVSE and SHP Strategic Boards have considered the recommendations from the Domestic Homicide Review (DHR), which was conducted for 1 year by Standing Together. There are 21 recommendations from the review and they will be appropriately embedded into the DV Action Plan work stream for 2015-16, across the seven working subgroups linked to the DV Action Forum.

7.6.Provider Risk Panel & Care Governance Board

The Provider Risk Panel (PRP) and Care Governance Board sit within the Council's Quality Assurance Framework and represent part of the Council's compliance with the requirements of the Care Act.

The Panel meets monthly and its membership includes representatives from Adult Social Care, Procurement, the Quality Assurance Team and Health Commissioners. The PRP is chaired at Safeguarding Manager level.

The Panel monitors the quality of care being provided by care service providers in the Borough of Hillingdon as well as monitoring standards of practice in order to ensure that people who are in receipt of care are receiving a satisfactory service.

The panel also monitors contractual compliance and the financial viability of service providers.

The Panel "risk rates" care service providers for consideration by the Care Governance Board based on the above combined with information from Care Quality Commission inspections, other boroughs and Local Authorities, and the number of safeguarding incidents and complaints received about the service. The Panel also makes recommendations to that Board in respect of the subsequent management of risk.

The Care Governance Board meets monthly and is chaired at Assistant Director level. The Board considers the risk rating and recommendations of the Provider Risk Panel and decides on the strategy for effectively managing the identified level of risk; ordinarily this would entail supporting a provider to improve by utilising the services of the Council's Quality Assurance Team but where necessary can involve a suspension of new admissions/packages of care and/or a decision not to use a particular provider.

8. Case Reviews

The Safeguarding Adult Board has recently commissioned a review of a case regarding the murder of a service user by another service user. All partners are fully engaged in the process, and a comprehensive chronology and Individual management reports have been provided for scrutiny. The final report is due to be completed by September 2017 and will then be published on the SAB website. Recommendations from the review will be monitored through the LSCB/SAB Case Review Sub-Committee. At this early stage we are unable to comment on the possible findings of the review.

9. Conclusion

It is hoped that this report has provided you with information as to the effectiveness of local arrangements to safeguard and promote the welfare of vulnerable adults in Hillingdon.

This report demonstrates that safeguarding activity is progressing and that Hillingdon SAB has clear agreement on the strategic priorities achieved and what actions need to be taken forward over the coming year. The SAB is aware of, and working to fulfill, its statutory functions under the Care Act 2014 and the Pan-London Procedures.

Agency reports in Appendix 2 demonstrate that statutory and non statutory members are consistently working towards the same goals in partnership and within their individual agencies.

The Board has, throughout the year, begun a programme that has monitored, quality assured and evaluated the quality of services within Hillingdon, and this programme of robust auditing analysis and challenge will continue to ensure that vulnerable adults remain safe.

The Board has outlined a number of important priorities for the year and will continue to work with its partner agencies to further progress in these areas. The Board has also identified additional areas such as greater integration between Adult Social Care & MASH, developing pathways for vulnerable adults arriving at Heathrow Airport and developing a multi-agency training program to buttress knowledge and understanding of safeguarding vulnerable adults in the Hillingdon area.

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10. Appendices

10.1 Appendix 1 - Glossary

Acronym	Meaning
ASC	Adult Social Care
BIA	Best Interest Assessors
CCG	Clinical Commissioning Group
CMARAC	Community Multi Agency Risk Assessment Conference
CNWL	Central & North West London
COP	Court of Protection
DASH	Disablement Association Hillingdon
DHRs	Domestic Homicide Reviews
DoLS	Depravation of Liberty Safeguards
DV	Domestic Violence
DVSE	Domestic Violence Steering Executive
FGM	Female Genital Mutilation
HWB	Health & Well-Being Board
IMCA	Independent Mental Capacity Advocate
IRC	Immigration Removal Centre
LA	Local Authority
LAS	London Ambulance Service
LFB	London Fire Brigade
LSCB	Local Safeguarding Children Board
MAPPA	Multi Agency Public Protection arrangements
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub

MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
SAB	Safeguarding Adult Board
SARs	Serious Adult Reviews
SCRs	Serious Case Reviews (Children)
SHOF	Safeguarding Health Outcomes Framework (CNWL)
SHP	Safer Hillingdon Partnership
s.42 Inquiry	Adult Safeguarding Inquiry
VAWG	Violence against Women & Girls

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10.2 Board Priorities for 2016-2018

Strategic Priority	What does this mean?	Actions
To ensure that there are effective arrangements across agencies to reduce the risk of abuse and neglect of vulnerable adults in the borough.	Neglect often takes place in environments in which one or more of the following issues is apparent; • Domestic violence • Drug/alcohol misuse • Mental health issues.	• Develop a multi-agency neglect strategy owned by all partner agencies. • To improve awareness and understanding of neglect and abuse across the whole partnership. • Ensure the effectiveness of service provision through key performance indicators for example, a reduction in the number of repeat referrals for Domestic abuse. • Develop partnership working in a way that ensures vulnerable adults are supported in making choices and have control about how they want to live. • Raise public awareness of neglect and abuse so that communities play a role alongside professionals in protecting vulnerable adults and reporting concerns.

To ensure that partners understand, and provide an appropriate response to, vulnerable adults who require support with mental health.	Hillingdon SAB need to be assured that adults requiring the services of mental health receive a prompt and appropriate response.	• Ensure that mental health services are fit for purpose by scrutinising and analysing information and data provided to the performance and quality subcommittee. • Ensure that vulnerable adults are consulted in order that any preventative interventions are meaningful to them. • Partners share a common understanding of risks to vulnerable adults and the services available to them via training.
To ensure that all agencies place the 'Making safeguarding Personal' model at the centre of their response to vulnerable adults.	To ensure that vulnerable adults are consulted and have a say in the services that they receive, and are part of the planning process from the beginning.	• To ensure the 'Making Safeguarding Personal' strategy is developed and implemented across partner agencies. • Agree key performance indicators that can be measured against the strategy. • The Board to be satisfied with the Governance arrangements for the ' Making Safeguarding Personal' agenda. • Multi-agency training packages are available to all partner agencies. • Raise public and service user awareness of 'Making Safeguarding Personal'.

To ensure that Hillingdon SAB has the capability and tools to effectively hold agencies to account, in order to satisfy ourselves that vulnerable adults are safeguarded within the borough.	The Hillingdon SAB is committed to challenging partner agencies to ensure that the Board can be satisfied that vulnerable adults are safe in Hillingdon. The Board is committed to listening to the community in order to learn lessons from practice and to challenge existing practice where necessary. The Board needs to be satisfied that all vulnerable adults are seen, heard and helped; with the public and professionals being alert to risks posed to vulnerable adults and how to report this when necessary.	• Effective auditing and quality assurance of partners practice. • Effective single agency and multi agency training across all agencies and organisations involved in safeguarding adults. • Monitoring and analysis of the Hillingdon SAB performance web and the Board to effectively challenge. • Ensure the Pan London procedures are fully implemented. • Continue to monitor the development of the Multi-agency Safeguarding Hub (MASH). • Strong governance arrangements across all partner agencies. • An environment in which robust challenge is the norm • A clear engagement strategy ensuring the voice of the adult is heard • An effective Board improvement plan that is regularly monitored at the Board.

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10.3 Appendix 3 - SAB Operational Board Members & Attendance

Name	Agency/Role	06/06/16	03/10/16	10/11/16 (cancelled)	21/02/17
Andrea Nixon	SAB Business & Development Manager	Y	Y		Y
Anna Fernandez	Safeguarding Adults Lead, Hillingdon Hospital	Y	Y		Y
David Reid/Lucy Mcleod/Martin Wilson	London Fire Brigade	Y	N		Y
Debbie Hun	Service Manager, Adult & Community Learning	Y	N		N
Erica Rolle	DV Action Forum	Y	N		N
Fiona Gibbs	Prevent Lead	Y	Y		Y
Graham Hawkes	Healthwatch Hillingdon	Y	N		N
John Higgins/Jackie Bennett	Safeguarding Adults Manager, LBH	Y	Y		Y
Christine Dyson/Caroline Morison/Julie Hall	NHS HillingdonCCG	Y	Y		Y
Julie Simmonds	Hillingdon Carers	N	Y		N
Kim Cox	Borough Director, CNWL	Y	N		Y
Liz Potter/Glyn Jones/Lisa Taverner	Met Police	Y	Y		Y
Lynn Forshaw	Housing, LBH	N	Y		N

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Naveed Mohammed	Service Manager,Business Performance, LBH	Y	Y		Y
Nikki Cruickshank	Assistant Director, Safeguarding Adults & Quality Assurance, LBH	N	Y		Y
Peter Smith-Wright/Liz Hamilton	Home Office	Y	N		N
Roger Elliott/Mike Norton	Laymember	Y	Y		N
Helen Smith/Mick Brims	SAB Training & Quality Assurance Officer	Y	Y		Y
Sharon Trimby	Age UK Hillingdon	Y	N		N
Andy Willock/Steve Burt	Mitie	N	Y		Y
Steve Ashley	Independent Chair	Y	Y		Y
Fiona Sugden	SAB Co-ordinator	Y	Y		Y

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10.4 Appendix 4 - SAB Executive Board Members & Attendance

Name	Agency/Role	24/06/16	07/10/16	02/12/16 (cancelled)	20/03/17
Andrea Nixon	SAB Business & Development Manager	Y	Y		Y
Antony Rose	Probation	Y	N		N
Martin Wilson	London Fire Brigade	N	Y		Y
Cllr Corthorne	Lead Member, Adult Services	N	Y		Y
Reva Gudi/Caroline Morison/Dr Vaughan-Smith	CCG	Y	Y		Y
Niamh Farren	Community Rehabilitation Co	N	N		N
Dan Kennedy	Head of Improvement, Business Standards and Performance, LBH	Y	Y		Y
Joy Godden	Royal Brompton & Harefield Trust	Y	N		Y
Maria O'Brien	CNWL	Y	Y		Y
Mark Wolski	Community Safety Manager, LBH	Y	N		N
Nick Downing/Max Williams/Colin Wingrove	Met Police	Y	Y		Y
Andy Willock/Steve Burt	Mitie	N	Y		Y

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Steve Hajioff/Shikha Sharma	Public Health	Y	Y		Y
Theresa MurphyAnna Fernandez	Hillingdon	N	Y		Y
Steve Ashley	Independent Chair	Y	Y		Y
Tony Zaman	Director of Adult Services, LBH	Y	Y		Y
Fiona Sugden/Julie Gosling	SAB Co-ordinator	Y	Y		Y

10.5 Appendix 5 - Adult Social Care Annual SAB Report

Name of agency	London Borough of Hillingdon
Description of service	Adult Social Care
Regulator inspection in reporting period and outcomes	The Quality Assurance Team carried out 223 visits during the year - these include initial quality assurance visits, follow-up visits and spot (unannounced) visits. Some care providers require repeat follow up visits in order to support them to make the improvements necessary to achieve a safe standard of practice. The Council's Quality Assurance Team has been pivotal in monitoring progress and supporting care provider services to improve practice in areas such as management of medication, person centred care planning; recruitment and staff training and leadership and oversight by management.
Challenges in the reporting period	• Meeting the demands of Deprivation of Liberty Safeguards (DoLS) authorisation requests in the wake of the ruling of the Supreme Court in the Cheshire West case in 2014 which is still having far reaching implications. • Anticipating implementation of the Law Commission's final report and draft bill on Mental Capacity and Deprivation of liberty which were published on 13/3/2017.

Progress on safeguarding priorities in the reporting period	Please add this to the Business Plan template. • Currently reviewing information and material on safeguarding adults and DoLS available through the Council's website. • Making Safeguarding Personal is now "business as usual" for Adult Social Care - effectiveness is measured through monthly performance reports and case file audits. • Making Safeguarding Person Refresher and Mental Capacity Act practice workshops running through 2016/17. • Internally run Safeguarding Adult Manager(SAM) and Investigating Officer(IO) training , Effective Chairing together with Deprivation of Liberty Safeguards, Mental capacity Act and Best Interest assessor training delivered. • Safeguarding Adults Triage Team established in November 2016 to screen and orchestrate an appropriate response to safeguarding concerns. • Performance reports are now produced monthly and are analysed to identify any issues concern; issues of concern are then addressed at the monthly Safeguarding Performance Monitoring meeting which is attended by all ASC Team Managers and Service Managers and chaired by the Safeguarding Adults & Quality Assurance Manager. The voice of the adult is captured from the beginning of the safeguarding process and their desired outcomes established and recorded. The voice of the adult remains constant throughout the safeguarding investigation and their desired outcomes are measured against the actual outcomes of the safeguarding investigation and any difference noted and explained. The above is recorded within the Safeguarding Adult Module in the Council's IT database. • Making Safeguarding Personal is now "business as usual" for Adult Social Care - effectiveness is measured through monthly performance reports and case file audits. • Making Safeguarding Person Refresher and Mental Capacity Act practice workshops running through 2016/17.

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Good news stories	• A series of practice workshops have been running since March 2017 on the practical application of the principles underlying the Mental Capacity Act and to refresh staff about the underlying principles of Making Safeguarding Personal. • Performance reports are produced monthly and are analysed to identify any issues concern; issues of concern are then addressed at the monthly Safeguarding Performance Monitoring meeting which is attended by all ASC Team Managers and Service Managers and chaired by the Safeguarding Adults & Quality Assurance Manager.
Good practice examples	*MA, an elderly person with dementia, was groomed by three highly plausible "con men" who persuaded MA that they were her friends, convinced her that social services were not acting in her best interests and that the council was corrupt - all of which played into MA's general paranoia about bureaucratic corruption. Eventually the grooming tactics paid off and the men persuaded MA to part with substantial amounts of money.* *Given that MA had been convinced that Social Services were against her she was resistant to any input from ASC though she did engage with Health (psychiatric services), the Police and LBH Client Financial Affairs. Legal Services were also involved.* *As a result of thorough, persistent and considered partnership working the case was taken to the Court of Protection and the Court issued an order preventing the three men involved from approaching MA or having any contact with her; the Judge commented on the high quality of the work undertaken by Hillingdon.*
Any other comments	DoLS Authorisation Requests to the Council have peaked at just under 1400 for the reporting year.

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10.6 Appendix 6 - NHS Hillingdon Clinical Commissioning Group Annual SAB Report

Name of agency	NHS Hillingdon Clinical Commissioning Group, North west London (CCG)
Description of service	NHS Hillingdon Clinical Commissioning Group (CCG) is responsible for buying health services in Hillingdon including community health and hospital services. We are made up of local GPs and health professionals who are best placed to know the right services for our area.
Regulator inspection in reporting period and outcomes	The Care Quality Commission (CQC) is the regulator of NHS Hillingdon CCG. The CCG has not specifically been inspected during this time period.
Challenges in the reporting period	The challenges for 2016/2017 included appointing a substantive member of staff to the position of The Designated Safeguarding Adult Nurse within NHS Hillingdon CCG. The position was appointed to in October 2016, which has allowed for a review of the Adult Safeguarding processes within the CCG. There are challenges across the whole of the NHS with regard to population change, the technology revolution, resources, staffing of the workforce and in transformation. These challenges have led to changes in the way that NHS services are delivered and in the way these services are commissioned. The Care Act 2014 emphasises the importance of working with partners and protecting vulnerable people from abuse. In line with national guidance Hillingdon CCG has been developing a Sustainability and Transformation Plan (STP) with partners within Hillingdon and across NWL to ensure that high quality, equitable and sustainable services can be delivered in the future. The NWL STP sets out five delivery areas which are: • Radically upgrading prevention and wellbeing. • Eliminating unwarranted variation and improving long term condition management. • Achieving better outcomes and experiences for older people. • Improving outcomes for children and adults with mental health needs. • Ensuring we have safe, high quality and sustainable acute services. The NWL STP is available to view on the internet along with the Hillingdon specific plan.

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Progress on safeguarding priorities in the reporting period	Please add this to the Business Plan template. The Business Plan template has been updated.
Good news stories	The Accountable Care Partnership is Hillingdon CCG's preferred model of delivery for integrated care. Commissioning integrated care from the Accountable Care Partnership will initially be for older people with long term conditions, but will progress in scope to all older people and other population groups with long term conditions. Hillingdon CCG and the shadow ACP have discussed the scale and pace of this ambition linked to benefits for people in Hillingdon. The Accountable Care Partnership model has been in shadow form from April 2016 to March 2017 and has developed very well, forging greater links with the London Borough of Hillingdon within commissioned services. The ACP comprises of The Hillingdon Hospitals Foundation Trust, Central North West London Foundation Trust (CNWL), the 4 GP networks in Hillingdon and the H4All third sector consortium, and will continue to grow and develop going forward. There have already been good reported outcomes with regard to support for vulnerable people and this is expected to expand further in 2017/20018. For example there is now a contract with the Carers Hub, where people can call for support and be provided with advice and support and there has been the development of a *single point of access (SPA) for crisis care* - Building on a single point of access to urgent and crisis care in 2015/16, the service has been developed in 2016/17 so that people with urgent mental health needs, including dementia, are able to receive multi-disciplinary assessments of need and onward referral as appropriate. Referrals into the SPA would come from professionals and voluntary and community organisations as well as residents themselves and/or their carers. The Accountable Care Pathway supports the Prevention of Adult Safeguarding abuse which is emphasised in the Care Act 2014.

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Good practice examples	NHS Hillingdon CCG have worked with providers on a Safeguarding Health Outcomes Framework (SHOF) which includes Key Performance Indicators relating to Adult Safeguarding. This has now been included in the contract for 2017/2018. The template has also been shared with LBH and has been discussed as part of the Safeguarding Adult Board Performance Data information. The extranet within the CCG has been updated and a new design has been produced this in the process of being published and will be available for all Hillingdon GP practices. A generic adult safeguarding email has also been established. The policy for Adult Safeguarding has been updated. Dates have now been set for 2017/2018 for regular GP leads meetings with the CCG to share good practice and provide updates. Dates have also now been set for 2017/2018 for Adult Safeguarding Leads meeting with provider organisations to share good practice and provide updates. NHS England and the Royal College of General Practitioners (RCGP) have initiated a project to support GPs to improve quality and assurance to CCGs in relation to the Mental Capacity Act. The Designated Safeguarding Adult Nurse and the Named GP for Safeguarding in Hillingdon CCG have been working with the project lead as part of one of the ten pilot sites to develop templates for GP use which will be used across London.
Any other comments	The Adult Safeguarding service within NHS Hillingdon CCG is underpinned by the six principles of Adult Safeguarding; Empowerment, Protection, Prevention, Proportionality, Partnerships, and Accountability. In 2016/2017 the adult safeguarding policy has been updated, a service specification for one of the providers has been reviewed and a Safeguarding strategy was developed across NHS Brent, Harrow and Hillingdon CCG. A new Safeguarding Health Outcome Framework (SHOF) has been developed which includes Adult Safeguarding Key Performance Indicators for 2016/2017 which will be initiated from 1ST April 2017. The SHOF has been agreed with providers and is embedded in the contract for 2017/2018. NHS Hillingdon CCG has been a partner at the Adult Safeguarding Board in 2016/2017, providing support at their subgroup's and at the Domestic Violence Forum. Staff at NHS Hillingdon CCG attended Hillingdon's annual White Ribbon Day Conference in November 2016 the conference was about raising awareness of Sexual Violence amongst adult, children and young people. NHS Hillingdon CCG have had one Domestic Homicide Review (DHR) from January 2015 which is now complete. A Safeguarding Adult Review was agreed in 2016/2017 and will be undertaken in 2017/2018.

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10.7 Appendix 7 - The Hillingdon Hospitals NHS Foundation Trust Annual SAB Report

Name of agency	The Hillingdon Hospitals NHS Foundation Trust
Description of service	Acute Trust-Provider, including A and E services. The Executive Director of Patient Services and Nursing, with responsibility for Safeguarding, oversees the annual work and audit programmes for safeguarding adults. Progress against these is reported to the Trust's Safeguarding Adults Committee which reports to the Quality and Safety Committee (a board committee).
Regulator inspection in reporting period and outcomes	• No CQC inspection in the Trust within the reporting period. • Quarterly assurance provided by the Trust to Monitor • Quarterly adult safeguarding reports to Hillingdon CCG • Quarterly prevent data sent to NHS England(NHSE)
Challenges in the reporting period	• Further embedding the principles of MCA and DoLS into everyday practice • Increased range of responsibility for the Head of Safeguarding Adults (HoSA) of the CNS for Tissue Viability ,CNS for Dementia and Dementia Lead Nurse, resulting in an increased workload

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Progress on safeguarding priorities in the reporting period	• The Trust ,including the HoSA, has regular meetings to monitor the progress of DoLS with the DoLS Manager at Hillingdon Borough and the Safeguarding Adults Lead at Hillingdon CCG • Regular contact between the Team Managers of the Hospital Team at Hillingdon council and the HoSA • Training slides on Safeguarding Adults revised to include information on Domestic Violence and abuse(DVA) at Level 1 • Written information provided to staff during safeguarding adult training on Modern Slavery. • Level 2 DVA training is provided at the Trust. • In addition to level 1 training for Prevent, Workshop to raise awareness of Prevent (WRAP) is delivered at the Trust, facilitated by the Borough Prevent lead. Prevent update provided as the equivalent of level 1 training for all trust staff with Safeguarding Adult training. • Trust DVA policy written for adults and children and is available on Trust intranet page. • Trust policy on Safeguarding Adults revised in line with changes within the Care Act(2014) • Trust Prevent policy written and is available for staff on the Trust intranet page. • Training consistently above 80% for VA within the reporting period. • Progress maintained in attendance for enhanced MCA and DoLS training for identified staff in Trust with compliance of 84.93% by the end of March 2017.
Good news stories	• The Trust has successfully negotiated with the Borough Learning Disability team in having one of the Learning Disability Nurses in the Trust for 1 day a week for an initial 6 month period. She will work with the Head of Adult Safeguarding to provide advice and support to patients carers, and ward/department staff. This will include current documentation and guidance relating to learning disability and specialist awareness training.

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Good practice examples	• A Safeguarding Adults Supervision day for identified staff was held within the reporting period at Brunel University. The process of safeguarding supervision will be based on the model for Safeguarding children. • To embed adult safeguarding supervision within the Trust , a safeguarding supervision policy for Adults and Children is currently being written • The Head of Safeguarding Adults and the CNS for Tissue Viability delivered a presentation at Hillingdon council to members of the Hospital staff team. The aim of the session was to discuss their roles within an acute Trust. • The Trust is to work with the Learning Disability Team at the Borough/CNWL to underpin the LeDER process (investigating when a patient passes away with a Learning Disability). The LeDER process will also be a part of the Trust's overall work on mortality review. • <u>Patient Story</u> A member of front line staff, when assessing in an outpatient area, noticed bruising on the male and that he was distressed. The patient had capacity to consent. On speaking to the patient further in a quiet area, he disclosed that his female partner was subjecting him to domestic violence and abuse. The member of staff then contacted the HoSA, in addition to the Independent Domestic Violence advocate team (IDVA,) and Adult Social Care. The Trust policy on DVA was also followed. As a result, the patient was found alternative accommodation to keep him safe. The member of staff was supported throughout by the HoSA, who provided the person with Safeguarding Adult Supervision.

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Any other comments	The Hillingdon Hospitals remain committed to the promotion of effective adult safeguarding, in keeping patients free from harm. This is reinforced by regular attendance at the SAB by the Executive Director with Safeguarding responsibility, who is supported by the Deputy Nurse Director. The Head of Safeguarding Adults(HoSA) is a member and attends the following: • SAB Operational Group. • Associated sub-groups of the SAB • The Hillingdon Prevent Partnership Group • Learning Disability Partnership Board • Safeguarding Adults and Prevent Provider Forum NHSE. The Head of Safeguarding Adults (HoSA) has regularly attended and contributed to 2 DHR panels within the reporting period. She also has regular contact with the Safeguarding Lead at Hillingdon CCG. The Trust revised the Key Performance Indicator (KPI) for Learning Disability, which was approved by the Safeguarding Committee. This KPI provide the Trust with assurance in terms of safeguarding governance and is reviewed at the Safeguarding Adults Committee.

10.8 Appendix 8 - Disablement Association Hillingdon Annual SAB Report

Name of agency	Disablement Association Hillingdon (DASH)
Description of service	Local charity providing information, advice and advocacy for people with disabilities. Also a range of activities including sport.
Regulator inspection in reporting period and outcomes	N/a
Challenges in the reporting period	None
Progress on safeguarding priorities in the reporting period	Please add this to the Business Plan template.

Good news stories	
Good practice examples	Staff attended Prevent training
Any other comments	

10.9 Appendix 9 - Care & Custody (Heathrow Immigration Removal Centre) Annual SAB Report

Name of agency	Care & Custody.
Description of service	Heathrow IRC Immigration Removal Centre.
Regulator inspection in reporting period and outcomes	Home Office & Her Majesty's Inspectorate Of Prisons (HMIP). Continued contract monitoring by the on-site Home Office Monitoring Team as well as nationwide Home Office Contract Monitoring Team (CMT). HMIP visited Colnbrook IRC between 29th February 2016 & 11 March 2016 with the Action Plan posted 26th July 2016. HMIP visited Harmondsworth IRC between 7th and 18th September 2015 with the Action Plan posted 1st March 2016. HMIP can visit a Centre unannounced.
Challenges in the reporting period	Detention Service Order Adult at Risk, draft Detention Service Order of Guidance on the Care and Management of Transgender and Intersex People in Detention.
Progress on safeguarding priorities in the reporting period	Please add this to the Business Plan template.
Good news stories	Developing safeguarding strategies and developing positive working relationships with local authority and Border Force.
Good practice examples	Working with Home Office to ascertain if a vulnerable adult's information can be passed to the MASH so that the Local Authority are aware of a vulnerable adult in their location. Developing a generic Adult at Risk Care Plan to be used across all of the Immigration Detention Estate.
Any other comments	

10.10 Appendix 10 - Central & North West London NHS Trust Annual SAB Report

Name of agency	Central and North West London NHS Trust
Description of service	CNWL provides both mental health and community health services to the population of Hillingdon. All services are headed up by the Director of Operations, who is supported by a Nursing and Medical Director for the community health services and a Borough Director and Medical Director for the mental health services. They are responsible for all elements of care and delivery for their individual services. The Director of Operations is also the senior lead for safeguarding.
Regulator inspection in reporting period and outcomes	In January 2017 the CNWL Older Adults Wards were inspected by CQC and the initial report suggests that the services will be rated as good. Oaktree Ward was praised for its dementia friendly ward and garden and the weekly open surgery held by the Consultant, which relatives can attend with the patients to discuss their care. Quarterly SA assurance is provided to Hillingdon CCG via a SHOF report (Safeguarding Adults Health Outcomes Framework), which is then discussed at the monthly Contract Quality Review meeting held with the CCG.
Challenges in the reporting period	• To ensure all staff are trained in Prevent. • To continue to support the mental health teams, which are under the Section 75 agreement with their SA work. • To ensure MCA assessments are recorded.
Progress on safeguarding priorities in the reporting period	• Prevent training is now mandatory for all staff. • Monthly SA meeting for services under the Section 75 agreement now chaired by the CNWL Deputy Director • Monthly peer review meeting held to discuss the audited SA cases for services under the Section 75 agreement • Monthly SA forum now mandatory for mental health staff who have an open SA case • MCA audit completed for community health services • MCA brief information sheet in the process of being developed • The addition of an MCA capacity assessment template to the SystemOne computer system under discussion • Domestic abuse protocol in the process of being updated. • Face to face Domestic Abuse training provided by external provider to mental health services • Professional Boundaries training in the process of being rolled out to all mental health in-patient units

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Good news stories	Staff in a rehabilitation unit were concerned that a patient's relative who was their Lasting Power of Attorney for Property and Finances, was not buying them toiletries or clothes as requested and also not bringing in money to enable the patient to buy small items. The patient had been on the unit for many years and it was known that they had been left £40,000 in a will and therefore had sufficient funds. The relative was very evasive when asked to bring in essential items and money. It was through the persistence of staff that the concerns became so great a SA concern was raised and the Office of the Public Guardian was informed. The case was investigated and the relative is in the process of being removed as the LPA.
Good practice examples	• Informal MCA drop-in sessions are held on a quarterly basis for staff on each of the acute mental health wards • A monthly SA forum is held for mental health staff, which provides an opportunity for staff to discuss cases and receive group supervision. • A Sexual Safety leaflet has been developed for patients. • Strong links have been established with the new CCG SA lead and LBH SA Triage Team • A monthly SA meeting is held with LBH for services under the Section 75 agreement, which is chaired by CNWL Deputy Borough Director • SA training compliance is consistently above 95%.
Any other comments	CNWL continues to be committed to the safeguarding adults agenda and working with their partners to achieve this.

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Hillingdon safeguarding adults board

HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Caroline Morison, Joan Veysey; Jonathan Tymms; Sarah Walker
Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: • CCG rating for Patient and community engagement • Winter Readiness • Urgent Treatment Centre procurement • Accountable Care update • Finance update • QIPP delivery • NWL CCGs collaborative working • Brunel Partners Academic Centre for Health Sciences
Contribution to plans and strategies	The items above relate to the HCCGs: • 5 year strategic plan • Out of hospital (local services) strategy • Financial strategy • Shaping a Healthier Future
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Overview and Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board to note the report.

3. INFORMATION

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

3.1 Hillingdon CCG's Assessment against the new Patient and Community Engagement Indicator.

NHSE have recently reviewed the CCGs' work to engage with the people and communities that we are responsible for commissioning services on behalf of. The new Patient and Community Engagement Indicator aims to evidence Hillingdon CCGs' implementation of the revised statutory guidance on patient and public participation in commissioning health care, and our compliance in fulfilling these statutory duties. CCGs are assessed against 5 domains, and the CCG has been rated as Green for this year's assessment. Of the five domains, two were rated outstanding, and two as good. The Communications and Engagement team will be working over the coming months to better promote the outcomes of the CCGs engagement work which was assessed as requiring improvement.

3.2 Winter Readiness

Hillingdon continues to implement and embed High Impact Schemes which form part of the Urgent Care Improvement Plan, to improve performance of urgent and emergency care in Hillingdon and support winter readiness.

Work has been completed to support Patient flow and SAFER implementation in Hillingdon Hospital, including embedding of red2Green (R2G) and Safer at Hillingdon Hospital, and establishing Surgical Assessment Unit (SAU) & Early Gynaecological Assessment Unit (EGAU) pathways for GP/ UCC referred patients. The Frailty Unit is now fully operational.

To improve integrated discharge, the Discharge to Assess (D2A) pathways were successfully piloted in May for 2 months and following evaluation were re launched on 16th October. A discharge partnership week was held on 13th-17th November to help with expediting discharges with involvement from system wide stakeholders. The Delayed Transfer of Care (DTOC) target is currently being achieved as reported in the BCF 1718 report.

To support demand management, all three Primary Care Hubs are now fully operational from mid- October, and the Urgent care Centre (UCC) is successfully redirecting patients into appropriate services during in hours. UCC is able to book appointments through to extended hours primary care hubs during evening's (6:30-8pm) and weekends (8am-8pm). System partners are also working together to enable booking of appointments from 111 & LAS to extended hours hubs. NHS 111 (speak to clinician) target of 40% by October has been met for last 2 months. Care Connection team (CCT) teams are also in place across the borough.

Hillingdon has developed a Winter Readiness Plan which has been ratified by A&E Delivery Board. The plan is currently RAG rated as Amber, and is being further strengthened including more detailed workforce plans to support system wide escalation plans.

3.3 Urgent Treatment Centre Procurement

The redesign of Urgent and Emergency (UEC) care services in Hillingdon is a key priority for 2017/18 and beyond. The CCG is commissioning a service that ensures we meet the new NHSE 'Urgent Treatment Centre' specification, creating an urgent and emergency care system that is capable of delivering equitable access to the right care first time for the majority of patients through a networked model with services provided along robust pathways 24/7.

To achieve the necessary scale of service redesign, and to ensure compliance with procurement regulation, the CCG is currently in the process of completing a competitive tender for this service. Following the invitation to tender in September, a rigorous evaluation process has now been completed, and the recommendation from the Procurement Evaluation Panel has been approved by HCCG Governing Body as the basis for notifying the successful bidder.

3.4 Accountable Care Partnership update

The Hillingdon ACP (Hillingdon Heath Care Partners) comprises a single GP confederation, voluntary sector federation, community and acute providers. The service for people age over 65 is live and delivering an integrated model across primary, community and acute care built around care connection teams. We are currently testing how the care model is making a difference to local patients, and developing the capitated payment model in a way that supports a financially sustainable local system.

Care Connection Teams (CCT) are making encouraging progress in taking a proactive approach to identifying the needs of Hillingdon's older residents, using risk scores to identify people at risk of needing acute care or whose needs could escalate resulting in a loss of independence. CCTs are putting in preventative care planning and support which will help to reduce or delay demand on the local health and care system. An additional consultant geriatrician post is also strengthening support for the community teams to facilitate assessment, discharge and provision of specialist support and treatment where needed in order to help prevent readmission. The CCT service model went live in April 2017 and as of September, there has been an impact on the number of hospital admissions during a period that has seen a considerable rise in the number of A&E attendances. Care connection teams are reporting that admissions have been avoided through anticipatory care, and HHCP and HCCG are currently working together to understand the data in the context of a rising trend of non-elective admissions.

The H4All Wellbeing Service is showing positive results in enhancing the support given to Hillingdon's older residents, including further improving access to information, addressing social isolation and keeping people active in order to reduce (or delay) utilisation of health and care resources (including adult social care). Health and Wellbeing Gateway has supported 1,218 people with access to information and advice, support from voluntary groups, health coaching and befriending. 718 patients have had PAM assessments conducted since service commencement of which 186 have improved scores indicating improved motivation and self management.

In November, HHCP and HCCG completed a mid-year assurance checkpoint to ensure ACP development remained on track for 17/18, and to inform development of plans for 18/19. This included a joint HHCP and HCCG board to board meeting, which the Council's Corporate Director of Adults, Children and Young People's Services was invited to attend. The outputs of this session have identified key areas to progress by January 2018.

3.5 Financial Position 17/18

Overall at Month 07, the CCG is reporting it is on target against its YTD in-year surplus of £0.3m 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 £2.5m (over 10% 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 £1.7m of balance sheet gains from 16/17 and other budget underspends.

The achievement of the FOT requires £6.9m of measures, of which £3.7m relates to increased QIPP achievement in last 5 months.

QIPP performance at M07 is reported as £1.6m behind plan YTD with a £2.6m shortfall FOT (£1.9m at M06). The QIPP Plan is significantly back-ended with 67% still to be achieved in the last 5 months of the financial year.

With regards to the CCG's actual expenditure rate, achievement of the FOT position requires the CCG to reduce its current expenditure run-rate by £3.3m compared to a straight-line extrapolation. The £3.3m improvement is also net of £1m of Primary Care investment to be spent by year end.

The CCG's 2017/18 exit underlying position at M07 is a surplus of £0.4m (£1.2m surplus at M06), which reflects a deterioration of £5.2m compared to plan. The in-year position is balanced by non-recurrent benefits of £3.5m and balance sheet gains of £1.7m.

Overall Position- Executive Summary Month 7 YTD and FOT

Table 1

EXECUTIVE SUMMARY		Year to Date Month 7			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)
Commissioning of Healthcare							
Acute Contracts	217,263	127,898	128,044	(146)	217,115	148	(2,389)
Acute/QIPP Risk Reserve	(3,865)	0	0	0	(1,322)	(2,543)	0
Other Acute Commissioning	12,499	7,319	7,447	(128)	12,649	(151)	(160)
Mental Health Commissioning	25,507	14,713	14,953	(240)	25,643	(136)	142
Continuing Care	20,305	11,572	13,741	(2,169)	22,838	(2,532)	(134)
Community	35,501	20,519	20,458	60	35,420	81	22
Prescribing	35,955	21,021	21,387	(366)	35,948	8	(167)
Primary Care	41,777	23,259	22,692	567	40,289	1,488	0
Sub-total	**384,943**	**226,300**	**228,722**	**(2,422)**	**388,580**	**(3,637)**	**(2,687)**
Corporate & Estates	4,408	2,544	2,522	21	4,475	(67)	0
TOTAL	**389,351**	**228,844**	**231,245**	**(2,401)**	**393,055**	**(3,704)**	**(2,687)**
Reserves & Contingency							
Contingency	1,686	1,224	0	1,224	0	1,686	0
Uncommitted Reserves	1,764	0	0	0	1,764	0	0
2016/17 Balance Sheet Gains	0	0	(1,005)	1,005	(1,694)	1,694	0
RESERVES Total:	**3,450**	**1,224**	**(1,005)**	**2,229**	**70**	**3,380**	**0**
Total 2017/18 Programme Budgets	**392,801**	**230,068**	**230,240**	**(172)**	**393,125**	**(324)**	**(2,687)**
Total Programme	**392,801**	**230,068**	**230,240**	**(172)**	**393,125**	**(324)**	**(2,687)**
RUNNING COSTS							
Running Costs	**5,784**	**3,345**	**3,173**	**172**	**5,460**	**324**	**106**
CCG Total Expenditure	**398,585**	**233,413**	**233,413**	**0**	**398,585**	**0**	**(2,581)**
In-Year Surplus/(Deficit)	**488**	**285**	**0**	**285**	**0**	**488**	**0**
MEMORANDUM NOTE							
Historic Surplus/(Deficit)	**7,764**	**4,529**	**0**	**4,529**	**0**	**7,764**	**0**
TOTAL	**406,837**	**238,227**	**233,413**	**4,814**	**398,585**	**8,252**	**(2,581)**

Year To Date Position- Acute Contracts and Continuing Care

Table 2

Acute Contracts

		Year to Date Month 07		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
In Sector SLAs				
Chelsea And Westminster Hospital NHS Foundation Trust	2,595	1,527	1,372	155
Imperial College Healthcare NHS Trust	12,505	7,350	7,693	(343)
London North West Hospitals NHS Trust	18,048	10,577	10,239	338
Royal Brompton And Harefield NHS Foundation Trust	7,901	4,614	4,103	512
The Hillingdon Hospitals NHS Foundation Trust	140,767	83,095	84,204	(1,109)
Sub-total - In Sector SLAs	**181,815**	**107,164**	**107,611**	**(448)**
Sub-total - Out of Sector SLAs	**33,678**	**19,698**	**19,454**	**244**
Sub-total - Non NHS SLAs	**1,769**	**1,036**	**978**	**58**
Total - Acute SLAs	**217,263**	**127,898**	**128,044**	**(146)**

Continuing Care

		Year to Date Month 07		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EMI (Over 65) - Residential	2,913	1,699	1,662	37
Mental Health EMI (Over 65) - Domiciliary	199	116	189	(73)
Physical Disabilities (Under 65) - Residential	1,895	1,105	1,728	(623)
Physical Disabilities (Under 65) - Domiciliary	2,370	1,383	1,221	161
Elderly Frail (Over 65) - Residential	1,968	1,148	1,543	(395)
Elderly Frail (Over 65) - Domiciliary	251	146	158	(11)
Palliative Care - Residential	509	297	271	26
Palliative Care - Domiciliary	596	347	349	(2)
Sub-total - CHC Adult Fully Funded	**10,701**	**6,242**	**7,122**	**(879)**
Sub-total - Funded Nursing Care	**3,025**	**1,765**	**1,865**	**(100)**
Sub-total - CHC Children	**1,445**	**843**	**1,522**	**(680)**
Sub-total - CHC Other	**1,325**	**773**	**814**	**(41)**
Sub-total - CHC Learning Disabilities	**3,809**	**1,949**	**2,418**	**(469)**
Total - Continuing Care	**20,305**	**11,572**	**13,741**	**(2,169)**

FOT Position- Acute Contracts and Continuing Care

Table 3

Acute Contracts

		Year to Date Month 07		Forecast Outturn Position		
	Final Budgets (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
In Sector SLAs						
Chelsea And Westminster Hospital NHS Foundation Trust	2,595	1,372	155	2,391	204	(14)
Imperial College Healthcare NHS Trust	12,505	7,693	(343)	13,225	(720)	(72)
London North West Hospitals NHS Trust	18,048	10,239	338	17,494	553	(178)
Royal Brompton And Harefield NHS Foundation Trust	7,901	4,103	512	7,028	873	(33)
The Hillingdon Hospitals NHS Foundation Trust	140,767	84,204	(1,109)	142,185	(1,419)	(2,064)
Sub-total - In Sector SLAs	**181,815**	**107,611**	**(448)**	**182,323**	**(508)**	**(2,360)**
Sub-total - Out of Sector SLAs	**33,678**	**19,454**	**244**	**33,121**	**557**	**(29)**
Sub-total - Non NHS SLAs	**1,769**	**978**	**58**	**1,670**	**99**	**0**
Total - Acute SLAs	**217,263**	**128,044**	**(146)**	**217,115**	**148**	**(2,389)**

Continuing Care

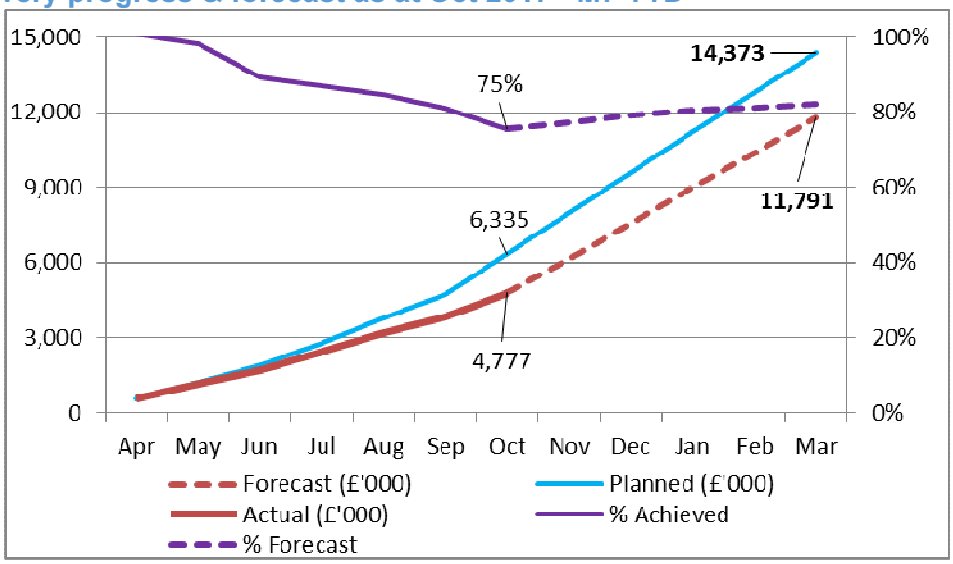
		Year to Date Month 07			Forecast Outturn Position		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
Mental Health EMI (Over 65) - Residential	2,913	1,699	1,662	37	2,840	73	
Mental Health EMI (Over 65) - Domiciliary	199	116	189	(73)	355	(156)	
Physical Disabilities (Under 65) - Residential	1,895	1,105	1,728	(623)	2,846	(951)	
Physical Disabilities (Under 65) - Domiciliary	2,370	1,383	1,221	161	2,069	301	
Elderly Frail (Over 65) - Residential	1,968	1,148	1,543	(395)	2,611	(643)	
Elderly Frail (Over 65) - Domiciliary	251	146	158	(11)	302	(52)	
Palliative Care - Residential	509	297	271	26	496	13	
Palliative Care - Domiciliary	596	347	349	(2)	587	9	
Sub-total - CHC Adult Fully Funded	**10,701**	**6,242**	**7,122**	**(879)**	**12,106**	**(1,405)**	**0**
Sub-total - Funded Nursing Care	**3,025**	**1,765**	**1,865**	**(100)**	**3,011**	**14**	**0**
Sub-total - CHC Children	**1,445**	**843**	**1,522**	**(680)**	**1,976**	**(531)**	**0**
Sub-total - CHC Other	**1,325**	**773**	**814**	**(41)**	**1,458**	**(133)**	**(95)**
Sub-total - CHC Learning Disabilities	**3,809**	**1,949**	**2,418**	**(469)**	**4,287**	**(478)**	**(39)**
Total - Continuing Care	**20,305**	**11,572**	**13,741**	**(2,169)**	**22,838**	**(2,532)**	**(134)**

3.6 QIPP delivery

The 1718 QIPP target is £14.4m, or 4% of the CCG allocation.

The CCG is £1,809k behind target for M7 (October), achieving £4,777 of £6,335k YTD plan, or 75% delivery. QIPP delivered grew £945k from M6.We are forecasting year end delivery of £11,791k, or 82% of the QIPP target, as at M7 (October).

1718 QIPP delivery progress & forecast as at Oct 2017 - M7 YTD



Summary 1718 M7 Actuals Delivery v Plan

Workstream	1718 Target £'000	M6 YTD Act £'000	M7 Actual £'000	M7 Plan £'000	M7 YTD Var £'000
Unplanned Care	(1,978)	(575)	(718)	(739)	(21)
Planned Care	(1,684)	(484)	(487)	(884)	(396)
LTCs	(2,160)	(477)	(496)	(1,021)	(525)
Older Peoples	(1,723)	(636)	(720)	(853)	(132)
Mental Health	(1,186)	(518)	(625)	(702)	(77)
Prescribing	(2,042)	(652)	(872)	(866)	6
Comm&PrimCare	(1,403)	(293)	(397)	(550)	(153)
End of Life	(412)	(75)	(75)	(244)	(169)
Complex patients	(100)	(28)	(40)	(40)	0
C&YP	(354)	(214)	(215)	(215)	(1)
Corporate Costs		-	(40)	0	40
S&T	(1,331)	-	(91)	(222)	(131)
Total	**(14,373)**	**(3,980)**	**(4,777)**	**(6,335)**	**(1,558)**

Note that QIPP is reported as a negative figure as it represents a cost saving to the organisation when reporting target, actual and planned QIPP figures. A negative figure in the final column showing YTD variation indicates that QIPP delivery is behind plan (and vice versa).

QIPP delivery has been impacted by:

- The CCG has historically delivered c£8m QIPP. As such, £14.4m represents an additional 80% ask on historic delivery. At present the CCG is forecast to deliver £11.8m QIPP for 1718, which would be almost 150% more QIPP delivered than in previous years.
- There are no longer any 'easy' QIPP schemes and a lack of 'new' schemes to address productivity without an associated risk to quality of delivery/access. This is a challenge being faced by the entire NHS across England.
- Provider capacity issues, notwithstanding efforts to improve process efficiencies and patient flows between organisations.
- Delayed implementation of QIPP programmes resulting in reduced in-year savings
- Time to implement and embed transformation. The bulk of the 1718 QIPP program is transformational (rather than transactional), and service improvements take time to

implement, embed, and see through the improvement in the relevant patient outcome metrics.

- The CCG has faced unprecedented increases in CHC costs as well as unplanned care. Whilst overall our planned care activity has fallen, these cost pressures in CHC and unplanned care episodes work against QIPP successes.
- We are undertaking a number of service reviews in planned care to address non-delivery of QIPP and transformation.
- New investment in long term conditions, community and primary care are taking time to deliver on anticipated QIPP and have an up-front investment/back-ended return profile.

The CCG has a robust QIPP plan that has been recognised by NHS England as having identified all the potential opportunities in the system, matching those outlined by RightCare and CEP. We nevertheless continue to look for additional opportunities to mitigate risk of non-delivery.

The focus of 17/18 QIPP programme is largely transformational. These are not easy, nor 'new' schemes, but will result in care closer to home and in the community, avoiding expensive acute episodes. Furthermore, there is a greater focus on prevention, with investments in long term conditions and primary care capacity with primary care delegation. We have several demand management schemes aimed to help direct patients to the right care and prevent an acute attendance. Other opportunities are occurring in regards to assuring referral pathways and associated community/social care service support, as well as integrated care in relation to the ACP and other joined-up working. Continued attention and support to provider efficiency and best practice will also be important to a sustainable health system in Hillingdon.

There is a need for strong public health programme plan, and we particularly note childhood vaccination, suicide prevention, and alcohol and drug addiction support for residents for which acute activity in liver issues has significantly increased in 1718.

Commissioners are currently assessing QIPP opportunities for 1819. We are developing an 1819 STP programme plan to progress joined up working and delivery of STP goals as part of the Joint Health and Wellbeing Strategy, the next iteration of which has been undergoing public consultation.

3.7 NWL CCGs collaborative working

NWL CCGs are currently reviewing collaborative working arrangements. The current areas of focus are the establishment of a joint committee, the future role of the Accountable Officer and other corporate functions such as finance, quality and performance, and the contracting function. Members are continuing to work up proposals, with the aim that these will be voted on by CCGs in January 2018. Future collaborative working arrangements will retain strong local decision making and engagement, whilst maximising our ability to take a strategic and transformational approach to commissioning across NWL CCGs.

3.7 Brunel Partners Academic Centre for Health Sciences

The official launch of the Brunel Partners Academic Centre for Health Sciences took place on the 17th November, which is a pioneering new partnership between Brunel University, The Hillingdon Hospitals NHS Foundation Trust and Central and North West London NHS Foundation Trust (CNWL). The centre will enable research and development of new methods of

health care delivery while training future generations of health and social care professionals to adapt to the changing way health and social care is delivered. The key areas of focus which will drive the future activity of the centre are:

- Research and innovation- where researchers from a range of disciplines can come together to address key problems in health and social care
- Educating the workforce – offering integrated training that meets our local organisational need
- Quality improvement to support clinically safe care while helping the NHS achieve its ambition to continually improve.
- Outcomes based Care – sharing knowledge and best practice though collaborative events.

This development is built on a shared ambition to create a better future for the NHS which combines the power of education and research, evidence based treatments and therapies and digital technology to accelerate innovation and transform health and social care for the next generation of patients and professionals.

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

HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Stephen Otter, Chair
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	None

HEADLINE INFORMATION

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

RECOMMENDATION

That the Health and Wellbeing Board notes the report received.

1. INFORMATION

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

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

2. SUMMARY

The body of this report to 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. OUTCOMES

Healthwatch Hillingdon would wish to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the second quarter of 2017-18.

3.1. GP "extended hours appointments" survey

We would inform the Board that Healthwatch Hillingdon are currently gathering the views of residents on the 'extended hours appointments' being provided in primary care, every weekday evening from 6:30pm to 8pm and at weekends between 8am and 8pm, Saturday and Sunday. The survey runs until 12 January 2018 and we will be reporting the results to the Board in early 2018.

3.2. New Perinatal Mental Health Service

The evidence from both the children's mental health report and our recent maternity reports outlined the need for a comprehensive perinatal mental health service for Hillingdon's women. Following our children's mental health report, a small service was commissioned, which has since been built upon; but as our maternity report outlined, the service was not meeting demand.

In June 2017, the NWL Clinical Commissioning Group Collaboration launched a new comprehensive perinatal mental health service to support women who develop a mental health illness during pregnancy, or in the first year following birth. This also offers pre-conception advice to women who already have a mental health condition.

It is again pleasing to see the part our work is playing in influencing change and improving services. http://bit.ly/2vICnEL

3.3. Mental Health, Wellbeing & Life Skills programme

We are pleased to be able to advise the Board that we have been awarded funding by Hillingdon Community Trust to deliver our Mental Health, Wellbeing & Life Skills programme, as a pilot project at Barnhill Community High School. In the 16 week programme, which started in November, we will be working to empower year 12 and 13 students to raise awareness of mental health and wellbeing across the school setting.

3.4. Young Healthwatch Hillingdon

We are also pleased to inform the Board that we were successful in our application to Awards for All for funding to develop and deliver the first year of Young Healthwatch Hillingdon; a bespoke volunteering framework to enable young people aged 11 to 25, who live, work or study in Hillingdon, to engage with health services and issues which affect them.

We have developed a structured framework for Young Healthwatch Hillingdon, are in the process of recruiting applicants for interview in January 2018 and seeking accreditation with the Council's Hillingdon Young Volunteer Awards initiative.

3.5. Young Volunteers Step-up to The Challenge

Healthwatch Hillingdon strives to engage with as many Hillingdon residents as possible. In August, we had some help to do this from a group of National Citizenship Service young volunteers.

The National Citizenship Service programme is run by The Challenge; the UK's leading charity for building a more integrated society. The programme gives young people the opportunity to build skills for work and life, take on new challenges and to volunteer in the local community.

As part of the programme, participants carry out a Volunteering Day on behalf of an organisation in their local area and on Thursday 3 August, the Hillingdon group volunteered their time for us!

Wearing their Healthwatch Hillingdon T-shirts, they took to Uxbridge Town Centre to find out what health issues are important to the young people of Hillingdon, and whether they thought having a Young Healthwatch Hillingdon, would be a good idea.

Our young volunteers – all Hillingdon residents aged 15 to 17 - completed almost 100 surveys and provided valuable feedback to inform our bid, secure funding and shape how Young Healthwatch Hillingdon will be set up.

We would like to say a big thank you to all the young people who were involved. They represented themselves, Healthwatch Hillingdon and 'The Challenge' fantastically well and we wish them all the best in the future.

3.6. Signposting Service

During this quarter we recorded a total of 156 enquiries from residents into our information, advice and signposting service. This was over 50% up on the first quarter but only slightly more than 2016.

As the tables below summarise, almost three quarters of our enquiries were made through the shop, with the majority of people contacting us for the first time. 55% of enquirers were signposted to a health or voluntary sector service. This quarter the top 5 categories include other voluntary sector organisations (outside of H4All) – such as national charity helplines and local organisations, like Community Cancer Care, and services provided by the Ccouncil – including libraries, Healthy Walks, housing and children's centres.

How did we assist?	Qty	%
Signpost to a health or care service	50	32%
Signpost to voluntary sector service	36	23%
Requesting information / advice	46	29%
Requesting help / assistance	6	4%
General Enquiry	16	10%
Unknown	2	1%
Total	**156**	

Signposted to?	Qty	%
Voluntary - other	26	17%
GP	18	12%
LBH - Other	18	12%
Citizens Advice	10	7%
LBH - Social Services	8	5%

3.7. Concerns and complaints

Healthwatch Hillingdon recorded 130 experiences, concerns and complaints in this quarter. Nearly half of these were feedback received about Primary Care Services. The large majority from people reflecting on their experience and dissatisfaction with their GP practice. The top 3 concerns being; access to appointments, staff attitude and the quality of treatment.

For hospital services, there was a wide range of feedback, which spread across all specialities. One area in which we have seen a slight increase is waiting for follow-up appointments and the increase in the interval between periodic check-ups for patients with long term conditions.

The number of experiences recorded for Social Services is relatively low and featured mainly home care, nursing homes and children's services.

Category	**Count**	
Primary Care Services	63	48%
Hospital Services	38	29%
Social Services	19	15%
Not known	10	8%
Total	**130**	

Satisfaction	Primary Care	Hospital service	Social Service
1 Excellent	4	6	0
2 Good	5	3	0
3 OK	2	2	5
4 Poor	24	9	7
5 Unacceptable	25	15	6
No return	3	3	1
Total	**63**	**38**	**19**

3.8. Referring to Advocacy

Advocacy Referrals	Qty
AvMA	1
Safeguarding	6
NHS	0
Wellbeing Service (H4All)	0
POhWER	15
DASH	1
Total	**23**

We have seen a rise in people requiring advocacy to either make a complaint or question the complaint response they had received from the NHS. We continue to work closely with POhWER to support these individuals.

3.9. Overview from experience data

Outpatient Appointments

We have been hearing from patients who are concerned by the length of time they are now waiting for follow up treatment, or for periodic appointments to check and monitor their condition.

We heard from a patient with Parkinson's disease who should be reviewed by their consultant every 6 months. Patient saw his neurologist in Nov 2016 and was given an appointment to see them again in May 2017. The hospital cancelled the appointment 2 weeks before it was due and rescheduled for Dec 2017. Patient spoke to his Parkinson's nurse who intervened to arrange the appointment for August 2017. The hospital then, much to the patient's distress, cancelled the August 2017 appointment and give him an appointment for March 2018.

Another patient who was undergoing 6 months chemotherapy complained that the hospital keeps changing his chemotherapy dates. The patient is now very upset with all the cancellations and no longer wishes to continue the chemotherapy.

With the current concentration by hospitals to meet their mandated 18-week Referral-To-Treatment target, experiences like these may be as a result of preference being given to new referrals. This is something we will continue to closely observe.

GP Practices

Patient's Rights

We have also seen a rise in GP Surgeries refusing to register patients who want to change their practice. One resident was told "Currently we are only registering new patients that don't have a GP and there is a waiting list. Since you are already registered with a GP then you can't register at this practice."

In refusing to register a patient, one practice said, "oh, we don't poach patients from other GPs."

We continue to work with the Clinical Commissioning Croup and NHS England to ensure that patient's rights are upheld, and patients can register at a GP surgery of their choice.

"too expensive for the NHS"

We were approached by a family who wished to complain about their GP. Their elderly father has Lewy Body dementia and was losing weight as he struggled to eat. The GP prescribed a nutritional supplement drink which managed father's weight. 2 years ago the GP stopped prescribing the supplement, stating "it was too expensive for the NHS" and they would have to buy it themselves.

The family continued to buy the supplement, but came to us for advice when a pharmacist asked why they were buying it when it was available on the NHS.

As a result of our advice and a referral to POhWER Advocacy support, the GP has referred the father for a dietician review and has started to prescribe the supplement drink.

Supporting residents

Primary Lymphoedema
We were very happy to be able to help a patient with multiple complex healthcare needs, who, being almost housebound, was feeling lonely and isolated. Being paralysed down their right side following a stroke, the patient was struggling to get help and support for their cardiovascular related lymphoedema condition - which was causing extreme swelling to their legs.

After assessing their needs, we referred the patient to the Harlington Hospice Primary Lymphoedema service and the H4All Wellbeing service, which are helping them to manage their condition and ease their loneliness.

Unanswered questions
We were contacted by a resident whose husband had died in hospital during late night ward move. His death had been investigated as a serious incident by the hospital, but the wife still felt that there were questions that remained unanswered.

We put the resident in contact with POhWER to support her with the NHS complaint and referred them to the Harlington Hospice for bereavement counselling.

Safeguarding
Without sharing the details, we would advise that we raised a number of safeguarding incidents this quarter. One in particular was for domestic violence and we were pleased to be able to support the victim through the Pukaar domestic violence counselling service that is provided at the Healthwatch premises.

Complex Discharge
This period, we were able to support the family of a 2 year old child, with limited life expectancy, who had been an inpatient at Great Ormond Street Hospital almost since birth. Due to its complex nature, the discharge had taken over 2 months to arrange and was being further delayed as the family felt the package of care being offered did not meet the needs of the child.

Healthwatch Hillingdon wrote to both NHS Hillingdon CCG and London Borough of Hillingdon social services to escalate this case and referred the family to the General Community Advocacy Service at POhWER to ensure the family were supported at this difficult time.

4. STRATEGIC WORKING

4.1. Hillingdon Clinical Commissioning Group (CCG) Constitution

Following the decision of the Hillingdon CCG Members to vote in favour of Primary Care Delegation (Level 3), the CCG has undergone a review of its Constitution. As part of this

process, Healthwatch Hillingdon was asked by the CCG to revise Appendix J of the constitution - the 'Statement of Principles in relation to Patient and Public Involvement' - to align them with new NHS England guidance published in April 2017 - http://bit.ly/2vI7PDl.

In line with the CCG's Constitution, all member practice representatives were invited to vote on the changes at the Hillingdon CCG AGM on 20 September 2017. Healthwatch Hillingdon oversaw the voting process and verified the count. As the turnout of Practices voting was less than the 75% required for a quorum, there will be a second vote of all Member Practices, which we will again oversee.

4.2. Wider Influence

National Audit Office (NAO)
NW London has been chosen to be one of 6 STP areas that the NAO are reviewing as part of their annual assessment of NHS sustainability. In July, Healthwatch Hillingdon was invited to give evidence to the NAO on its involvement in the STP process.

Local Government Association (LGA)
We have been working with the LGA to submit a contribution to their publication on "local leadership and accountability for Children's Mental Health Services". Our article promotes the multi-partner approach in Hillingdon and how Healthwatch has worked, as a member of the Health and Wellbeing Board, on the Local Transformation Plan.

Maternity Voice Partnership
As a result of our maternity report, we were invited in September to the London Maternity Voice Partnership Development Day, at the Oval Cricket Ground, to present our report and share our experience and methodology of engaging with women using maternity services.

Care Quality Commission (CQC) Thematic Review
The CQC has been instructed by the Prime Minister to carry out a thematic review into Children and Young People's Mental Health Services. With our experience, Healthwatch Hillingdon has been invited to sit on the CQC Expert Advisory Group and we were also commissioned to carry out direct engagement with current users of Children's and Adolescent Mental Health Services.

5. ENGAGEMENT OVERVIEW

This quarter, we directly engaged with 675 people at public events. The wide variety of events we attended enabled us to speak to residents of different ages, backgrounds and from different parts of the Borough.

- Play Day - we were able to speak to over 80 mums and young children and hand out almost 100 leaflets during the course of the day.

- Stall at Pavilions Shopping Centre - our stall was located close to the main entrance to the shopping centre and attracted lots of interest from shoppers. During the event, we collected feedback and comments about dentists, GP's and Hillingdon Hospital, distributed leaflets and signposted people to other services where it was appropriate.

- Hesa Centre - Over 2 visits, we spoke to almost 40 patients registered with the Orchard Practice in Hayes. Those who were willing to leave their comments told us that the reception staff were friendly and helpful and that Dr Mohammed Adem was one of the best doctors at the practice. The negative comments included long waiting times for appointments and not being able to get through to the surgery on the phone when making an appointment.

- Botwell Green Library Coffee Morning - We were invited to guest speak at one of their weekly coffee mornings. Our audience for this event were the over 50's and, as anticipated, the majority of feedback collected centred on GP access.
- National Citizenship Service young volunteers. - completed almost 100 surveys and provided valuable feedback that will help us shape future engagements with young people.

In addition to attending these events we have also established links with the Tamil community, through the Tamil Community Centre in Hayes. Following a short presentation to the group, we have been invited back to carry out a piece of engagement work with them. We hope this will take place later in the year.

5.1. Outreach

Men account for as little as 30% of experiences we gather and so, in order to encourage more men to share their experiences of health and social care services, we produced a poster targeted at men and distributed them to barber shops throughout the Borough. During the next quarter, we also plan to target working men's clubs, pubs and any other venues frequently attended by men. There is also a plan to recruit more male volunteers to assist us with our engagement.

5.2 Volunteering

This quarter, with the volunteering undertaken by young people from The Challenge, our volunteers collectively logged over 500 hours.

We have recruited 2 new volunteers to assist us with the CRM database; they joined our team in late September and we supported 3 work experience students who assisted us with our engagement and helped to conduct surveys as part of our consultation for Young Healthwatch.

5.3 Social Media Engagement

We continue to use Twitter, Facebook and Instagram to engage with our online audiences, with Twitter being our preferred platform for engagement as reflected in our metrics below.

Our Instagram account has shown consistent growth over the last few months as we aim to visually show the public some of the work that we do with residents and organisations. There is of course more to Instagram than posting photos as you can also post videos and engage in conversations. We therefore aim to utilise its many other functions by using it as a marketing tool for our forthcoming project work.

	July 2017	August 2017	September 2017
Twitter Followers	1135	1154	1161
Tweets Impressions (in 1,000's)	17.3k	12k	14.3k
Profile Visit	844	543	510
Facebook Likes	3	2	2
Facebook Post Reach	22	1	137
Facebook Post Engagement	26	5	7
Page Views	8	4	3

6. 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 during this quarter.

7. FINANCIAL STATEMENT

To end of Quarter 2 - 2017-2018:

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	83,124
Bought forward 2016/2017	6,531
Additional income	0
Total income	89,655
Expenditure	
Operational costs	3,736
Staffing costs	67,087
Office costs*	9,758
Total expenditure	80,581
Surplus to c/f	9,074

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

8. 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:

KPI no.	Description	Relevant Strategic Priority	Quarter Target 2017-18	Q1				Q2				
				2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	Year to date
1	Hours contributed by volunteers	SP4	525	692	550	637	**540**	732	625	522	**504**	**1044**
2	People directly engaged	SP1 SP4	375		354	434	**220**		333	270	**675**	**895**
3	New enquiries from the public	SP1 SP5	175	124	232	177	**208**	126	402	296	**286**	**494**
4	Referrals to complaints or advocacy services	SP5	N/A*	19	9	12	**24**	15	14	8		
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	50	68	49	93	**62**	68	60	69	**70**	**132**
6	Consumer group meetings / events	SP1 SP7	15	62	22	16	**26**	48	25	15	**23**	**49**
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	0	**0**	0	0	0	**0**	
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	5	7	3	**5**	2	4	3	**2**	

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

BOARD PLANNER & FUTURE AGENDA ITEMS

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

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

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2017/2018, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Chairman's approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued

after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Chairman.

Advance reminders for reports will be issued by Democratic Services but report authors should note the report deadlines detailed within the attached Board Planner. Reports should be presented in the name of the relevant Board member.

With the Chairman, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house "cabinet style" with clear recommendations as well as the inclusion of corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

Board meeting dates

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

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

NIL.

APPENDIX 1

BOARD PLANNER 2017/2018

6 Mar 2018 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 16 February 2018 **Agenda Published:** 26 February 2018
	Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update Report (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	CAMHS Update Report (SI)	HCCG / LBH	
	HCCG Operating Plan	HCCG	
	Pharmaceutical Needs Assessment 2018	LBH	
	Annual Report Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	

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