



HILLINGDON  
LONDON



# Health and Wellbeing Board

**Date:** TUESDAY, 26 JUNE 2018

**Time:** 2.30 PM

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

**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, 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

**Published:** Monday, 18 June 2018

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***Putting our residents first***

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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 6 March 2018 1 - 8
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

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

- 5 Hillingdon's Joint Health & Wellbeing Strategy 2018-2021 9 - 20
- 6 Better Care Fund: Performance Report To follow
- 7 Children And Young People Mental Health And Emotional Wellbeing Update 21 - 46
- 8 Update: Strategic Estate Development 47 - 60
- 9 Hillingdon CCG Update 61 - 68
- 10 Healthwatch Hillingdon Update 69 - 120
- 11 Board Planner & Future Agenda Items 121 - 124

## **Health and Wellbeing Board Reports - Part II (Private and Not for Publication)**

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

- |           |  |           |
|-----------|--|-----------|
| <b>12</b> | To approve PART II minutes of the meeting on 6 March 2018  | 125 - 126 |
| <b>13</b> | Update on current and emerging issues and any other business the Chairman considers to be urgent | 127 - 128 |

## Minutes

### HEALTH AND WELLBEING BOARD

6 March 2018

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



HILLINGDON  
LONDON

	<p><b>Statutory Voting Board Members Present:</b> Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and Catherine Dann (In place of Douglas Mills) and Dr Ian Goodman and Turkey Mahmoud (substitute)</p> <p><b>Statutory Non Voting Board Members Present:</b> Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health</p> <p><b>Co-opted Board Members Present:</b> Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Caroline Morison - Hillingdon Clinical Commissioning Group (officer) (substitute) Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) Dan Kennedy - LBH Deputy Director Housing, Environment, Education, Health and Wellbeing</p> <p><b>LBH Officers Present:</b> Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Beejal Soni (Licensing and Contracts Lawyer) and Nikki O'Halloran (Democratic Services Manager)</p> <p><b>Press &amp; Public: 2</b></p>
46.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis, Douglas Mills (Councillor Catherine Dann was present as his substitute) and Ray Puddifoot, and Mr Stephen Otter (Mr Turkey Mahmoud was present as his substitute), Mr Shane DeGaris, Mr Rob Larkman (Ms Caroline Morison was present as his substitute), Mr Bob Bell (Mr Nick Hunt was present as his substitute) and Ms Robyn Doran (Ms Maria O'Brien was present as her substitute).</p>
47.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 12 DECEMBER 2017</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 12 December 2017 be agreed as a correct record.</p>
48.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 11 would be considered in public. Agenda</p>

Items 12 to 14 would be considered in private.

49. **HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021** (*Agenda Item 5*)

The Chairman noted that, at the Health and Wellbeing Board's last meeting, the strategy had been agreed following a period of public consultation and consideration was given to how to understand performance to ensure that priorities were being addressed. The Transformation Group had agreed an approach which would draw on existing processes. Although this needed more work, progress was being made.

The Accountable Care Partnership (ACP) and the Transformation Board had been working together to gauge performance and had been reporting on their findings. It was noted that the ACP Delivery Board was being combined with the Transformation Board as there were significant synergies between the two groups. It was anticipated that consideration could then be given to aligning the resultant new Transformation Board with the work of the Health and Wellbeing Board.

It was suggested that the HWB Strategy performance report should provide the Board with the latest issues it needed to know, rather than become a long list of issues for noting. For example, there had been national interest in a recent rise in the number of cases of scarlet fever and in how this was being monitored. Consideration would need to be given to the role that the Health and Wellbeing Board played in this type of event and how it could ensure that such incidents were resolved swiftly to allay public concerns. It was suggested that future performance reports should be able to synthesise current issues and report to the Board on matters arising

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

50. **CHILDREN & YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE** (*Agenda Item 6*)

Since the last meeting, a lot of work had been undertaken to develop the Thrive model in Hillingdon, with increasing engagement from educational establishments. In the last year, there had been a 14% increase in the number of children and young people accessing mental health services. It was suggested that social media could have contributed to an increase in the number of children and young people experiencing mental health issues.

Hillingdon Link provided a face to face counselling service for young people. To complement the work of Link, Hillingdon Clinical Commissioning Group (HCCG) would be piloting an online counselling, support and advice service for 11-19 year olds. The pilot would include 16 to 19 year old residents that attended Uxbridge College.

Multi disciplinary seminars had been scheduled to provide support to schools and opportunities to deal with the growing number of issues they face. Progress had also been made in relation to the support and treatment of the most vulnerable children and young people, as well as those in crisis, through the introduction of services such as Community Eating Disorder, Crisis and Liaison Service and the remodelling of specialist CAMHS community capacity. Although the target to provide two interventions for 85% of referrals in 18 weeks had been met in November and December 2017, the 14% increase in referrals had made this achievement challenging.

The savings generated from the Eating Disorder and Out of Hours services would be reinvested in the North West London footprint.

It was recognised that the preventative emphasis of the work being undertaken was starting to generate tangible improvements but there were still concerns in relation to sustainability. It was questioned how easy it was for residents to gain support at an early stage before deterioration into crisis. Healthwatch Hillingdon had been a useful critical friend in raising this issue and it was suggested that work around the mental health of children and young people should continue to be a focus for the Board.

Schools were thought to be central to the issue of mental health in children and young people. As most of the information about this issue was provided by the NHS, it was queried how the engagement of schools was being monitored, how poor performance was being challenged and how exemplar schools were being identified. Schools were thought to be the most appropriate environment to identify issues soonest. However, the education system was fragmented, especially with regard to funding. It was anticipated that statistics could be collected from the health service as the information held by GPs could include the school that the child attended. Central and North West London NHS Foundation Trust (CNWL) had identified those schools that were robust in identifying mental health issues amongst their students and those that were not so strong. CNWL would need to consider how this information could be best shared with partners. It was agreed that this issue be considered at a future Health and Wellbeing Board meeting.

**RESOLVED: That the Health and Wellbeing Board noted the progress made:**

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

51. **BETTER CARE FUND: PERFORMANCE REPORT (OCT-DEC 2017)** (*Agenda Item 7*)

The new integrated hospital discharge model had resulted in significant progress regarding the evidence based approach. The report provided a mixed picture whereby the DTOC performance had been good but other measures contributing towards this had not been quite so successful. A straight line projection would result in there being an outturn of 7,412 delayed days in 2017/2018 which was 1,925 days below the 9,337 delayed days ceiling imposed by NHS England. Overall, the Board felt that the targets being achieved were more important than those that were not.

Consideration was given to the number of hospital admissions from care homes and whether there was an underlying default risk-averse position of sending residents to hospital. It was noted that HCCG was looking into this issue and it appeared that there was a clear correlation between the management of a home and the number of hospital admissions. To address this, HCCG had been working with nursing homes in the Borough and had approved the creation of a GP visiting team for these homes. It was noted that the Partnership Care Homes Group met on a monthly basis and that the figures reported were based on raw bed base numbers. Consideration would need to

be given to how this information was reported to ensure that the data could be compared usefully.

It was suggested that further work was required to investigate the impact of ambulance conveyances on Hillingdon Hospital and it was agreed that an update be provided at the Board's next meeting. Although the emergency admission rate had increased, A&E attendance levels had remained largely the same. It was suggested that the opening of the Frail and Elderly Unit at the hospital may have contributed towards this. Consideration would need to be given to the purpose of this Unit and whether the service provided the best possible outcomes for residents.

The Board was pleased with the progress that had been made in Hillingdon with regard to system improvements. It was noted that sheltered housing provision at Grassy Meadow and Parkfield would be available in the summer and would contribute towards this continued progress.

The Health and Wellbeing Board agreed to note the Carers' Memorandum of Understanding which would be considered by the Council's Cabinet and the HCCG's Governing Body in Q1 of 2018/2019. If required, the Health and Wellbeing Board would reconsider the item and take any action as needed.

The position to the end of December 2017 showed that an average of 89% of people were still at home 91 days after discharge (against a target of 88%). This performance was a strong indicator of the level of independence exhibited by residents.

It was noted that staff had had to work hard through the recent extreme weather conditions experienced in the Borough. The Board felt that this effort should be recognised.

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

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

52. **HILLINGDON CCG UPDATE** (*Agenda Item 8*)

The report focussed on seven key areas of work undertaken by the Hillingdon Clinical Commissioning Group (HCCG). It was noted that the NHS had released planning advice, guidance and a small amount of funding which had reduced HCCG's QIPP target to around £15m in 2018/2019. Approximately £13½m had been identified already and HCCG would be working with the other North West London (NWL) CCGs to meet the remaining £1½m requirement.

HCCG had been looking at how it contracted as, currently, the more work undertaken by the hospital, the more this cost HCCG. As this arrangement was not sustainable,



consideration was being given to an alternative contact structure.

It was noted that HCCG was largely on target financially for 2017/2018 with a small surplus expected at year end. However, it was anticipated that HCCG was likely to have a shortfall of around 25% against its 2017/2018 QIPP target by the end of the year.

The report had highlighted areas of strain for HCCG. Musculoskeletal (MSK) services were the most used healthcare service. Consideration was being given to how this care could be made more interactive and proactive in a way that was more convenient to residents. NICE had provided clearer guidelines on who should be targeted and, as such, HCCG would be focussing on those with chronic pain as well as the provision of community based services and the use of psychologists. For example, Hillingdon Hospital undertook more hip and knee replacement surgeries than most Trusts but had worse outcomes in terms of the impact on community services. It would be important to communicate with patients more effectively about the expected outcomes.

It was noted that the eight NWL CCGs had been working together in relation to acute services but also in relation to some mental health services. The Board was advised that a single Chief Finance Officer (CFO) had been appointed for NWL (Neil Ferelly) and that a process was underway to appoint a single accountable officer across the eight CCGs.

The Board noted that there had not yet been any feedback in relation to effectiveness of the element of Prescribing Wisely which had encouraged patients to buy medicines over the counter (where appropriate) rather than on prescription. The other element of the campaign that looked to reduce prescription waste by pharmacies (by not filling repeat prescriptions automatically) had caused some uncertainty and was still in the transition period. The NHS had set targets for practices to get their patients to register online so that they could reorder their own medicines online. Performance was collected on a practice-by-practice level by HCCG so that areas for improvement could be identified.

**RESOLVED: That the Health and Wellbeing Board note this update.**

53. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 9*)

It was noted that Healthwatch Hillingdon (HH) was in the process of recruiting a new Chair and that the advertisement would be published in the next couple of weeks. The Chairman reminded HH that the Council could assist with support if required.

HH had completed its survey to gain the views of residents on the GP extended hours appointments. A report was currently being drafted which set out HH's findings which had also been shared with HCCG.

HH had been pleased with the progress that had been made with regard to children and young people's emotional and mental wellbeing services. This work had linked to the Mental Health, Wellbeing and Life Skills programme that HH had piloted at Barnhill Community High School where the young people had designed and delivered a mental health survey to the whole of the school. The results of this survey would be available soon and would be linked back to the Thrive programme.

Other work being undertaken included a revamp of the HH website and a review of its social media presence. HH had also recruited 17 volunteers aged between 11 and 20 to sit of the Young Healthwatch Hillingdon. A welcome and training event had been delivered to them during the February 2018 half term break to build their knowledge,

skills and confidence. The volunteers would be involved in a number of projects over the summer holidays.

At the Health and Wellbeing Board's last meeting, it had been requested that HH provide the overall trends and themes for the feedback that it received. Although this information was useful, it was agreed that its inclusion would not be necessary in every report and that reporting by exception would be acceptable.

Concern was expressed regarding the transition between one contract ending and a new contract with a new contractor beginning. NHS England needed to rethink its procurement processes as challenges had arisen locally around continuity of service and premises for service delivery. It was suggested that mechanisms needed to be established to give Hillingdon's Health and Wellbeing Board and External Services Scrutiny Committee knowledge and oversight of such procurements.

Although there had been a dip in the number of hours volunteered at HH, this had been addressed and it was anticipated that there would be an improvement when next reported.

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

54. **UPDATE: STRATEGIC ESTATE DEVELOPMENT** (*Agenda Item 10*)

It was noted that the Health and Wellbeing Board would not be duplicating the work of the Strategic Estates Board and that it was important to retain as much information in the public report as possible.

The Board was pleased with the progress on the North of Hillingdon Hub development which was subject to planning permission. It was noted that residents had waited a long time for this facility.

It was noted that the spend of all s106 contributions appeared to be on track.

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

55. **BOARD PLANNER & FUTURE AGENDA ITEMS** (*Agenda Item 11*)

It was suggested that, to maximise the impact of the Health and Wellbeing Board, issues such as monitoring school data on mental health and procurement exercises needed to be included on the agendas. Earlier sight of these issues would help the Board to really make a difference. It was agreed that a different type of report be drafted for consideration by the Board at its next meeting on 26 June 2018 to take this forward.

**RESOLVED: That the Health and Wellbeing Board noted the 2018/2019 Board Planner.**

56. **TO APPROVE PART II MINUTES OF THE MEETING ON 12 DECEMBER 2017** (*Agenda Item 12*)

**RESOLVED: That the confidential minutes of the meeting held on 12 December 2017 be agreed as a correct record.**

57. **STRATEGIC ESTATES REPORT** (*Agenda Item 13*)

The Board discussed a number of issues in relation to estate management.

	<b>RESOLVED: That the Health and Wellbeing Board noted the update regarding current estates issues.</b>
58.	<p><b>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT</b> (<i>Agenda Item 14</i>)</p> <p>The Board discussed the issue of hospital service provision within the Borough.</p> <p><b>RESOLVED: That the discussion be noted.</b></p>
	The meeting, which commenced at 2.30 pm, closed at 3.37 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.

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## HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2018-2021

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne Dr Ian Goodman
<b>Organisation</b>	London Borough of Hillingdon Hillingdon CCG
<b>Report author</b>	Kevin Byrne, LBH Health Integration Sarah Walker, HCCG Transformation and QIPP
<b>Papers with report</b>	Appendix 1 - Delivery area, transformation programme and progress update

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. considers the issues raised at 3 below regarding live and urgent issues in the Hillingdon health and care economy.
2. notes the performance issues contained at Appendix 1.

### 3. INFORMATION

#### Background Information

#### 3.1. Performance and Programme management of the Joint Strategy

Hillingdon's Joint Health and Wellbeing Strategy was published following agreement by the

Board in December 2017. The system turnaround functions of the Transformation Group and Transformation Board have been redirected toward monitoring progress against the 10 priorities and 6 enabling priorities identified in the strategy.

The Transformation Group monitors performance against the priorities set and receives regular highlight reports on progress against transformation aims, enabling challenge from partners and explorations of further actions. The Transformation Board consists of the senior executive officers from partners and promotes the Joint Strategy and aligns organisational objectives to the shared priorities. Key performance issues emerging from this process are identified in Appendix 1.

### **3.2. Key Issues - Current**

In addition, the Board has asked to be kept fully aware of any significant live and urgent issues that may emerge as part of the delivery of the Strategy. These are:

#### **3.2.1. Financial position across the Health and Care System in Hillingdon**

There is a cumulative underlying deficit within the Health and Care system in Hillingdon of some £40-50m in 2018-19, based on current forecasts of outturn against control totals and budgets, including internal organisational efficiencies needed to achieve these. HCCG and Hillingdon Health and Care Partnership (HHCP) are working towards a 3-5 year financial plan to underpin the joint strategy. Funding and demand pressures continue to dominate transformation plans.

#### **3.2.2. Unplanned Care**

Unplanned care continues to be a focus for the system so that we can ensure that where people require unplanned care this is provided in the setting most appropriate to that need. Partners are working together through an integrated A&E recovery plan which has support from regulators NHS England and NHS Improvement to address admission, in-hospital flows and discharge toward returning home. Transformation efforts are likely to be impacted by plans to rebuild part of the A&E unit with an additional 8 beds, for which current plans require relocation of the Urgent Care Centre facilities. The next step is to build on the successful approach to discharge to reduce admissions and support primary care and community based services.

#### **3.2.3. Discharge from hospital and DTOCs**

Collaboration around early discharge from hospital continues to produce good results for residents. The outturn at year end 2017/18 for Delayed Transfer of Care (DTOC) against target was some 2,800 days below the target set via the Better Care Fund (see separate BCF report). Provision has been procured within the community to enable safe discharge and processes within the hospital reviewed. Challenges remain regarding the longer funding of the community provision and creating space for a multi-partner discharge team at THH.

In addition, the new targets proposed via the BCF for 2018/19 appear to penalise this success by setting increasingly demanding targets. Further work is underway to establish what, from the Hillingdon system's perspective, would be a fair and reasonable target. These challenges are set out in the BCF report for consideration by the Board.

#### **3.2.4. Developing Hillingdon Health and Care Partnership**

Hillingdon Health and Care Partnership is moving its focus from older people (65+) to all adults' care in 2018/19. The Partnership is using the joint governance and joint delivery

approaches developed last year to further galvanise whole system transformation around self-care, urgent care, falls and frailty, end of life, care home, enhanced case management (physical and mental health), integrated MSK and prescribing. The aim is to deliver continued improvements in year and further develop integrated models for 2019/20 and beyond. Additional work has been focused on developing partnership and joint approaches to workforce development and business intelligence to support integrated care across all partners in Hillingdon.

### **3.2.5. Alignment of Children's therapies services**

The Council and HCCG have been jointly working with parents and carers, schools, early year settings and service providers to identify key improvements that would better support children, parents and their carers. There has been a focus on integrated therapies as an area for joined up commissioning and development that will address best practice in prevention, simplified access and additional coaching and development for parents, schools and practitioners.

### **3.2.6. Public Health**

There are no new infectious disease concerns to bring to the Board's attention on this occasion. The Scarlet Fever outbreak mentioned at the last meeting has receded and fallen to 386 cases nationally at week 22 (to 3 June 2018) down from 1,267 at week 17. There were no cases reported in Hillingdon but small numbers in Harrow, Hounslow, Ealing and Hertfordshire. There are no current issues with sexual health and substance misuse services.

## **3.3. Key Issues – Looking Ahead**

### **3.3.1. Social Care Green Paper**

The Government has indicated it will produce a social care green paper before the summer recess. Media reports reflect positioning from within NHS and local government regarding the overall shortfalls in funding and lobbying for resolution. Further details should be available for the Board's next meeting. The Green Paper is more likely to provide some sort of view as what health and care integration really means and how work started in Better Care fund plans should proceed over coming years.

### **3.3.2. London Devolution**

The Mayor of London is also pressing ahead with proposals to seek devolution of functions. A London Estates Strategy is expected over the summer.

### **3.3.3. The Hillingdon Hospital CQC Inspection**

The recent inspection is expected to report soon.

## **4. Financial Implications**

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

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

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

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

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## **Consultation Carried Out or Required**

Public consultation on the Joint Health and Wellbeing Strategy 2018-2021 was undertaken in 2017. Feedback from this was incorporated into the current document.

## **Policy Overview Committee comments**

None at this stage.

## **6. CORPORATE IMPLICATIONS**

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

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

### **Hillingdon Council Legal comments**

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



## Delivery Area, Transformation Programme and Progress Update - June 2018

### DA 1 Radically upgrading prevention and wellbeing

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

- The Early Intervention, Self Care and Prevention working group has been established and has reviewed local action against the Public Health Outcomes framework. Key "red" issues for further work relate to Obesity in Children and physical activity in Adults.
- The 2018/19 public health core offer to the HCCG will support commissioning and especially focus on MSK commissioning, diagnostics, substance misuse/ dual diagnosis and multi- morbidity needs.
- The updated Hillingdon Carers Strategy and Memorandum of Understanding was agreed by the Council's Cabinet in May and is being taken through partner governance processes.
- The Hillingdon Suicide Prevention steering group has agreed an Action Plan. Key focus of effort will be on defining points of referral for support, publicising these and ensuring frontline professionals have training to spot early signs of distress.

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

There are three initiatives underway that support integrated care for children and young people:

**Paediatric Integrated Community clinics** – Clinics offering a joint GP and Paediatrician consultation are now available in the north, south and middle of the borough. The GP confederation is continuing to engage and recruit more practices to take part in the scheme.

**Hillingdon Children's Asthma service** – Engagement and collaboration between GPs, hospital staff and schools is helping to improve asthma care for children and young people. More children are being seen in the community and early indications suggest a reduction in missed school days through earlier identification and support for CYP to better manage their asthma.

**Integrated Therapies** – Recent engagement events with parents, schools and service providers is helping to shape the development of a new service specification. This joint CCG / Council project is on schedule to commence a procurement exercise in July.

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

- Having rolled out the care co-ordinator teams across Hillingdon the focus has now shifted to address variation across practices via the Integrated Care Programme contract managed by the Hillingdon Primary Care Confederation.
- As part of the commissioning at scale programme, the CCG is working with Hillingdon Primary Care Confederation and developing plans to commission locality level population health management. This will incorporate prevention, pro-active care, integrated care and risk stratified approaches to different segments of the population with localities. This work is supported by Hillingdon's public health locality profiles.
- In order to improve access now the three extended GP access hubs are operational across Hillingdon. A new key development is that the 111 service and the Urgent treatment centre now are able book GP appointments directly into the hubs. The hubs operate from 6.30 to 8 p.m. weekdays and 8 to 8 p.m. week-ends.
- Also, a review is underway of all the primary care contracts (e.g. diabetes, end of life, prostate cancer, wound dressing etc.) to develop a single outcome based contract for general practice that will support the population health management approach
- In addition, the CCG is about to launch a new primary care contract entitled 'Increasing clinical capacity' that will support general practices in the introduction of new roles and functions such as sign-posting (care navigation) and the management of clinical correspondence (part of the strategy to release clinicians from administrative tasks). In addition, this contract will also focus on encouraging GPs to undertake physical health checks for patients with severe mental health conditions and people in the learning disabilities registers.

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

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

A key development has been the piloting of Multi Morbidity Clinics which focus on managing complex patients in a holistic manner in primary care. The service will be integrated to support all LTC pathways with a strong focus on self supported care with a "Year of Care" approach. If successful, it is expected this model will be rolled out across Hillingdon and the consequent commissioning of Multi Morbidity clinics by next year.

Also supporting the strategy is the establishment of new referral mechanisms to encourage GPs to refer patients with long-term conditions to the Myhealth programme. This involves investment in financial incentives for GPs and the introduction of Patient Activation Measure (PAM) assessments in general practice.

In addition :

- Hillingdon operates an integrated service for Respiratory with a focus on COPD management, admissions avoidance and sees people outside of hospital setting in community and at home.
- Hillingdon offers early diagnosis and prevention of stroke through managing AF and Hypertension in Primary Care.
- Hillingdon offer an integrated community diabetes service, with a focus on management in the community as well as providing education and supporting Primary Care manage complex patients at practice level.

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

Our key priorities in 18/19 are to improve GP awareness and access to early diagnostics as well as follow-ups in the community, and to improve early diagnosis through improved screening. Progress has been made through programmes of testing, research and piloting of safety-netting in GP practices currently underway to support improved awareness and timely, early diagnosis of cancer. This will further support evaluation of screening and outreach to identify best practice.

Additionally, direct access (DA) and straight-to-test (STT) pathways are being improved to support access and maintain the high standard of care in Hillingdon. For survivors of prostate cancer, follow-ups in the community are being implemented with good initial take-up from GPs as from December, with the potential to develop community self-support models being reviewed as part of a survivorship model. Focus areas for 18/19 are colorectal and lung cancer for which Hillingdon has poor early diagnosis and health outcomes. This is after work in 17/18 to improve breast, bowel and prostate cancer early diagnosis and survivorship.

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

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

We continue to implement the End of Life Strategy, with focus on integrated working with local partners around an EOL Single Point of Access and Palliative Overnight Nursing Service. Implementation of the new integrated service model has been delayed due to the scarcity of skilled palliative and end-of-life care health workforce to support palliative overnight nursing care. Action is currently being taken to address the staffing complement to prevent further delay to this service. Enhanced focus in this area has nevertheless seen improve access and use of the Coordinate My Care (CMC) Record, and improving coordination between existing services as part of efforts to achieve integration goals.

**T1. Transforming Care for Older People**

Integration between health and social care and/or closer working between the NHS and the Council, is contributing to meeting the needs of residents and is reflected in the BCF plan. Details of the next steps in the Government's integration agenda are awaited and it is expected that these will be reflected in the Social Care Green Paper and ten year plan for the NHS that are due for publication in July. The BCF performance report on the Board's agenda explores some areas for consideration.

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

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

To support the focus of local work for people with a Learning Disability the CCG undertook a Learning Disability consultation from January to May 2018; the consultation aimed to understand the current experience of people using or working with Learning Disability Community Health Teams to identify good practice and make recommendations for future developments. The consultation included an online survey and a number of events held with people with Learning Disabilities, their families and key staff working in the Borough

In response to the Mayor's consultation on pan-London health based place of safety provision NWL is developing a evidence based model of Health based Place of Safety and Crisis Care provision that will inform locally led discussions and development of a fit for purpose service response that meets the needs of Hillingdon residents and is supported by all stakeholders. Currently the data (including local 136 presentations) is being collated by NWL, and will be presented to local stakeholders including Police, Local Authority, CNWL and service users and carers to inform the discussions.

Hillingdon continues to make progress in delivering the commitments in the Local Transformation Plan for children and young people. 13% more young people with mental health problems have been seen than last year. The THRIVE framework model is being rolled out in partnership with all providers, schools and community groups and a network established. A fuller report is included in the Board's agenda.

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

**T10. Transformation in Local Services**

**2017/18 DTOC targets imposed on Hillingdon by NHSE were exceeded, despite the challenges of winter and increased demand affecting A&E waiting times.**

**Intensive work between partners to transform the hospital discharge model is in progress that will result in all people who require assistance to return home from Hillingdon Hospital being referred to a single integrated discharge team. Proposals for ensuring the sustainability of the hospital discharge model are due to be considered by the Discharge Executive, i.e. Chief Operating Officers from the Hospital and CCG, CNWL's Deputy Chief Operating Officer and the Council's Corporate Director of Adult, Children and Young People's Services, in June 2018. The BCF report separately on this meeting's agenda contains more detail about this area.**

**Work with partners is also underway to address delayed transfers of care (DTOCs) attributed to mental health, which represent the greatest proportion (60%) of delayed days for Hillingdon. Partners are currently working on an updated Mental Health DTOC action plan which will be completed by the end of June. It is anticipated that this will need to be submitted to NHSE to comply with requirements for the second year of the BCF plan (2018/19), which have not yet been published.**

**Work is underway within North West London to align and standardise pathways to acute care for top referring specialities. We are currently working with primary care to support improved understanding and early diagnostics to improve patient access to the RightCare the First Time.**

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

Hillingdon is participating in the development of a new NWL wide integrated urgent care approach and, in particular, the rollout of the new 111 service model. Additional resource has been invested in the 111 service to increase clinical advice for patients and appointments can be booked directly by 111 into the Urgent Treatment Centre (UTC) or extended access hubs.

The UTC has been re-commissioned with enhanced KPIs to national guidance and the service will continue with the current provider.

Guidance encouraging greater focus on Ambulatory Care Pathways is supporting existing and ongoing local efforts. Regular workshops are in place to develop services further and to ensure that, whenever appropriate, patients follow this pathway and avoid an unnecessary admission to hospital.

Unplanned attendances to A&E are nevertheless rising and greater community awareness to access earlier care and clinical guidance from GPs, nurses, and other health staff will support improved population health outcomes.

The CCG has invested in extended primary care hours to support enhanced, non-emergency care access and capacity in Hillingdon (see T2 above), through the three hubs and extended hours.

## Enablers

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

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

Some specific examples are as below;

- Development to allow Pan-Hillingdon MIG users to have access to free text consultation information in the GP record. This additional functionality will help to enhance the quality of service being delivered and working towards integration of shared information across care settings.
- EMIS and SystemOne interoperability - SLIP (Supplier Lead Interoperability Programme). Giving capability for community clinicians to access EMIS GP system to view the patients' medical records, via their TTP system, and for the EMIS GP to review consultation notes/reports on the TTP system. Thus saving time by not having to wait for written reports to be posted or emailed back to the patient's surgery.
- Improving Patient care, right treatment first time, save time and reduce clinical costs. Unfortunately there have been some delays but we are now starting to make progress, we should start to see some success when testing restarts.
- 111 direct appointments booking into Extended Hubs has been successful tested. This functionality has been enabled since 24/03/2018.
- Patient Online access (PoL) - Empowerment for the patients to manage booking / repeat prescriptions - work is progressing at pace to support GP practice to engage and enable patients to make all referral booking online. The CCG are on target to achieve national targets set by NHSE.
- Development of standardised clinical systems templates across care setting and systems across North West London – work is progressing in collaboration with NWL CCG's and providers , this will enhance the quality of data across disparate systems and organisations.
- GP WiFi - Benefits to Patients - Deliver WiFi for Patients and Guests to all GP Practices within Hillingdon .The Practice can use the home page to announce new services or changes to the Practice and improve the overall Patient Practice experience. The projected timescale is to complete end of July 2018.

### E2. Creating the Workforce for the Future

HHCP and HCCG are starting to develop a joint workforce strategy and a learning and development plan that focuses on shared behaviours and values across the partnership. Self Care and Self management will be a first priority.

**E3. Delivering our Strategic Estates Priorities**

Separate report is included in part 1 setting out progress in developing the North of Hillingdon and the Uxbridge and West Drayton hubs together with issues regarding GP provision at Yiewsley, Hayes and Heathrow Villages.

**E4. Delivery of our Statutory Targets**

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

**E5. Medicines optimisation**

Latest progress against the annual programme to assure medicines optimisation is :

- Increased support to Care Homes to work towards reducing unplanned admissions in relation to medicines.
- Rollout of practice level specialised pharmaceutical support for medicines reviews and clinics – supporting medicines optimisation agenda.
- Increased support for virtual clinics for CVD, Respiratory and Diabetes.
- Reviewing and streamlining repeat prescription processes in practices to further support NWL initiatives
- Focussed practice support to manage inappropriate usage of antibiotics.
- Focus on patient education related to medicines for LTCs via various portals e.g. Health videos

**E6. Redefining the Provider Market**

Hillingdon Health and Care Partnership (HHCP) has now moved from the ‘testing’ year in 17/18 and commencing its operational year starting April 2018. The Council continues to work with HHCP through their joint board and at an operational level to help shape the business plan, financial modelling and the model of care.

HHCP is moving the focus from older people (65+) to all adults (18+) care in 2018/19. The partnership is using the joint governance and joint delivery approaches developed last year to further galvanise whole system transformation around self-Care, urgent care, falls and frailty, end of life, care Home, enhanced case management (physical & mental health), integrated MSK and prescribing. The aim is to deliver continued improvements in year and further developing integrated models for 2019/20 and beyond. Additional work has been focused on developing partnership and joint approaches to workforce development and business intelligence to support ACP working across all partners in Hillingdon.



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

<b>Relevant Board Member(s)</b>	Dr Ian Goodman Councillor Philip Corthorne
<b>Organisation</b>	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
<b>Report author</b>	Jane Hainstock and Fiona Murray, HCCG
<b>Papers with report</b>	Appendix 1 - Local Transformation Implementation Plan Appendix 2 - Performance Report Month 12, 2017/18

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>Good progress continues to be made in developing the THRIVE framework as part of the Hillingdon Children and Young People's (CYP's) Mental Health and Emotional Wellbeing Transformation Plan and in implementing the Local Implementation Plan.</p> <p>The Hillingdon THRIVE Network has met three times and has identified that the initial focus of work should be to support communication and collaborative working across the system and remove barriers to accessing support so that CYP and their families feel supported wherever they sit within the THRIVE framework</p> <p>Performance Improvements were achieved for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from NHS commissioned services as at M12 (March) 2017-2018. Commissioners have been alerted to a performance dip in M1 for the 18 week target.</p>
<b>Contribution to plans and strategies</b>	<p><b>Local:</b></p> <ul style="list-style-type: none"> <li>• Hillingdon's Health and Wellbeing Strategy</li> <li>• Hillingdon's Sustainability and Transformation Plan</li> <li>• Hillingdon CCG's Commissioning Intentions 2017/18</li> <li>• Hillingdon Children and Young Persons Emotional Health and Wellbeing Transformation Plan</li> </ul> <p><b>National:</b></p> <ul style="list-style-type: none"> <li>• 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing' (2015)</li> </ul>

	<ul style="list-style-type: none"> <li>• The Five Year Forward View For Mental Health – report from the independent Mental Health Taskforce to the NHS in England (February 2016)</li> <li>• Implementing the Five Year Forward View for Mental Health (NHSE 2016)</li> <li>• NHS England specialised commissioning Children and Adolescent Mental Health Services (CAMHS) case for change (NHSE August 2016)</li> </ul>
<b>Financial Cost</b>	This paper does not seek approval for costs; the Board received the indicative proposals for 2018/19 in the December Board paper.
<b>Ward(s) affected</b>	All

## **2. RECOMMENDATIONS**

That the Health and Wellbeing Board notes the progress made:

1. in implementing the Local Transformation Plan (Appendix 1), and the planned operational review of the 2018/19 Plan to inform the strategic approach going forward.
2. in developing the local offer available for CYP and families in ‘Getting Advice’ and ‘Getting Help’ (building resilience and early intervention and prevention).
3. in establishing the Hillingdon THRIVE Network with the planned developments to support CYP ‘Getting Help’ and ‘Getting More Help’, through earlier and easier access to ‘specialist CYP MH services (CAMHS).

## **3. INFORMATION**

3.1 Hillingdon has made progress, with 13.4% more young people with mental health problems receiving help than last year, and more young of those people are being seen within the 18 week time frame. The most vulnerable children and young people, and those in crisis, are seen more rapidly and closer to home.

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

3.3 The THRIVE work so far has demonstrated the breadth of provision in the Borough, some of which was not fully recognised as such up to now. The improvements in performance and feedback from the recent events with front line staff reinforces the desire to better co-ordinate activity, identify gaps as necessary and to continuously improve. Stronger governance will enable providers to be held to account for delivery.

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

## 4.0 The THRIVE model



The THRIVEDomains:

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

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

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

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

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

### 2018/19 Developments - Digitally based support

4.2 Following Hillingdon CCG' governance approval to implement online counselling, we are now currently working with KOOTH, Xenzone, to mobilise the service in Hillingdon, including Uxbridge College. The service will launch on 9 July 2018 following a series of promotional activity in the month of June.

The agreed model includes:

- An online “drop-in” service between 12pm – 10pm
- Sign posting and advice for emotional health
- Peer support
- 1:1 online counselling for 6-8 sessions provided by recognised British Association of Counselling and Psychology (BACP) accredited counsellors
- Pre-booked counselling sessions where consistent sessions are deemed beneficial for the young person
- Liaison and integrated working with the local specialist CYP MH service, MASH and other relevant services for crisis and safeguarding issues
- Working closely with local children and young people’s emotional and mental health services to enable smooth transfer to other services as required.

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

- Safety and impact on other services of the pilot
- Value for money (effective, efficient, economic)
- Improved health outcomes
- Gender
- Age
- Engaging hard to reach groups, including boys/young men and individuals from BAME backgrounds.

4.4 The THRIVE network has recognised the wealth of mental health training that is available to schools; as highlighted in the most recent THRIVE network meeting. We aim to align current training offers available and, furthermore, create a training 'menu of options' available to schools. We are currently working with a CYP Mental Health Training sub-group to mobilise this offer menu.

Current mental health training, includes:

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

4.5 Two schools have been identified as "host" schools for the training. The training is now taking place in schools across the Borough and early feedback from attendees is positive.

### **Young MINDs Practitioner Training**

4.6 The 'Young Minds' Practitioner training event has successfully recruited 24 schools and the local college to take part. The event includes five all day events providing:

- awareness of CYP Mental Health and Emotional wellbeing
- skills development for supporting and enhancing the emotional health of CYP
- building resilience and supporting children and young people.

In signing up to the programme, the schools have committed to join a schools MH and emotional wellbeing network and to identify a Mental Health 'champion'. The champion will provide leadership within the school and the network will continue to support them in their role. Further training for the champion and other key staff is being considered through a joint funding approach between schools and the CCG. The plan is to use the network to offer a 'good practice' model for other schools in the Borough. This work also provides a sound base to develop additional support to schools as outlined in the Green Paper and anticipated to be included within the forthcoming white paper requirements.

## **5.0 THRIVE Component - Getting More Help update**

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

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

5.2 The 'CNWL Gateway' has been operational for three months and provides a centralised administration hub for referrals to specialist CYP Mental Health Services. Anecdotal reports from staff confirm that the gateway has increased productivity and also given consistent approaches to CYP and families.

5.3 As part of the Gateway, we are exploring the potential to introduce a telephone help line for schools and GPs to access advice; initial discussions with school representatives highlighted they would welcome the access. However, they would like it be available at specific times,

different to the times suitable for GPs. How to manage the different requirements and deliver an efficient, effective service is being considered by the providers. A progress report is to be presented to the next THRIVE Network.

## **Integrated clinics**

5.4 The regular Multi-Disciplinary face to face seminars / webinars for schools and GP's, to enhance shared learning and to build a network across the Borough has been discussed with the SEND forum and GP lead who reflected that the idea of training via webinar would need to be considered carefully due to different school and GP working hours. There has also been a delay with identifying a technology solution that works across practices, schools and the specialist services.

## **6.0 THRIVE component: 'Getting Risk Support' and 'Getting More Help' Performance update (Performance update attached Appendix 2)**

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

6.2 The 18 week waiting times target (85% of referrals receive 2 interventions in 18 weeks) was achieved in month 8 (November) to month 12 (March) of 2017/18. The improvement in reaching the waiting times target been based on intensive strategic input from the CNWL CAMHS leadership team. This is inclusive of increasing capacity (and widening skill mix), creating care pathway efficiencies and utilising digital modes for initial contact appointments.

Despite this positive shift for four consecutive months, it should be noted, that we have seen a drop in reaching the waiting times target for month 1 of 2018/19. This has been attributed to a delay in receiving diagnostic reports required from an interfacing but separate children' service. We have asked our CNWL CAMHS Senior Manager Team to investigate the cause and report back at the June contract meeting; and are expectant of continuous and improved waiting times for CYP who require access to the CYP MH specialist services.

6.4 In M9 2017/18, routine recording of the outcome of treatment dipped to 50%. We are pleased to report that there has been positive improvement in reporting with 80% of outcome measures completed upon discharge in M12. Though impressed by this positive movement, we will continue to monitor these figures.

6.5 Future in Mind laid out the expectation that, in order to respond to the prevalence of Mental Health issues within the CYP population, the percentage of CYP seen within Community Mental Health services needs to increase from 25% to 35% by 2020/21. Only those CYP in receipt of NHS funded services can be included within the numbers. The 2016/17 target was achieved.

6.6 At the end of Q2 2017/18, NHSE flagged to the Like Minded Team that Hillingdon CCG was not meeting the agreed trajectory. Investigating the reasons for this drop in performance led to the discovery that in 2017/18 there was a discrepancy in the baseline prevalence data submitted. The baseline prevalence figure submitted was 6,700, 2,659 above the actual 4,051

baseline (which had been set in the North West London *Child and Young People's Mental Health and Wellbeing Strategy and Transformation Plan*). The CCG is on track to deliver the 30% access target of the correct prevalence level in 2017/18 but will not deliver the percentage increase on the over-estimated prevalence.

In view of the above and available prevalence of Mental Health issues amongst CYP, it is expected that activity will continue to increase through the remainder of 2018/19 and forward to 2020/21. As such, discussions are taking place about the changes needed within the CNWL service and the wider system to sustain the waiting times target going forward.

## **7.0 THRIVE component: 'Getting Risk Support'**

### **NHSE commissioned services**

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

### **Childs Sexual Abuse Support Hubs**

7.2 Hillingdon CCG is currently mobilising Child Sexual Abuse Support hubs on the behalf on the 8 boroughs in the North West London STP area. Funding has been provided to Hillingdon CCG by NHSE following a successful bid to implement both emotional wellbeing and medical hubs to ensure that there is accessible and specialist service for young people who have been victims of abuse.

7.3 The Emotional and Wellbeing element of the hub has been successfully procured and the project team are leading on implementation of the service across NWL.

7.4 The CSA Hub service will aim to improve the short and long-term emotional and mental health outcomes for children, young people and their families following disclosure of child sexual abuse (CSA) through offering assessment, brief intervention, case management and early emotional support at the time CSA medical examination. Included in this offer will be:

- Support to children, young people and their families, being seen for CSA medical examination by the CSA Hub, without the requirement for a mental health diagnosis.
- 6-8 sessions of support including trauma-informed therapeutic support, advocacy, case management, symptom management with safe and appropriate onward referral when necessary.
- Signposting to local specialist services, where available, for immediate or later support or/and urgent referral to CYP MH specialist services (CAMHS) where required.
- The practitioner will also be expected to have extensive knowledge of local family support services across the eight boroughs.

7.5 The three year commissioned service will launch in July/August 2018 and will see all CYP who are referred to the service via local Safeguarding and MASH teams.

## **CYP Liaison and Diversion**

7.6 Health liaison and diversion, within the youth justice system, is a key national priority and sits within the national CYP MH and Emotional Wellbeing Transformation agenda. As part of this key area of focus, Hillingdon CCG has utilised NHSE funds to recruit to a Youth Justice Liaison and Diversion practitioner who supports the Youth Offending Team (YOT) to screen young people for health issues. We have also worked collaboratively with the local authority on two further sub-projects.

7.7 There is an increasing pool of evidencing that shows that around 60% of young people in the justice system have a speech and language need (SLCN). To meet this over-representation of need, Hillingdon CCG and the local authority have recruited to a speech and language therapist who provides speech and language training to staff, as well as assessment and light touch therapy and coping strategy provision to young people within the programme. With additional funds and positive reflections of this new service, we are currently looking at providing increased speech and language therapy (SALT) provision for our young people.

7.8 We have implemented Trauma Therapy training to YOT staff members and with further plans to develop a MH YOT app to support the Liaison and Diversion (L&D) practitioner to undertake health assessments.

7.9 We are also considering other initiatives that will complement the YJLDs pathway, such as digital platforms to support the L&D worker to undertake relevant health assessments.

## **8.0 MOBILISING HILLINGDON THRIVE**

8.1 The third THRIVE network meeting held in May was well attended by a number of key professionals across mental health, social care, children's services, schools, voluntary sector groups and parent group representatives. The forum continues to provide an opportunity for updates on progress on the implementation plan and key projects, to seek advice and support on new proposals or changes to processes and the potential to share and develop plans for joint working. Examples from the last meeting include the approach to take to target time limited additional support within schools, information sharing leading to new developments (parent /peer support) and using the network to raise awareness of events across the Borough that could support both CYP and their families as well as people working in services.

8.2 In order to inform the 2019/20 Local Transformation Plan, the next network meeting will focus on reviewing the activity and progress made on the 2018/19 Local Transformation Plan and consider areas for action for 2019/20.

## **9.0 GOVERNANCE**

9.1 The Board endorsed the governance arrangements proposed in the last update. Progress has been made in establishing the arrangements and the THRIVE network and establishing the reporting mechanism to the Children's Strategic Transformation Group are in place. A Strategic Commissioning group with the appropriate membership is not yet established, and the potential to align this with other commissioning programmes or current meetings is being explored by the CCG and Council officers.

9.2 Due to delays in the recruitment process, the start date of the two year post to drive forward the agenda has not yet been finalised. However, the CCG continues to employ an interim to support the programme.

## **10. FINANCIAL IMPLICATIONS**

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

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

### **The effects of the plan.**

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

### **Consultation**

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

## **14. BACKGROUND PAPERS**

Previous papers to the Board  
Appendix 1 - Local Transformation Plan  
Appendix 2 - M12 & M1 Performance Report



Implementation Plan 2017 Q3 to 2018/19

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

Priority 1 THRIVE – redesign the system from tiers	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<b>Actions:</b>							
<p>1 THRIVE modelling to identify:</p> <ol style="list-style-type: none"> <li>1. Full scope of current provision across partners based on THRIVE Framework</li> <li>2. Gaps, what needs to change : define the “To –Be”</li> <li>3. Action planning</li> </ol>	CCG* with LBH **	<p>THRIVE Map key stakeholders CAMHS Users Schools early years Specialist services e.g. YOS, LAC Third sector, Voluntary and religious organisations.</p>	<p>Map and confirm across the borough: What is already being provided across the THRIVE framework Gap analysis.</p>	<p>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</p>	Implementation	<p>Implementation  Publication Communicate Model  Addendums to relevant contracts</p>	<p>By the end of 2019:  THRIVE model is in place and working across the system and is recognised as framework in Hillingdon</p>
2. Integration: what where and how	CCG and LBH			As part of the modelling identify integrated models	As part of implementation above		As part of the THRIVE Model services will be integrated where it makes sense to families C&YP <sup>1</sup>

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

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

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

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

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

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

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



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

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

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

## Risks and Mitigation

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

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

# Hillingdon's Child and Adolescent Mental Health Performance

January 2017

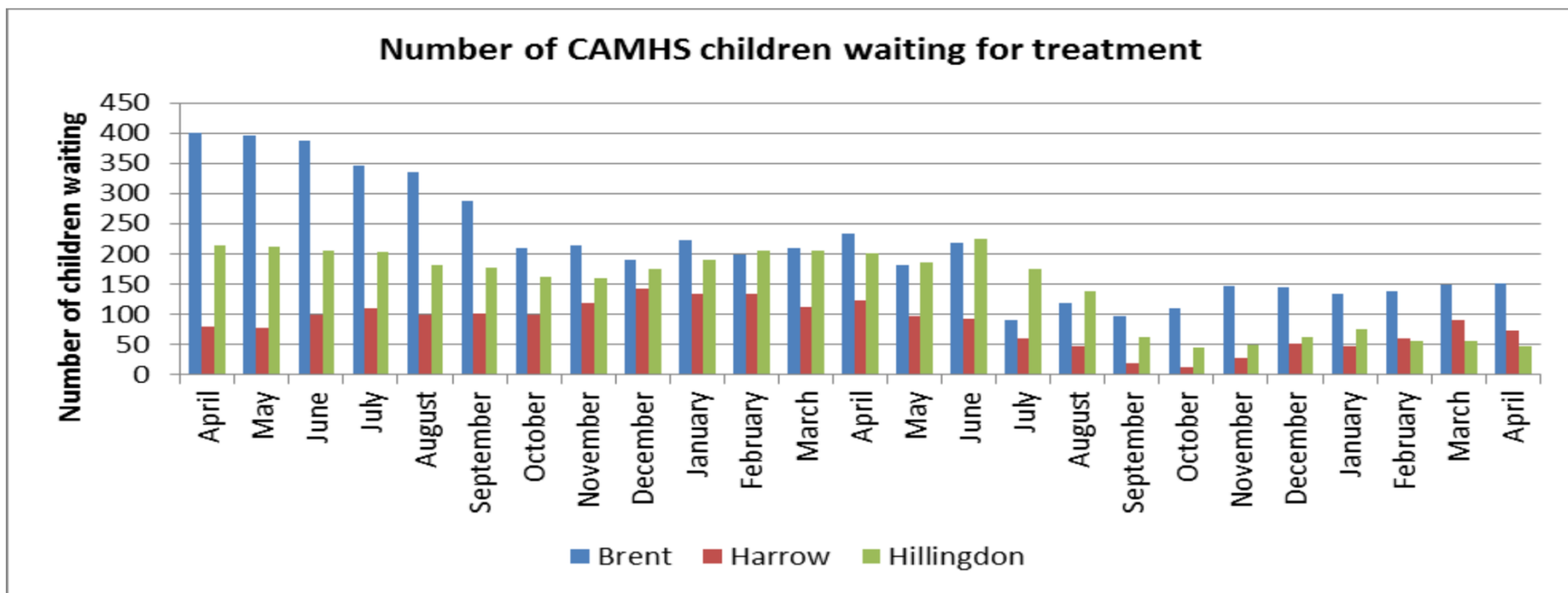
**NHS**  
*Hillingdon*  
**Clinical Commissioning Group**



**HILLINGDON**  
LONDON

## HCCG Month 12 Integrated Performance Report (CAMHS) CNWL Report

	Mental Health - CAMHS	Frequency	Threshold (month)	Prev month	Month 12	YTD
	CAMHS - 1st Appt. DNA Rates	Monthly	<15%	8.7%	12.6%	11.1%
	CAMHS -FU Appt. DNA Rates	Monthly	<15%	9.1%	14.2%	13.1%
	Outcome measure completed on acceptance	Monthly	85%	86.2%	86.1%	91.7%
	Outcome measure completed on discharges	Monthly	80%	80%	80%	81.1%
	Outcome measure improvement	Monthly	>60%	75%	75%	71.7%
	CAMHS Eating Disorder - Urgent Referrals seen within 1 week.	Monthly	100%	100%	No Activity	77.8%
	CAMHS Eating Disorder – Routine Referrals seen within 4 weeks	Monthly	>95%	40%	100%	72%
	CAMHS 18 weeks waiting times	Monthly	85%	100%	95.7%	75.8%



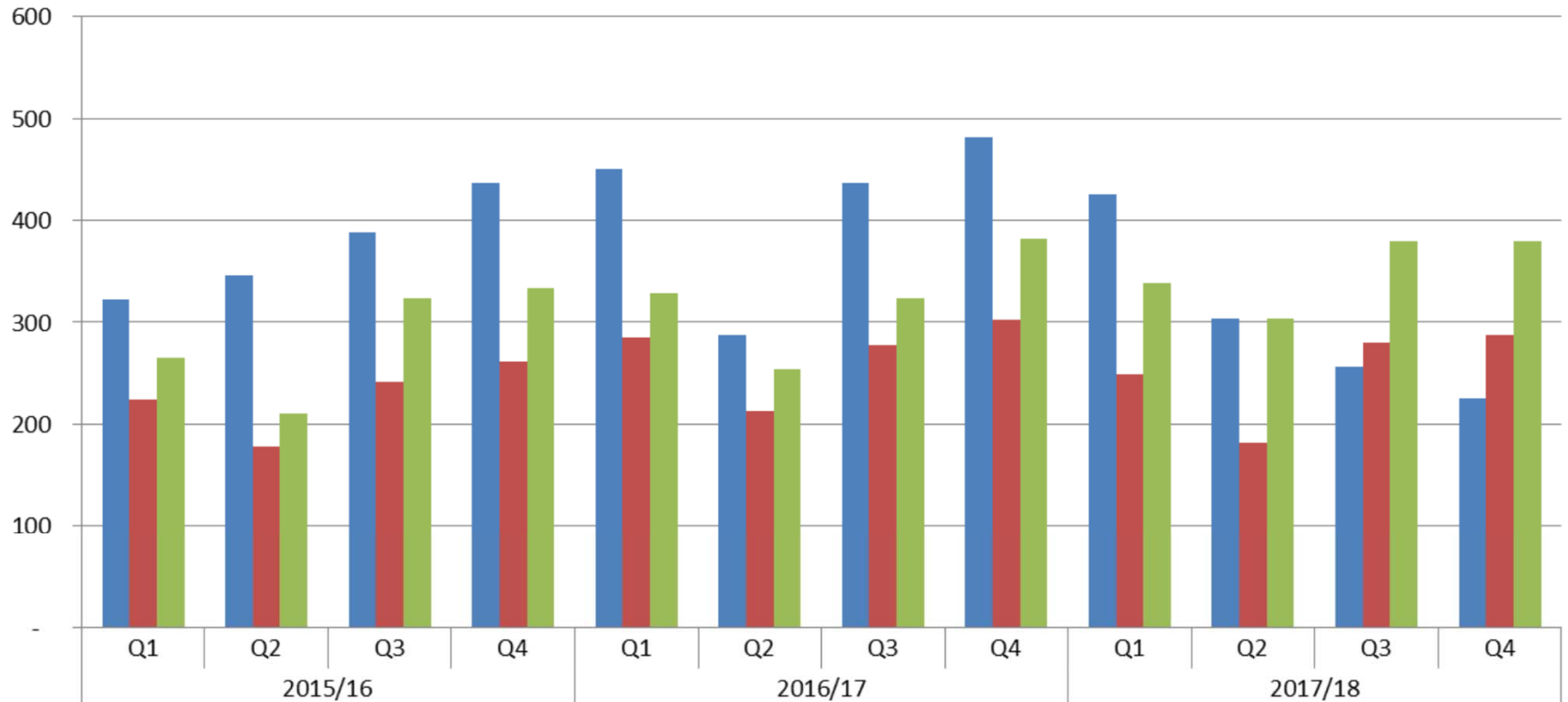
In order to meet the waiting time target the service has increased productivity through:

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

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

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

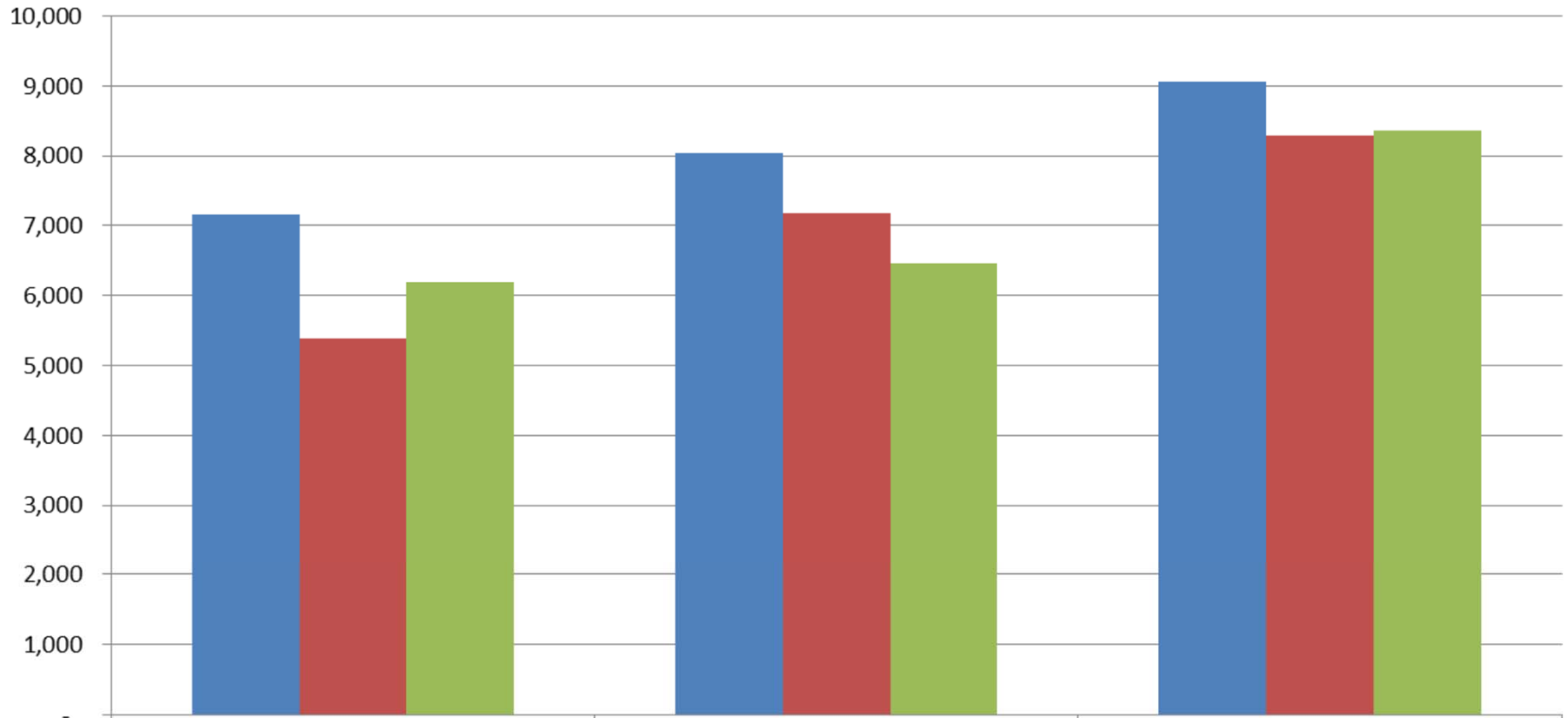
### Number of referrals into CAMHS



■ Brent	322	346	388	437	451	287	437	482	426	304	256	225
■ Harrow	224	178	242	261	285	213	278	303	249	182	280	287
■ Hillingdon	265	210	323	334	329	254	324	382	338	304	379	379



## CAMHS Activity by Team



	15/16	16/17	17/18
■ Brent	7,154	8,038	9,069
■ Harrow	5,379	7,174	8,289
■ Hillingdon	6,186	6,457	8,359

## Month 12 CAMHS performance ( CNWL)

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		Local Quality Requirements						TRUST TOTAL		BHH FEDERATION	
NHS Domain	Category	Quality Requirement	Description	Reporting Frequency	Threshold	CENTRAL & NORTH WEST LONDON NHS FOUNDATION TRUST		NHS HILLINGDON CCG			
						In mth/qtr	YTD	In mth/qtr	YTD		
Domain 2: Enhancing the quality of life of people with long DNA	DNA	CAMHS DNA 1st appointments	% DNA for 1st appointments	Monthly	<15%	10.2%	11.0%	12.6%	11.1%		
		CAMHS DNA follow-up appointments	% DNA for Follow Up appointments	Monthly	<15%	11.9%	11.1%	14.2%	13.1%		
Domain 3: Helping people to recover from episodes of ill-health or following injury	CAMHS Eating Disorder	Urgent Referrals seen within 1 week	% of CYP with ED (urgent cases) referred with a suspected ED will access NICE concordant treatment within 1 week of referral	Monthly	100%	66.7%	83.3%	NO ACTIVITY	77.8%		
		Routine Referrals seen within 4 weeks	% of CYP referred (routine cases) with suspected ED that started treatment within 4 week of referral in the reporting period	Monthly	>95%	100.0%	72.9%	100.0%	72.0%		
	Outcome Measures	Outcome measure completed on acceptance	% of CYPIAPT/ CAMHS Outcome Research Consortium (CORC) measure completed for patients accepted into the service	Monthly	85%	92.3%	91.4%	86.1%	91.7%		
		Outcome measure completed on discharges	% of appropriate CYPIAPT/ CAMHS Outcome Research Consortium (CORC) measure completed for patients discharged from the service	Monthly	80%	70.8%	81.7%	80.0%	81.1%		
		Outcome measure improvement	% of young people discharged with CYPIAPT/ CAMHS Outcome Research Consortium (CORC) measure showing improvement between acceptance and discharge	Monthly	>60%	72.5%	73.4%	75.0%	71.7%		
Domain 5: Ensuring that people have a positive experience of care	Appointments	Location - 1st appointments	% of first appointments to be offered in locations other than CAMHS clinic buildings, excluding eating disorder service	Quarterly	>10%	28.9%	27.1%	25.5%	20.5%		
		Location - follow-up appointments	% of follow up appointments to be offered in locations other than CAMHS clinic buildings, excluding eating disorder service	Quarterly	>10%	26.0%	27.3%	20.8%	19.0%		
	Waiting Times	CAMHS 18 weeks waiting times	% of CAMHS Referral to treatment under 18 weeks. This excludes neurodevelopmental services.	Monthly	85%	90.0%	85.3%	95.1%	75.8%		

## UPDATE: STRATEGIC ESTATE DEVELOPMENT

<b>Relevant Board Member(s)</b>	Dr Ian Goodman, Chair, Hillingdon CCG Councillor Philip Corthorne, London Borough of Hillingdon
<b>Organisation</b>	Hillingdon Clinical Commissioning Group
<b>Report author</b>	Sue Hardy, Head of Strategic Estate Development, Hillingdon CCG Nicola Wyatt, S106 Monitoring & Implementation Officer, Residents Services Directorate, London Borough of Hillingdon
<b>Papers with report</b>	Section 106 Healthcare Facilities Contributions (March 2018)

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

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

### 3. HILLINGDON ESTATE STRATEGY - OVERVIEW

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

Health & Wellbeing

- Working collaboratively across health, social care and public health, we will improve outcomes and reduce inequalities for our population with a focus on those with both

traditional long term conditions (including both physical and mental health LTCs) and emergent categories of LTCs such as pain, frailty and social isolation.

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

### Care & Quality

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

### Finance & Efficiency

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

### Key Drivers and Challenges

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

### Key points emerging from the Strategic Estates Plan

- The need to progress the aims of the Out of Hospital strategy. Focussing investment in locations which support the 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 is in the process of completing an Options Appraisal for the creation of a new Out of Hospital Hub for the North of the Borough considering both the Mount Vernon Hospital site and the option of the Hub being located on the former Northwood and Pinner Community Hospital site as part of the potential re-provision of Northwood Health Centre. This option would be dependent upon the outcome of NHS Property Services (NHS PS) discussions with the Council planning team. There has been some slippage to the programme due to NHS approval processes. However, the Options Appraisal will be presented to the CCG Governing Body in July for approval. Work on the outline business case will then commence.	Site options appraisal to be completed in July 2018 to determine the location of the Hub  Target date for outline business case Dec 18  Projected hub opening date February 2021.
Create an Out of Hospital Hub in Uxbridge and West Drayton	The CCG has continued to work in partnership with Central and North West London NHS Foundation Trust (CNWL) to identify a potential location for the Hub. A feasibility study has been undertaken that identifies that there is development potential on the existing Uxbridge Health Centre site to meet the Hub requirements. The CCG has completed an Options Appraisal that identifies a redevelopment on the Uxbridge Health Centre site as the preferred option this is due to be approved by the CCG Governing Body in July 2018. The CCG will now commence production of the outline business case and as part of this work will further develop decant options with the Council.	Site options appraisal to be completed Dec 17 to determine the location of the Hub  Options Appraisal approval due July 2018  Target date of outline business case March 2019  Projected hub opening date June 2021.

<p>Building capacity for Hayes and Harlington</p>	<p>The CCG, working in partnership with the Council, has been successful in securing circa 900m2 of accommodation for a new health facility as part of the Old Vinyl Factory development. The Section106 agreement has now been signed and the provision of a health facility, subject to commercial terms being agreed, has been secured.</p> <p>The CCG has now commenced commercial negotiations with the developer with a target date of September 2018 for this to be concluded.</p> <p>Using Council housing projections, the CCG has established a further requirement of circa 600 - 1000 m2 of health care space in Hayes to accommodate the new population. The inclusion of a health facility has therefore been incorporated for consideration as part of the community infrastructure provision on the former Nestle Factory Canteen building.</p>	<p>S106 agreed for the OVF</p> <p>Detailed design and commercial negotiations to be concluded September 2018</p>
<p>New premises for Shakespeare Medical Centre and Yeading Court Surgery</p>	<p>Negotiations between the practice, CCG and Council are progressing well for the proposed relocation of the practice to new premises on the former Woodside Day Centre site. The indicative design and final draft Heads of Terms have been signed by the practice. The Cabinet agreed to proceed with a planning application for the scheme which has now been approved, subject to the completion a S106 agreement. Project meetings between the Council, CCG and practices continue to oversee scheme development.</p>	<p>Planning consent achieved subject to S106 agreement. February 18.</p> <p>Target date for project completion 2021</p>
<p>Yiewsley Health Centre</p>	<p>The CCG has been successful in securing funding to refurbish vacant space at the site into additional clinical accommodation. This will create additional capacity for primary care provision at the site. In addition, a proposal to spend some health S106 funding on improving the entrance, reception and waiting area has been agreed by Cabinet. A long term solution for the site is still being explored with the support of CNWL and the Council planning team.</p> <p>The project commencement has been delayed whilst legal and commercial arrangements are being put in place by NHS Property Services.</p>	<p>NHS England due diligence completed Dec 17 and release of funding agreed</p> <p>Target date for project commencement June 18</p>
<p>Future of Northwood and Pinner Community Hospital</p>	<p>The project team appointed by NHSPS continues to work on plans to re-provide the current health facilities whilst maximising value and ensuring best use of the site is achieved.</p> <p>NHS PS and the CCG had a very positive initial meeting with the occupants at Northwood Health Centre towards the end of 2017, providing an update on the redevelopment plans for Northwood and Pinner Hospital site. There will be continued engagement with the occupants as the project progressed and an engagement plan will be developed to share and inform patients and the wider community of the proposals.</p> <p>Two pre-planning application meetings and a site inspection have been held with the Hillingdon Council planning team. Feedback on the proposed scheme will be incorporated into a revised development proposal ahead of the scheme being submitted for planning.</p>	<p>Planning application submission target 3 months from formal feedback from the planning team (due imminently)</p>

	The Northwood and Pinner Community Hospital development proposal will form part of the option appraisal process for the North Hillingdon Hub.	
Improving Access to Primary Care	<p>The CCG continues to review the quality and capacity of primary care premises across the Borough. A primary care strategy has been developed and was approved by the CCG in November 2017.</p> <p>Thirteen GP practices have received NHS funding to invest in improving practice premises. The total amount of investment being made totals £2.7 million and will benefit more than 70,000 patients.</p> <p>The three schemes to be delivered in 2018/19 have now been given formal approval to proceed by NHS England.</p> <p>NHS England has just launched the bidding process for practices wishing to apply for improvement grant funding in financial year 2019/20. Bids are due to be submitted to the CCG by 5 July 2018 for review and support.</p>	<p><b>Kincora Surgery</b> funding awarded in Oct 2017 works underway and expected to complete in Oct 2018</p> <p><b>Heathrow Medical Centre</b> works completed</p> <p><b>Yiewsley HC</b> – works to commence once practices have signed their leases and works will take three months thereafter</p> <p><b>St Martin’s Medical Centre</b> planning consent for revised scheme obtained and project due to commence on site in June 2018 – Completion date June 2019</p> <p><b>Acrefield Surgery</b> Reconfiguration of ground floor works to commence upon approval of due diligence. Completed by March 2019</p> <p><b>Wood Lane Medical Centre</b> Infection control improvements to premises expected to be completed by Dec 2019</p> <p><b>Hillingdon Health Centre</b> Infection control improvements to premises expected to be completed by Dec 2019</p>

## FINANCIAL IMPLICATIONS

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

In Hillingdon, this includes:

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

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

Hillingdon Council, in consultation with the NHS in Hillingdon, has been collecting S106 contributions for health from residential developers where the size and scale of the housing scheme has been identified as having an impact on the delivery of local health services. Funding has been secured by the Council for investment in health premises and services in the Borough in order to help meet increased demand for health services as a result of new development. This additional non-recurrent funding has been used to build capacity within the primary care estate and, subject to the Council's formal S106 allocation process, it is proposed that any further contributions received are used to the remainder will help to offset the cost of the Hubs.

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

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

Appendix 1, attached to this report, details all of the S106 health facilities contributions held by the Council as at 31 March 2018. Since the last report to the Board in March, the Council has received a further contribution of £20,304. This is the second instalment of the contribution held at H/69/404F. As at 31 March 2018, the Council therefore held a total of £1,231,479.12 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, one contribution held at case reference H/34/282F (£15k) has a spend deadline in the next 18 month period. This contribution is currently earmarked towards the provision of a health hub in the North of the Borough. Given the short timescale for spending this contribution, HCCG is now considering other options to ensure that the funds can be utilised towards an eligible scheme within the prescribed time limits

## **HILLINGDON COUNCIL FINANCIAL IMPLICATIONS**

As at 31 March 2018, there is £2,814,576 of Social Services, Housing, Health S106 contributions available, of which £1,583,097 has been identified as contributions towards affordable housing. The remaining £1,231,479 is available to be utilised towards the provision of facilities for health and £553,899 of these contributions have no time limits attached to them.

A total of £87k was transferred to NHS Property Services in early February 2018 to utilise towards the Yiewsley Health Centre refurbishment scheme.

Officers, in conjunction with the CCG and NHSP, continue to work actively towards allocating all outstanding health contributions to eligible schemes. To date, funds totalling £1,074,840 are provisionally earmarked towards proposed health hub schemes as detailed below:



<b>Proposed Health Hub Scheme</b>	<b>Amount</b>
North Hub	140,484
Uxbridge / West Drayton Hub	520,593
Yiewsley Health Centre Refurbishment	1,691
New Yiewsley Health Centre	408,170
Pine Medical Centre	3,902
<b>Total Earmarked</b>	<b>1,074,840</b>
<b>To be determined</b>	<b>156,639</b>
<b>Total</b>	<b>1,231,479</b>

The remaining balance of £156,639, 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), £39,689 (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 of the Council and the 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 May 2018)
			<b>AS AT 31/03/18</b>	<b>AS AT 31/03/18</b>			
H/11/195B *57	Ruislip	Highgrove House, Eastcote Road, Ruislip. 10622/APP/2006/2494	3,156.00	3,156.00	No time limits	North Hub	Funds to be used to support the provision of local healthcare facilities arising from the needs of the development. No time limits.
H/22/239E *74	Eastcote	Highgrove House, Eastcote Road, Ruislip. 10622/APP/2006/2494 & 10622/APP/2009/2504	7,363.00	7,363.00	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/36/299D *94	Cavendish	161 Elliot Ave (fmr Southbourne Day Centre), Ruislip. 66033/APP/2009/1060	9,001.79	9,001.79	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/44/319D *44	Northwood Hills	117 Pinner Road, Northwood 12055/APP/2006/2510	24,312.54	24,312.54	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/46/323G *104	Eastcote	150 Field End Road, (Initial House), Eastcote 25760/APP/2013/323A	14,126.88	14,126.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/34/282F *92	West Ruislip	Lyon Court, 28-30 Pembroke Road, Ruislip 66985/APP/2011/3049	15,031.25	15,031.25	2019 (Feb)	North Hub	Towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 5 years of completion of development. Estimated spend deadline 2019.
H/48/331E *107	Eastcote	216 Field End Road, Eastcote 6331/APP/2010/2411	4,320.40	4,320.40	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
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.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2018)
			<b>AS AT 31/03/18</b>	<b>AS AT 31/03/18</b>			
H/54/343D *112	Harefield	Royal Quay, Coppermill Lock, Harefield. 43159?APP/2013/1094	17,600.54	17,600.54	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/53/346D *113	Northwood	42-46 Ducks Hill Road, Northwood 49987/APP/2013/1451	8,434.88	8,434.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/63/385D *129	Northwood Hills	Frank Welch Court, High Meadow Close, Pinner. 186/APP/2013/2958	10,195.29	10,195.29	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend.
H/57/351D *	Northwood	103,105 & 107 Ducks Hill Road, Northwood 64345/APP/2014/1044	6,212.88	6,212.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
<b>Total "earmarked " towards North Hub</b>			<b>140,483.58</b>	<b>140,483.58</b>			
H13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Ux/WD Hub	Funds received towards the provision of healthcare facilities in the Borough. No time limits.
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/39/304C *97	Yeading	Fmr Tasman House, 111 Maple Road, Hayes 38097/APP/2012/3168	6,448.10	6,448.10	2020 (Aug)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/55/347D *114	North Uxbridge	Honeycroft Day Centre, Honeycroft Hill, Uxbridge 6046/APP/2013/1834	12,162.78	12,162.78	2022 (May)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to spent/committed within 7 years of receipt (May 2022).
H/47/329E *106	Townfield	Land at Pronto Industrial Estate, 585-591 Uxbridge Road, Hayes 4404/APP/2013/1650	14,066.23	14,066.23	2024 (July)	Ux/WD Hub	Funds received the cost of providing healthcare facilities within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2018)
			<b>AS AT 31/03/18</b>	<b>AS AT 31/03/18</b>			
H/49/283B *108	Uxbridge North	Former RAF Uxbridge, Hillingdon Road, Uxbridge 585/APP/2009/2752	624,507.94	447,149.63	2024 (Aug)	Ux/WD Hub	Funds to be used towards the provision of healthcare facilities serving the development in line with the Council's S106 Planning Obligations SPD 2008. Funds to be spent within 10 years of receipt. £177,358 from this contribution is allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015). £177,358 transferred to HCCG July 2015.
H/58/348B	North Uxbridge	Lancaster & Hermitage centre, Lancaster Road, Uxbridge 68164/APP/2011/2711	7,587.72	7,587.72	No time limits	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/64/387E *136	Uxbridge North	Norwich Union House, 1-2 Bakers Road, Uxbridge. 8218/APP/2011/1853	15,518.40	15,518.40	2023 (Sept )	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt.
<b>Total "earmarked" towards Uxbridge/West Drayton Hub</b>			<b>697,951.28</b>	<b>520,592.97</b>			
H/32/284C *89	Yiewsley	Former Honeywell site, Trout Road, West Drayton (live/work units). 335/APP/2010/1615	5,280.23	0.00	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. <b>The location of the new health centre is still to be determined. These funds have therefore been allocated towards an interim scheme to refurbish and improve the existing health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
H/33/291C *91	West Drayton	Former Swan PH, Swan Road, West Drayton. 68248/APP/2011/3013	5,416.75	0.00	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 facilities and services to meet increased patient or user numbers or, new health premises at local level. Any new facility required to compensate for loss of a health facility caused by the development. <b>The location of the new health centre is still to be determined. These funds have therefore been allocated towards an interim scheme to refurbish and improve the existing health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
H/42/242G *100	West Drayton	West Drayton Garden Village off Porters Way West Drayton. 5107/APP/2009/2348	337,574.00	337,574.00	No time limits	New Yiewsley HC	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . Earmarked towards the provision of a new health centre facility in the Yiewsley/West Drayton area, subject to request for formal allocation.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2018)
			AS AT 31/03/18	AS AT 31/03/18			
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	25,291.09	1,691.16	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). <b>The location of the new health centre is still to be determined. These funds have therefore been allocated towards an interim scheme to refurbish and improve the existing health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
H/61/382F *128	West Drayton	Kitchener House, Warwick Rd, West Drayton. 18218/APP/2013/2183	8,872.64	8,872.64	2026 (April)	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Spend within 10 years of receipt (April 2026).
H/62/384F *128	Yiewsley	Caxton House, Trout Road, Yiewsley. 3678/APP/2013/3637	15,482.07	15,482.07	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend.
H/66/390D *137	West Drayton	Fmr Anglers Retreat, Cricketfield Road, West Drayton (11981/APP/2013/3307)	8,324.62	0.00	2021 (Sept)	Yiewsley HC ( refurb)	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 5 years of receipt. <b>The location of the new health centre is still to be determined. These funds have therefore been allocated towards an interim scheme to refurbish and improve the existing health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
H/67/402E	Yiewsley	21 High Street, Yiewsley 26628/APP2014/675	18,799.72	18,799.72	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limit for spend

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2018)
			<b>AS AT 31/03/18</b>	<b>AS AT 31/03/18</b>			
H/20/238F *72	West Ruislip	Former Mill Works, Bury Street, Ruislip. 6157/APP/2009/2069	31,545.89	0.00	2018 (Feb)	Yiewsley HC ( refurb)	Contribution received as the health facilities contribution towards providing health facilities in the Authority's Area. Funds to be spent towards (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at local level or, any new facility required to compensate for loss of health facility caused by the development. First instalment to be spent by February 2018. Second instalment to be spent by June 2018. <b>Due to the short time scale for spending this contribution, these funds have been allocated towards a scheme to improve Yiewsley Health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
H/37/301E *95	Northwood	37-45 Ducks Hill Rd, Northwood 59214/APP/2010/1766	12,985.97	0.00	2018 (July)	Yiewsley HC ( refurb)	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. <b>Due to the short time scale for spending this contribution, these funds have been allocated towards a scheme to improve Yiewsley Health Centre (Cabinet Member Decision 17/01/2018). Funds transferred to NHS PS 05/02/2018.</b>
<b>Total "earmarked" towards existing/new Yiewsley Health Centre</b>			<b>497,014.42</b>	<b>409,861.03</b>			
H/18/219C *70	Yeading	Land rear of Sydney Court, Perth Avenue, Hayes. 65936/APP/2009/2629	3,902.00	3,902.00	No time limits	Pine Medical Centre	Funds received towards the cost of providing health facilities in the Authorities Area. No time limits. £1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval. Confirmation received from NHS PS to confirm that the scheme is still valid. £1,800 allocated towards Pine Medical Centre improvements (Cabinet Member Decision 29/05/2015).
<b>Total "earmarked" towards Pine Medical Centre</b>			<b>3,902.00</b>	<b>3,902.00</b>			
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	39,689.49	<b>39,689.49</b>	2024 (Apr)	To be determined	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health services at the local level; any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt (April 2024). <b>Second instalment received this quarter (£20,304)</b>

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid May 2018)
			<b>AS AT 31/03/18</b>	<b>AS AT 31/03/18</b>			
H/70/40M	Botwell	Old Vinyl Factory (Boiler House & Materials Store), Blyth Rd, Hayes. 59872/APP/2012/1838 & 59872/APP/2013/3775	81,329.25	81,329.25	2024 (Jul)	To be determined	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Fund to be spent within 7 years of receipt (July 2024).
<b>To be determined</b>			<b>225,337.80</b>	<b>156,639.54</b>			
		<b>TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES</b>	<b>1,564,689.08</b>	<b>1,231,479.12</b>			



## HILLINGDON CCG UPDATE

<b>Relevant Board Member(s)</b>	Dr Ian Goodman
<b>Organisation</b>	Hillingdon Clinical Commissioning Group
<b>Report author</b>	Caroline Morison; Jonathan Tymms; Sarah Walker; Joe Nguyen
<b>Papers with report</b>	None

### 1. HEADLINE INFORMATION

<b>Summary</b>	<p>This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses:</p> <ul style="list-style-type: none"> <li>• Operating Plan 2018/19</li> <li>• Finance update</li> <li>• QIPP delivery</li> <li>• ACP update</li> <li>• Primary care update</li> <li>• Collaborative working</li> </ul>
<b>Contribution to plans and strategies</b>	<p>The items above relate to the HCCGs:</p> <ul style="list-style-type: none"> <li>• 5 year strategic plan</li> <li>• Out of hospital (local services) strategy</li> <li>• Financial strategy</li> <li>• Joint Health and Wellbeing Strategy</li> <li>• Better Care Fund</li> </ul>
<b>Financial Cost</b>	Not applicable to this paper
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	External Services Select Committee
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATION

**The Health and Wellbeing Board note the update 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 Operating Plan (18/19)**

Following the planning round, the CCG have submitted plans to deliver our control total of £179k surplus in 2018/19. The plan includes a drawdown on historical reserves of £1,173k. This contributes towards a North West London (NWL) control total of £9.4m surplus. Delivery of our control total will require management of activity to plan across our contracts as well as QIPP savings of around £4.4m which are outside of agreed contract values and largely relate to non-elective activity. Further detail regarding our financial plans and our key QIPP programmes is set out below.

### **3.2 Finance update**

#### **2017/18 Outturn Position**

The final audited outturn position for the CCG in 2017/18 at month 12 is an overall in year surplus of £1.072m, which is line with the CCG's control total of £1.062m for the year.

For 2017/18, the CCG reported QIPP savings of £10.5m compared to the plan of £14.4m (73% of plan). Despite the shortfall on plan, the savings delivered were significantly higher than in previous years (£7-£8m).

The CCG financial position reflects adverse variances in Acute budgets of £6.4m (3%) and Continuing Care of £3.4m (17%), a combined overspend of £9.8m.

To achieve its plan and offset overspend in Acute and Continuing Care budgets, the CCG was reliant on underspends on other budgets as well as the full deployment of its contingency reserve and other technical non-recurrent measures.

#### **2018/19 Plan**

The CCG's planned Resource limit in 2018/19 is £409.4m (a net increase of £10.9m). In 2018/19 across NWL, each CCG is required to achieve a minimum of a 3% QIPP. Consequently, the CCG's QIPP requirement is £12.4m.

In total, to achieve its 2018/19 plan, the CCG's Acute costs will need to reduce by £1.6m net (£3.5m after adjusting for 2018/19 tariff). The CCG is also re-paying a previous £5m loan to Brent CCG in 2018/19.

A 5.5% growth uplift (Pre- QIPP) has been applied to Continuing Care budgets, the plan also includes an increase in Mental Health-related spend of 4.4% which reflects the requirement to achieve the Mental Health Investment Standard in line with the CCG's increased allocation in 2018/19.

Primary Care Budgets have been uplifted by £2m to take account of the increased PC delegated allocation received by the CCG in 2018/19 plus the c/f of the £600k 2017/18 headroom underspend.

## 2018/19 Budget Summary

Budget Areas	Budgets 2018/19
	<b>£000</b>
Acute	229,735
Mental Health	26,355
Continuing Care	24,583
Community	36,396
Prescribing	35,671
Primary Care	44,378
Corporate & Estates	4,592
<b>Sub-TOTAL Programme Budgets</b>	<b>401,712</b>
Contingency	1,875
Running Costs	5,573
<b>CCG Total Expenditure</b>	<b>409,161</b>
<b>ALLOCATION</b>	<b>409,340</b>
<b>Surplus / (deficit)</b>	<b>179</b>

### 3.3 QIPP delivery 2017/18 and 2018/19 planning

Hillingdon CCG delivered a net QIPP saving of £10.5m against a target of £14.4m in 2017/18. While the achievement was below target, it is the greatest level of QIPP Hillingdon CCG has delivered to date above an average delivery of £8m per annum over the past few years.

For 2018/19, Hillingdon CCG has a QIPP target of £12.4m, reflecting the continuing challenging financial environment for the NHS. A summary of QIPP by transformation area is included in the table below.

2018/19 QIPP	Total Net QIPP
<b>Unplanned Care</b>	£2,586,881
<b>Planned Care</b>	£2,716,636
<b>Long Term Conditions</b>	£991,250
<b>Older People</b>	£1,703,509
<b>Mental Health</b>	£390,000
<b>Prescribing</b>	£1,730,000
<b>Community / Primary Care</b>	£333,375
<b>Corporate Efficiencies</b>	£237,500
<b>Integrated Service for End of Life</b>	£500,000
<b>Children &amp; Young People</b>	£188,750
<b>NWL wide schemes</b>	£1,029,194
<b>TOTAL</b>	<b>£12,407,095</b>

There are strong links between QIPP plans and the Joint Health and Wellbeing Strategy objectives. QIPP plans in Hillingdon are largely transformational and developed to support delivery of population health objectives as well as deliver system financial sustainability. With QIPP schemes built into whole-system transformational work programmes, shared system oversight of delivery is assured through the Hillingdon Transformation Group (programme management) and the Hillingdon Transformation Board (executive).

Highlights of some of the major 2018/19 initiatives are listed below:

- Unplanned care transformation continues to be a significant opportunity for Hillingdon to manage urgent unplanned care needs. In 2017/18, there was a significant increase in low-need emergency attendances, including ambulatory care sensitive conditions (ACSCs). These are patients that did not need emergency care to prevent death or life-changing injury. National guidance indicates these types of patients could be better managed through ambulatory care, or otherwise supported into an urgent primary or community care appointment, as appropriate. We are working closely with Hillingdon Hospital to embed ambulatory care as well as exploring opportunities to improve front-door assessment and triage to the RightCare.
- Early cancer diagnosis remains an area of challenge in Hillingdon. In 2017/18, a number of programmes began to enable early diagnosis. In 2018/19, we will continue to work with health partners to improve direct access to cancer testing for GPs.
- We are working with Primary Care and GPs to deliver transformation in how our GPs and support staff have the right skills and workforce capacity to hand to quickly support their patients closer to home. We are also working to deliver Primary Care at scale through initiatives such as our Hubs.
- We are working this year to refresh our understanding of our local needs toward an holistic programme of care supporting patients' physical and Mental Health. We will be ensuring that people with severe and enduring mental illness (SMI) are getting a comprehensive physical health check in primary care in order to address the health inequality that exists between people with an SMI and the general population. In 2018/19, we have to achieve 50% of the prevalence having a physical check done and recorded in primary care.
- Long term conditions and multi-morbidities are a significant issue for patients. In 2017/18, our heart failure and atrial fibrillation programme to identify and treat patients help to save lives and support stroke prevention. We continue to implement programmes to address different symptoms and presentations to help keep Hillingdon healthy for respiratory, circulatory and endocrine conditions.
- We continue to work to improve Older People's care with proactive and timely support through our neighbourhood Care Connection Teams and delivery of our End of Life Single Point of Access care pathway.
- Planned care pressures continued to rise in 2017/18. In 2018/19, we are undertaking a review of our out of hospital services provision for Clinical Assessment and Treatment Services (CATS) to assure these services are sustainable.
- Work regarding the management of the CHC budgets is largely focussed on improving the usage of the Any Qualified Provider framework and ensuring that assessments and reviews are undertaken in a timely and consistent manner.

### **3.4 ACP update**

Hillingdon is embarking on year two of our testing period (2017–19) of the development and implementation of an integrated care system. Based on our review from Year 1, we are moving

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the focus from older people (65+) to all adults' care this year to enable us to create a larger impact and scope.

We are further aligning our clinical transformation programs across HHCP and the CCG in order to address system challenges. The partnership is using the joint governance and joint delivery approaches developed last year to further galvanise whole system transformation around the agreed priorities of self-care, urgent care, falls and frailty, end of life, care home, enhanced case management (physical and mental health), integrated MSK and prescribing.

There is a cumulative underlying deficit within the Health and Care system in Hillingdon for both this year and projected for the next 3 years. We are working towards developing a 'system control total' financial view and a 3-5 year financial strategy jointly with HHCP and the CCG. This will enable greater focus on managing risk as an integrated care system rather than transferring risk between parties – and help us prioritise our transformation and joint-working to address this gap. When developed and tested, these features will enable care to be organised and delivered regardless of provider/organisation, with ability to flex resources to secure the best outcomes, based on agreed population outcomes.

Additional work has been focused on developing partnership and joint approaches to workforce development and business intelligence to support integrated working across all partners in Hillingdon. The aim is to deliver continued improvements in year (2018/19) and further developing integrated models over the next 3 years.

### **3.5 Primary care update**

#### **Primary care strategy**

The CCG continues to work to deliver the objectives and priorities set out in our primary care strategy – set out below:

#### **Primary Care Commissioning Strategic Objectives:**

- Prevent ill-health working with partners and engaging patients in the management of their own health and empowering patients with long term conditions.
- Manage patients with complex conditions in a co-ordinated and integrated way.
- Support access to general practice by increasing capacity, managing demand and drawing from technological approaches.
- Supporting general practice resilience and improving efficiency, especially by promoting collaborative working and economies of scale.

#### **Primary Care Commissioning Priorities:**

- Manage and develop provider landscape: supporting the development of GP confederation and general practice resilience.
- Commission outcome based contracts at appropriate levels: this includes developing new models of care, addressing variation and commissioning up-scale out of hospital care from general practice collaborative structures.
- Commission proactive and coordinated care, especially for people with Long Term Conditions, multi morbidities and complex needs: this focuses on case finding, collaborative care planning, and self-management; it also promotes a transformational approach to the care of people with more than one condition.
- Enable better, appropriate access to general practice.

- Focus on recruitment, retention, and develop additional capacity and broader skill mix to meet growth in demand: this also means embedding the roles and functions that are being created in general practice to support self-help, improve patient access and release clinicians time.
- Commission preventative care programmes focused on local needs, integrated with partners.

The strategy will continue to evolve as the landscape of general practice changes and we are committed to further work with other primary care professionals to include areas such as pharmacy.

Delivery of the strategy is monitored through our bi-monthly Primary Care Board.

### **Primary care at scale**

The CCG continues to work collaboratively with Hillingdon Primary Care Confederation (HPCC) which consists of 44 of the 46 practices in Hillingdon. Through commissioning and providing some elements of primary care at scale, we will be able to reduce variation in access to and quality of services, support resilient and sustainable general practice in Hillingdon and deliver enhanced, integrated services for our residents. Some of the services already provided by the Confederation include:

- Extended Access Appointments (weekend and evening appointments available across three locations within the Borough).
- Integrated paediatric clinics (consultant-led children's clinics located in practices on a rotational basis).
- Weekend visiting and care home support service (to provide proactive care planning and support to care homes, reducing the need for ambulance call outs and preventing unnecessary trips to hospital).

We are also working with the Confederation to deliver a 'Transition Academy' aimed at attracting and retaining general practice staff to Hillingdon through a range of initiatives including: consolidation of our existing recruitment projects; development of joint appointments to enable portfolio roles; establishment of 'best practice' for the working environment including terms and conditions and creation of an offer to general practice to promote joint working and deliver economies of scale.

### **Primary care services at the HESA centre**

Following the expiration of the contracts for delivery of primary care services at the HESA centre in Hayes, the CCG has undertaken a procurement for the provision of a single general practice list.

Following a process supported by the NHS Shared Business Services, and evaluation of bids by a non-conflicted panel, Sunrise Medical Centre has been confirmed as the recommended bidder. The CCG is supporting Sunrise and the incumbent practices through the mobilisation process which will culminate in the new contract going live on 1 July 2018. Letters have been sent to patients registered with the current providers and a number of patient information sessions have been arranged at the practice premises in May and June.

The new practice will be called HESA Medical Centre.

## **Heathrow Villages primary care provision**

The CCG is continuing to look for a location from which to provide primary care provision within the Harmondsworth and Sipson areas. We will continue to pursue existing and any further opportunities as they are identified.

### **3.6 Collaborative working**

The eight NW London NHS Clinical Commissioning Groups are continuing to work together to strengthen our approach to collaborative working. An element of this is moving to a single Accountable Officer across the eight CCGs.

Following a competitive recruitment process, Mark Easton has been appointed as the new NW London Accountable Officer and will be taking up his post on 1 June 2018. Most recently, Mark has been working in NW London as the Director for our Sustainability and Transformation Plan (STP) and has 30 years of NHS experience including Chief Executive for Barnet & Chase Farm hospitals, Chief Executive for Brent Primary Care Trust and STP Director for South East London.

Rob Larkman will be moving on from NW London on 15 June and we wish him all the best for his future endeavours.

## **4. FINANCIAL IMPLICATIONS**

None in relation to this update paper.

## **5. LEGAL IMPLICATIONS**

None in relation to this update paper.

## **6. BACKGROUND PAPERS**

- North West London 5 Year Strategic Plan
- Hillingdon CCG Out of Hospital Strategy
- Hillingdon CCG Operating Plan 2017/18
- London Primary Care Strategic Commissioning Framework

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## HEALTHWATCH HILLINGDON UPDATE

<b>Relevant Board Member(s)</b>	Turkey Mahmoud, Acting Chair
<b>Organisation</b>	Healthwatch Hillingdon
<b>Report author</b>	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
<b>Papers with report</b>	Appendices A and B

## HEADLINE INFORMATION

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

## RECOMMENDATION

**That the Health and Wellbeing Board notes the report received.**

### **1. INFORMATION**

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

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

### **2. SUMMARY**

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

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

### **3. GOVERNANCE**

We are pleased to advise that Lynn Hill has been appointed Chair of Healthwatch Hillingdon and took up the post on 1 June 2018. Lynn recently retired from the NHS following a career spanning almost 40 years. Most recently holding a number of director roles, including those of Chief Operating Officer and Deputy Chief Executive Officer in an Acute Foundation Trust.

We would ask that Lynn be nominated as the Healthwatch Hillingdon representative on the Health and Wellbeing Board and advise that Turkey Mahmoud will remain in the position of nominated substitute post today's meeting.

We would further advise that Bill Corsar was also appointed as a Trustee and Director of Healthwatch Hillingdon at our March 2018 Board Meeting.

### **4. OUTCOMES**

Healthwatch Hillingdon would wish to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the fourth quarter of 2017-18.

#### **4.1. "Extending GP Opening Hours" report published.**

Healthwatch Hillingdon has published a new report "Extending GP Opening Hours", which outlines the Hillingdon public's view of the new GP and nurse appointments being offered to them in Hillingdon.

Over 1,000 residents responded to a Healthwatch survey which ran over 3 months in late 2017. People were asked what they thought about going to the GP later into the evening, very early in the morning and on Saturday and Sundays. They were also asked; how they would like to book their appointments; where they prefer to go for those appointments; and how far they would travel to an appointment.

Over 800 of those questioned said that they would use the new service in the evening and at the weekend. Although only a third said they would attend on a Sunday afternoon. Overwhelmingly, 95% of respondents wanted a face to face appointment to see a GP, with most of them preferring to book that appointment through their own surgery.

Residents thought the service was a great idea for working people, but some did recognise the pressure GPs are already under and questioned whether this could lead to their GP working 7 days a week.

Healthwatch Hillingdon has made 8 recommendations within the report to the Hillingdon CCG and the Hillingdon GP Confederation about future service provision; these mainly relate to the promotion of the new service, the hours the service is currently being delivered and how people book an appointment. The full report is attached as Appendix A and available to download at <https://bit.ly/2pJyPwb>.

## 4.2. Mental Health, Wellbeing and Life Skills Programme

### Barnhill Community High School Pilot

On Thursday 22 February, the students participating in the Mental Health, Wellbeing and Life Skills programme delivered a presentation to representatives from our funder, Hillingdon Community Trust (HCT), Hillingdon CCG, Hillingdon CAMHS, Healthwatch Hillingdon and the school leadership.

The presentation was a huge success, with the students showcasing what they have learned from the programme, their own research, survey results and their plans for a whole school mental health awareness campaign. The Director of HCT is so impressed by the programme that she is allowing us to carry forward the underspend for the project to deliver the programme in a second school and is keen to fund other wellbeing projects through Healthwatch Hillingdon. The Children and Adolescent Mental Health Service (CAMHS) representatives was also inspired by the project presentation and is creating a coproduction project with the CAMHS Service User Group.

Having completed our measurement of the impact of the programme, we have created a final report for the funder (Hillingdon Community Trust) and the school, which we attach for the Health and Wellbeing Board as Appendix B.

The programme has delivered some very positive impacts and outcomes:

- We have seen a marked rise in the awareness amongst participating students of their mental wellbeing.
- 67 students identified themselves as using harmful coping mechanisms to deal with current difficulties with their mental health and wellbeing (such as self-harm, hurting others, or substance misuse).
- The school was able to support these individuals without compromising their anonymity and have committed to supporting students, including seeking help from outside agencies.

As part of this work, students who participated in the project presented to the Hillingdon Local Safeguarding Children's Board to share their perspective of the programme.

We have taken the learning from the pilot and enhanced the programme, which will be delivered at Guru Nanak School in Hayes this September.

### Northwood School - Mental Health, Wellbeing and Life Skills Programme

We delivered a shortened version of the Mental Health, Wellbeing and Life Skills Programme with Year 10 students at Northwood School as part of their PSHE curriculum. The students worked on creating a mental health awareness campaign for the whole school including posters, assemblies, pledge walls, information sessions and a survey. The campaign activities were rolled out at the beginning of the summer term and we are awaiting the post-programme survey results to ascertain the success of the shortened version of the Mental Health, Wellbeing and Life Skills Programme.

### Northwood School - Peer Support Programme

During delivery of the wellbeing programme, we were approached by the Head of Sixth Form and lead for the school's Citizenship Programme about training a group of students to become 'peer supporters' for other students.

We started delivering the Peer Support Training to a pilot group of eleven Year 9 and 10 students. Whilst developing the programme, it became clear that it would not be possible to deliver a suitable programme in two weeks, so this was extended to five sessions over three weeks. The evaluation of this programme is yet to be completed.

#### Global Academy

We attended the Global Academy 'Pitch Day' in March. Six groups pitched online, audio and visual content about mental health awareness, challenging stigma and discrimination, looking after personal wellbeing and supporting others. Aimed at those aged 11 to 25 and living in Hillingdon.

Groups focused on several different conditions, including depression, anxiety and psychosis and key messages around body image and self-acceptance, speaking out and reaching out for help and looking for the signs of mental illness in loved ones to better support them. They created a variety of media content including audio experiences, videos demonstrating living with mental health conditions and hashtags that could be used.

The standard of the students' presentations and content was consistently high and we are now working with the school and students to establish how we can share what they have created through the work of Young Healthwatch Hillingdon and through its social media presence.

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

We now have another 8 young people signed up to participate, which brings the total number of YHwH volunteers to 25.

Since the Young Healthwatch Hillingdon Welcome and Training Event, Young Healthwatch members have:

- gathered feedback from other young people about their knowledge and use of the NHS Go app;
- responded to a community consultation being run by Arch Counselling and Support about the proposal for a new drug and alcohol peer support service for young people in Hillingdon;
- attended the Botwell Library Health Fair to raise awareness of Young Healthwatch, promote the above consultations and encourage other young people to participate;
- attended a 'Building a Dementia Friendly Generation Event' delivered by the Hillingdon Dementia Action Alliance and wrote a piece about the event and their learning from it. This is available on the Young Healthwatch Hillingdon page of the HwH website;
- participated in Dementia Friends Training in April and created pieces of artwork for May's Dementia Awareness Month; and
- developed a social media presence over Instagram, Twitter and Facebook.

One of the highlights of their work has been YHwH members participating in PLACE Assessments of the children's wards and outpatient unit at Hillingdon Hospital, including a food tasting. Hospital representatives were so impressed that they not only submitted the

data as part of the hospital's official annual PLACE Inspections but invited YHwH back a few weeks later to conduct further PLACE Assessments on other hospital wards.

*A representative from the hospital said: "We were very impressed by the Young Healthwatch Hillingdon assessors. They truly are a super addition to your (HwHs) volunteer group. We are very thankful for the work they carried out towards our national PLACE Assessments and would be very pleased to welcome them back. Your scheme and approach is a flagship model for getting young people involved in their local health services so long may it continue.*

YHwH have a number of summer activities already planned. This includes visits to the Council's FIESTA sessions, work with the National Citizenship Service and the delivery of a summer event on Friday 10 August 2018 in the Middlesex Suite at the Civic Centre to publicly launch Young Healthwatch Hillingdon. The summer event will be a mix of information stalls, activities and guest speakers to raise awareness of health services and issues affecting young people and gather young people's views.

## **5. ENQUIRIES FROM THE PUBLIC**

Healthwatch Hillingdon recorded 235 enquiries from the public this quarter. This resulted in 78 people's experiences being logged on our Customer Relationship Management database and 157 residents being the recipient of our information, advice and signposting service.

### **5.1. Experiences**

#### Overview

The reasons for people contacting us remains varied and generally refer to different organisations and specialities. See Table A.

The majority of the 78 people who contact us to feedback on the service they had received, did so because they were unhappy with an element of their care. Similar to our last report and due to the nature of our business, 70% of the experiences we recorded in this final quarter were negative.

Although 40% of feedback represented hospital services, GPs consistently remains the number one service residents report to us on. 19 experiences were captured this quarter, with 17 being negative. The main reasons for this is the frustration of residents in being unable to access appointments (n=8) and the quality of the care residents receive (n=6).

For hospital services, the main reasons residents had concern was the quality of care or treatment they received (n=17). People also referenced staff attitude as being an issue when they feedback to us (n=14) and the time they had to wait for an appointment (n=6).

Table A

<b>Hospital Services</b>		<b>Positive</b>	<b>Mixed</b>	<b>Neutral</b>	<b>Negative</b>
Accident & Emergency	6	2	1	-	3
Mental Health Services	4	1	-	1	2
Maternity	3	1	1	-	1
Care of the Elderly	3	-	-	-	3
Cancer Services	2	-	-	-	1
Neurology	2	-	-	2	-
Inpatient Care	2	-	1	-	1
Ear, Nose and Throat	1	-	-	-	1
After Care	1	-	1	-	1
Continuing Care	1	-	-	-	1
Dentistry	1	-	-	-	1
Obstetrics & Gynaecology	1	-	-	-	1
Ophthalmology	1	-	-	-	-
Paediatrics	1	1	-	-	-
Pain Management Clinics	1	-	-	-	1
Radiography	1	-	-	-	1
<b>Social Services</b>					
Care Home	3	-	-	-	3
Home Care	2	-	-	-	2
<b>Primary Care Services</b>					
GP	19	-	-	2	17
Pharmacy	1	-	-	-	1
Dentist	1	-	-	-	1
<b>Other Services</b>					
Community Mental Health Team	3	-	1	1	1
Ambulance Services	1	1	-	-	-
Community Midwives	1	1	-	-	-
Community Nursing	1	-	-	-	1
NHS choices	1	-	-	-	1
Pain Management Clinics	1	-	-	-	1

Table B shows the categories of key staff that patients have indicated to us and Table C highlights the top 5 themes that people have reported when they have undergone a negative experience. It should be noted that some patients name more than one member of staff and supply more than one reason for the disappointment with their experience.

**Table B**

Key staff categories	Positive	Not positive
Doctors	4	21
Admin / Receptionist	-	10
All care professionals	-	6
Care/Support Workers	-	5
Nurses	-	5
Midwives	2	1
Senior Manager	-	1
Paramedics	1	-
N/A	-	5

**Table C**

Key Themes	Number
Quality of care	46
Quality of organisation and staffing	25
Staff attitudes	22
Access to services	18
Communication between staff and patients	8

## Outcomes

### GP Registration

Evidence continues to suggest that patients are struggling to be able to access a GP appointment, especially in the south of the Borough. Residents are reporting to us that they are being told that the earliest appointment for a routine appointment is 3 weeks at some surgeries. One practice in Hayes was advising patients they cannot have an appointment for 5 weeks. A knock-on effect of this pressure upon GP practices has been some practices in Hayes acting outside of the current law. They were taking arbitrary decisions to close their patients' lists, by imposing their own waiting list for patient registration. One practice in particular was advising patients that if they were already registered with a GP they would have to join a 6 month waiting list to register with them; and two other Hayes practices had told patients they were not accepting new patients for a month. Whilst a West Drayton practice has also advised a patient that they could not register with them for at least a month.

In response, Healthwatch Hillingdon spoke directly to one practice who agreed to stop and registered the patient. We also have shared our evidence with NHS England and the Hillingdon CCG to ensure each individual was able to register. In the case of the practice imposing the 6 month waiting list, we formally wrote to the Hillingdon CCG to ask them to take immediate action and, as a result, the practice is now registering patients.

## **5.2. Signposting Service**

During this quarter, we recorded a total of 157 enquiries from residents which resulted in us providing information, advice, signposting or referral. 78 of these we would categorise as universal and 51 as a result of advising individuals following a complaint or concern. We continue to signpost to a wide range of statutory and voluntary organisations across health and social care. There is no pattern or major themes that have arisen this quarter, and, when aggregating with previous quarters, it shows the same varied picture.

How did we assist?	Qty	%
Signpost to a health or care service	60	38%
Signpost to voluntary sector service	40	25%
Requesting information / advice	33	21%
Requesting help / assistance	3	2%
General Enquiry	21	13%
Unknown	0	0%
<b>Total</b>	<b>157</b>	

Signposted to?	Qty	%
Voluntary Sector other	17	12%
GP	17	12%
POhWER	16	11%
NHS - other	15	10%
Hospital	13	9%
Age UK	9	6%
H4All	8	6%

## Outcomes

### The Small Things:

Although it is satisfying to be able to change the system for every patient, sometimes what we see as the small things have a massive impact on the individual we help.

"I had some poor care from a mental health consultant and Healthwatch Hillingdon helped me to complain by supporting me and referring me to POhWER. I have received a letter of apology which I have accepted. I also complained to the General Medical Council following your advice and have been informed that I will be sent a questionnaire when the consultant is being appraised for their revalidation. You have been so helpful. You have empowered me. Your whole organisation is worth its weight in gold."

"I do not know why I didn't move GP before. Thank you for suggesting I register at this GP. I didn't even know they existed. They are so much different from the other GPs. The GP and staff are absolutely fantastic and the care superb. They offered to help with my housing and asked me if they could write a letter to housing for me and I didn't even have to ask. The previous GP wanted payment for that. Thank you."

### **5.3. Referring to Advocacy**

We have seen a drop this quarter in referrals to support and complaints advocacy. This is not due to a drop in the demand. It is mainly because, with the information we provided, people have preferred to write their own complaints rather than us referring them to advocacy support.

Advocacy Referrals	Qty
POhWER	4
NHS England GP Complaints	2
<b>Total</b>	<b>6</b>

## **6. ENGAGEMENT OVERVIEW**

We completed our final engagement activities for the 'GP Access' project at the start of the current quarter with events held at Hillingdon Leisure Complex, Ruislip Manor Library, and



the Salvation Army. Our final push at the start of the year enabled us to meet our target of 1,000 completed surveys by the 12 January deadline.

### **Hillingdon Carers Hub**

In January, Hillingdon Carers launched an information and advice service for carers at their centre in Uxbridge. Advice organisations, including Healthwatch Hillingdon, Hillingdon Mind, Social Services and the Alzheimer's Society, attend monthly to meet with carers and offer advice and support in their fields of expertise. The service has been running for 3 months now and, despite it being promoted to carers via the Hillingdon Carers newsletter and website and our own social media platforms, the response from carers overall has been a little disappointing. We will continue to participate until June when the service will be reviewed.

### **Visual Impairment Reading Group**

We attended the Visual Impairment Reading Group to listen to the group's experiences of accessing health and social care services. The group meets monthly at Uxbridge Library to read audiobooks. They welcomed a visit from Healthwatch Hillingdon and were happy to talk to us about some of the barriers/difficulties they had encountered when accessing services. Some of the comments they shared with are highlighted below:

- *“Signage at Hillingdon Hospital is appalling”*
- *“There is no reception at outpatients, so no one to point you in the right direction when trying to locate the right department for your appointment”*
- *“Almost impossible to find hematology at Hillingdon Hospital unless accompanied by someone”*
- *“Cranfield Medical Centre has a digital screen which displays patients name when it's their turn to be seen by a GP but if you cannot see it and your name comes up you could miss your appointment”*
- *“Appointment letters are written in small fonts which can be difficult to read”*

Inadequate signage at Hillingdon Hospital was overwhelmingly the most significant barrier for those with visual impairments and some suggested that staff at Hillingdon Hospital should be made to wear blindfolds for the day so they could experience what it is like to find their way around the hospital if you are visually impaired. They suggested the hospital perhaps recruit a team of trained volunteer guides who can assist blind and partially sighted patients to and from their hospital appointments.

### **Oak Farm Coffee Morning**

We were delighted to attend Oak Farm Libraries' Coffee Morning in February to speak to attendees about their experiences of health and social care. The coffee mornings are held monthly and generally have a good attendance.

A couple of key concerns raised by the group included triaging of patients by GP receptionists which were considered unprofessional, and the inaccessibility of Oakland Medical Centre in Hillingdon. There is no direct bus route to the practice, so patients must walk 15 minutes from the nearest bus to get to the surgery. This was a concern for older patients, or for those with limited mobility.

## **Social Media**

Audiences on all three platforms (Facebook, Twitter, Instagram) have grown steadily over the last quarter. Instagram is currently our fastest growing platform and, although the figures are not reported below, we are close to 200 followers which is good when compared to the average followers of other Healthwatch.

Engagement on Twitter, which refers to the number of tweet impressions and tells us the number of times a tweet has been shared, jumped significantly between February and March but overall figures were lower than the previous quarter. This is because we were a lot more active on social media in the last quarter with lots of promotion for our GP survey and for Young Healthwatch.

Next quarter we will be introducing quick polls for Facebook and Twitter. They are excellent for interacting directly with our target audience, get instant feedback on a topic and for generating a larger following.

## **7. VOLUNTEERING**

Volunteers have been very busy this quarter and have accumulated a total of 564 volunteering hours. This takes the total number hours of volunteering hours given by our volunteers this year to 2,922.

This is a fantastic achievement. Our Volunteers are essential members of the Healthwatch Hillingdon team and we would like to publicly thank all those who have volunteered their time this year, and in the previous 5 years. We appreciate the efforts of all our Volunteers and are very grateful for their dedication, commitment and their valued contribution to the activities and work of Healthwatch Hillingdon.

## **8. ENTER AND VIEW ACTIVITY**

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

Healthwatch Hillingdon assessors continued to support The Hillingdon Hospitals NHS Foundation Trust by assisting in PLACE at Hillingdon Hospital in February. Three assessors joined the Trust for the only assessment scheduled for this quarter.

We trained a total of 17 new patient assessors to undertake PLACE assessments for Hillingdon, Harefield and Mount Vernon Hospitals and CNWL mental health trust in April and May 2018.

This included 8 of our Young Healthwatch Inspectors, who carried out PLACE assessments at Hillingdon Hospital in 10 wards, 3 ward food assessments, 6 outpatient areas, the A&E, communal internal areas and external grounds.

## 9. FINANCIAL STATEMENT

To end of Quarter 4 - 2017-2018

Income		£
Funding received from local authority to deliver local Healthwatch statutory activities		124,686
Bought forward 2016/2017*		5,886
Additional income		22,990
Total income		195,126
Expenditure		
Operational costs		19,198
Staffing costs		135,370
Office costs		9,416
Total expenditure		163,984
Surplus to c/f		33,306

\*Audited figure

## 10. KEY PERFORMANCE INDICATORS

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), aligned to Healthwatch Hillingdon's strategic priorities and objectives have been set for 2017-2019. The following table provides a summary of our performance against these targets.

## Key Performance Indicators 2017/18

KPI no.	Description	Relevant Strategic Priority	Monthly Target 2017-18	Q1			Q2			Q3			Q4			Accumulative Totals	
				2015-2016	2016-2017	2017-2018	2015-2016	2016-2017	2017-2018	2015-2016	2016-2017	2017-2018	2015-2016	2016-2017	2017-2018	Target	Actual
1	Hours contributed by volunteers	SP4	525	550	637	540	625	522	504	462	491	363	729	516	564	2100	1971
2	People directly engaged	SP1 SP4	300	354	434	220	333	270	675	250	634	2027	354	347	440	1200	2922
3	New enquiries from the public	SP1 SP5	125	232	177	208	402	296	286	241	173	247	227	248	235	500	976
4	Referrals to complaints or advocacy services	SP5	N/A*	9	12	24	14	8	23	7	1	17	7	18	6	N/A*	70
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	50	49	93	62	60	69	70	54	69	52	72	58	49	200	233
6	Consumer group meetings / events	SP1 SP7	10	22	16	26	25	15	23	10	15	13	22	22	31	40	93
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	0	0	0	0	1	1	0	0	0	0	N/A*	0
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	7	3	5	4	3	2	3	3	2	7	7	1	N/A*	10

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



## Extending GP Opening Hours

- the Hillingdon public's view

March 2018

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### Have Your Say on Extended GP Opening Hours

Did you know that patients registered with a GP practice in the borough of Hillingdon can now see a GP or nurse during weekday evenings and at weekends?

We want to hear your views on a seven day GP service!



Have your say by completing our survey...



Online: [healthwatchhillingdon.org.uk](http://healthwatchhillingdon.org.uk)



01895 272997 to request a paper copy

**healthwatch**  
Hillingdon



## Who we are

Healthwatch Hillingdon is a health and social care watchdog. We are here to help our residents get the best out of their health and care services; and give them a voice to influence and challenge how health and care services are provided throughout Hillingdon.

Healthwatch Hillingdon has very strong operational relationships with the local NHS, Council and Voluntary Sector organisations. We are an independent partner and a valued “critical friend” within health and social care.

Membership of the Hillingdon Health and Wellbeing Board and Hillingdon Clinical Commissioning Group Governing Body enables us to have considerable strategic input into the shaping of local commissioning and the delivery of services.

As a local partner, we are kept well-informed, can challenge and seek assurances on behalf of our residents, ensure that the lived experience of patients and the public are clearly heard, and are influencing decisions and improving health and social care in Hillingdon.

## Our reports and recommendations

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

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

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

Our reports and recommendations are also shared with:

- Hillingdon Health and Wellbeing Board
- Hillingdon External Services Scrutiny Committee
- Healthwatch England
- The Care Quality Commission

<sup>i</sup> Section 221 [3A] and Section 224 of The Local Government and Public Involvement in Health Act 2007 and implemented by “The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013.” (28 March 2013)



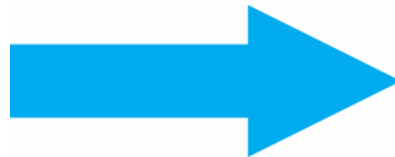
### GENERAL PRACTICE FORWARD VIEW

Support to strengthen and redesign general practice, including delivering extended access in primary care.

Public satisfaction with general practice remains high, but increasingly, we are seeing patients reporting more difficulty in accessing services. We know that many practices report that they would like to offer better access, but that they are experiencing increasing pressure and are having difficulties in offering their patients timely appointments. This is frustrating for practice staff, and for patients alike.

NHS England will provide additional funding, on top of current primary medical care allocations - to enable CCGs to commission and fund extra capacity across England to ensure that by 2020, everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.

**NHS** England April 2016





In April 2016, NHS England published their plans to strengthen and redesign the services provided by our GP surgeries. Part of these plans looked to increase the number of appointments available for patients and provide access to GP services 8am - 8pm, seven days per week.

In October 2017 a new service was started in Hillingdon which made it possible for GP practices in Hillingdon to offer patients 'extended hours appointments' every weekday evening - from 6:30pm to 8pm, and at weekends between 8am and 8pm, Saturday and Sunday.

The service provides additional GP and nurse appointments which are bookable through the patient's own GP practice and are available at three hubs located in Uxbridge (at Central Uxbridge Surgery), Pinner (at Eastcote Health Centre) and Hayes (at Hesa Centre).





The Healthwatch Hillingdon 'GP Access Project' looked to gather the views of residents registered with a Hillingdon GP. We wanted to find out the public's opinion on being able to see a GP outside of the traditional Monday to Friday opening hours, and how they would like to access the 'extended hours appointments'.

## The 'GP Access Project'

### Scope

To gather intelligence on people's views of accessing general practice, encompassing the proposed extension to GPs surgeries core opening hours, and to collate the data gathered to produce an evidenced based report. This report would aim to shape, reform, and improve access to GP practices in Hillingdon in accordance with the needs of and wishes expressed by local people.

### Survey Aims

-  To determine from local residents their preferences for accessing GP Services during the current core working hours of GP practices. (i.e. 8am to 6:30pm Mon-Fri)
-  To determine from local residents their preferences for accessing GP Services outside of the current core working hours of GP practices. (i.e. 6:30pm-8pm Mon - Fri and 8am - 8pm Sat -Sun)
-  To determine the type of methods patients would prefer when consulting with a GP. (i.e. telephone consultations, face-to-face with GP, video conferencing)
-  To determine if patients have a preference for the location of their appointment and the professionals that treat them. (i.e. different GP at alternative location, senior nurse instead of GP.)





To determine how local residents want to book appointments and if there is anything else we should be considering when it comes to ‘extended hours’ appointments.



We also wanted to hear from local residents their experience of attending the current ‘extended hour’s service’ if applicable.

## Target Sample

To ensure we received an accurate picture of the views of the public, which was representative of the individuals who either live in the borough, or are registered with a Hillingdon GP Practice, the sample size was set at **600**.

At the close of the survey on 12th January 2018, we had received a total of **1023** responses.

## Methodology

The project was carried out by the Healthwatch Outreach and Volunteer Officer, and a Project Lead, with the help of a volunteer for a couple of specific events.

To gather the public’s views, we created a structured survey for the project. The questionnaire would not only provide the project with evidence on what Hillingdon residents would require in terms of access from the GPs in the future, but also a view of their experience of the current ‘extended hours service’ at the Hillingdon Hubs.

Residents were given the option to provide details for further contact, or to complete the surveys anonymously. The only mandatory input required was for the first 4 digits of their postcode so that we could monitor variations across the borough and the 3 hub locations.

The survey was published on 16th November and ran for 9 weeks. We shared it electronically with ‘partner’ organisations, the voluntary sector and community groups. They promoted it to their staff, advertised on websites and included information in their newsletters to maximise exposure.

To ensure that we had wide ranging coverage in the borough, survey events were arranged at various locations with varying demographic groupings:

- 7 Hillingdon Libraries
- Uxbridge College
- Mount Vernon Hospital
- Children’s Centres
- Hillingdon Fire Station
- Barnhill School - Hayes
- Uxbridge Leisure Centre
- Older Peoples Assembly
- Somali Women’s groups



- Public Houses
- Borough Churches
- Uxbridge Pavilion stall
- Yeading Community Grp
- Hayes Retail Park Shops
- Hayes Community Mosque
- Uxbridge Pavilion Shops

The survey was made available online through social media channels e.g. Twitter, Instagram, Facebook and the Healthwatch Hillingdon website.

We had a particular focus to ensure that we would engage with ‘hard to reach’ groups such as: People with a sensory, physical or learning disability, working adults, carers, students, young people under the age of 25, and individuals with mental health conditions.

## Acknowledgements

Healthwatch Hillingdon would like to thank all the organisations who helped us to promote the survey to their staff, patients and the wider public; and those who gave us permission to deliver our outreach events on their premises.

We would also express a special thank you to all the people who took the time to complete our survey and give us their views on the ‘extended hours service’.

## Executive Summary of Our Findings

### Accessing the Service

Most residents agree that ‘extended opening hours’ for GP services should be available to all patients registered with a GP practice in Hillingdon.

It should be noted that some people do believe that in the case of routine appointments, priority should be given to those that are in full time work or who cannot attend during normal working hours. A minority thought that appointments should also be made available for those not registered with a Hillingdon GP such as people visiting relatives in the borough.

People also thought the facility should be for emergency appointments only, as this would alleviate the pressure on A&E. Other people thought that any ‘out of hours’ service would assist A&E as often patients present to A&E with non-emergency conditions.

*“I have an elderly father who has many conditions, sometimes I don't know if it's an emergency or not, but tend to go to A&E with him if I'm uncertain. This would be much better than waiting for hours with him in A&E, I didn't know anything about these appointments”*



The overwhelming response from residents is that they would use the service on a weekday between 6.30pm to 8.30pm, for both routine and or emergency appointments. Especially those in full time work. Mondays and Wednesdays are the most popular days, with Monday especially being stated as the day for addressing the post weekend concerns and ailments.

There was a similar picture for accessing 'extended hours services' at the weekend, with a large majority of residents saying they would use the service. Most people preferred the 8am -12pm slot on Saturday morning, with interest reducing over the weekend to only a third of people indicating they would use the service between 4pm and 8pm on a Sunday. Again, people said the service would be good for those who worked, but some respondents were concerned about GPs



being overstretched and not having a 'work/home balanced lifestyle'. Many people do not understand how this service would be resourced and fear that their GPs will end up working every day of the week.

Compared to late evening and weekend appointments, respondents' desire for 'extended hours appointments' dropped markedly when asked to consider early morning appointments. 322 people said they were not sure or would not want a 7am - 8.30 appointment.

*“I don't especially need early morning appointments but would be happy to have an early morning appointment if it meant I did not have to wait 3 weeks for an appointment.”*

30% simply said it was just 'too early' and others sited traffic, work commitments and getting children to school as barriers to attending.

However, 697 people did say they would attend early morning appointments if needed, with a fairly even split over day of the week preference.

### Looking to future access to the service

Nearly 1000 respondents expressed an overwhelming preference in wanting to see a GP in their 'extended hours appointment'. 632 of these said they would also like to access other professionals. 551 a nurse, 413 a healthcare assistant and 273 a pharmacist. 338 respondents said that they would only want to see a GP and no other resource.



When asked about how they would like to access the appointment, there was again an overwhelming desire from the public to have a 'face to face' appointment. In fact, of the 949 respondents 516 stated that they would only consider seeing a GP in an 'extended hours' facility if it was face to face. 424 respondents did think that in some circumstances they would be happy with a telephone appointment, but only a fifth of respondents said they would be willing to have a video consultation.



It is anticipated that when people need to see a GP that they would rather not travel too far. This was very evident amongst the under 18s, who stated they would prefer to travel under a mile to see a GP. However, respondents showed that although 1-2 miles was the most popular distance, they were happy to travel up to five miles to access a GP, especially those of working age.



Most respondents said that they would prefer the future ‘extended hours services’ to be provided from the current 3 hubs in Uxbridge, Pinner and Hayes. Respondents definitely did not want the service reduced by providing only one hub in the north and one in the south of the borough, as only 16% opting for this choice.



When asked how residents would like to book ‘extended hours appointments’ for weekdays, 814 respondents stated that they would prefer to contact their own GP surgery to book either a routine or an emergency appointment and over half of respondents said they would like online booking.



For ‘extended hours appointments’ on a Saturday and Sunday again the favourite choice of the public would be to book through their GP surgery in advance of the weekend, or through their GP surgery on a Friday. Some residents express a preference to book directly into a hub and online booking was also favoured by nearly half of respondents. An analysis of this online preference showed that this was not specific to any age bracket as there was an even spread across the age ranges, for people requesting this facility.

## Experience of current ‘extended hours services’

Only 110 of the 1023 respondents actually had any experience of attending an ‘extended hours appointment’. It was very apparent from our engagement activity that there was very little public awareness of the ‘extended hours appointments’. Patients who had contacted their surgery since October 2017 had not been made aware of them, or seen them advertised in their GP Practice. Residents were disappointed, and some were angry that they had been made to wait for an urgent appointment when ‘extended hours appointments’ could have been offered to them. Some respondents even mentioned a radio publicity campaign they had heard during the Christmas period promoting ‘extended hours appointments’ on the bank holidays. They told us they didn’t even associate these with Hillingdon as they thought, **“we don’t have ‘extended hours appointments’ here.”**

Just over half of the patients who had attended an ‘extended hours appointment’ had been to the Hesa Centre; around a third to Uxbridge and the remainder to Eastcote. The large majority of these had seen a GP, with only 10 people telling us they had an appointment with a nurse.



Overall the public's experience of the service was very positive, with 80 patients rating it as excellent or very good. One Mum highly recommended the service, telling us it was **“better than my own GP - good at providing service - and better quality of service. It changed my son's life.”**

There were 2 main reasons for the negative feedback we received that both related to the Hesa Centre. 5 patients expressed frustration that even though they had an allotted time they'd had to wait for long periods of time before seeing the GP. 4 stated they could not be referred to Hillingdon Hospital by the GP and that they had to go back to their own GP on the Monday. **“It would be helpful if the doctor you saw could refer you to the hospital rather than sending you back to your own GP.”**

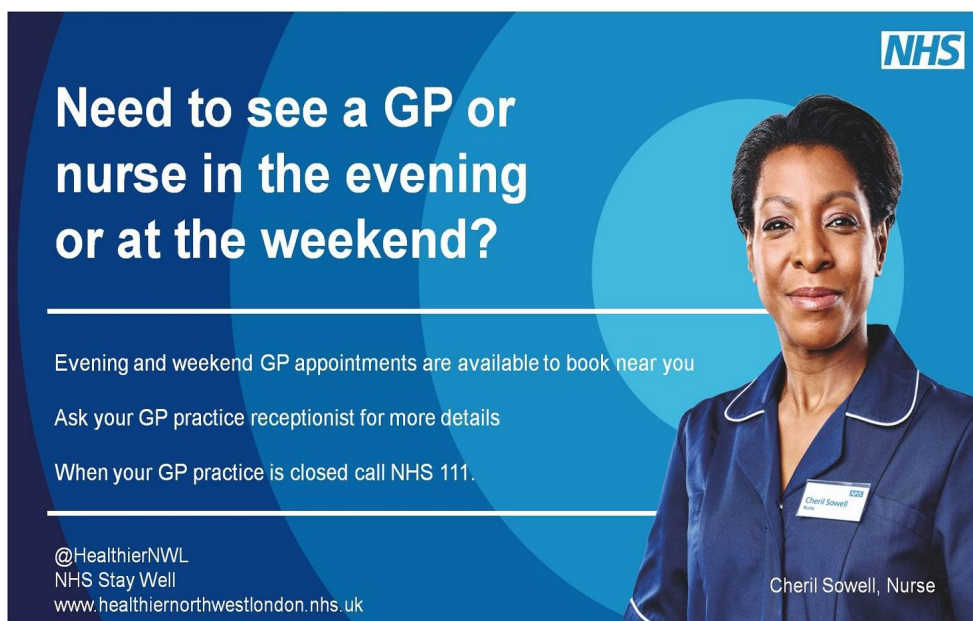


## Recommendations



Our engagement with the public clearly shows that they welcome the new 'extended hours service' and would have no hesitation in using the service when they need to see a GP or nurse.

One of the disappointing aspects for Healthwatch Hillingdon is that patients are clearly unaware of the new service. Given that Hillingdon's Urgent Care Centre and A&E departments are under extreme pressure and the residents have expressed a keen interest to attend these appointment, Healthwatch Hillingdon feel it is essential that residents who are registered with a Hillingdon GP know that the 'extended hours appointments' are available and how they can book them.



The image shows a promotional poster for NHS services. It features a woman in a blue NHS uniform, identified as Cheril Sowell, Nurse. The text on the poster reads: 'Need to see a GP or nurse in the evening or at the weekend? Evening and weekend GP appointments are available to book near you. Ask your GP practice receptionist for more details. When your GP practice is closed call NHS 111.' The NHS logo is in the top right corner. Social media and website information is at the bottom: '@HealthierNWL, NHS Stay Well, www.healthiernorthwestlondon.nhs.uk'.

The evidence we have gathered has suggested that the majority of the promotion for the new service has been centralised through Healthier North West London - the Collaboration of the 8 Clinical Commissioning Groups in North West London. In general, the public in Hillingdon do not consider themselves to be in North West London. They do not associate the @HealthierNWL 'brand' with Hillingdon and therefore do not recognise the promotional posters, or the social media posts to be applicable to them.





We strongly believe that promotion of the new service should be local, and like many of our residents we are frustrated that GP practices have not been openly promoting the ‘extended hours appointments’ to patients.

Healthwatch Hillingdon would therefore make a number of recommendations to the NHS Hillingdon Clinical Commissioning Group about the promotion of the ‘extended hours service’:

1. Healthwatch Hillingdon fully understand the benefits of centralising promotion through HealthierNWL, but the materials produced should have a clear NHS Hillingdon CCG branding with a local flavour. Otherwise all benefits will be immediately lost as our public will ignore them.
2. Healthwatch Hillingdon did receive promotional materials to display for the new service, but we were very surprised to note during our engagement that they had not been distributed wider, especially to key areas such as the Urgent Care Centre and The Hillingdon Hospital.

We would therefore recommend that promotional materials are distributed to all public facing sites e.g. hospitals, pharmacies, clinics, libraries, children’s centres, leisure centres, and that this distribution is planned and prioritised.

3. Healthwatch Hillingdon have questioned why patients have told us that, they did not know about the new service, they had not seen any information in their GP Practice about the service, or that they had not been told about it by the practice staff. During further investigation we heard from some practice staff that this is because they want to make sure the additional appointments are used for those patients in the most need.

We fully understand that there are limited appointments available in the ‘extended hours’ hubs and agree that GP appointments should be used appropriately. However, we would expect practices to put processes and mechanisms in place to actively promote the ‘extended hours service’ and ensure all patients can access these appointments. Especially with an advertising campaign which offers appointments to all and over 90% of working age residents saying that would like to attend the appointments.

Also, unless triaged by a GP, patients should not be put in a position where they feel they have to disclose information to reception staff about their condition, just to get an appointment.

We would recommend that The NHS Hillingdon CCG, as commissioner, and the Hillingdon Primary Care Confederation, as contract holders, inform all GP practices of this responsibility and that any future contract for the ‘extended hours service’ outlines this as a contract requirement.







## Opening Hours

When we asked the public about their preference to accessing an ‘extended hours appointment’ during weekdays, the evening appointments were more popular than those in early morning. For the weekend although the 3 timeslots on each day were welcomed by residents, there was a marked difference in the reduced popularity for the 4pm - 8pm sessions on both Saturday and Sunday.

4. Healthwatch Hillingdon would recommend that for weekdays no changes are made to the current ‘extended hours service’.

We would also recommend that to maximise resource and reduce patients failing to attend their appointment, that the delivery times for the weekend service be reviewed. We would suggest that the **same number of appointments** are offered, but these are scheduled between the hours of 8am and 4pm on a Saturday, and on a Sunday, between 10am to 4pm to align with the public's expectation.



## Location; Booking and Referrals

There are several other important points from the public feedback that Healthwatch Hillingdon feel would shape future ‘extended hours services’ to meet the needs of our residents. We would recommend the following be seriously considered:

5. Residents overwhelmingly said that they wanted to access the ‘extended hours service’ in the 3 current hubs. This is because they are spread out across the borough, in distinct geographical areas, which makes them easier to access and within the travel distances most residents found acceptable. If the location of the ‘extended hours services’ hubs is likely to change in the future, we recommend the service be delivered from a minimum of 3 hubs, similarly located across the borough.
6. The first choice of residents for booking ‘extended hours appointments’ during the weekday for 6:30pm to 8pm and at the weekends is through their own GP surgeries. However, 53% of respondents would like to be able to book their ‘extended hours appointment’ online. Healthwatch Hillingdon would recommend that online booking is developed for the ‘extended hours appointments’ to enable patients to access the appointments at all 3 hubs. Especially for those patients who would use the service over a



weekend, instead of going to the hospital, but do not as they cannot contact their own practice.

7. A number of patients felt that the service was not efficient, because the ‘extended hours’ GPs could not make hospital referrals and the patient had to make contact with their own GP practice. Healthwatch Hillingdon understand that this may have already been changed, but we recommend that this be looked into to ensure referrals are being made effectively.



## Public Engagement

Healthwatch Hillingdon hold a strong belief that services work best when they are designed around the needs and experiences of the people who use them. One of the main reasons Healthwatch Hillingdon carried out this engagement was because we felt that a new service had been put into place without public participation. Hillingdon residents had not been asked whether it was a service they wanted, or whether they would use it. They had not been involved at any stage in helping to develop this new service. Despite continued promises by the NHS to co-produce services with patients, Healthwatch Hillingdon considered it another occasion when this had not happened.

NHS England say the public want GP ‘extended hours services’, 8am to 8pm on the weekend, but it should not be presumed that this is what the Hillingdon public want. Our engagement has shown once again that if you involve the public in the design of new services they can be delivered more efficiently. In this case it is unlikely, following a public engagement exercise, that the new service would be being delivered on a Saturday or Sunday afternoon when the Hillingdon public tell us they are unlikely to use it during those times.

8. Healthwatch Hillingdon would strongly recommend, that in the future patients and the public in Hillingdon are involved in a meaningful way in designing and shaping new services.

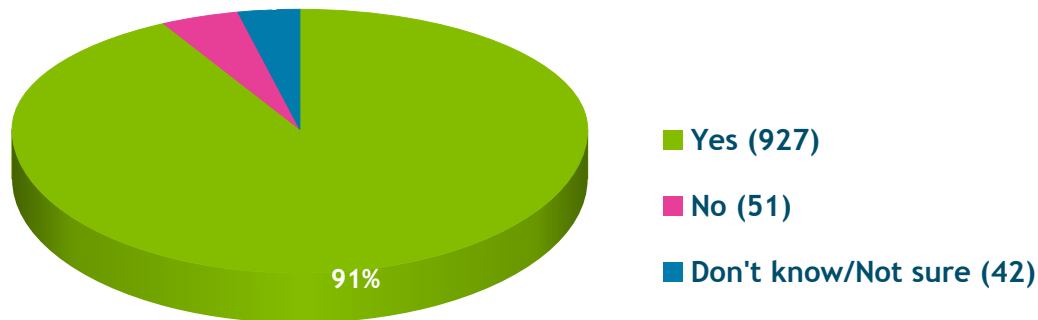
**“Effective participation comes from our mindset and culture. It moves beyond process and embraces people, carers and patients in the design, delivery and assessment of care. It should be a natural part of the way we work”<sup>ii</sup>**

<sup>ii</sup> Taken from the document ‘Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England’  
<https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>



## Evidence

*Consider the following statement: 'Extended opening hours' for GP services should be available to all patients registered with a GP practice in the borough of Hillingdon*

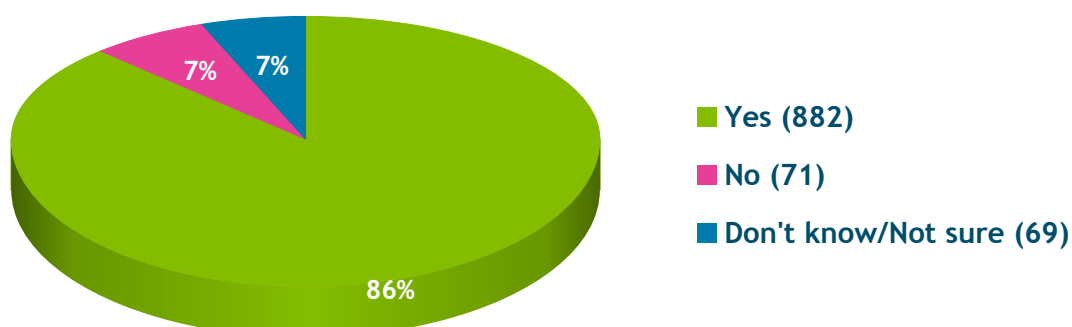


91% (927) of respondents agreed with the statement 'Extended opening hours' for GP services should be available to all patients registered with a GP practice in the borough of Hillingdon'.

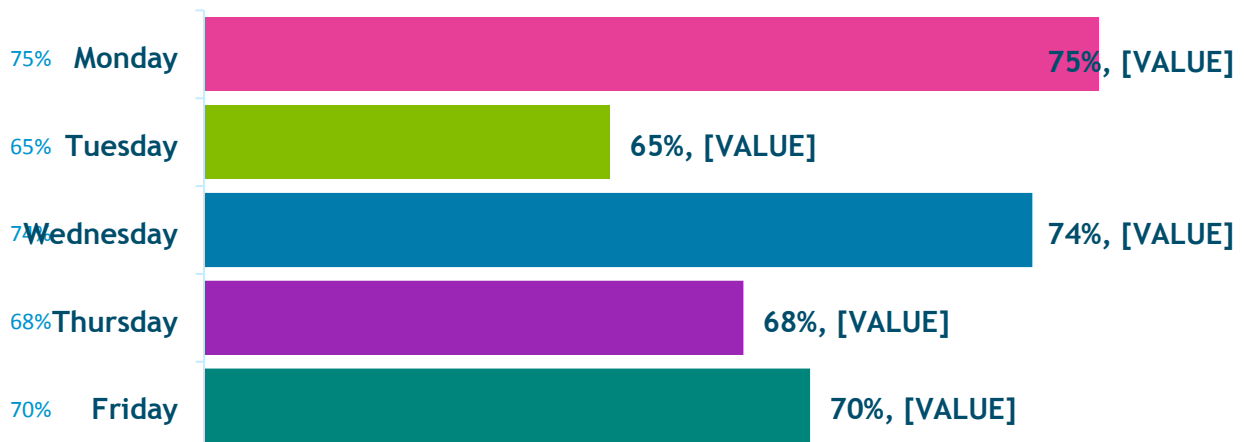
The 9% (93) of respondents who did not agree with this statement thought 'extended hours' services should be prioritised for working people who cannot attend during normal service hours. Some also thought that there should not be 'extended hours' as they were concerned for GPs having to work longer hours, or feared the NHS cannot afford to extend services.

People also thought the facility should be for emergency appointments only, as this would alleviate the pressure on A&E. Other people thought that any 'out of hours' service would assist A&E as often patients present to A&E with non-emergency conditions.

*Would you use the extended hours GP service between 6.30pm and 8pm in the evening, during the week? And if so which weekdays are you most likely to use the service?*

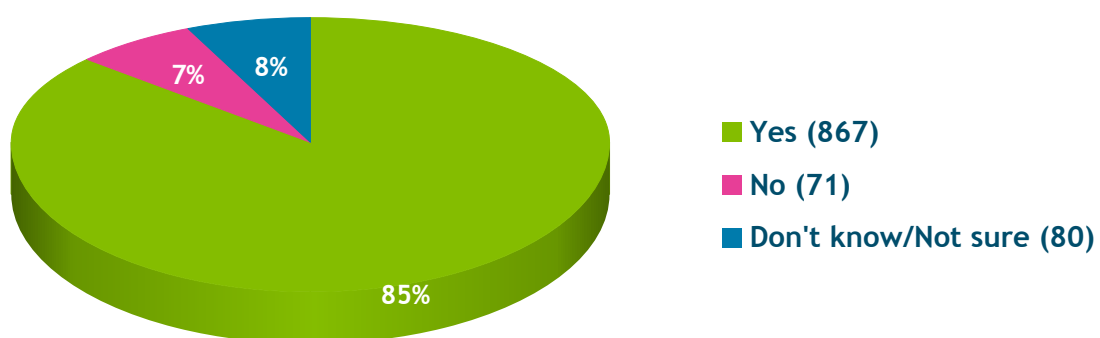


86% (882) of respondents said they would like to access a GP between 6:30pm and 8:00pm. Of the 14% (71) that said they would not use this service or were not sure if they would, most again felt that as they were retired, or not working they could go within normal hours and these appointments should be utilised by those who worked. A few said they would be putting young children to bed at this time.



Of the 86% (822) of respondents who said they would like to access a GP between 6:30pm and 8:00pm, Monday and Wednesday were the most popular days selected. With Monday being a popular day because of the weekend practice closures. Tuesday and Thursday were the least popular choices, but with the minimum being 65% these figures clearly recognise the public's appetite for late evening appointments.

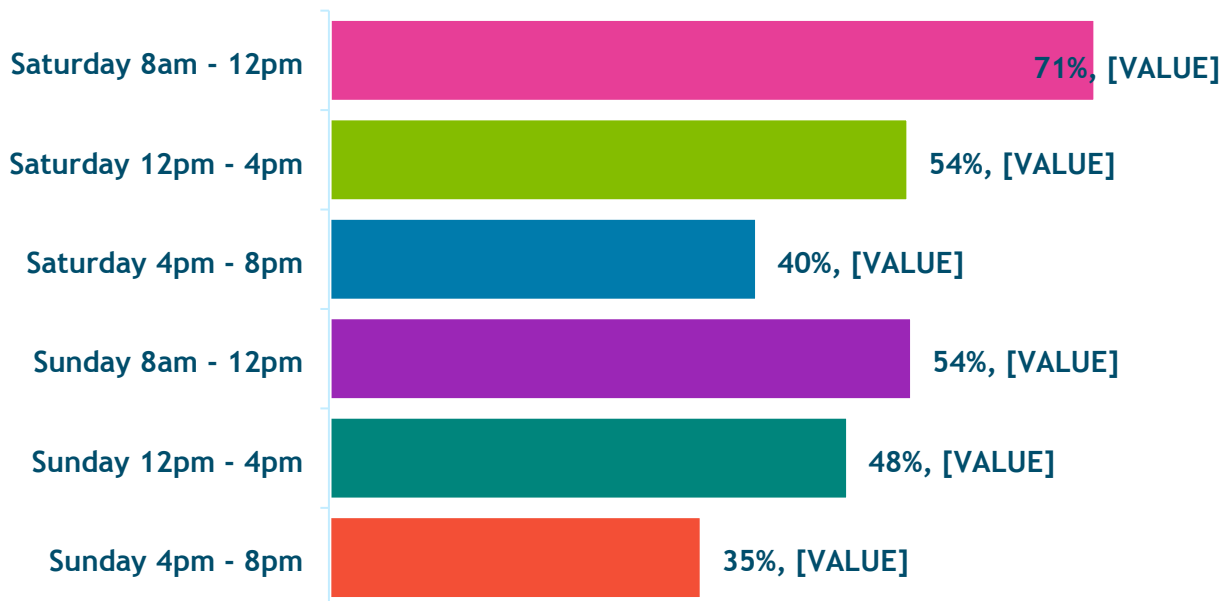
***Would you use an extended hours GP service over the weekend (Saturday and Sunday)? And if so what times are you most likely to use the service?***



85% (867) of respondents said they would use the service at the weekends. Of the 15% (151) who said they would not or were not sure, most felt they would only need a GP in an emergency, and if an emergency arose they would go to A&E.



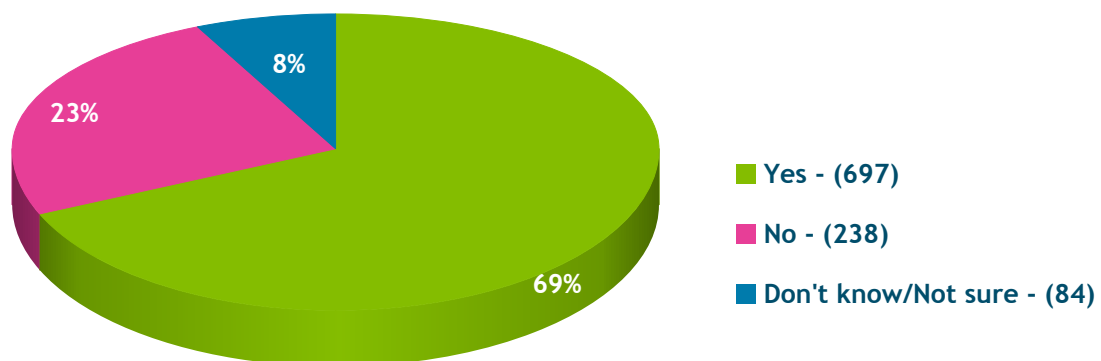
Many also expressed concern for GPs having to work weekends when they already have a heavy workload.



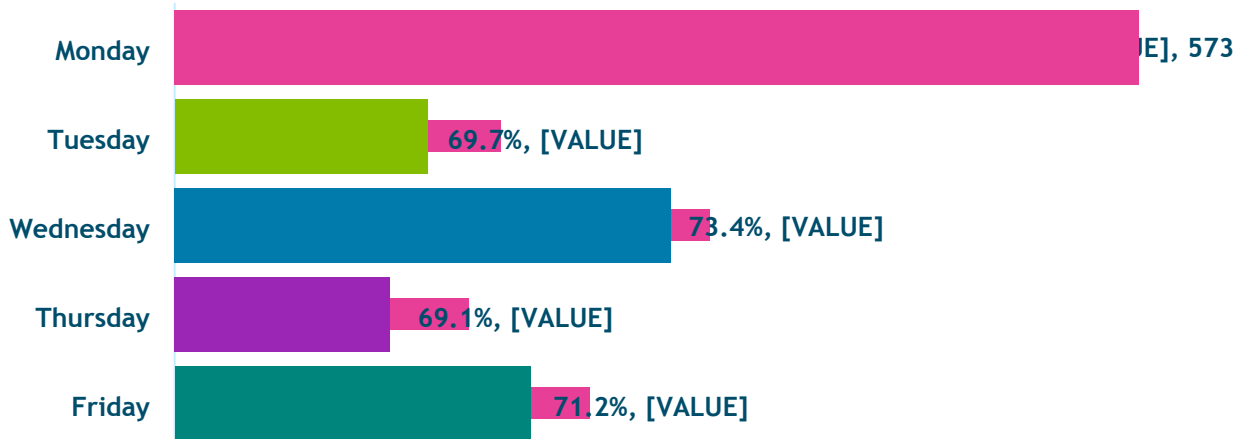
Of the 85% (867) respondents who said they would like to access a GP at a weekend, most, 71% (623), preferred a Saturday morning between 8am and 12pm, or a Sunday morning at the same time. The least popular times were the 4pm till 8pm slots with Sunday being the least popular.

Again, people said the service would be good for those who worked, but some respondents were concerned about GPs being overstretched and not having a ‘work/home balanced lifestyle’. Many people do not understand how this service would be resourced and fear that their GPs will end up working every day of the week.

*Would you use an extended hours GP service if it was available between 7am and 8.30 in the morning during the week? And if so which weekday mornings are you most likely to use the service?*



In comparison with evening and weekend appointments the early morning appointments were less popular with 69% (697) stating they would use this service. However, 31% (322) said they either would not use it, or were not sure they would use it due to it being too early in the morning. The elderly, students, working people and parents of children found this time inconvenient as it interfered with morning routines.



Of the 69% (697) respondents who said they would like to access a GP in the morning before 8.30am, most said they would be prepared to attend on any week day, with slightly more, 80% (573), favouring a Monday. This was again mainly due to the weekend closure of GP practices.

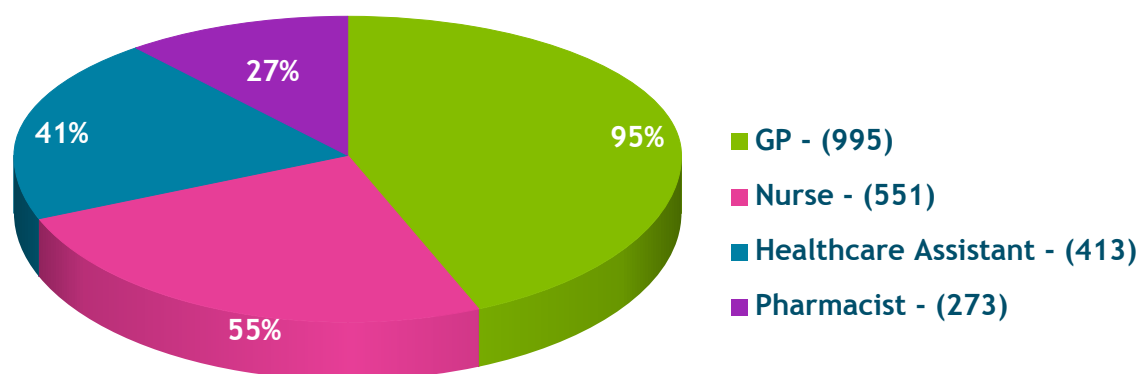


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## Thinking about the future...

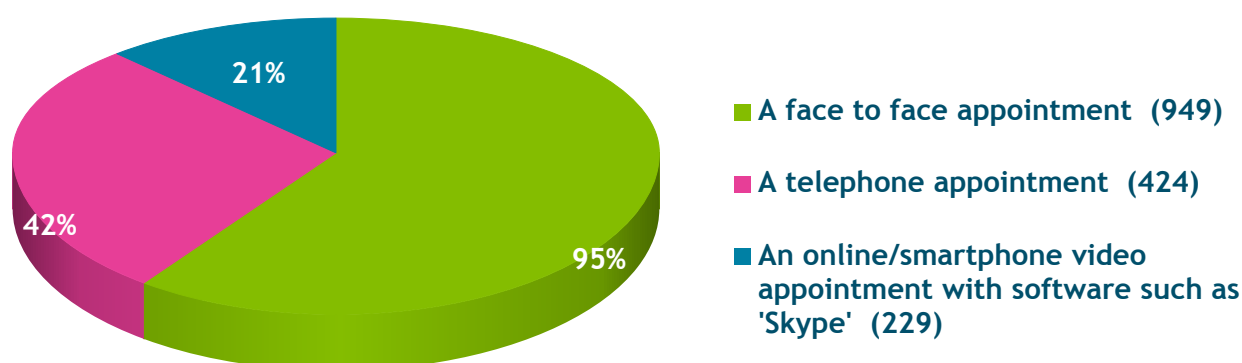
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*What services would you like to be able to access during the 'extended hours' periods?*



95% (995) of respondents expressed an overwhelming preference in wanting to see a GP in their 'extended hours' appointment. 64% (632) said they would also like to access other professionals. 55% (551) a nurse, 41% (413) a healthcare assistant and 27% (273) a pharmacist. 34% (338) said they wanted to see a GP only. 1.5% (15) said they would only want to access a general practice nurse, and 1% (9) said they would only want to access a pharmacist.

*What type of appointment would you like to have during the 'extended hours' periods?*

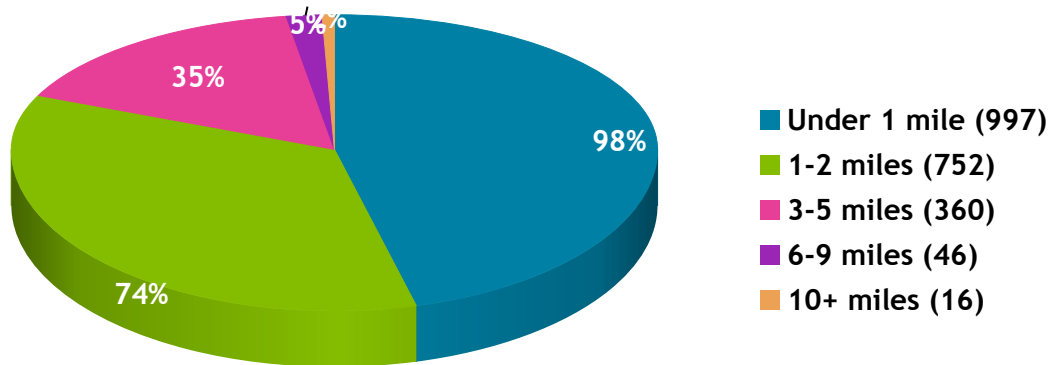


95% (949) of respondents said they would prefer a face to face appointment, with 54% (516) stating that they would only consider seeing a GP in an 'extended hours' facility if it was a face to face consultation. 42% (424) of respondents did think that in some circumstances they would be happy with a telephone appointment.



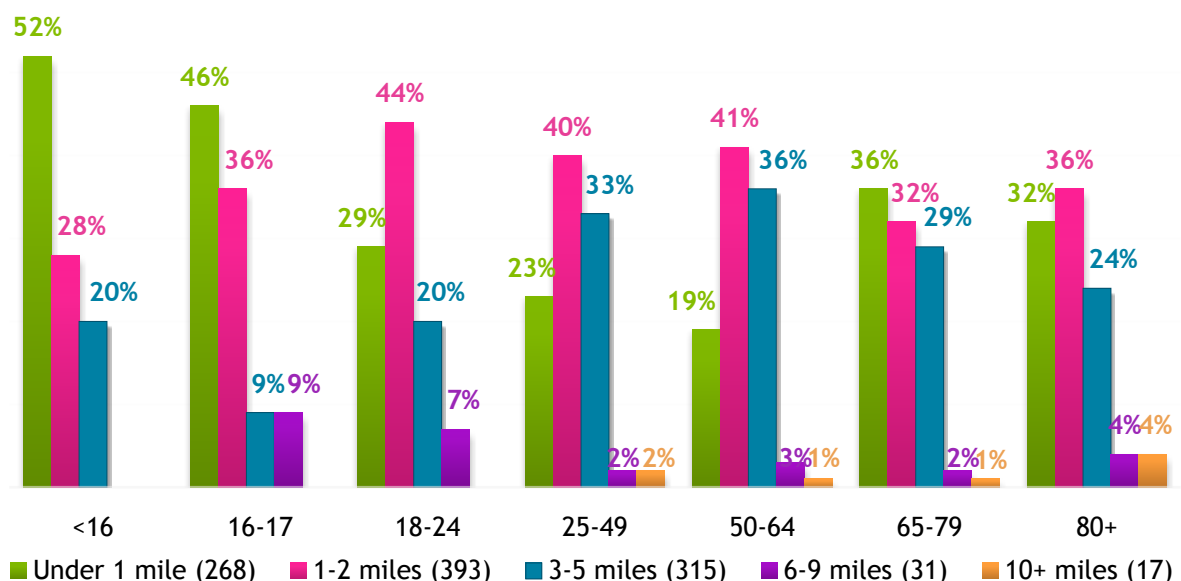
It is interesting to note that only 21% (229) of respondents said they would be willing to have a video consultation, and overwhelmingly 186 of these were between the ages of 25 and 64.

*How far would you be willing to travel to get an 'extended hours' appointment?*



As might be expected when respondents are anticipating needing to see a GP they would rather not travel that far. 95% (976) of respondents would like an appointment within a mile radius. However, only 26% (268) respondents said they would only travel up to a mile, and with 74% (752) of respondents willing to go 1-2 miles and 35% (360) 3-5 miles, people are happy to travel to get to an extended hours appointment.

We carried out an analysis by age range to get a better understanding of distance preferences. This showed that it is the under 18's who have a greater preference for staying local as do to a lesser extent the over 65's. It is the working age adults between the ages of 18 and 64 that are more likely to travel if required.





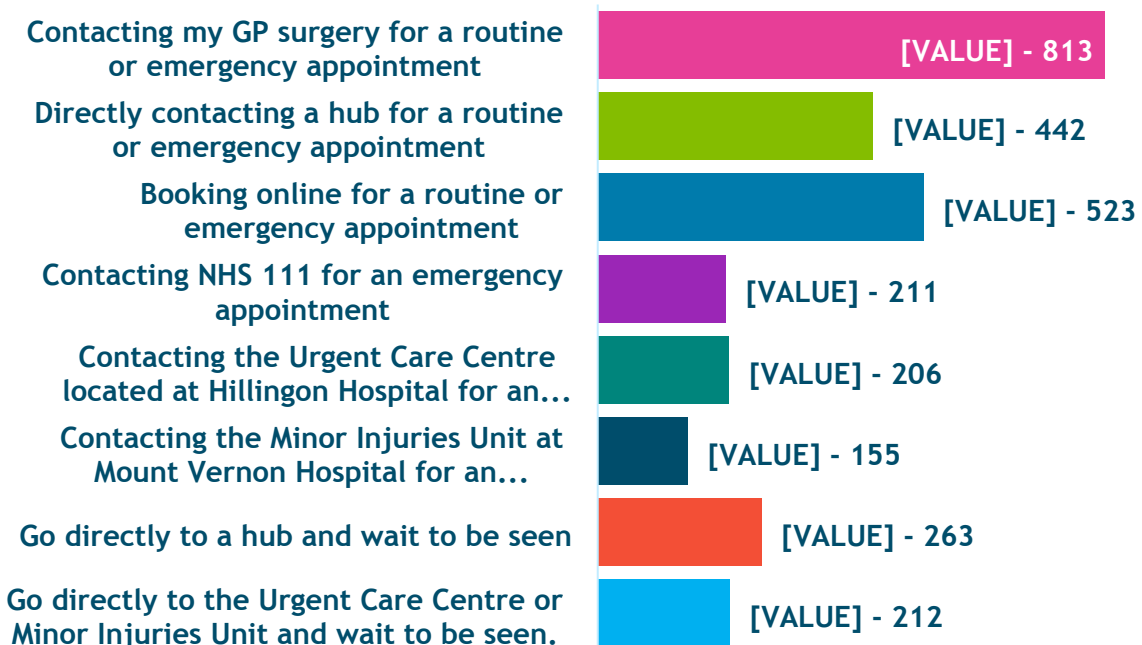
## What location options would you use in the future to access the 'extended hours' appointments?

In answer to the question of 'extended hours' location options, most respondents, 81% (798) said that they would prefer the current 3 'extended hour's service options in Uxbridge, Pinner and Hayes. The least popular option was to reduce the location of the hubs to 2, with only 16% opting for this choice.



## How would you like to book 'extended hours' appointments?

When asked how they would like to book 'extended hours' appointments for weekdays 6:30pm till 8pm, most respondents 81% (813) stated that they would prefer to contact their own GP surgery to book a routine, or emergency appointment. 52% (523) said they would also like to be able to book online, with 44% (442) wanting the option to contact the hub directly to book.

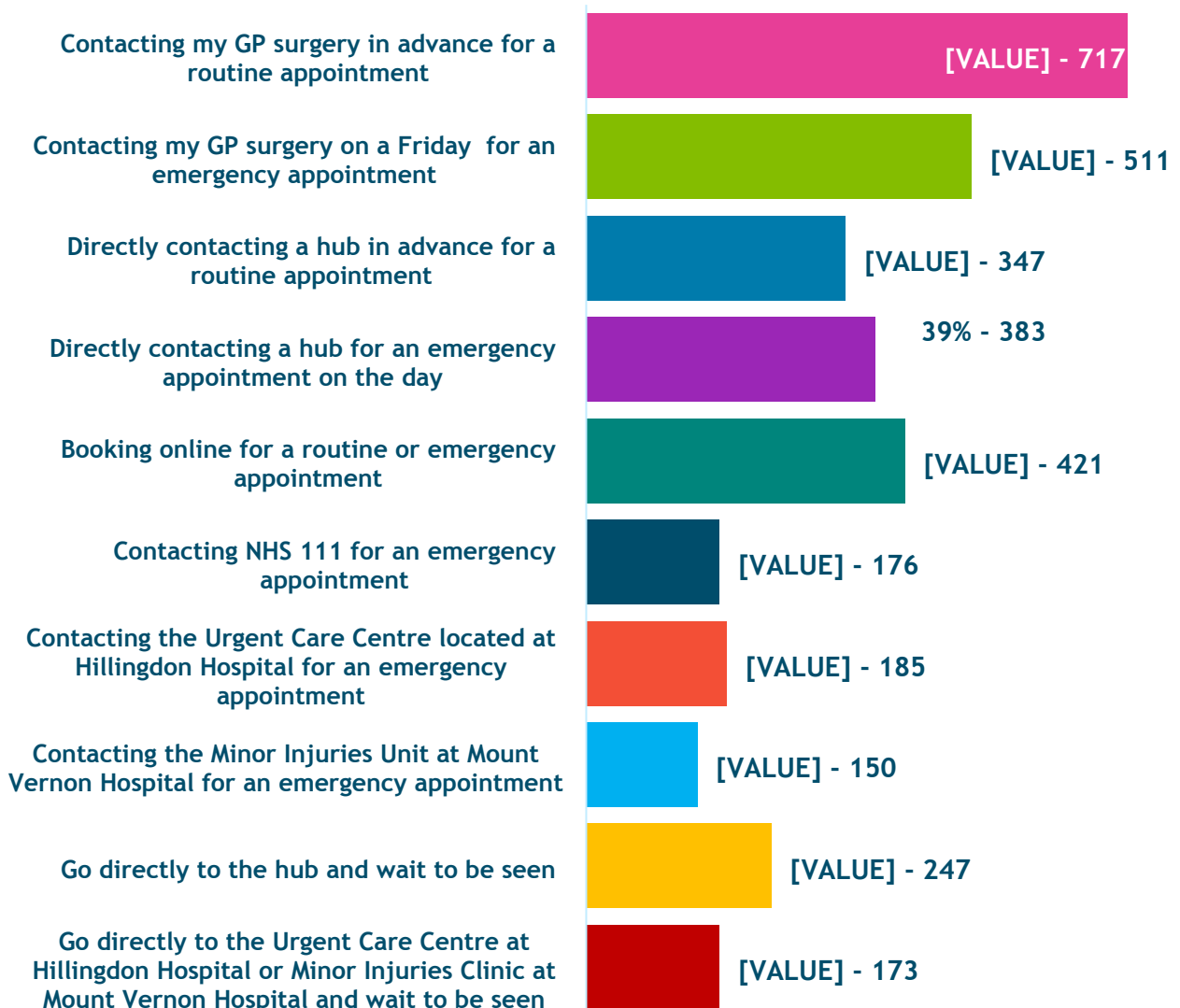


When asked about booking appointments for 'extended hours' on a Saturday and Sunday the favourite choice was through the GP surgery, with 73% (717)



respondents saying they would like to book in advance for a routine appointment and 52% (511) on the Friday for an emergency appointment.

Online booking 43% (421) and booking directly into the hubs for both routine 35% (347) and emergency 39% (383) were also popular in comparison to some of the other methods.



It is worth noting that for both evening and weekend ‘extended hours appointments’ there is little appetite from the public to just go and wait to be seen at either the hubs, the urgent care centre, or the minor injuries unit. Respondents would much rather be able to see a GP in the community. An analysis of the respondents who stated a preference for online booking was undertaken which showed that this option was selected uniformly and not by any specific age bracket.



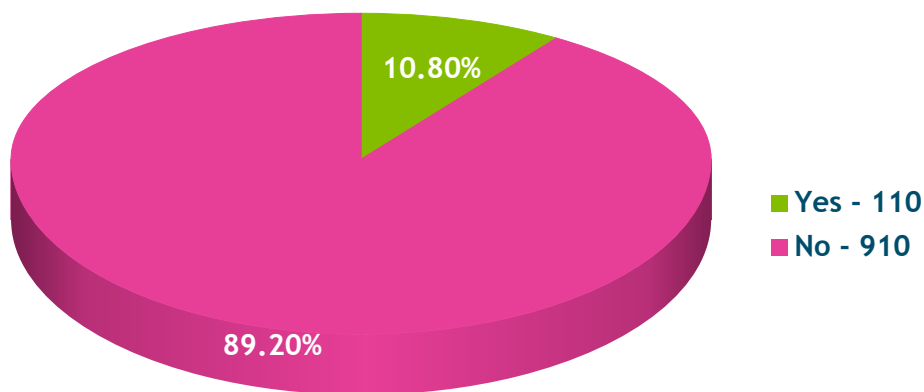
*Is there anything else which you think is important for us to consider in terms of extending hours for GP Practices in your area?*

- When choosing which locations for ‘extended hours’ hubs, accessibility, car parking, and public transport must be considered.
- Generally the quickest appointment available and in any ‘extended hours’ hub may override distance considerations - so offer the quickest appointment wherever as a choice.
- Older people need to be given better support and be able to talk to someone who speaks good English. The staff must be properly trained to communicate meaningfully with older people. They must be trained in proper, traditional ways of introducing themselves and gaining patient confidence.
- There needs to be better promotion of services covered, and a guide of where people should go for what ailment (i.e. pharmacy, GP or A&E).
- All GP surgeries should have the ability to take online bookings for ‘extended hours’ hubs.
- All ‘extended hours’ duty GPs should have to access complex patient notes to ensure full assessment of the patient.
- All GP practices should have these extended opening hours not just three hubs
- People in the south of the borough would not feel safe going to the HESA centre during hours of darkness because of its location so they must be offered all ‘extended hours’ appointments, not just their nearest hub.
- It’s great having access to the ‘extended hours’ GPs but if you then have to drive miles for a pharmacy it’s not joined up. Can they not have popular prescription medicines on site?
- When calling surgeries it is often very difficult to get through due to lack of lines at surgery and not enough staff available to take calls. Could a mobile texting service be available?
- Home appointments are desperately needed for Dementia patients and the infirm elderly in general who cannot get to a surgery.
- For minor ailment advice or enquiries where an appt is unnecessary an email service would save GPs and other staff time, would also save journey time and parking costs.
- There needs to be plenty of publicity if it is to go ahead.



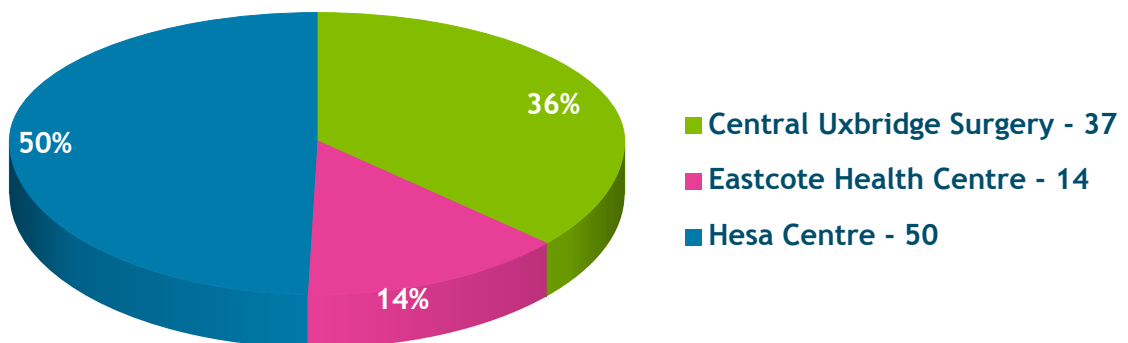
*Have you used the current 'extended hours service', if so what is your experience of the service?*

The majority of residents who took part in the survey were not aware that there has been an 'extended hours' service available since October 2017. Many asked where the publicity is for this service, and commented that surgeries had not offered them this service when they had needed it. Some people confused the 'walk in' centre at the Pinn Medical Centre as a hub. This centre is in Pinner, Harrow.



So it is not surprising that only 11% (110) of all respondents actually had any experience of attending an 'extended hours' appointment.

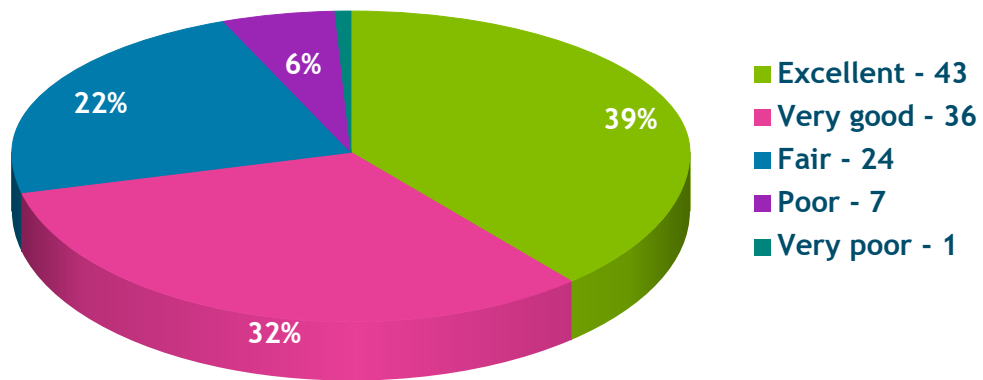
Of those that had been to an 'extended hour's appointment most 53% (50) had attended the Hesa Centre in Hayes, with 37% (37) attending Uxbridge, and 13% (14) Eastcote Centre.



Of the 110 respondents who have attended an 'extended hours' appointment, most, 91% were there to see a GP, 9% were there to see a general practice nurse.



The experience of the 110 respondents who did attend an appointment was very positive with 96% (103) rating the service fair, very good, or excellent. 39% (43) of respondents thought the service was indeed excellent.



## Need to see a GP or nurse in the evening or at the weekend?

Evening and weekend GP appointments are available to book near you

Ask your GP practice receptionist for more details

When your GP practice is closed call NHS 111.

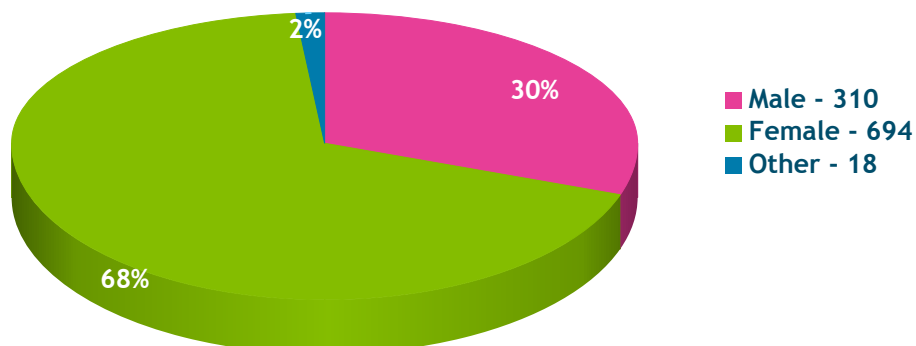
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[www.healthiernorthwestlondon.nhs.uk](http://www.healthiernorthwestlondon.nhs.uk)

Dr Jay Verma



## Our Respondents

### Gender



Our aim was to engage with as fully inclusive sample as possible to ensure all views were captured. To this end, locations and groups were selected to provide the opportunity to meet our objective. To ensure we canvassed parents who have a specific need for GP services, we went to Children's centres, and Storytime toddler groups at libraries. This often gave us a biased sample in terms of female participation as we found that on the whole mothers attended these groups.

We went to hospital outpatient appointment areas: again we found that there were more females to complete our survey, as females attending appointments tended to go alone, while males attending appointments were accompanied by females.

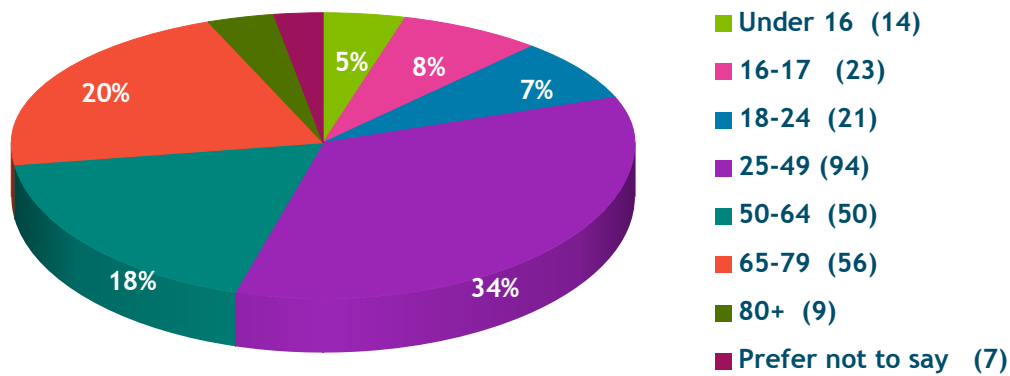
We saw early on in the survey results that females were completing the survey more than their male counterparts. To try to address this in balance we thought of places that men were more likely to frequent. So we went to the pub. Whilst we did get some survey completions in public houses, we found men on the whole were less likely to want to engage in survey completion, hence our result.

### Age

The office for National Statistics Sub-national population projections estimate that in 2017 there are 309,300 people living in Hillingdon. 21.5% are under 16 year. 65.4% Hillingdon residents are of working age (16 to 64 years). 13% are aged over 65.

1013 respondents supplied their age information. Of our sample 18% were aged over 65, and 75% were aged between 17 and 64. We obtained a 4% response from those aged under 17 through attendance at Uxbridge College and Barnhill School,

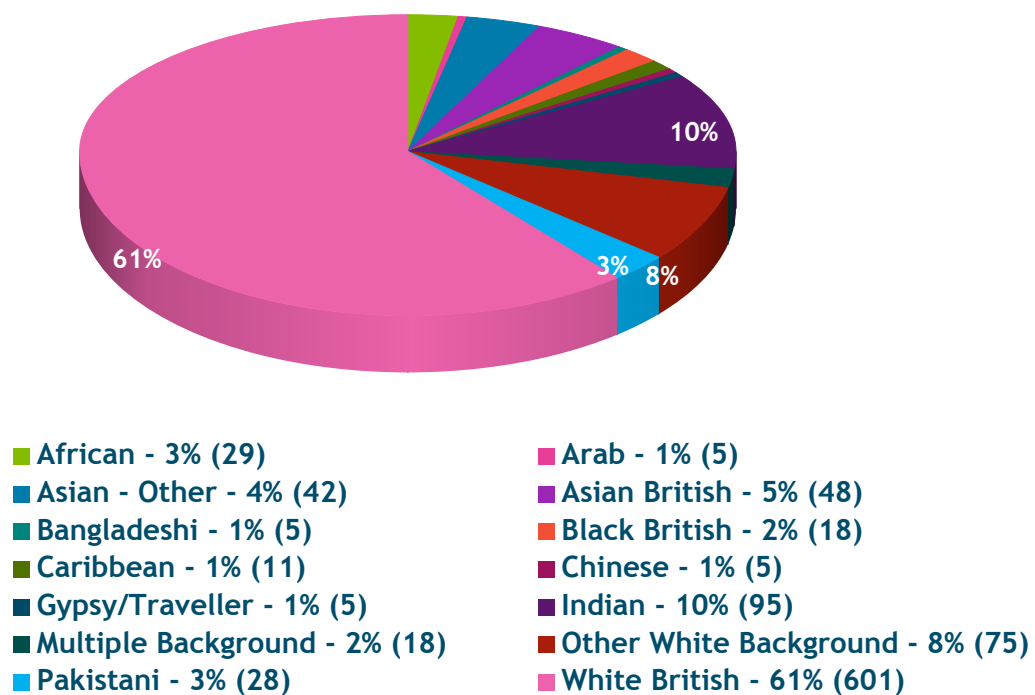
therefore our survey sample is largely in line with the breakdown of age ranges in the Hillingdon population over 16.



## Ethnicity

It is clear from the Hillingdon Borough 2017 projections that the Hillingdon population is an ethnically diverse borough with 47% of residents from Black and Minority Ethnic groups.

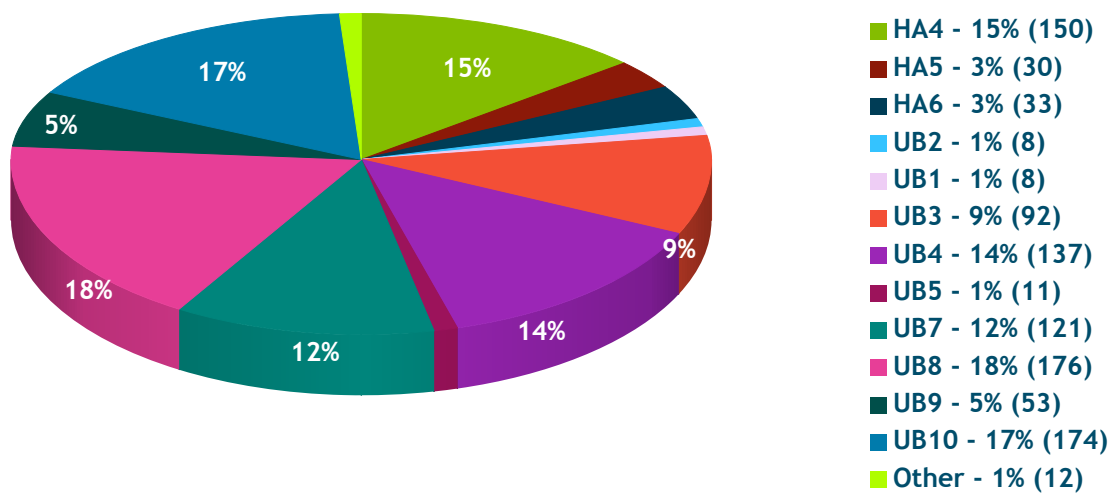
The Hillingdon GP Access Survey results show that the sample is inclusive of all ethnic groups in Hillingdon with nearly 40% of respondents from Black or Minority Ethnic Groups.



## Disability

Out of the survey sample 22% (222) of respondents were prepared to say that they were living with a disability or long-term condition. 12% (26) of those living with a disability or long-term condition reported having a mental health condition. In terms of trying to include hard-to-reach groups such as people with sensory and physical disabilities, and mental health issues we targeted hospital waiting areas, dementia groups, elderly activity groups, and community Groups.

## Postcode analysis





**Have  
your  
say**

**Talk  
to us...**



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UB8 1LN



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## **Healthwatch Hillingdon ‘Mental Health, Wellbeing and Life Skills Programme’**

**School Monitoring and Evaluation Report - May 2018**

**Barnhill Community High School**

## Project Information

<b>Project Name</b>	Mental Health, Wellbeing and Life Skills Programme
<b>Project Aim</b>	Healthwatch Hillingdon will work with Barnhill High School to deliver a pilot, peer-to-peer Mental Health and Wellbeing project.
<b>Project Summary</b>	<p>Healthwatch Hillingdon worked in partnership with a group of Barnhill Community High School Year 12 pupils to deliver a pilot, peer-to-peer ‘Mental Health and Wellbeing’ project. The aims of the project were:</p> <ul style="list-style-type: none"> <li>• To work with pupils to raise the school community’s awareness of mental health and emotional wellbeing and increase understanding of the help and support available for young people.</li> <li>• To empower these pupils to develop the important life skills that help them to be emotionally resilient and mentally healthy e.g. teamwork, communication, negotiation, decision-making, problem solving, critical thinking, and self-awareness.</li> </ul> <p>To start the school community on a journey which leads to a whole school approach to promoting children and young people’s emotional health and wellbeing.</p>
<b>Funding HCT</b>	£2,605.00
<b>Total project cost</b>	£5,210.00
<b>Project start date</b>	November 2017
<b>Project end date</b>	March 2018
<b>Project Beneficiaries</b>	<p>Direct - 25</p> <p>Indirect - 1424</p>
<b>Project Beneficiaries breakdown</b>	<p>Wards - Botwell, Townfield and Pinkwell</p> <p>Ages - Young people aged 11 to 19</p> <p>Ethnicities - Asian or Asian British, Black or Black British, European, Chinese or Chinese British, White, Mixed Heritage, Other.</p>

## What has been delivered to date

- 12 one-hour sessions (over 12 weeks) covering topics including awareness of mental health and stigma and discrimination, managing personal wellbeing, supporting others with their wellbeing, survey planning and delivery, data analysis, public speaking and presentation skills and campaign planning.
- Additional visits were made to the school for reasons including: to help students with data analysis, to reinforce the message of the importance of session attendance with students and to review project progress with school leads. This was in addition to the original programme delivery offer in response to the school’s needs.
- More than four weeks of remote support including weekly emails to school leadership and direct beneficiary representatives during the campaign and follow up survey period to drive programme continuance.

## Project Impact

- The data below shows the change in knowledge, skills and confidence of direct and indirect beneficiaries in relation to the three main planned outcomes for the project.
- Data was collected for Outcomes 1 and 2 through pre and post programme surveys with the direct beneficiary group. The difference in responses to the ‘before’ and ‘after’ surveys are due to 3 people leaving the programme after the first session and two students being unable to complete the ‘after’ survey due to illness.
- Outcome 3 data was collected through two surveys; one before and one after the direct beneficiaries’ campaign, open to Barnhill’s whole student body. Unfortunately, the data from these surveys is somewhat flawed for the following reasons:
  - ♦ Low response rate, particularly to the ‘After’ survey - Meaning that it is difficult to measure true impact across the whole school population; and
  - ♦ Demographic information shows that there were significant differences in the cohorts that completed the ‘Before’ and ‘After’ surveys - Meaning it is difficult to make direct comparisons in the two sets of data.
- Percentages from ‘After’ surveys are expressed as a factor of total ‘After’ responses rather than as a factor of ‘Before’ responses.

**Output 1:** 12 mental health awareness and personal development training sessions delivered to 25 Year 12 pupils (Direct Beneficiaries)

**Outcome 1:** An increase in the number of participants that agree that they have the knowledge and confidence to help make Barnhill Community High School a more open and supportive place.

<b>Measure of success:</b>	<b>Before (21 responses*)</b>	<b>After (16 responses*)</b>	<b>Demonstrating % increase for Outcome 1 - Outcome achieved</b>
	<ul style="list-style-type: none"> <li>• 14 Agree (66.7%)</li> <li>• 5 Neither/Nor</li> <li>• 2 Disagree</li> </ul>	<ul style="list-style-type: none"> <li>• 13 Agree (81.3%)</li> <li>• 3 Neither/Nor</li> <li>• 0 Disagree</li> </ul>	

**Output 2:** 12 mental health awareness and personal development training sessions delivered to 25 Year 12 students (Direct Beneficiaries).

**Outcome 2:** An increase in the number of participants who agree that they know how to improve and protect their own mental health.

<b>Measure of success:</b>	<b>Before (21 responses*)</b>	<b>After (16 responses*)</b>	<b>Demonstrating % increase for Outcome 2 - Outcome achieved</b>
	<ul style="list-style-type: none"> <li>• 12 Agree (57.1%)</li> <li>• 7 Neither/Nor</li> <li>• 2 Disagree</li> </ul>	<ul style="list-style-type: none"> <li>• 16 Agree (100%)</li> <li>• 0 Neither/Nor</li> <li>• 0 Disagree</li> </ul>	

**Output 3:** Mental Health awareness campaign delivered to the whole student body - approximately 1424 students (Indirect Beneficiaries).

**Outcome 3:** An increase in the number of students who agree they know where to go for mental health information and support.

<b>Measure of success:</b>	<b>Before (511 responses)</b>	<b>After (317 responses)</b>	<b>Demonstrating % increase for Outcome 3 - Outcome achieved</b>
	● 293 Agree (57.3%)	● 191 Agree (60.3%)	
	● 75 Neither/Nor	● 48 Neither/Nor	
	● 68 Disagree	● 38 Disagree	
	● 75 Don't know	● 37 Don't know	

## Project Impact - Significant Achievements and Testimonials

### Direct Beneficiaries

As shown in the tables above, the programme has delivered a significant impact against the planned project outcomes relating to direct beneficiaries.

Data and feedback from the pre and post programme surveys enabled us to gather not only the change in participants' knowledge, skills and confidence in relation to these outcomes, but also the change in relation to broader project aims. It also allowed us to evaluate the delivery and content of the programme.

### Significant Achievements

- Students' comments demonstrate changes in increased confidence in presenting and public speaking when compared with their initial reactions about presenting to others. In fact, 43.8% of respondents highlighted delivering presentations as the best part of the programme.
- There has been an increase in the percentage of respondents who agreed to the statement "I know where to go for mental health, information and support, for myself and others". Increase from 66.7% to 100% of respondents.
- There has been an increase in the percentage of respondents who agreed to the statement "I feel confident to challenge stigma and discrimination". Increase from 66.7% to 100% of respondents.
- School feedback states that "*A particular strength of this programme is that it is student led and therefore our own students are developing their knowledge and understanding...*"
- There has been an increase in the percentage of respondents who agreed to the statement "I know what Healthwatch Hillingdon is and what the organisation does". Increase from 57% to 100% of respondents.
- Expressions of interest from pupils about volunteering with Healthwatch Hillingdon.
- Attendance at the Local Children's Safeguarding Board by a student to talk about the programme.
- School feedback states that "*On the strength of [the programme] some of the students have been selected to share this work with Governors and to sit on the borough's Health advisory panel.*"

### Recorded testimonials from students in response to the question “What were the best parts of the programme?”:

- *“For me I would say the best part was doing the questionnaire and seeing what results came back, which were shocking as people actually opened up”.*
- *“When she (the trainer) told us of her own experience, we felt more comfortable to open up”.*
- *“Performing the presentation to everyone including professionals”.*
- *“The trainer is one of the best characters and most supportive individuals I know. Her delivery of the programme in general”.*

### Recorded testimonials from students in response to the question “Please share any other feedback you have about the programme.”:

- *“I think the programme should run in other schools as it has really changed the way I think about mental health and about others.”*
- *“It was a lot of fun. I enjoyed working on the campaign as it also helped me develop my communication skills. Thank you for the opportunity”.*
- *“I think it could really benefit other people across other schools because the programme gives so much information that can support individuals”.*

### Indirect Beneficiaries

As shown in the tables above, the programme has delivered an impact against the planned project outcome relating to indirect beneficiaries. However, we acknowledge that due reasons outlined above, this data is somewhat flawed.

- The ‘Before’ survey identified several students experiencing difficulties with their mental health and using negative coping mechanisms.
- The questions “Have you experienced any difficulties with your mental health and wellbeing?” and “You have told us that you have experienced difficulties with your mental health and wellbeing. If you would like to, please tell us about your experiences” identified students who have struggled or currently are struggling with emotional wellbeing.
- In response to the question “What do you do if you feel unhappy or stressed?”, responses included:
  - ◆ Drink alcohol - 8 (1.6%)
  - ◆ Smoke - 12 (2.3%)
  - ◆ Use drugs - 12 (2.3%)
  - ◆ Hurt myself - 19 (3.7%)
  - ◆ Hurt other people - 16 (3.1%)
- The way we collected the data ensured teachers could contact respondents that were concerned about, whilst maintain their anonymity with regards to Healthwatch Hillingdon, direct beneficiaries and all other students.
- Following the programme the school has stated it will:
  - ◆ Support students that are cause for concern, including seeking help from outside agencies.
  - ◆ Implement training for staff and some younger students.
  - ◆ Train key personnel in Mental Health First Aid.

## Key learning and actions

### Have any problems occurred during the lifetime of our grant? If so, what have you done to address these?

- Sometimes sessions felt a bit rushed and I think this was because we were trying to fit too much into the programme. Feedback from students corroborated this.
- There was drop off from the group of direct beneficiaries. From the initial number provided by the school of 25, to 18. This was not a significant issue though because the majority of students completed the programme and some drop off is to be expected.
- Session attendance varied across the programme, but 16 out of 18 students attended 61% of sessions or more. Attendance was mostly impacted by the February/March exam period. I also wonder if the school pitching the programme as mandatory attendance, even though it was extracurricular, had a dual impact i.e. ensuring that some students attended consistently but also that others saw this as another 'school commitment'.
- Ensuring completion of the whole school surveys was the biggest challenge. We achieved good outcomes with the number of responses we received and feel that the impact could have been even greater with a higher number of responses to the first survey and an equal number of responses, from the same cohort, to the follow up survey. During analysis of data it seems that the before and after cohorts were quite different.

### Action taken and to be taken moving forwards:

- We have streamlined the programme by removing some non-essential elements e.g. highly detailed information about programme planning and survey delivery. Students will still gain the same skills and experience but from a more practical view rather than through a more academic approach. This change also responds to some students' feedback that the programme could be a bit more interactive.
- As initial drop-off was not detrimental to the programme we continued delivery.
- It was not feasible to move the programme once we started so we accepted and absorbed the impact of the exam period and ultimately, the programme aims were achieved. However, moving forwards we will try to deliver in the period of September to December at future schools and if they would prefer the January to April period, we will discuss how exams will impact and ways to manage this.
- We will ask schools to carefully consider which students should become direct beneficiaries and suggest embedding the programme in PSHE or Citizenship Studies. If it is only possible to deliver the programme as an extracurricular activity we will ask them to outline what steps they will take to ensure consistent student attendance.

### Have you changed any aspect of the work since the start of the grant? If so, please provide details of how and why.

- The focus and aim of the work has remained the same but it became evident that the schools are likely to require more support than initially planned. Delivering the programme as a pilot has enabled us to learn from and develop the programme. For example, we will now create an agreement with participant schools which outlines the commitment required from them for the programme. We will also run the whole school surveys without student involvement, instead led by the senior leadership team, to ensure better levels of response and to prevent delays to the rest of the programme. Direct beneficiaries will still review the data as this was



deemed to be an interesting and impactful part of the programme for Barnhill participants.

- Costs were lower than anticipated therefore Hillingdon Community Trust has generously allowed Healthwatch Hillingdon to run a 'Pilot 2' at another secondary school in the Trust area - Guru Nanak Sikh Academy. We will use the learning and feedback from the Barnhill Pilot in our planning and delivery at Guru Nanak.

### Will the work continue beyond the life of our grant? If so, please indicate in what way and what funding you have secured or need to secure.

As mentioned previously, following the programme the school have stated they will:

- Support students that are cause for concern, including seeking help from outside agencies.
- Implement training for staff and some younger students.
- Train key personnel in Mental Health First Aid.

In addition, due to the project underspend we will be running a second part to the pilot at Guru Nanak Sikh Academy. We have also bid for funding from London Catalyst to extend the programme to three further schools in the borough.

### Have there been any organisational or external factors, which have influenced your work? e.g. staff changes, premises, funding, changes in government policies.

The organisational and external factors that influenced the project have been outlined above, along with the steps we intend to take to address these when delivering at Guru Nanak and, hopefully, other schools in the future.

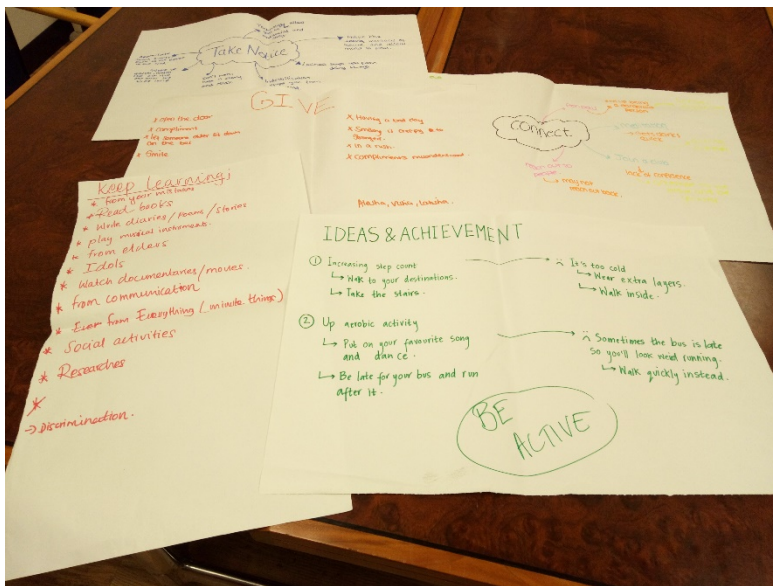
### What lessons have you learnt from your work that would be useful to yourself and others?

- Schools are likely to require a higher level of support than anticipated.
- From delivering the programme I felt there is a need for more time for reflection and interactive elements with the direct beneficiary group, so I have built this into the redeveloped programme.
- Peer to peer support is an excellent way of educating young people and can have a positive impact. For example, following an assembly delivered by the programme participants, a student from Year 9 approached one of them to share that she had been struggling emotionally and would appreciate their support in getting help.
- It has been wonderful watching the young people involved learn that they can make a real difference to others.

### With hindsight would you have done anything differently?

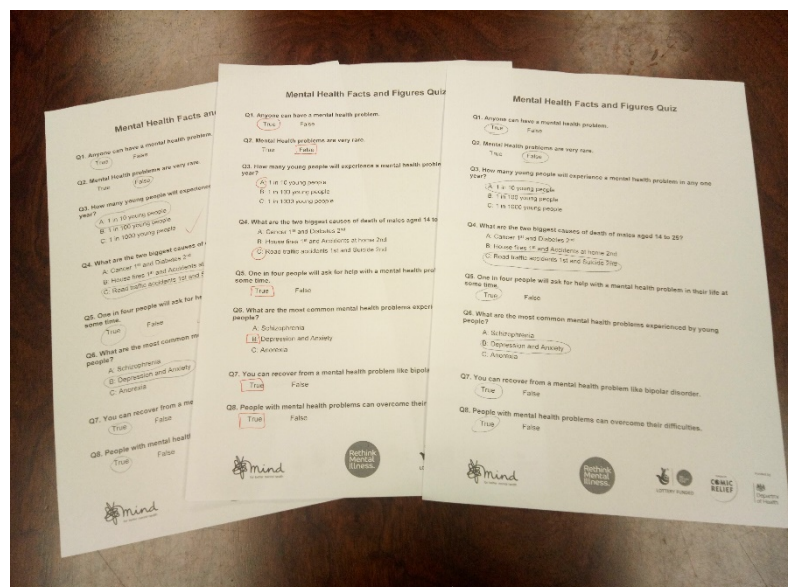
I would have created a more formal initial agreement with the school about commitment and expectations and included a slightly higher support offer. I would also have included more time for reflection with direct beneficiaries and explored more around personal wellbeing with them. Finally, I would have taken more photos of the amazing efforts of the students! Fortunately, this pilot has provided the opportunity to learn and reshape and therefore build a stronger programme moving forwards.

Photographs from the project



Students' ideas for how to achieve the Five Ways to Wellbeing

Mental Health Facts and Figures quiz sheets



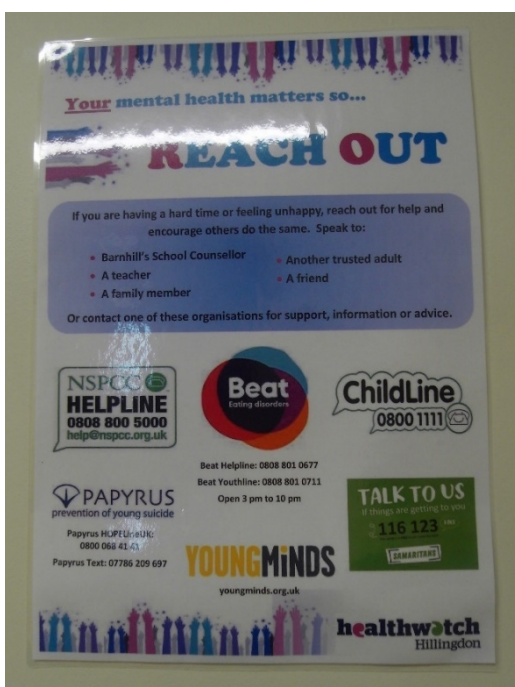
Publicity and Presentation Group working on how to publicise the whole school survey.





Research and Data Group work on developing the whole school survey.

Preparing to present during the Public Speaking and Presentation Skills session



The poster created by students as part of their campaign.



Some of the direct beneficiaries with their certificates at the end of the programme.



## BOARD PLANNER & FUTURE AGENDA ITEMS

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

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

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

### 3. INFORMATION

#### Supporting Information

##### Reporting to the Board

The draft Board Planner for 2018/2019, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Chairman's approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued

after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Chairman.

Advance reminders for reports will be issued by Democratic Services but report authors should note the report deadlines detailed within the attached Board Planner. Reports should be presented in the name of the relevant Board member.

With the Chairman, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house “cabinet style” with clear recommendations as well as the inclusion of corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

#### Board meeting dates

The Board meeting dates for 2018/2019 were considered and ratified by Council at its meeting on 18 January 2018 as part of the authority's Programme of Meetings for the new municipal year. The dates and report deadlines for the 2018/2019 meetings have been attached to this report as Appendix 1.

#### **Financial Implications**

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

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

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

Consultation with the Chairman of the Board and relevant officers.

#### **5. CORPORATE IMPLICATIONS**

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

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

##### **Hillingdon Council Legal comments**

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

#### **6. BACKGROUND PAPERS**

NIL.

## BOARD PLANNER 2018/2019

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

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

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



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