



HILLINGDON
LONDON



Health and Wellbeing Board

Date: TUESDAY, 25 SEPTEMBER 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
Lynn Hill, Chair - Healthwatch Hillingdon

Statutory Members (Non-Voting)

Statutory Director of Adult Social Services
Statutory Director of Children's Services
Statutory Director of Public Health

Co-Opted Members

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

Published: Monday, 17 September 2018

Contact: Nikki O'Halloran

Tel: 01895 250472

Email: nohalloran@hillington.gov.uk

This Agenda is available online at:

<http://modgov.hillingdon.gov.uk/ieListMeetings.aspx?CId=322&Year=0>

Putting our residents first

Lloyd White

Head of Democratic Services

London Borough of Hillingdon,

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

www.hillingdon.gov.uk

Useful information for residents and visitors

Travel and parking

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

Accessibility

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

Attending, reporting and filming of meetings

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

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

Emergency procedures

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

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



Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1** Apologies for Absence
- 2** Declarations of Interest in matters coming before this meeting
- 3** To approve the minutes of the meeting on 26 June 2018 1 - 6
- 4** To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

Health and Wellbeing Board Reports - Part I (Public)

- 5** Board Membership Update 7 - 10
- 6** Hillingdon's Joint Health & Wellbeing Strategy 2018-2021 11 - 22
- 7** Better Care Fund: Performance Report 23 - 32
- 8** Children and Young People's Mental Health and Emotional Wellbeing Update 33 - 64
- 9** Update: Strategic Estate Development 65 - 78
- 10** Hillingdon CCG Update 79 - 86
- 11** Hillingdon CCG Commissioning Intentions 2019/2020 87 - 140
- 12** Healthwatch Hillingdon Update 141 - 220
- 13** Local Safeguarding Children Board Annual Report 221 - 268

14	Safeguarding Adults Partnership Board Annual Report	269 - 300
15	Board Planner & Future Agenda Items	301 - 304

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.

- | | | |
|-----------|--|-----------|
| 16 | To approve PART II minutes of the meeting on 26 June 2018 | 305 - 306 |
| 17 | Update on current and emerging issues and any other business the Chairman considers to be urgent | 307 - 308 |

This page is intentionally left blank

Minutes

HEALTH AND WELLBEING BOARD

26 June 2018

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



	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), Richard Lewis, Jane Palmer (In place of Douglas Mills) and Dr Kuldhir Johal (In place of Dr Ian Goodman) and Mr Turkey Mahmoud (substitute)</p> <p>Statutory Non Voting Board Members Present: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Sharon Daye - Statutory Director of Public Health (substitute)</p> <p>Co-opted Board Members Present: Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Robyn Doran - Central and North West London NHS Foundation Trust Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Caroline Morison - Hillingdon Clinical Commissioning Group (officer) (substitute) Dan Kennedy - LBH Deputy Director Housing, Environment, Education, Health and Wellbeing</p> <p>LBH Officers Present: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Beejal Soni (Licensing and Contracts Lawyer) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Press & Public: 4</p>
1.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Jonathan Bianco, Keith Burrows, Douglas Mills (Councillor Jane Palmer was present as his substitute) and Ray Puddifoot, and Mr Stephen Otter (Mr Turkey Mahoud was present as his substitute), Mr Rob Larkman (Ms Caroline Morison was present as his substitute) and Mr Bob Bell (Mr Nick Hunt was present as his substitute).</p>
2.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 6 MARCH 2018 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 6 March 2018 be agreed as a correct record.</p>
3.	<p>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 (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 11 would be considered in public. Agenda Items 12 and 13 would be considered in private.</p>

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

The Chairman noted that the Board needed to be looking at service delivery in terms of where improvements could be made as well as identifying what had been done well. The most important outcome of the work undertaken should be the impact that it had on improving service delivery for residents. The Chairman suggested that all partners be more challenging with regard to the content of reports that were put before the Board to ensure that the benefits to residents, as well as improvements and outcomes, were considered therein.

It was noted that this report provided an overarching view and that some elements were dealt with in more detail in other reports that had been included on the agenda. The report highlighted challenges regarding the sustainability of the local hospital discharge model, as well as the financial position of the health and care system in Hillingdon. Consideration would need to be given to how the Accountable Care Partnership (ACP) dealt with these issues as it developed.

The Health and Wellbeing Board noted that the Transformation Board had adopted new Terms of Reference (ToR) and had developed a performance reporting framework based on of the Joint Health and Wellbeing Strategy. It was agreed that detailed information to inform discussion about the sustainability of the discharge system be provided for the next Transformation Board.

There had been benefits achieved through aligning financial risks and positions across ACP partners. It was thought that the ACP was looking to have a simple plan which highlighted areas where a difference could be made and align resources accordingly. For example, unplanned care was a high priority for alignment to help reduce financial risk and improve patient outcomes.

The recent additional funding for the NHS announced by Government was cautiously welcomed. However, concern was expressed that no announcement had been made in relation to a proposed funding required for social care. Furthermore, there had been no information provided yet in relation to how the additional funding would be distributed. Consideration would need to be given to how this additional funding would be spent to ensure that it provided the biggest impact for the most patients. The Chairman advised that he would be attending the next Transformation Board meeting where he would like further information on this issue.

It was noted that, with regard to unplanned care, the number of patient admissions had increased but the number presenting was more stable. Attendance over the last five years had, however, increased, as had acuity. It was also noted that there were days where 60% of patients conveyed by ambulance were not admitted to hospital. Audit work was being undertaken by THH to gain a better understanding of the situation and consideration was being given to exploring the alternative pathways that were available.

RESOLVED: That the Health and Wellbeing Board:

- 1. considered the issues raised regarding live and urgent issues in the Hillingdon health and care economy.**
- 2. noted the performance issues contained at Appendix 1 of the report.**

5. **BETTER CARE FUND: PERFORMANCE REPORT** (*Agenda Item 6*)

It was noted that the reason the Board was only just being asked to approve the 2018 priorities was that guidance from NHS England (NHSE) had only recently been

released.

The new Delayed Transfer of Care (DTOC) targets for 2018/19 onwards would be challenging and appeared to penalise strong performance. However, the Board recognised that reducing delays was in everyone's interest and Hillingdon had achieved a good performance against previous BCF targets and staff should be congratulated for this accomplishment.

Since September 2017, the CCG's brokers had been collocated with those of the Council for three days each week. It would be important to ensure that this integrated brokerage pilot was monitored closely.

At previous meetings, the Health and Wellbeing Board had generally noted the targets set by NHSE rather than agreeing with them. Failure to meet these targets could result in a loss of freedom and flexibility with regard to how the associated funding was spent. As it was felt that Hillingdon was being penalised for its success by NHSE by being given an increased target, it was agreed that the Chairman would write to the Secretary of State on behalf of the Board about the manner in which the BCF targets had been set.

A letter had been sent to NHSE regarding the target that had been set to reduce "super stranded patients". The baseline for the previous year had been 100 and THH had been tasked with reducing this to 73 in Hillingdon in the current year.

A table had been included in the report to illustrate discharges before midday and at weekends at Hillingdon Hospital. It was agreed that, to provide a fuller picture, the actual numbers would be included in future reports rather than just the percentages. It was noted that the advice, support and advocacy functions within discharge pathways had been included in the Discharge to Assess model.

It was noted that the next stages in the Government's integration agenda had not yet been published and that this might be reflected in the Adult Social Care Green Paper expected in the autumn. In the meantime, areas for integrated working were being considered. The collective effort of staff in relation to this work was commended.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted the progress in delivering the plan during the Q4 2017/18 review period;**
- 2. noted the challenging delayed transfers of care target that has been set for Hillingdon for 2018/19 by NHSE;**
- 3. approved the priorities for 2018;**
- 4. provided feedback on the outline post April 2019 integration plan proposals; and**
- 5. Chairman write, on behalf of the Board, to the Secretary of State expressing concern that the new targets were particularly challenging given the significant progress already made in the Borough.**

6. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE *(Agenda Item 7)*

It was noted that good work had been undertaken in the last quarter to engage with schools to embed early intervention and prevention and to raise awareness about all of the mental health services available to children and young people. Over the last year, 13% more young people had received help, and more of those young people were being seen within 18 weeks.

Online counselling had been introduced in Hillingdon in conjunction with KOOTH and young people were able to refer themselves to the service. In addition, two schools had been identified as "hosts" for mental health first aid training, building on the robust engagement with education partners.

The CNWL Gateway had been operational for three months and provided a centralised administration hub for referrals to specialist mental health services for children and young people. Qualitatively, it had been well received and was working well but it was a little too early to assess its quantitative impact.

There had been progress made with the THRIVE components, 'Getting Risk Support' and 'Getting More Help' and the THRIVE Network meeting in May had been well attended. Hillingdon Clinical Commissioning Group (HCCG) was also responsible for mobilising Child Sexual Abuse (CSA) Support hubs on behalf of the eight boroughs in the North West London STP area. The three year commissioned service would launch in July/August 2018.

Whilst it was recognised that progress was being made, the Board felt that it could also usefully highlight the impact that the work had had on residents, for example, what the 18 week waiting times performance meant to support for young people. It was noted that information in relation to the voice of the child and their family was available. It was agreed that future CAMHS reports considered by the Board would include specifics that demonstrated the practical difference that the preventative interventions were making to residents' lives, and how access to these interventions was improving.

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

- 1. in implementing the Local Transformation Plan 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).**

7. UPDATE: STRATEGIC ESTATE DEVELOPMENT (*Agenda Item 8*)

This report had previously specifically looked at s106 funding allocations but had now evolved into a much wider view of health estate issues in the Borough and reflected some of the related policy issues. The report included a summary of projects being undertaken in the Borough and their current status and an indicative timeline.

It was noted that the Yiewsley Health Centre development had experienced continued delays and that progress was in the hands of NHS Property Services (NHSPS). The Board was assured that HCCG had escalated its concerns regarding delays but that communication from the Board to NHSPS would do no harm. The partners' approach had been joined up in terms of identifying what was needed but problems had been experienced when NHSPS became involved.

The Board was advised that Sue Hardy was now working at the London level. Simon Harwood had been brought in to replace Sue. Sue was thanked for all her work regarding the Hillingdon Strategic Estates Group.

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

8. **HILLINGDON CCG UPDATE** (*Agenda Item 9*)

The final audited outturn position for Hillingdon Clinical Commissioning Group (HCCG) in 2017/18 at month 12 was an overall in year surplus of £1.072m. The £12.4m QIPP target for 2018/19 would be a challenge.

Extended GP access had been rolled out over the last few months but work was still needed to ensure that the pathways were continuous regardless of the provider. The Hillingdon Primary Care Confederation (HPCC) comprised 44 of the 46 practices in Hillingdon. To ensure that the patients registered with the two non-HPCC practices were not being excluded, HCCG would need to ensure that these patients were aware of the services available. In addition, HCCG had started a process of engagement with the two practices as HPCC was happy to open up the extended hours service to their patients but this would be subject to an information sharing agreement.

Prescribing Wisely had received a lot of media coverage and residents were starting to understand that they could have a sensible conversation with their GP. As such, awareness was increasing and residents were starting to take more ownership of their health. It was suggested that 'before and after' stories might be useful to illustrate the change in attitude.

The report stated that early cancer diagnosis remained an area of challenge in Hillingdon. HCCG had been working with local residents to ensure that screening opportunities were maximised (for example, bowel cancer).

With regard to musculoskeletal (MSK) services, HCCG had been working with partners such as THH, the voluntary sector and HPCC to streamline the pathway. Work had started in June 2018 to put an integrated model in place for MSK services. Although this would be rolled out in specific areas of the Borough, the effectiveness of the model would be assessed in December 2018 before being rolled out further.

Other work undertaken by HCCG included the investigation of primary care provision for Heathrow Villages. It was also noted that there was now a single accountable officer for the North West London sector.

RESOLVED: The Health and Wellbeing Board note the update report.

9. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 10*)

It was noted that four new governors had been appointed to Healthwatch Hillingdon (HH) and a new Chair, Ms Lynn Hill, had also be appointed. Ms Hill's appointment nomination would be forwarded to Council for consideration at its meeting on 5 July 2018.

With regard to extended access to GPs, HH had undertaken extensive research with residents in the Borough. The results of this research had been included in a report which identified eight recommendations. Concern had been expressed that the scheme had not been tailored to local needs and that it would continue to run in its current form for a while. Hillingdon Clinical Commissioning Group (HCCG) had already provided HH with a reply and noted that 8am-8pm had been nationally mandated with attached funding. Changes such as this required a change in perception and use of the extended hours was being tracked.

Young Healthwatch Hillingdon (YHwH) had moved forward with a total of 25 young volunteers. Some of these young people had taken part in the PLACE Inspections and PLACE Assessments at Hillingdon Hospital. A formal launch of YHwH would take place in August 2018.

Concern had been raised that some residents had been told by some practices that they would have to stay on a waiting list for up to six months before they would be able to register with the practice. Patients were also having to wait 3-5 weeks for appointments in some practices. This was not acceptable and any instances needed to be escalated to HCCG and NHS England.

Attendees at the Visual Impairment Reading Group had identified a number of barriers and difficulties that they had in accessing services. Inadequate signage at Hillingdon Hospital appeared to be a significant challenge for them.

On 22 February 2018, a number of students at Barnhill Community High School had taken part in a pilot Mental Health, Wellbeing and Life Skills programme. Some of the responses received had been disturbing. The programme would run again between September 2018 and March 2019 at two other schools. Whilst funding had been secured for this next tranche, securing funding to deliver the programme was becoming an increasing challenge.

RESOLVED: That:

1. the appointment nomination of Ms Lynn Hill as the Healthwatch Hillingdon Statutory Voting Member on the Hillingdon Health and Wellbeing Board be forwarded to Council for consideration; and
2. the Health and Wellbeing Board noted the report received.

10.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 11</i>)</p> <p>RESOLVED: That the Health and Wellbeing Board Planner 2018/2019 be noted.</p>
11.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 6 MARCH 2018 (<i>Agenda Item 12</i>)</p> <p>RESOLVED: That the confidential minutes of the meeting held on 6 March 2018 be agreed as a correct record.</p>
12.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 13</i>)</p> <p>The Board discussed issues in relation to strategic estates.</p> <p>RESOLVED: That the discussion be noted.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.37 pm.</p>

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

BOARD MEMBERSHIP UPDATE

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATIONS

That the Health and Wellbeing Board agree that:

- Mr Mark Easton replace Mr Rob Larkman as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted member on the Board; and
- Ms Sarah Crowther replace Ms Allison Seidler as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted member on the Board.

3. INFORMATION

Supporting Information

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

A request has been made by Hillingdon Clinical Commissioning Group that Mr Mark Easton replaces Mr Rob Larkman as the organisation's Non-Voting Co-opted member and that Ms Sarah Crowther replace Ms Allison Seidler as the organisation's Non-Voting Co-opted member

on the Hillingdon Health and Wellbeing Board. It should be noted that, as this is a proposed change to the Non-Voting Co-opted membership of the Board, there is no need for it to be ratified by Council and, if agreed by the Board, can be implemented immediately.

Voting Rights

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

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

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

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A.

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

Sections 195 and 196 of the Health and Social Care Act 2012 specify the functions of the Board. These duties are to encourage persons engaged in the provision of any health or social care services "to work in an integrated manner" and to "provide advice, assistance or other support" to encourage joint working between local authorities and NHS bodies. Section 196 also specifies that the Board is to exercise the Council's functions under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 - assessment of health and social care needs in the Borough and the preparation of the Joint Health and Wellbeing Strategy.

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

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

6. BACKGROUND PAPERS

NIL.

HEALTH AND WELLBEING BOARD MEMBERSHIP 2018/2019

subject to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

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

HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2018-2021

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

1. HEADLINE INFORMATION

Summary	This paper reports against Hillingdon's Joint Health and Wellbeing Strategy 2018-2021. It also highlights key current issue that are considered important to bring to the Board's attention regarding progress in implementing the Strategy.
Contribution to plans and strategies	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. The JHWB strategy encompasses activity that is underway, including through various commissioning plans, the Better Care Fund and in taking Hillingdon towards an Integrated Care System.
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. considers the issues raised at 3.2. below setting out 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 in December 2017. The functions of the Transformation Group and Transformation Board have been redirected towards

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 aims, enabling challenge from partners and exploration 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

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

The Board considered the cumulative underlying deficit within the Health and Care system in Hillingdon of some £40-50m in 2018-19 at its last meeting. The position remains broadly the same. The aim remains to develop a 3-5 year financial plan to underpin the joint strategy in the context of moving towards a whole system plan, which has started to be discussed through the Transformation Board.

A component part of that plan will be an effective Integrated Care System through Hillingdon Health and Care Partners.

3.2.2. The Hillingdon Hospital CQC Inspection

The CQC inspection report was published on 24th July, with an overall rating that the Trust "Requires Improvement". The Council's External Services Select Committee will invite the Hospital to explain what action it is taking as part of the committee's formal scrutiny role. Unfortunately, THH is not able to be represented at today's HW Board but the Board may, nonetheless, wish to consider how these findings could impact on its strategic priorities and whether there are partnership solutions that could help with the improvement process.

3.2.3. Discharge from hospital and DTOCs

The Board agreed that the Chairman should write to the Secretary of State on its behalf expressing concern that the imposed DTOC targets for 2018/19 under the Better Care Fund arrangements appear to penalise Hillingdon's success in reducing delays so far, that new targets were a significant stretch and, therefore, were not agreed by the Board. A letter was duly issued with no reply to date.

Meanwhile the early 2018/19 data for Q1 shows there were 1,356 delayed days. On a straight line projection this would suggest an outturn for 2018/19 of 433 delayed days above the target for the year. If sustained during the year this would bring Hillingdon's performance very close to what is the most challenging target set for a Health and Wellbeing Board area in London. Further details are in the Better Care Fund performance report on today's agenda.

The BCF report also highlights concerns that, whilst partners have been working closely together to address day to day demands on capacity at Hillingdon Hospital, there has been no agreement as yet between partners about management arrangements for the Integrated Discharge Team (IDT). In addition, there has also been no agreement about how resources will be used differently to ensure a sustainable hospital discharge model that can manage demand surges (including those winter-related) as "business as usual".

3.2.4. Public Health

There are no new infectious disease concerns to bring to the Board's attention and no current issues with sexual health and substance misuse services. Tendering processes are underway for NHS Healthchecks and Smoking Cessation services.

3.2.5. Michael Sobell House

Earlier in the year, it was announced by the East & North Herts NHS Trust, in partnership with Michael Sobell Hospice Charity (MSH), that the existing Hospice building was unsafe and no longer fit for purpose. A temporary relocation of the inpatient unit (IPU) as an interim measure was arranged into two wards on the Mount Vernon Cancer Centre unit at the end June 2018.

The MSH charity has set out its position to the Council's External Services Scrutiny Committee and discussions are currently underway through all partners to:

- Ensure no patient who needs a bed is left without one, through spot purchasing elsewhere if needed.
- Define exactly what the position is regarding the building and what options might exist for its future.
- Assess alternative models of palliative care and review provision available throughout the health and care system.

In addition the Charity has led a number of listening and engagement events to hear views of local people.

Hillingdon CCG is also leading on an End of Life (EOL) Steering Group with NHS stakeholders to the MSH IPU and MSH Charity to review provision of acute specialist inpatient palliative care in light of these developments

Review of the immediate concerns for MSH, have indicated a need for a review of the bigger long term picture. The EOL Steering Group is working to develop a 'spectrum of options' as part of a holistic approach to delivering acute specialist inpatient palliative care. Once the options have been identified, the plan is to hold a workshop with partners and patients around potential options and outcomes for the longer term in relation to acute specialist inpatient palliative care.

3.2.6. Health Based Places of Safety (HBPoS) Review

The Board will be aware of proposals from the Healthy London Partnership to reduce the number of HBPoS in North West London from eight to five by April 2019 and then to three by 2020. With all barring one of the proposals potentially leading to an increase in demand on the section 136 suite at the Riverside Centre, there has been concerns about the potential implications for the supply of Approved Mental Health Professionals (AMHPs) and section 12 doctors, i.e., a doctor trained and qualified in the use of the Mental Health Act 1983. There was also broader concern among partners about the validity of the data used to support the draft proposals.

A letter has now been sent by Mark Easton and John Wicks, NWL Mental Health Programme Director, to partners in July, which provides assurances that the Healthy London Partnership proposals are only suggestions and that no decisions have been made. Subsequently more detailed data has been supplied by providers of existing HBPoS services to NWL and there is a

meeting taking place on the 20th September that will share the results of this and its potential implications.

3.2.7. Social Care Green Paper

In June 2018, the Health and Social Care Secretary announced a further delay to the “autumn” of 2018 following the announcement that a ten-year plan for the NHS would be developed. The Government has said that the proposals in Green Paper will “ensure that the care and support system is sustainable in the long term”. It is expected that proposals in the Green Paper would include a lifetime “absolute limit” (i.e. cap) on what people pay for social care. Other topics that the Government have said will be included include integration with health and other services, carers, workforce, and technological developments.

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.

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 - September 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.
- An evaluation of the MyHealth Programme during August has resulted in a shift from an information, to a coaching style approach with patients who have a long term condition. The MyHealth Programme continues to expand with more referrals of patients into the programme from General Practice to promote self-care for patients with long-term conditions.
- New MyHealth workshops are planned for MSK type conditions (Back, Neck and Knee Pain) and Skins (sun, eczema and acne). In addition, a MyHealth Programme aimed at primary schools to address child obesity will be co-produced with parents, schools and children to commence from September 2018.

T7. Integrated care for Children and Young People

- Paediatric Integrated Community clinics (PICC) offering a joint GP and Paediatrician consultation are now available in the north, south and middle of the borough. From the start of the PICC roll-out under the GP Confederation (from 16 April to first week in August) there has been 250 children seen in 36 clinics – an average of 7 per clinic. The second rotation, i.e. move to different hosting practices is now underway. Feedback from families and staff is positive and increasing numbers of GP practices are expressing an interest in being involved. Options for future development of the clinics are being explored e.g. clinics for CYP with complex needs.
- Integrated Therapies – following engagement events with parents, schools and service providers a business case has been developed detailing a new model of therapy provision to be commissioned through pooled CCG and LBH funds. HCCG is working with LBH to commence a joint procurement later in 2018.

T2. New Primary Care Model of Care

- 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 within localities. This work is supported by Hillingdon's public health locality profiles.
- In order to improve access the three extended GP access hubs are now operational across Hillingdon. A new key development is that the 111 service, the London Ambulance Service and the Urgent Treatment Centre now are able book GP appointments directly into these hubs. The hubs operate from 6.30am to 8pm weekdays and 8am to 8pm weekends.
- 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. The testing phase of the new outcomes-based contract will commence in Q4 2018/19 and will involve engagement with GP practice staff on the new contract model.
- The CCG plans to launch, in November 2018, 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

New referral mechanisms have been established 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. Positive progress has been made with a significant increase in the number of GP referrals of patients into the MyHealth Programme.

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 Atrial Fibrillation, Hypertension and Heart Failure in Primary Care.
- Hillingdon offers an integrated community diabetes service, with a focus on management in the community as well as providing education and supporting Primary Care to manage complex patients at practice level.
- In Diabetes, HCCG will be working with providers to determine the future requirements for education so that patients, regardless of time of diagnosis, can access education throughout their diabetes journey. For both Type 1 and 2 Education across NWL STP we are also working on the provision and access of education via Digital platforms, Apps, interactive models as well as face to face.

T5. Transforming Care for People with Cancer

- The CCG is currently developing a list of options to support varying uptake levels of cervical screening in Hillingdon.
- 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 2017, 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 (EOL) Strategy, with focus on integrated working with local partners around an EOL Single Point of Access (SPA) and Palliative Overnight Nursing Service (PONS). EOL SPA/PONS has been delayed but will now commence on 11 September 2018 with confirmation of staff recruitment and training. Ongoing work to implement and embed Coordinate My Care (CMC) has resulted in increasing numbers of GPs and clinicians engaging with the service as well as more CMC plans, thus improving coordination between existing services.

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 the Autumn. 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

- 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 review highlighted a number of areas for improvement and a key recommendation is for the CCG to work with the Local Authority to start to scope future plans to develop more integrated service delivery across health and social care.
- 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 priorities in the Local CAMHS Transformation Plan for children and young people. Hillingdon will increase access to services from 13% last year to 28% in 2018/19 and more children and young people will be seen by services. The THRIVE framework model has been established in Hillingdon and Thrive network meetings have taken place with the Local Authority, schools and community groups, local partners and key stakeholders. This year has seen increased engagement with local schools to support the direction of travel outlined in the government Green Paper. A fuller report is included on the Board's agenda.
- The CCG has commissioned kooth On Line Counselling service for children and Young People aged 11-19, in Hillingdon and for students at Harrow and Uxbridge College. The Service started on 9th July 2018. This service will provide fast access, earlier intervention and support for children with emotional well-being issues.

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

T10. Transformation in Local Services

Progress in developing discharge processes to address delays in transfer from Hospital is set out the BCF report.

T8. Integration across Urgent & Emergency Care Services

- **NWL are piloting the enhanced 111 service over two years with planned re-procurement to commence early in 2019. The Directory of Services (DOS) is being reprocured across NWL. 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. NWL CCGs are looking to standardise KPIs across the UTC to adhere to national guidance.**
- **Ambulatory Emergency Care (AEC) at THH is working with stakeholders to review and future develop the provision of an AEC and associated pathways in line with national guidance, to ensure that, whenever appropriate, patients follow this pathway and avoid an unnecessary admission to hospital.**
- **Within the Emergency Department (ED) a review of working practices is underway and actions have been taken to improve the redirection and flow of patients through the department and into the appropriate services. Health Care Connectors are based at the UTC to sign-post and educate patients to alternative services where required.**
- **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;

- **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. EMIS and SystemOne are still working together to resolve technical issues.
- **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.
- **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. WiFi infrastructure has been deployed to over 90% of Practices and the IT team are working with them to develop the service.
- **The Health and Social Care Network (HSCN) is a new data network for health and care organisations which replaces N3.** It provides the underlying network arrangements to help integrate and transform health and social care services by enabling them to access and share information more reliably, flexibly and efficiently. We are working with the chosen supplier for North West London, Exponential-E, to procure a fit for purpose and cost effective network connecting all Practices within Hillingdon

E2. Creating the Workforce for the Future

The 'Transition Academy' is working with the GP Confederation to deliver a primary care workforce required to sustain general practice and deliver new models of care through a range of recruitment and retention strategies. Key outputs relate to increase in the training, mentorship and student placement capacity in general practice and recruitment of new staff into general practice including through apprenticeship programmes.

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 (diabetes and asthma) – supporting medicines optimisation agenda.
- Work in progress to establish 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.

During September and October 2018 co-production of the whole system transformation work with stakeholders i.e. patients, carers and front-line staff will take place. This will involve use of a range of research tools to gather information to feed into priorities and phase two of the programme.

This page is intentionally left blank

BETTER CARE FUND: PERFORMANCE REPORT (APRIL-JUNE 2018)

Relevant Board Member(s)	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon Clinical Commissioning Group
Report author	Paul Whaymand, Finance, LBH Tony Zaman, Adult Social Care, LBH Kevin Byrne, Health Integration and Partnerships, LBH Caroline Morison, Hillingdon Clinical Commissioning Group
Papers with report	Appendix 1 – Better Care Fund Metrics Scorecard

HEADLINE INFORMATION

Summary	This report provides the Health and Wellbeing Board with the fourth performance report on the delivery of the 2017/19 Better Care Fund plan. It is the first report on delivery during 2018/19.
Contribution to plans and strategies	The Better Care Fund (BCF) is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act, 2012.
Financial Cost	This report sets out the budget monitoring position of the BCF pooled fund of £54,049k for 2018/19 as at month 3.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- a) notes the progress in delivering the plan during the Q1 2018/19 review period; and
- b) note the proposal to amend the BCF section 75 agreement to reflect changes to hospital discharge arrangements described in the report.

INFORMATION

1. This is the fourth performance report to the Health and Wellbeing Board on the delivery of Hillingdon's Better Care Fund (BCF) Plan for 2017/19 and the management of the pooled budget hosted by the Council. It is the first report on the delivery of the second year of the plan, 2018/19 and updates the Board on the position to 1 September where possible. The plan and its financial arrangements are set out in an agreement established under section 75 of the National Health Service Act, 2006 that both the Council's Cabinet and Hillingdon Clinical Commissioning Group's (HCCG) Governing Body approved in December 2017. Appendix 1 to

this report is the BCF performance dashboard which provides the Board with a summary update against the six key performance indicators (KPIs).

National Metrics

2. This section includes performance against the metrics that Hillingdon is required to report to NHSE.

3. **Emergency admissions target (also known as non-elective admissions): *On track*** - In Q1 there were 2,811 emergency admissions of people aged 65 and over. On a straight line projection, this would suggest an outturn for 2018/19 of 11,244 against a ceiling for the year of 11,400.

4. **Delayed transfers of care (DTOCS): *Not on track*** - Table 1 below shows that there were 1,356 delayed days in Q1. On a straight line projection this would suggest an outturn for 2018/19 of 433 delayed days above the target for the year. The Board should be aware that there has been some adjustment to the ceiling for the year to take into consideration the effects of rounding. This means that the overall ceiling for the year is actually 10 delayed days lower than previously reported to the Board. If sustained during the year, this would bring Hillingdon's performance very close to what is the most challenging target set for a health and wellbeing board area in London.

5. Concerns about the challenging nature of this target and the methodology behind it was the subject of a letter sent by the Chairman to the Secretary of State for Health and Social Care, as agreed by the Board at its meeting in June 2018. The Chairman will provide a verbal update on the reply that he has received.

Table 1: DTOC Performance April - June 2018						
Delay Source	Acute	Non-acute	Total	2018/19 Target	Projection	Variance
NHS	496	464	960	3,289	3,840	551
Social Care	190	155	345	1,392	1,380	-12
Both NHS & Social Care	0	51	51	310	204	-106
Total	686	670	1,356	4,991	5,424	433

6. There has been a significant shift in the distribution of DTOCs between acute and non-acute in the Q1 compared to 2017/18. In Q1, 51% of delays were in an acute setting like Hillingdon Hospital and 49% in a non-acute setting like mental health provision, which compares to 43% and 57% in 2017/18. This can be explained by the considerable reduction in the delays in Central and North West London (CNWL) beds. For example, there were 390 delayed days in CNWL beds in Q1 2018/19 compared to 1,021 in Q1 2017/18.

7. During the period April 2018 to June 2018, nearly 15% (207) of all delays, e.g. health and social care, were attributed to issues with securing residential care placements and nearly 35% (474) to difficulties with securing nursing home placements. A combination of difficulties in securing placements for people with the more challenging behaviours as well as complex family

dynamics are the main factors contributing to these delays which continue to be the main causes of these difficulties.

8. **Permanent admissions to care homes target: Not on track** - There were 52 permanent admissions to care homes in the period April to July 2018, which would suggest an outturn of 153 for the year against a ceiling of 145. Nearly 77% (40) of these placements were conversions of short-term into permanent placements, therefore emphasising the importance of seeking to avoid making short-term care home placements, where possible. The opening of Grassy Meadow Court in September 2018 should assist in reducing the demand for permanent care home placements.

9. **Percentage of people aged 65 and over still at home 91 days after discharge from hospital to Reablement: On track** - An average of 91% of service users were still at home 91 days after discharge against a target of 88%. The Board should be aware that performance against this metric is measured against the number being discharged from hospital into the service in Q3 and still being at home 91 days later.

Scheme Specific Metric Progress

10. This section provides the Board with the Q3 position against scheme specific metrics where the data was available for the reporting period.

Scheme 1: Early intervention and prevention

11. **Falls-related Admissions: On track** - There were 220 falls-related emergency admissions during Q1. On a straight line projection this would suggest an outturn for 2018/19 of 880 admissions against a ceiling of 880 falls-related admissions.

Scheme 2: An integrated approach to supporting Carers

12. **Carers' assessments: On track** - There were 287 Carers' assessments in Q1. If this level of activity continues throughout the year, it could result in 1,148 assessments being undertaken against a target of 1,010. Assessments includes those undertaken by the Council and by Hillingdon Carers.

13. **Carers in receipt of respite or other Carer services:** In Q1 2018/19, 234 carers were provided with respite or another carer service at a cost of £469k. This compares to 207 carers being supported at a cost of £440k during the same period in 2017/18. This includes bed-based respite and home-based replacement care as well as voluntary sector provided services and services directly purchased via Direct Payments.

Scheme 4: Integrated hospital discharge

14. **Seven day working: Not on track** - Table 2 below illustrates performance against seven day metrics at Hillingdon Hospital and shows that performance is comparable with 2017/18 activity but some distance away from the 2018/19 targets.

Table 2: Hillingdon Hospital Discharges before Midday and at Weekends			
Item	2017/18 Baseline	2018/19 Target	April - June 2018/19 Outturn
Medicine Directorate, inc A & E			
Discharges before midday	20.4%	33%	18.7%
Weekend discharges	17%	65%*	16.4%
Surgery Directorate			
Discharges before midday	19%	33%	19.1%
Weekend discharges	15.9%	65%*	15%

* Percentage of weekday discharges

15. The Council continues to have in place provision to support discharges on a Saturday that are notified on a Friday through its Reablement Service and the Bridging Care Service. Any additional social care support could be considered in alignment with the required infrastructure being established by the Hospital, e.g. medical decision making, access to medication and access to transport.

Scheme 5: Improving care market management and development

16. **Emergency admissions from care homes: Not on track** - There were 167 emergency admissions from care homes during Q1. On a straight line projection, this would suggest an outturn for the year of 668 admissions, which is marginally above the target for the year of 637.

Key Milestone Delivery Progress

17. The following key milestones for Q1 in the agreed plan that were delivered were:

- **Implementation of the 'Red Bag' scheme completed** - Training for the final participating care homes was completed and they went live with the scheme. Outcomes from the scheme will be monitored and an update provided to the Board in due course.

The Red Bag Scheme Explained

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

- **Joint Housing and Mental Health protocol pilot implemented** - This establishes mechanisms and criteria for referrals and an escalation route where there are blockages. Direct liaison between an identified housing officer at the Riverside Centre, .i.e., adult mental health wards on the Hillingdon Hospital main site, has supported earlier planning and contributed to a reduction in housing-related delayed transfers of care. In addition, improved liaison has helped to reduce the number of people being referred to the Council from the Riverside Centre who are homeless on the day. The protocol will now be refined to reflect

experience over the review period and implemented as business as usual.

Successes and Achievements

18. Key successes and achievements for Q1 can be summarised as follows:

- **H4All Wellbeing Service** - H4All has reported that the Wellbeing Service received 330 new referrals during the review period and undertook 294 Patient Activation Measure (PAM) assessments. PAM is a tool that measures the extent to which a person is motivated to manage their own long-term conditions. It was reported that 176 people either had an improved score during this period or a score that remained the same following a further assessment. Improved scores are important as studies show that there is a reduction in demand on health and care services the more motivated a person is to manage their long-term conditions.
- Of the people referred to onward services during the review period, 50% (153) were referred to third sector organisations, including both constituent partners of H4All and other groups operating in the Borough. This is particularly pertinent to the nearly 30% (104) of referrals who were referred to the service as a result of individual experiencing loneliness and/or social isolation.
- **Disabled Facilities Grants** – 19 people aged 60 and over were assisted to stay in their own home through the provision of disabled facilities grants (DFGs) during Q1, which represented 55% of the grants provided. This has prevented the need to identify alternative housing options at a time when housing is in short supply and compares to 14 older people being assisted in the same period in 2017/18.
- **Carers' Memorandum of Understanding (MoU)** - Agreement was secured from statutory health partners such as HCCG, the GP Confederation, Hillingdon Hospital and CNWL, the Council and the third sector partners H4All and the Hillingdon Carers' Partnership to be signatories to the MoU and the principles contained within it that shape how support is provided to Carers in Hillingdon. The Joint Carers' Strategy and related delivery plan will turn these principles into action that will be reported as part of the BCF performance updates and annual reports to the Council's Cabinet and HCCG's Governing Body.

Key Issues for the Board's Attention

19. **Integrated Hospital Discharge Model** - Whilst partners have been working closely together to address day to day demands on capacity at Hillingdon Hospital, there has been no agreement as yet between partners about management arrangements for the Integrated Discharge Team (IDT). In addition, there has also been no agreement about how resources will be used differently to ensure a sustainable hospital discharge model that can manage demand surges (including those winter-related) as business as usual.

20. A business case is in development for consideration by the Integrated Discharge Executive, i.e., the Council's Corporate Director of Adult, Children and Young People's Services, the CCG's Managing Director, the Hospital's Chief Operating Officer and CNWL's Deputy Chief Operating Officer. The intention is that the Integrated Discharge Executive will be in a position to make recommendations about any resource implications through the usual governance structures in Q3 2018/19.

21. **Amendment to BCF section 75 agreement** - There has been agreement among partners for the Council to act as lead commissioner on behalf of the CCG for the provision of a Hospital Discharge Bridging Care Service. This service has been procured by the Council from a private provider to deliver care in a person's usual place of residence on discharge from the Hospital for up to 72 hours pending an assessment of their ongoing care needs. The service is funded by the CCG and approval will be sought in due course through the usual Council and CCG governance structures to amend the section 75 to reflect commissioning and payment arrangements. The cost of this service for 2018/19 is £239.3k and, if approval is granted, the BCF pooled budget will be increased by this amount.

22. **Michael Sobell House** - The latest position concerning Michael Sobell House and the provision of end of life services in the north of the Borough is addressed in the CCG update report also on the Board's agenda.

23. **Post-April 2019 BCF Plan** - Information from the Better Care Support Team suggests that the operational guidance for the next iteration of the BCF will not be released until after the publication of the Adult Social Care Green Paper, which has been delayed to coincide with the publication of the 10-year NHS Plan. It is now understood that this will not be published until November 2018.

24. However, it is understood that the next iteration of the plan will be for one year only, i.e., for 2019/20. Officers have discussed with the Better Care Support Team the possibility of Hillingdon developing a three year plan and this has been welcomed. This allows partners to enter into longer-term funding and contractual arrangements that supports local integration proposals included in the report to the Board's meeting in June, e.g., integrated therapies. It is therefore proposed to develop a three-year plan during Q3 and the Board's December meeting provides an opportunity to consult with its members on the draft content. The draft plan will then be adapted to meet Government requirements for the 2019/20 plan following the publication of the operational guidance, which may well not occur until Q4.

Financial Implications

25. The forecast financial position at the end of Quarter 1 2018/19 is summarised in Table 4 below. The overall forecast for the year at the end of Quarter 1 is a pressure of £129k, which is from pressures within Social Care. The CCG is forecasting the Year End position to be on budget.

26. There is an underspend forecast in Scheme 4: *Integrated Hospital Discharge*, of £110k. This is primarily due to lower costs within the Reablement Team. Offsetting this underspend is a forecast pressure within Scheme 5: *Improving Care Market Management and Development*, of £248k. This pressure is forecast in the delivery of homecare and care home placements and is being managed within the overall budget of Social Care.

Table 4: BCF Financial Summary 2018/19			
Key Components of BCF Pooled Funding (revenue unless classified as Capital)	Approved Pooled Budget 2018/19	Forecast Quarter 1 2018	Variance as at Quarter 1 2018
	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	26,770	26,770	0
LB Hillingdon - Commissioned Services	23,105	23,234	129
LB Hillingdon - Commissioned Capital Expenditure	4,174	4,174	0
Overall Totals	54,049	54,178	129

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

28. *Amendment to section 75 agreement* - This will ensure, if agreed, that commissioning and financial arrangements between partners to support hospital discharge are accurately reflected in a legally binding agreement.

Consultation Carried Out or Required

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

Policy Overview Committee Comments

30. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

31. Corporate Finance has reviewed this report and notes that there are no direct financial implications associated with the recommendations therein. It is further noted that a net overspend of £129k is projected against the Council managed elements of the pooled Better Care Fund Budget. This pressure is forecast in the delivery of homecare and care home placements and is being managed within the 2018/19 approved budget for Social Care.

Hillingdon Council Legal Comments

32. As is indicated in the body of the report, the statutory framework for Hillingdon's Better Care Fund is Section 75 of the National Health Service Act, 2006. This allows for the Fund to be put into a pooled budget and for joint governance arrangements between the Governing Body of Hillingdon's HCCG and the Council. A condition of accessing the money in the Fund is that the HCCG and the Council must jointly agree a plan for how the money will be spent. This report

provides the Board with progress in relation to the plan.

BACKGROUND PAPERS

Appendix 1) BCF Metrics Scorecard.

Better Care Fund

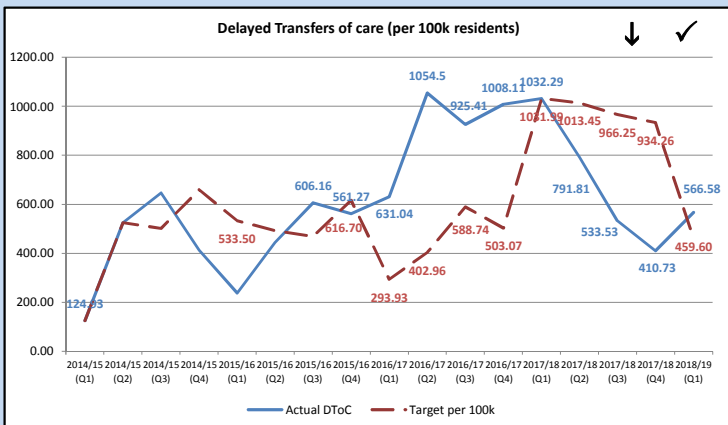
Period:
Month Number:

01/04/2018 to 30/06/2018
3

Appendix 1

High Level Summary

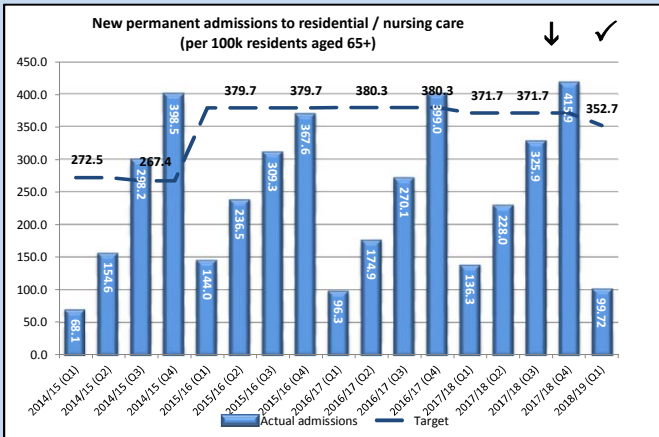
Non-Elective Admissions		Pay for performance period			
		Q1 (Apr - Jun)	Q2 (Jul - Sept)	Q3 (Oct - Dec)	Q4 (Jan - Mar)
Non-elective admissions in to hospital (general & acute), 65+.	2017 Actual	2,697	2,749	2,869	2,952
	Req. Reduction for 2018	-153	-101	19	102
	Target for 2018	2,850	2,850	2,850	2,850
	Actual 2018	2,811			
Difference from Target		-39	-2,850	-2,850	-2,850



Delayed Transfers of Care (There is a 1 month time lag on the availability of the data)	To the end of period	Number (1/4ly)	Residents	Per 100k
	Baseline (2016/17)	8,364	235,788	3,547.3
	2017/18 (Q1)	2,434	235,788	1,032.3
	2017/18 (Q2)	1,867	235,788	791.8
	2017/18 (Q3)	1,258	235,788	533.5
	2017/18 (Q4)	983	239,332	410.7
	2017/18 (Full Year)	6,542	239,332	2,733.4
	2017/18 (Target)	9,337	239,332	3,901.3
	Variance from Target	-2,795	239,332	-1,167.8
	2018/19 (Q1)	1,356	239,332	566.6
	2018/19 (Q2)		239,332	0.0
	2018/19 (Q3)		239,332	0.0
	2018/19 (Q4)		239,332	0.0
	2018/19 (YTD)	1,356	239,332	566.6
	Variance from YTD Target	+108	239,332	45.2
	2018/19 (Target)	4,991	239,332	2,085.4
	Variance from Target	-3,635	239,332	-1,518.8

ASCOF 2B	% of clients still at home 91 days after discharge	2017-18 (Target)	2017-18 (Q4)	2018-19 (Target)	2018-19 (Q1)
		88.0%	88.7%	88.0%	91.0%
	Variance from Target	N/A	0.7%	N/A	3%

Key components of BCF funding 2018/19	Budget	Outturn	Variance
	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	26,770	26,770	0
LB Hillingdon - Commissioned Services	23,105	23,234	129
LB Hillingdon - Commissioned Capital Expenditure	4,174	4,174	0
Overall BCF Total funding	54,049	54,178	129



Permanent admissions to Residential / Nursing care (residents aged 65+)	To the end of period	Number (Cum)	Residents	Per 100k
	Baseline (2016/17)	161	40,354	399.0
	2017/18 (Q1)	55	40,354	136.3
	2017/18 (Q2)	92	40,354	228.0
	2017/18 (Q3)	134	40,354	332.1
	2017/18 (Q4)	170	41,117	413.5
	2017/18 (Target)	150	41,117	364.8
	Variance from Target	+20	41,117	48.6
	2018/19 (Q1)	41	41,117	99.7
	2018/19 (Q2)		41,117	0.0
	2018/19 (Q3)		41,117	0.0
	2018/19 (Q4)		41,117	0.0
	2018/19 (YTD Target)	36.25	41,117	88.2
	Variance from YTD Target	-36	41,117	-88.2
	2018/19 (Target)	145	41,117	352.7
	Variance from Target	-104	41,117	-252.9

This page is intentionally left blank

CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE

Relevant Board Member(s)	Dr Ian Goodman Councillor Philip Corthorne
Organisation	Hillingdon Clinical Commissioning Group (HCCG) London Borough of Hillingdon (LBH)
Report author	Jane Hainstock and John Beckles
Papers with report	Appendix 1 - Hillingdon CYP MHEB LTP implementation plan Appendix 2 - Healthwatch Case History Appendix 3 - CNWL Case History Appendix 4 - CNWL Performance data

1. HEADLINE INFORMATION

Summary	<p>This paper updates the Health and Wellbeing Board on key achievements in implementing the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (CYPMH LTP), which is being supported through the development of the Hillingdon Thrive network.</p> <p>Of particular note this quarter, the paper highlights and evidences the progress that has been made locally in engaging with training programmes developed with local schools and the College. These initiatives support the direction of travel outlined in the Government's recently published response to the consultation on the Green Paper, e.g., Schools Mental Health Champion and mental health support in schools (child wellbeing practitioners).</p> <p>As requested by the Board at its last meeting, the paper includes case histories from local young people and gives an insight into the impact that mental health and emotional wellbeing support has had on their lives.</p> <p>Importantly the paper outlines the proposed priorities of the CYP Emotional Wellbeing and Mental Health LTP Refresh: to integrate care more effectively and to remodel the current pathway to provide earlier intervention more quickly and improving outcomes for children and young people in Hillingdon. It also provides assurance to the Board that these plans are in line with local strategy and reflects the views of children and young people about the proposals.</p>
Contribution to plans and strategies	<p>Hillingdon's Health and Wellbeing Strategy Hillingdon's Sustainability and Transformation Plan Hillingdon CCG's Commissioning Intentions 2017/18 Hillingdon Children and Young Persons Emotional Health & Wellbeing Transformation Plan</p>

	<p>National:</p> <ul style="list-style-type: none"> • 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing' (2015) • The Five Year Forward View For Mental Health – report from the independent Mental Health Taskforce to the NHS in England (February 2016) • Implementing the Five Year Forward View for Mental Health (NHSE 2016) • NHS England specialised commissioning Children & Adolescent Mental Health Services (CAMHS) case for change (NHSE August 2016) • Green Paper: The Government response to the consultation on Transforming Child mental Health Provision- A Green Paper next Steps. (DOH July 2018).
Financial Cost	This paper does not seek approval for costs, the Board received the indicative proposals for 2018/19 in the December Board Paper
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1. notes the progress made:**
 - a. on the implementation of the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (CYP MHLTP) to date in 2018/19.**
 - b. in developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention), particularly the establishment of the new Wellbeing and Mental Health project in schools which is developing a model of best practice and a compendium of resources to support all schools in the Borough.**
 - c. the sustained improvement in access for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from CCG and NHS commissioned services.**
- 2. agrees to delegate authority to the Chairman of the Health and Wellbeing Board, in consultation with the Chairman of Hillingdon CCG and Chair of Hillingdon Healthwatch, to agree, on its behalf, the October 2018 refresh of the Local Transformation Plan. The plan will set out work proposed up to 2020 and will be consistent with the direction and priorities of the existing plan as agreed by the Board and outlined at section 7.0.**

3.0 The Thrive Model - Figure 1



The Thrive domains:

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.

4.0 Given the Board's formal adoption of the Thrive framework, the progress within this report is framed within the four Thrive domains in order to provide an appropriate and consistent structure to the process of updating the Health and Wellbeing Board on the transformation of children's mental health and emotional health and wellbeing services and the associated work being progressed to establish the Thrive model in Hillingdon. (See Figure 1 above).

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:

4.2 Thrive Components - Getting Advice and Getting Help

4.2.1 Engagement with Schools

A number of working groups have been established to support the development of Thrive locally and the network is facilitating a co-ordinated approach to schools training and development:

4.2.1.1 An Emotional Wellbeing / Mental Health Training Group, a task and finish group, led by the CCG CYPMH transformation Project lead, is compiling a list of mental health (MH) and emotional wellbeing/resilience training programmes currently operating in schools aiming to design a compendium for the use of local schools by February 2019. This will provide teachers with advice and support on emotional wellbeing and mental health issues as well as a directory of what is available. The resource will support all schools particularly those in deprived areas that may require additional support. The compendium will be made available on line and through the local offer 'Connect to Support'.

4.2.1.2 The 'Wellbeing and Mental Health in schools project' launched at the end of the summer term with an event co facilitated by the LBH schools leads, the CCG and two local head teachers. Twenty two local schools attended, each represented by the Head, Chair of Governors and a Mental Health school champion. The Head Teachers and Governors of the schools are fully committed to this year-long project and have allocated the role of Mental Health Champion to a senior staff member, in order to drive forward change in both practice as well as policy and models of working and teaching across the school. This is a significant development in engagement and commitment to the agenda from local schools, and enables

partners to test the 'Mental Health Champion' model and to identify best practice and support for other schools in the Borough going forward.

The targets and development goals for the project include:

- Enhancing engagement for children with emotional wellbeing issues/problems to improve achievement.
- Minimising behaviours that challenge from children and young people, which in turn will lessen permanent and fixed term exclusions.

4.2.1.3 A pilot of the 'Sandwell Whole School Approach' led by the Educational Psychology department will be running at a secondary school in Hillingdon in September 2018 aiming to test the benefits of this approach and the potential to widen the offer to more schools in due course. This approach has a sound evidence base and has been operational in several local authorities across the country. The evaluation of this pilot will be available to the Board in April 2019.

4.2.1.4 The new CYP practitioners are now recruited and the team have been meeting with the schools identified to support this one year long pilot which will offer MH support in schools and is another of the Green Paper development proposals.

4.2.1.5 The LBH inclusion team has been successful in its bid to the Department of Education for support to run an innovative educational model for working with children with autism spectrum disorder (ASD) and their families (SCERTS). The programme provides specific guidelines for helping a child become a competent and confident social communicator, while preventing problem behaviours that interfere with learning and the development of relationships. It is also designed to help families, educators and therapists work cooperatively as a team, in a carefully coordinated manner to maximise progress in supporting a child. The implementation plan is currently in development.

4.2.2 On Line Counselling Services – Kooth

'Kooth' the online counselling, support and advice service for 11-19 year olds went live in the Borough on 9 July 2018. There are monthly performance meetings taking place and the first detailed set of activity and performance data is due at the end of September and will be reported to the Board at future meetings. The service has been marketed with CYP and local services with further marketing activity taking place at the start of the new school/college term.

4.2.3 Single Point of Access

To improve the local early intervention and prevention service offer, and in line with the Hillingdon Local CYP LTP approach, a workshop is being planned in September 2018 to develop and design a 'Hillingdon Single Point of Access' (SPA). Discussions have highlighted the differing views of the purpose of a SPA, e.g., the location, online or building based, choice of a local solution versus a NWL wide SPA or a merger of both. The workshop will scope the model to address these issues aiming to offer a solution that provides early identification of CYP and provide early intervention to CYP needing mental health and/or emotional wellbeing support and is an efficient use of the available resources. The expected benefits are improved waiting times and outcomes for CYP by providing a fast, timely and appropriate service that reduces unnecessary referrals to specialist services.

4.3 Thrive component: 'Getting Risk Support' and 'Getting More Help' Performance update (Appendix 4)

As reported in earlier papers, the introduction of specialist community based services continues to support the reduction in 'tier 4' bed based services funded by NHSE and their programme of opening general, specialist LD and forensic beds for CYP across London is enabling Hillingdon CYP to be placed closer to home for shorter periods and to be supported by the new Crisis/Urgent Care teams before being 'handed back' to local specialised CYP (CAMHS) services. More beds are due to come on line in Q4 2018/19.

The CYP MH (Core CAMHS) service 18 week waiting list target (85% of referrals receive 2 interventions in 18 weeks) has been achieved since the last report. The performance report also notes a trend in the reduction of cases in Hillingdon on the waiting list in 2018/19 for treatment. Routine recording of the outcome of treatment has improved from 50% in M9, December 2017, to 62% in quarter 2, 2018/19. However, this is still under the 80% monthly target. An exception report has been raised and CNWL has an action plan to address this underperformance.

As outlined in the CCG commissioning intentions, and as part of the Thrive developments, the 'core CAMHS' and Learning Disability service specifications are under review and a model that improves early intervention, reduces waiting times and improves integration with local services and partner agencies is being scoped during 2018/19 for implementation in 2019/20.

5.0 Increased Access for Services

The Five Year Forward view (DH 2016) 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 2015/16 levels of 25% to 35% by 2020/21.

Although Hillingdon over performed against the 2016/17 target of 28%, the 2017/18 target of 30% was not achieved, reaching 23% of the 4,051 prevalence. This was due to a sudden drop in referrals in Q3 & Q4 to specialist CYP MH (CAMHS), that not all providers of mental health support were able to report their data to the central system and the fact that an incorrect mental health prevalence figure for Hillingdon (6,071) was used by NHSE/Department of Health (DH) to calculate progress towards the access target.

Hillingdon CCG has submitted a proposal to have the prevalence figure corrected (to 4,051) and the London Region NHSE Team are discussing this with the DH team.

Assuming the proposal is accepted by NHSE and the DH, it is projected (based on Q1 2018/19 activity) that Hillingdon will achieve a 28.3% access in 2018/19 via the CNWL services and increase access through the inclusion of LBH activity (LINK, etc) and Kooth activity by a further 4% to achieve the 32% access target for 2018/19.

6.0 Children & Young People's experience of services

As the Health and Wellbeing Board requested at the last meeting, a small number of case histories have been compiled from different service areas that reflect the impact that the services have on the lives of CYP in Hillingdon:

- Excerpts from interviews of two young people describing their personal experiences of specialist mental health services, reflecting on what worked well and what didn't help them. They are members of HYPE (Hillingdon Young People Empowered), a group run by CNWL for users of their services. The service uses the interviews to help them improve the services. (Appendix 3). The case history outlines a young person's perception and experience of CAMHS.
- A young person who took part in the Healthwatch project eloquently describes her personal experience of mental ill health and the impact of the programme on her school. (Appendix 2).
- The Scrapbook work for increasing self-esteem has now become embedded by all members of the school nursing service across the whole of Central and North West London NHS Trust (CNWL) and has been put forward for a national award.
- The school nurses who work with young people that are referred to them either from school, self-referral, parents or children / young people that are on CP / CIN plans. The nurse takes referrals on a number of issues, e.g., anxiety, bullying, low mood, friendship problems, weight issues, something that often comes with these issues is low self-esteem and the nurses find this is a good place to focus on from the start. The school nurses ask children to think about positive aspects about themselves and to record this in a scrapbook. A video has been produced which gives examples of this work.

7.0 Hillingdon Local CAMHS Transformation Plan Refresh October 2018

Priorities and Implementation Plan 2017/18 towards 2020

The Board agreed Hillingdon's Overarching Local Transformation Plan in 2015 and has received regular updates on progress since. NHSE require an annual refresh of the plan based on experience with implementation. This work is underway but will not be finalised until mid - October for submission at the end October 2018.

The overarching priorities agreed in the plan so far are:

Thrive - embedding the model to deliver a pathway without tiers and support improvements in

1. Access:

- Local Single Point of referral/access
- Minimal Waiting Times
- Using technology

2. Workforce Development & Training:

- Training Early help intervention & support Children Centres, Schools, GP Practices

3. Review newly commissioned services e.g. Eating Disorder Service

4. Vulnerable Groups - expanded focus

5. Sustainability beyond 2020

The August Thrive network meeting reviewed the targets in the implementation plan (Appendix1). They noted the areas of progress and achievements to date and endorsed the direction of travel. There was a general comment on the need to continue to focus on access and waiting times to ensure the percentage of CYP accessing services increased and that they had access to early support.

The network also suggested the areas to focus on in delivering the priorities:

- early intervention services need to be developed that reduce the impact on core CYP MH (CAMHS) services (4.2.3 & 4.3)
- ASD pathway needs to be embedded and further support models developed to meet the needs of this vulnerable cohort. (4.2.1.5 & 5.0)
- a single point of Access for CYP MH and EW services – (see 4.2.3)
- develop local offer to schools in the deprived areas and have a target of an extra 10-15 schools supported by the wellbeing and mental health network by the end of the summer term 2019. (4.2.1)
- co-ordination of 0-5 services need to be enhanced in Hillingdon around attachment

The CYP MH Transformation Project Lead met with Young Healthwatch to seek their views on the progress and priorities going forward. They were in support of the above priorities and emphasised the following:

- More support for emotional wellbeing in schools
- A single point of Access to reduce waiting time
- More use of on-line technology

The Board is therefore asked to agree to delegate authority to approve the annual refresh of the plan for submission to NHSE by end October 2018, to officers in consultation with the Chairman of the Health and Wellbeing Board, the Chairman of Hillingdon CCG and the Chair of Healthwatch Hillingdon. The refresh will reflect the above priorities and issues raised.

8.0 Governance

The new CYP MH Transformation project lead for Hillingdon CCG (John Beckles) joined the CCG in July 2018. The lead had been employed on a full-time basis on a fixed term 2 year contract and is providing additional resource and support to implement our plans working with local partners and stakeholders to deliver the priorities. This additional leadership will support the implementation of the LTP and the changes required to achieve an effective, efficient and economic pathway (VFM) for CYP and their families.

9.0 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 its June 2018 meeting.

10. EFFECTS ON RESIDENTS, SERVICE USERS & COMMUNITIES

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

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

11. BACKGROUND PAPERS

- Previous Health and wellbeing reports

This page is intentionally left blank

Appendix 1 CYP Emotional Well-being / Mental Health Implementation Plan 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	RAG
Actions:								
1 THRIVE modelling to identify: 1. Full scope of current provision across partners based on THRIVE Framework 2. Gaps, what needs to change : define the “To –Be” 3. Action planning	CCG* with LBH **	THRIVE Map key stakeholders CAMHS Users Schools early years Specialist services e.g. YOS, LAC Third sector, Voluntary and religious organisations.	Map and confirm across the borough: What is already being provided across the THRIVE framework Gap analysis.	Design and agree actions Map and plan implementation of model Model estimated numbers across THRIVE re capacity: contract variation or commission to fill gaps where funding is available	Implementation	Implementation Publication Communicate Model Addendums to relevant contracts	By the end of 2019: THRIVE model is in place and working across the system and is recognised as framework in Hillingdon	GREEN
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 ¹	AMBER

¹ 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.	AMBER
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.	AMBER
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	RED

Priority 2 Access	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome	
Actions:								
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.	AMBER
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	AMBER
5 Continue to reduce waiting times for specialist CAMHS. <ul style="list-style-type: none"> All referrals are screened by duty senior clinicians on the same day for urgency Clinically urgent are prioritised and progressed to the complex care element of the service for urgent response. Urgent response times: <ul style="list-style-type: none"> 2 hours 24-48 hours 2-3 weeks Non-urgent 85% to be seen within 18 weeks. 	CCG and LBH	Maintain referral targets	Maintain referral targets	Maintain referral targets Determine proposed waiting times across THRIVE and agree data collection fit		Work to continue to reduce the waiting time targets, across THRIVE	Waiting times consistently within targets. Sufficient capacity in work force to meet need across THRIVE	GREEN

<p>6 Online Support & Technology</p> <p>CCG Technology Solutions working with LBH Lead Officer will develop a tailored, interactive website covering local CAMHS provision.</p> <p>Ref: LTP 2018</p> <p>On line support and technology to work jointly to ensure an interactive web site for CAMHS provision and the Introduction of monthly webinars led by specialist clinicians to support primary care and schools and other community based practitioners.</p> <p>Using existing sites: Provider KISS Local Offer</p>	CCG and LBH	<p>Implement quick wins e.g. NHS recommended web sites and apps and other local CCG systems.</p> <p>Identify if funding stream available</p>	<p>With LBH and CCG communication teams develop local site.</p> <p>Link with other local CCG's where appropriate.</p>	Test	Implement	Communication/ launch	By 2019 there will be the foundation of a matrix of electronic provision – across THRIVE	RED
--	-------------	--	---	------	-----------	-----------------------	--	-----

Priority 3 Workforce Training	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome	
Actions:								
<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&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	GREEN

<p>2 Schools & 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>	GREEN
<p>3 Explore and test the concept of Co-ordinator/ key worker/ MENCO role within existing workforce working towards the “Green Paper” Dec 2017 https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper</p>	CCG and Schools	Scope evidence based approaches and models.	Building on MHFA champion model.				Hillingdon model agreed and developed for all schools	GREEN
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	GREEN

Priority 4 Review newly commissioned services for impact	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome	
Actions:								
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	GREEN
2 Sustainability for Specialist Getting More Help based on: Outcomes Activity model sustainability – see Priority 6	CCG	As for priority 6 below						GREEN
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	RED
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.	AMBER

Priority 5 Vulnerable** children and young people	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome	
Actions:								
<p>1 Review and scope emotional health and mental health gaps across the vulnerable cohort</p> <p>Ref: Commissioning Int Plan 2016-20)“Children & 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.	GREEN
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.	AMBER

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.	GREEN
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	AMBER

<p>8 Behaviour:</p> <p>There is a number of support approaches in place, which are however fragmented.</p> <p>Teams currently providing behavioural support:</p> <p>Inclusion team</p> <p>Virtual schools team</p> <p>Early intervention & prevention</p> <p>Parenting SEND outreach</p> <p>Troubled families</p> <p>Parenting programs</p> <p>NWL –</p> <p>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>	CCG with LBH and partners	<p>Clarify existing provision across the system, e.g.</p> <p>Identify gaps.</p> <p>Within existing resources:</p> <p>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>	AMBER
---	---------------------------	---	---	---	--	--	---	-------

**vulnerable Children & young people includes, those with physical, learning and sensory disability, those with mental health issues, long-term conditions, palliative care needs, looked after, young carers, CIN, and young offenders, child carers and others not included here.

Priority 6 Sustainability	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
Actions:							
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
1 THRIVE – redesign the system from tiers	Demand continues to outstrip capacity. Nationally difficult to recruit staff.	Prevention and pathway transformation. Education and training for families and children and young people to self-manage at “low” level to prevent escalation of issues. Early identification – crisis service.	All partners across the system.
2 Access	Limited innovation using 21 st century solutions to increase capacity and early intervention.	Remodelling based on learning across the country.	CCG
3 Workforce Training	Capacity change management - Behaviour / skills may be slow to embed.	Identify champions and leaders in the system Training programs, within system. Children’s laPT training.	All partners across the system and

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

Key: **Green** Excellent Progress

Amber: Moderate Progress

Red: Limited Progress Requires attention

Appendix 2

JD/ Health watch

I still find it difficult to admit that I suffer from a mental illness. It's been three years since I received a diagnosis and, despite affecting everything from my ability to wake up for school in the morning to the amount of restful sleep I get at night, society's notion that I can 'snap out of it' is unrelenting. At times, my resolve would weaken and I would find myself reverting to habits I had prior to the onset of my depression in an effort to 'snap out of it'.

It wasn't long before I realised that in order to feel better, it would take help and time. My journey to good wellbeing felt slower once it became apparent that recovery was not a linear process. I understood this, as did those that counselled me but my immediate environment - school- was full of peers and teachers who wanted to help pupils with mental ill health but didn't know where to begin.

I wasn't expecting Hillingdon Healthwatch's programme to make much of a difference to attitudes to mental health in an educational environment where exams are usually made out to be the 'be all and end all of life'. The pressure on every person (especially students) involved in a secondary school is immense and previously, I had thought that this pressure was unbelievable. Through countless hours of campaigning: by holding assemblies for all year groups, designing and analysing surveys to gauge the school's attitude towards mental health and having gotten an education on mental health from Kim, the stigma against mental illness in Barnhill has fallen drastically.

The survey results speak for themselves. As for me, I wouldn't have been able to be so open about my mental health journey if this programme hadn't taken place at my school!

Appendix 3

Extracts from An interview between a Young Person and a CNWL Core CAMHS Clinician.
Looking at their perception of the service and how they have experienced it.

CASE HISTORY

YP: Before CAMHS I was on my own, even before the school counsellor I was on my own and then I had the counsellor and I had someone to talk to every week.

.

AS: So finding those friends online who wanted to talk to you and give you attention

YP: They gave me a reason to want to live I guess, cause I was suicidal before as well. By the time I was that bad, I was talking to my friends a lot. I did have one real life friend but then she left and that's what triggered to me to go further and further down the spiral so I had no one else at school. I was excluded out of everything

YP: Yeah and then it got to the point where schools started again and then it started tiring me out because I had to talk about my feelings and I also have people being negative at school and then it just got to a point where I just didn't want to move out of my bed. It was like the one place where I knew I was safe was my bed.

YP: I struggle with a lot of things, I lack self confidence that has been completely disregarded by people. I have a medical condition, teacher didn't even know I had that...my grades slipped. As time went on, I couldn't see light at the end of the tunnel. I completely just lost my will to live until I went online gaming and met some people and we started talking about futures.

AS: You were made to look at what a future would look like

YP: We started talking about maybe getting a house together and just live together in the future and I started seeing light at the end of the tunnel. We don't talk about that anymore.

YP: Treated people for mental problems, I don't know. I kind of figured since I'd never been to one of these before, I kind of let my imagination run wild but it just kind of thought maybe it is one, maybe it isn't.

AS: Maybe having some information about what CAMHS actually is would have been useful. We're not a prison, we're not a mental health institution and we're not going to keep you here, that kind of information.

So in what way do you feel like coming here has impacted or not impacted?

YP: Since I came to this one, since you moved here and started CBT. We started talking about my future and what aspirations I had for the future. So that kind of gave me more reason to look forward to the future than the present.

AS: So she did more of the stuff that you found helpful with your friends about thinking about the future.

AS: So thinking about some of the things we've spoken about, about the things you would want more information on, what advice would you give someone else who was coming into CAMHS? Another young person like you, what advice would you give to them?

YP: Don't hide anything, be open. You're not going to be helped if you bottle everything up. And it isn't a mental institution.

So it's kind of similar to the advice question, but what do you think young people should know about CAMHS?

YP: It's a welcoming place after you get through the six months of waiting

AS: It's a welcoming place, anything else?

YP: I don't know, I guess if you have a problem you shouldn't keep it up inside, you should talk to someone, someone who could help you, like the counsellors, the therapists.

AS: How would you say, what is CAMHS?

YP: It's a place where you can openly talk about your feelings without worrying about other people judging you. I know a lot of people worry about how they will be judged when talking about things that have happened to them

AS: So it's like a safe place?

YP: Yes

AS: So that was all the questions I had. Was there anything you felt I've missed from your story in CAMHS that you would want to share with us?

YP: Well its not just about helping you get through depression, its helping you towards your future to forget about your past. Your past may be there but it's not there forever but you'll get through it and in the end you have another chapter in your life, don't waste it now.

AS: What does CAMHS mean for you now?

YP: Just to feel understood and helped in things that other people don't understand

AS: If you had to explain CAMHS to a friend how would you explain it?

YP: I don't know

YP: It just helped me feel better and manage things more as well long term

AS: So you feel like you picked up skills? What kind of skills do you feel you picked up?

YP: Just help around certain thoughts and challenging them and practical things like being able to do more things like going out and everything

AS: So what kind of advice would you give to other young people coming into CAMHS? So maybe people similar to you where they might have been forced to come to CAMHS or they didn't have much of a choice about coming into CAMHS, what kind of advice would you give them?

YP: I just think it's important to have an open mind because if you're not willing to engage it's not going to be helpful, you've just got to try

AS: Thinking back to when you first came to CAMHS, would your advice be to come with an open mind?

YP: I was like there's nothing they can do so there's no point but its gets to the point where you've just got to try.

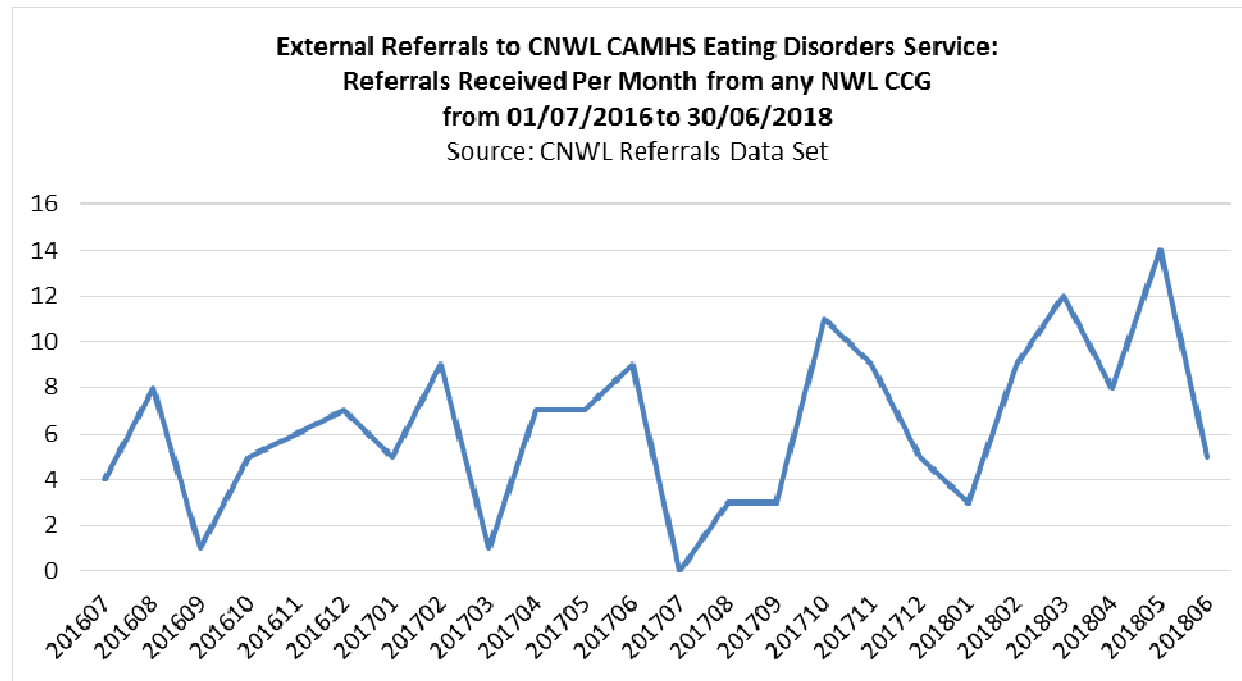
AS: So you feel like if someone had said that to you it would have been good advice for you. What could they have said to convince you at that time?

YP: Just that things can be done, you can be helped and stuff

AS: Yeah so feeling like things can change. Is there anything you think young people should know about CAMHS? Do you feel like there's any myths or misconceptions about CAMHS?

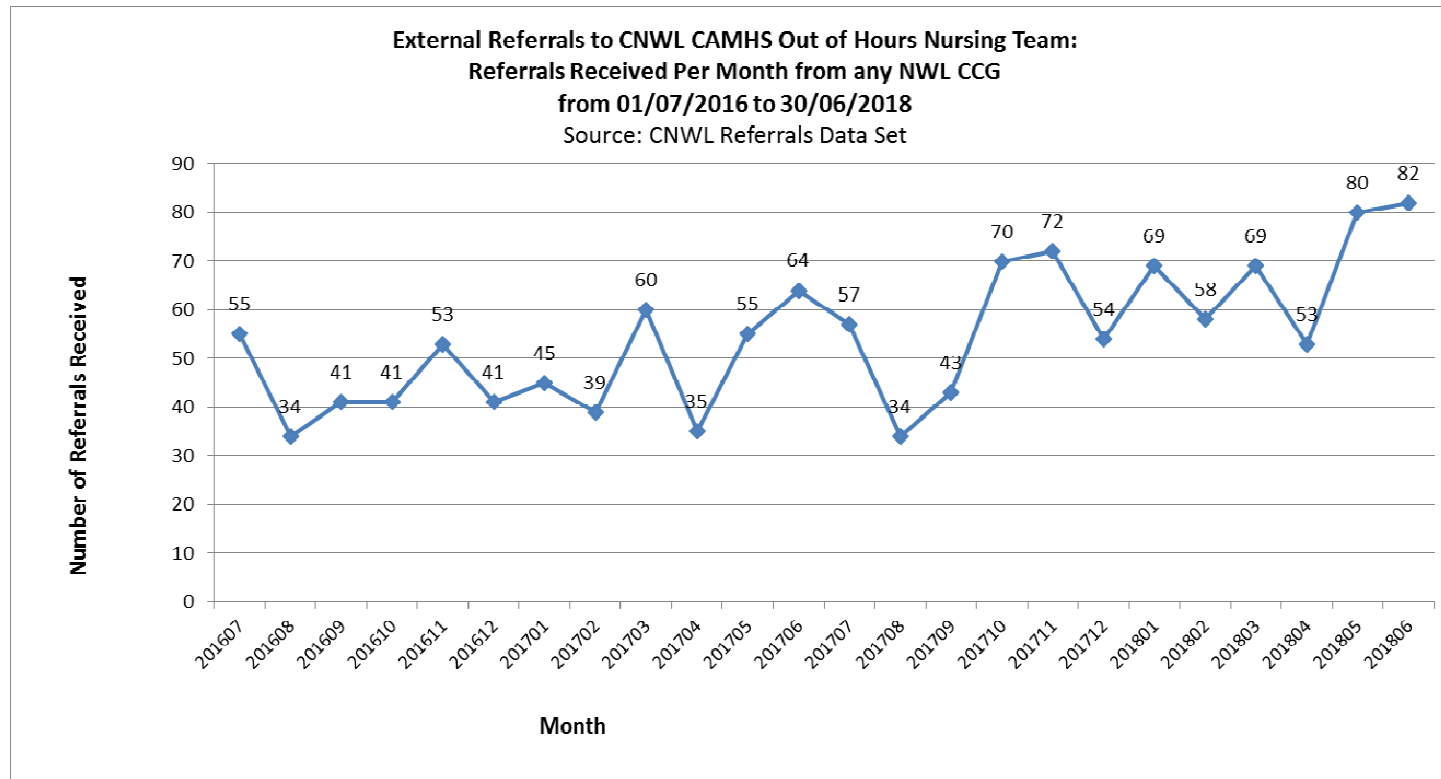
YP: *It's not a bad thing to come to here it's just for help and support you don't have to feel ashamed*

NWL CNWL Eating disorders service – referrals received.



- Total of 153 external referrals between 01/07/2016 and 30/06/2018 of which 40 were for Hillingdon CCG patients
- Interventions offered – family based intervention (Anorexia), Systemic Family Therapy, CBT
- Individual goals set with family
- Outcomes from evaluation include reduction in Tier 4 admissions to ED units.

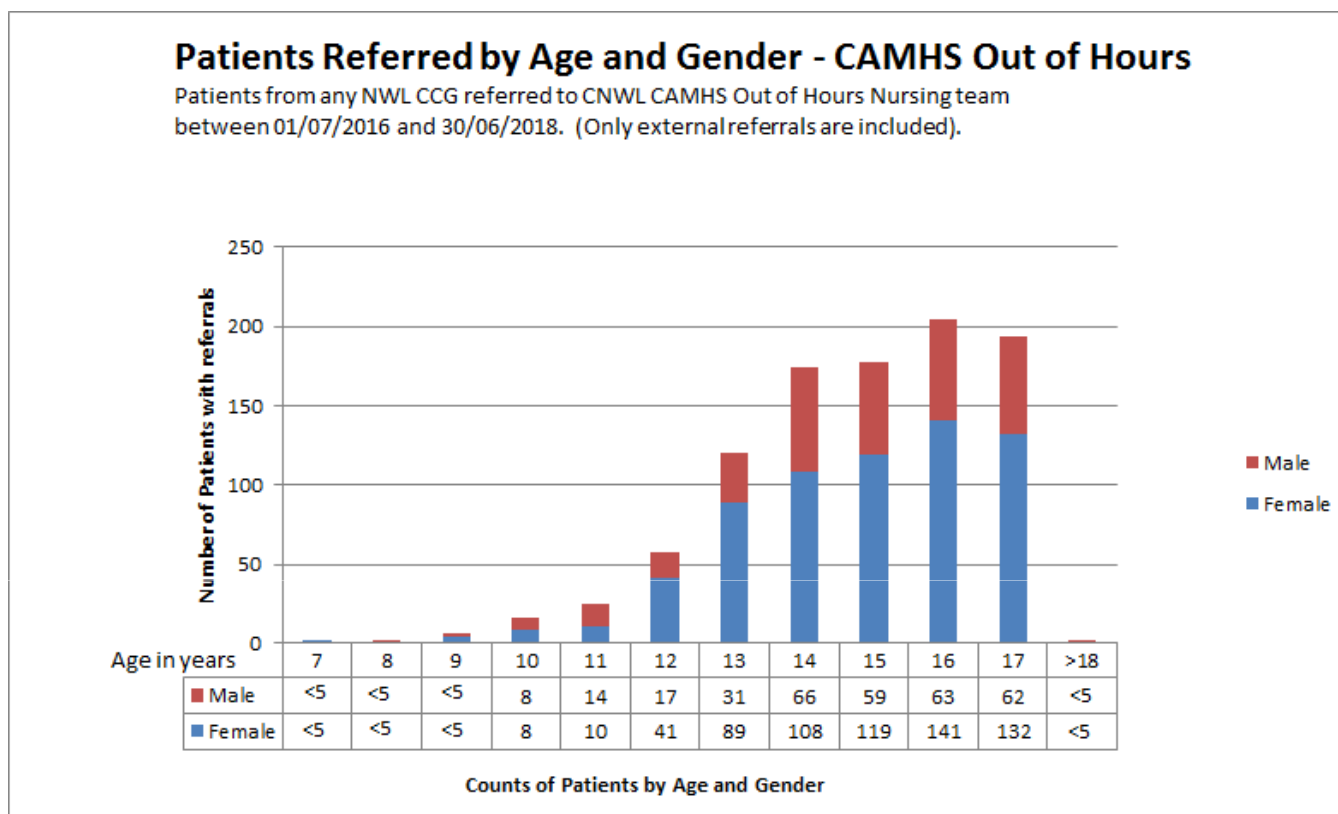
Referrals to CNWL CAMHS Out of Hours Nursing Team



Referrals

- 1,304 external referrals were received by the CNWL CAMHS Out of Hours Nursing Team between 01/07/2016 and 30/06/2018.
- Of these, 266 were referrals for Hillingdon CCG patients.

Demographics of Patients Referred to CNWL CAMHS Out of Hours Nursing Team

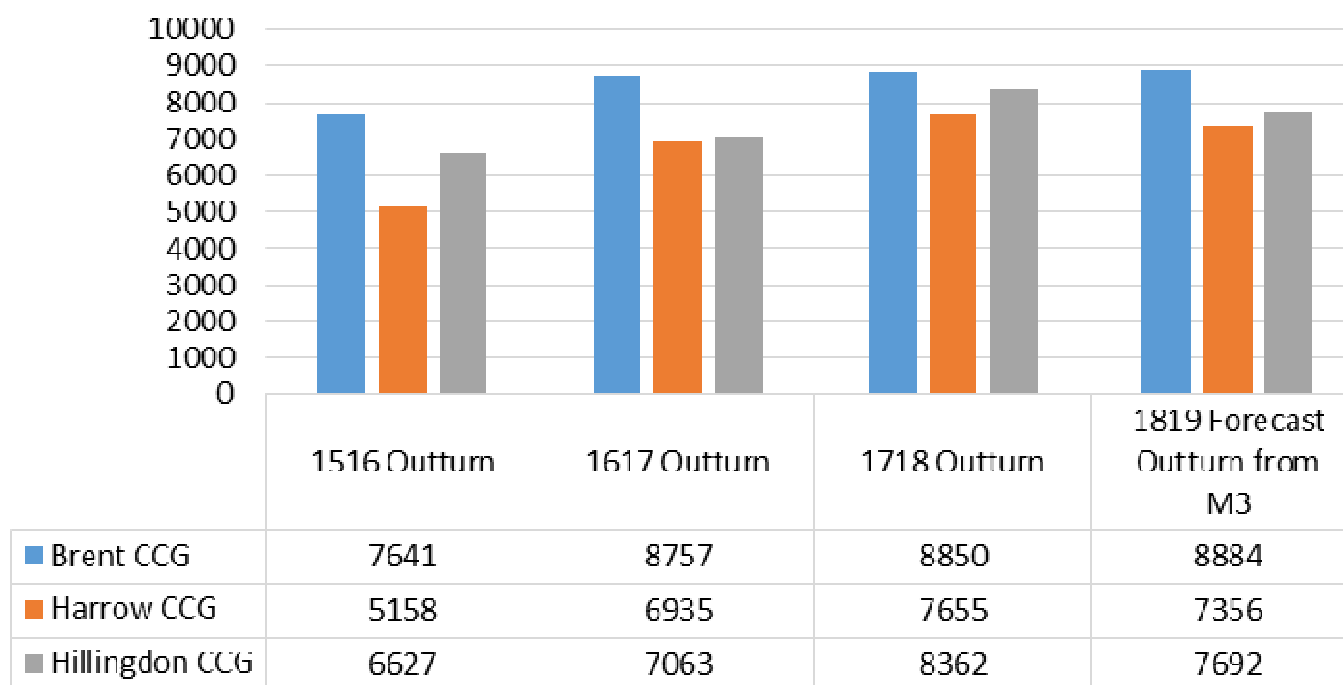


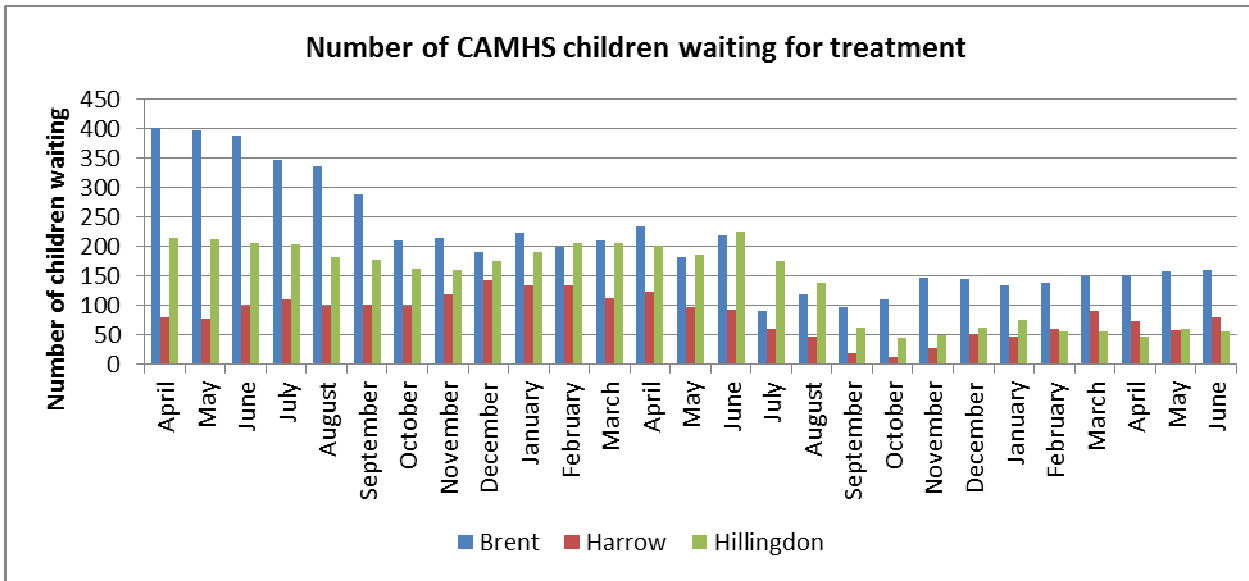
The data above supports targeting online and face to face counselling services for young people over the age of 11 years. Complimenting the existing face to face Hillingdon counselling services currently available. The new service will have a 'Hub' based in Hillingdon.

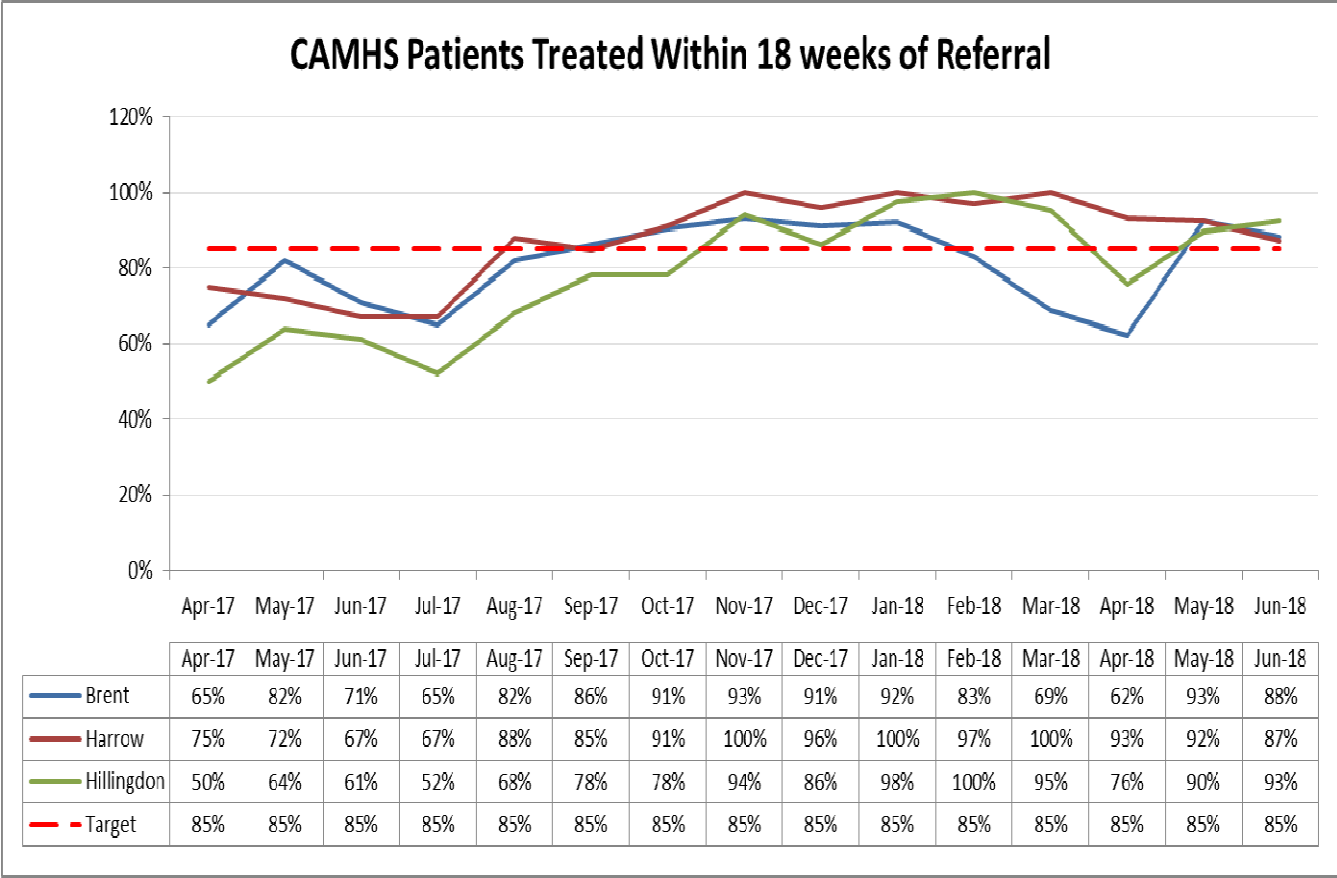
NB This chart and table only counts each patient once, even if they were referred multiple times between 01/07/2016 and 30/06/2018.

CNWL CAMHS Activity (Attended Face-to-Face Contacts) per Financial Year, by CCG

Source: CNWL Patient Level Activity Data







UPDATE: STRATEGIC ESTATE DEVELOPMENT

Relevant Board Member(s)	Dr Ian Goodman, Chair, Hillingdon CCG Cllr Philip Corthorne
Organisation	Hillingdon Clinical Commissioning Group London Borough of Hillingdon
Report author	Simon Harwood, Strategic Estates Consultant, Hillingdon CCG Nicola Wyatt, S106 Monitoring & Implementation Officer, Residents Services Directorate, London Borough of Hillingdon
Papers with report	Section 106 Healthcare Facilities Contributions (March 2018)

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

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

3. HILLINGDON ESTATE STRATEGY - OVERVIEW

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

Health & Wellbeing

- Working collaboratively across health, social care and public health, we will improve outcomes and reduce inequalities for our population with a focus on those with both traditional long term conditions (including both physical and mental health LTCs) and emergent categories of LTCs such as pain, frailty and social isolation.

- Our coordinated programme of work will bring together our existing plans for the BCF and our Health and Wellbeing Strategy (HWBS) 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 has completed an Options Appraisal for the creation of a new Out of Hospital Hub for the North of the Borough with the preferred solution being a redevelopment of the combined Northwood and Pinner Community Hospital and Northwood Health Centre sites. Work has commenced on the Outline Business Case working with NHS Property Services (NHS PS) to refine the design in order to obtain planning consent.	Target date for outline business case Dec 2018 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. The CCG has now commenced production of the outline business case and as part of this work will further develop the design solution to maximise value from the site and decant options with the Council.	Target date of outline business case March 2019 Projected hub opening date June 2021
Building capacity for Hayes and Harlington	<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 Section 106 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 November 18 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>	S106 agreed for the OVF Detailed design and commercial negotiations to be concluded November 2018

Project	Status	Indicative Timeline
New premises for Shakespeare Medical Centre and Yeading Court Surgery	Heads of Terms have been agreed between the practice, CCG and Council for the relocation of the practice to new premises on the redeveloped former Woodside Day Centre site. A planning application for the scheme has now been approved, subject to the completion of a s106 agreement. Project meetings between the Council, CCG and practices continue to oversee scheme development.	Target date for project completion 2021
Yiewsley Health Centre	<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 while lease terms are being agreed between NHS Property Services and the practices.</p>	<p>NHS England due diligence completed Dec 2017 and release of funding agreed</p> <p>Target date for project commencement October 2018</p>
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>The CCG has completed the preliminary approval process for 2019/20 Improvement Grant funding. NHS England is now reviewing applications with a view to responding to practices in December 2018.</p>	<p>Kincora Surgery funding awarded in Oct 2017 works underway and expected to complete in Oct 2018</p> <p>Heathrow Medical Centre works completed</p> <p>Yiewsley HC – works to commence once practices have signed their leases and works will take three months thereafter</p> <p>St Martin's Medical Centre planning consent for revised scheme obtained and on site – Completion date June 2019.</p> <p>Acrefield Surgery Reconfiguration of ground floor works to commence upon</p>

Project	Status	Indicative Timeline
		<p>approval of due diligence. Completed by March 2019</p> <p>Wood Lane Medical Centre Infection control improvements to premises expected to be completed by Dec 2019</p> <p>Hillingdon Health Centre Infection control improvements to premises expected to be completed by Dec 2019</p>

FINANCIAL IMPLICATIONS

The NWL Strategic Outline Case Part 1 (SoC1) to deliver the Shaping Healthier Future and Strategic Transformation Plan has been assured by NHS England but capital bids are now to be submitted under an STP wide Wave 4 funding bid to invest in facilities for GP Practices, Hubs and acute hospitals in 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 and refurbishment of key areas at Hillingdon Hospital.

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 30 June 2018. Since the last report to the Health and Wellbeing Board in June, the Council has not received any further contributions. As at 30 June 2018, the Council therefore continues to hold 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 is one contribution held at case reference H/34/282F (£15K) which has a spend deadline in the next 6 month period (February 2019). This contribution is currently earmarked by Hillingdon CCG towards the provision of a health hub in the North of the Borough. However, given the short timescales for spending this contribution, Hillingdon CCG is now requesting that the contribution is allocated towards an existing scheme to provide additional clinical space at St Martin's Medical Centre, as outlined in the table above. This will ensure that it is utilised towards an eligible scheme within the prescribed time limit.

Subject to the agreement of NHS PS, and in line with the Council's s106 allocation process, a Cabinet Member report to request the formal allocation and release of the funds towards scheme is expected to be submitted to the Leader of the Council and the Cabinet Member for Finance, Property and Business Services in October 2018.

HILLINGDON COUNCIL FINANCIAL IMPLICATIONS

As at 30 June 2018, there is £2,814,576 of Social Services, Housing and 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.

Officers, in conjunction with the CCG and NHS PS, 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:

Proposed Health Hub Scheme	Amount
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
Total Earmarked	1,074,840
To be determined	156,639
Total	1,231,479

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.

The s106 contribution held at H/32/282F for £15,031 has a time limit to spend by February 2019, which has been earmarked to the North Hub Health Scheme. Hillingdon CCG has requested that this contribution is allocated towards St Martin's Medical Centre in order to avoid returning the funds with accrued interest to the developer.

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 Cabinet Member for Finance, Property and Business Services in order for the monies to be released. As part of that process, the Council's Legal Services will review the proposal and the section 106 agreement that secures the funding to ensure that the Council is permitted to spend the section 106 monies on each proposed scheme.

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

This page is intentionally left blank

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid August 2018)
			AS AT 30/06/18	AS AT 31/06/18			
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 August 2018)
			AS AT 30/06/18	AS AT 31/06/18			
H/54/343D *112	Harefield	Royal Quay, Coppermill Lock, Harefield. 43159?APP/2013/1094	17,600.54	17,600.54	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/53/346D *113	Northwood	42-46 Ducks Hill Road, Northwood 49987?APP/2013/1451	8,434.88	8,434.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/63/385D *129	Northwood Hills	Frank Welch Court, High Meadow Close, Pinner. 186/APP/2013/2958	10,195.29	10,195.29	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend.
H/57/351D *	Northwood	103,105 & 107 Ducks Hill Road, Northwood 64345/APP/2014/1044	6,212.88	6,212.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
Total "earmarked " towards North Hub			140,483.58	140,483.58			
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 August 2018)
			AS AT 30/06/18	AS AT 31/06/18			
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.
Total "earmarked" towards Uxbridge/West Drayton Hub			697,951.28	520,592.97			
H/42/242G *100	West Drayton	West Drayton Garden Village off Porters Way West Drayton. 5107/APP/2009/2348	337,574.00	337,574.00	No time limits	New Yiewsley HC	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . Earmarked towards the provision of a new health centre facility in the Yiewsley/West Drayton area, subject to request for formal allocation.
H/50/333F *109	Yiewsley	39,High Street, Yiewsley 24485/APP/2013/138	12,444.41	12,444.41	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Earmarked towards the provision of a new health centre facility in the Yiewsley area, subject to formal allocation.
H/59/356E *120	Yiewsley	Packet Boat House, Packet Boat Lane, Cowley 20545/APP/2012/2848	14,997.03	14,997.03	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/60/359E *121	Yiewsley	26-36 Horton Rd, Yiewsley 3507/APP/2013/2327	25,291.09	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). The location of the new health centre is still to be determined. £23,500.93 from this contribution has 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.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid August 2018)
			AS AT 30/06/18	AS AT 31/06/18			
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/67/402E	Yiewsley	21 High Street, Yiewsley 26628/APP2014/675	18,799.72	18,799.72	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limit for spend
Total "earmarked" towards existing/new Yiewsley Health Centre			433,460.96	409,861.03			
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).
Total "earmarked" towards Pine Medical Centre			3,902.00	3,902.00			
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	39,689.49	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). Second instalment received quarter 4, 2017/18 (£20,304).
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).

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid August 2018)
			AS AT 30/06/18	AS AT 31/06/18			
To be determined			225,337.80	156,639.54			
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	1,501,135.62	1,231,479.12			

This page is intentionally left blank

HILLINGDON CCG UPDATE

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

1. HEADLINE INFORMATION

Summary	<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"> • CCG IAF Ratings 2017/18 • Finance update • QIPP delivery • End of life services • Collaborative working
Contribution to plans and strategies	<p>The items above relate to the HCCGs:</p> <ul style="list-style-type: none"> • 5 year strategic plan • Out of hospital (local services) strategy • Financial strategy • Joint Health and Wellbeing Strategy • Better Care Fund
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Select Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board note this update.

3. INFORMATION

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

3.1 CCG Assurance Ratings 2017/18

The CCG has achieved a rating of 'Good' in the NHS England assurance process for 2017/18.

The improvement and assessment framework (IAF) rates CCGs against a range of indicators under four domains of 'Better Health', 'Better Care', 'Leadership & Finance' and 'Sustainability'. These include 6 clinical priority areas of mental health, learning disabilities, cancer, maternity and diabetes.

The CCG has not yet received the full breakdown of the assessment but was, however, rated 'Good' across the leadership and finance domains which count for 50% of the overall rating.

3.2 Finance update

Overall at Month 4, the CCG is reporting it is on target against its YTD in-year surplus of £0.1m and forecasting achievement of its £0.2m planned in-year surplus by year end. The CCG financial position remains extremely tight at M04, with significant adverse variances in Acute, Continuing Care and Mental Health. The CCG has now deployed all of its available reserves and is also reliant on further QIPP outside agreed SLAs being delivered in full (£3m).

The CCG's 2018/19 exit underlying position (ULP) at M04 is a £5.6m surplus (£6.9m plan), which represents a deterioration of £1.3m from plan. The shortfall from the planned ULP is balanced by a combination of in-year non-recurrent underspends, slippage on investment and additional allocations.

The main areas of pressure include acute overspends (£1.1m YTD) in relation to Guys, RBH and West Herts and Continuing Care (£0.4m YTD) in relation to Learning Disabilities, Elderly Frail, Physical Disabilities and Children's Complex Placements. The Continuing Care pressures are partially offset by an anticipated underspend within Funded Nursing Care.

The GP Prescribing position at Month 4 is currently breakeven YTD and FOT whilst we await the 2018/19 PPA budget profile.

Overall Position- Executive Summary Month 4 YTD and FOT

Table 1

PROGRMIVE BUDGETS		Year to Date Position			Forecast Outturn Position		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT Q1PP Variance (£000)
Commissioning of Healthcare							
Acute Contracts	220,121	73,777	74,905	(1,128)	221,527	(1,406)	(333)
Acute/Q1PP Risk Reserve	(2,984)	0	0	0	(2,950)	(34)	(34)
Other Acute Commissioning	12,598	3,962	4,080	(119)	12,717	(119)	0
Mental Health Commissioning	26,430	8,708	8,710	(1)	26,949	(519)	(119)
Continuing Care	24,583	8,112	8,528	(417)	25,440	(857)	(376)
Community	34,315	11,118	11,031	87	33,919	396	(74)
Prescribing	35,671	11,499	11,456	44	35,586	85	0
Primary Care	46,855	14,870	14,780	90	46,723	132	0
Sub-total	397,590	132,046	133,490	(1,445)	399,912	(2,321)	(936)
Corporate & Estates	4,695	1,554	1,419	135	4,360	335	0
TOTAL	402,286	133,600	134,909	(1,309)	404,272	(1,986)	(936)
Reserves & Contingency							
Contingency	1,823	1,198	0	1,198	0	1,823	0
2017/18 Balance Sheet (Gains)/ Losses	0	0	0	0	0	0	0
RESERVES Total:	1,823	1,198	0	1,198	0	1,823	0
Total 2018/19 Programme Budgets	404,109	134,798	134,909	(111)	404,272	(163)	(936)
Total Programme	404,109	134,798	134,909	(111)	404,272	(163)	(936)
RUNNING COSTS							
Running Costs	5,599	1,874	1,763	111	5,436	163	(21)
COG Total Expenditure							
COG Total Expenditure	409,708	136,672	136,672	0	409,708	0	(957)
In-Year Surplus/(Deficit)							
In-Year Surplus/(Deficit)	179	60	0	60	0	179	0
MEMORANDUM NOTE							
Historic Surplus/(Deficit)	7,663	2,554	0	2,554	0	7,663	0
TOTAL	417,550	139,286	136,672	2,614	409,708	7,842	(957)

Month 4 Year To Date Position- Acute Contracts and Continuing Care

Table 2
Acute Contracts

		Month 4 Year to Date Position		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
In Sector SLAs				
Chelsea And Westminster Hospital NHS Foundation Trust	2,411	802	840	(37)
Imperial College Healthcare NHS Trust	13,383	4,455	4,307	148
London North West Hospitals NHS Trust	18,378	6,124	6,188	(64)
Royal Brompton And Harefield NHS Foundation Trust	7,198	2,406	2,604	(198)
The Hillingdon Hospitals NHS Foundation Trust	143,545	48,285	48,251	33
Sub-total - In Sector SLAs	184,915	62,072	62,190	(118)
Sub-total - Out of Sector SLAs	33,368	11,092	12,070	(977)
Sub-total - Non NHS SLAs	1,838	613	646	(33)
Sub-total - Acute/QIPP Risk Reserve	(2,984)	0	0	0
Total Acute Contracts & Acute Reserves	217,137	73,777	74,905	(1,128)

Continuing Care

		Month 4 Year to Date Position		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EM (Over 65) - Residential	2,530	843	827	16
Mental Health EM (Over 65) - Domiciliary	339	113	60	53
Physical Disabilities (Under 65) - Residential	3,005	1,002	1,076	(74)
Physical Disabilities (Under 65) - Domiciliary	2,092	697	736	(39)
Elderly Frail (Over 65) - Residential	2,604	868	735	133
Elderly Frail (Over 65) - Domiciliary	296	99	248	(150)
Palliative Care - Residential	540	180	264	(84)
Palliative Care - Domiciliary	713	238	238	0
Sub-total - CHC Adult Fully Funded	12,120	4,040	4,184	(144)
Sub-total - Funded Nursing Care	3,095	1,032	904	127
Sub-total - CHC Children	2,398	799	837	(38)
Sub-total - CHC Other	1,669	474	547	(73)
Sub-total - CHC Learning Disabilities	5,301	1,767	2,056	(288)
Total - Continuing Care	24,583	8,112	8,528	(417)

Forecast outturn (FOT) Position- Acute Contracts and Continuing Care

Table 3
Acute Contracts

	Month 4 Year to Date Position		Forecast Outturn Position		
	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
In Sector SLAs					
Chelsea And Westminster Hospital NHS Foundation Trust	840	(37)	2,478	(67)	(1)
Imperial College Healthcare NHS Trust	4,307	148	12,901	482	31
London North West Hospitals NHS Trust	6,188	(64)	18,348	30	(47)
Royal Brompton And Harefield NHS Foundation Trust	2,604	(198)	7,448	(250)	(60)
The Hillingdon Hospitals NHS Foundation Trust	48,251	33	143,951	(406)	(269)
Sub-total - In Sector SLAs	62,190	(118)	185,126	(211)	(346)
Sub-total - Out of Sector SLAs	12,070	(977)	34,509	(1,140)	(14)
Sub-total - Non NHS SLAs	646	(33)	1,892	(54)	27
Sub-total - Acute/QIPP Risk Reserve	0	0	(2,950)	(34)	(34)
Total Acute Contracts & Acute Reserves	74,905	(1,128)	218,577	(1,440)	(367)

Continuing Care

	Month 4 Year to Date Position		Forecast Outturn Position		
	YTD Actual (£000)	Variance Sur/(deficit) (£000)	FOT Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
Mental Health EM (Over 65) - Residential	827	16	2,420	111	
Mental Health EM (Over 65) - Domiciliary	60	53	225	115	
Physical Disabilities (Under 65) - Residential	1,076	(74)	3,032	(27)	
Physical Disabilities (Under 65) - Domiciliary	736	(39)	2,285	(193)	
Elderly Frail (Over 65) - Residential	735	133	2,379	225	
Elderly Frail (Over 65) - Domiciliary	248	(150)	824	(528)	
Palliative Care - Residential	264	(84)	781	(241)	
Palliative Care - Domiciliary	238	0	408	305	
Sub-total - CHC Adult Fully Funded	4,184	(144)	12,353	(233)	0
Sub-total - Funded Nursing Care	904	127	2,661	435	0
Sub-total - CHC Children	837	(38)	2,660	(262)	0
Sub-total - CHC Other	547	(73)	1,741	(72)	(283)
Sub-total - CHC Learning Disabilities	2,056	(288)	6,026	(725)	(93)
Total - Continuing Care	8,528	(417)	25,440	(857)	(376)

3.3 QIPP delivery

The overall plan Net QIPP Savings in 2018/19 has been identified at £12.4m, of which £2m has been achieved YTD. Performance at M04 is reported as £0.4m behind plan YTD and £1m FOT shortfall which equates to 92% achievement. 63% of the QIPP is to be delivered in the last 6 months of the financial year.

Planned care

Under-delivery for planned care relates to the following planned care schemes: MSK Pain Management, Gastroenterology, Neuro-Community, Ophthalmology and Gynaecology.

MSK Pain Management: The Clinical Working Group is reviewing the pain management pathway to work toward a more joined up approach and embed pathway so that all referrals go through the community Persistent Pain Service to increase the activity undertaken in the community and reduce secondary care referrals.

Gastroenterology, Neuro-Community service, Ophthalmology and Gynaecology: The timeline for approval of business cases for the new service models has slipped. However, gastroenterology has now been approved and neuro-community and ophthalmology are in progress during September. The Gynaecology Clinical Assessment and Treatment Service (CATS) has not delivered desired levels of activity to shift activity out of hospital into the community service. The CCG is undertaking a review of the service model and is linked into the NWL wider out-patient programme due to commence in 19/20.

Mental Health

All three mental health QIPP schemes are currently not reporting as meeting QIPP targets due to, levels of care packages, non-contracted activity (placements - including locked rehabilitation) and an increase in pressures related to the Section 117 arrangements and LD funding. Commissioners are working closely with LBH colleagues to understand the reasons for the pressures and review options to recover our position. These include review of the section 117 process, increased input from the CCG CHC team to funding allocation and further work to discharge those service users in inpatient learning disability placements.

Unplanned care

For unplanned care, under-delivery relates primarily to Ambulatory Emergency Care (AEC). Overall, AEC activity has decreased from last year and THH indicate that this is due to a lack of available capacity in the unit both due to current activity, staffing and estate. NHS Improvement have potentially offered investment monies to THH to move towards the AEC functioning as a unit. In addition, the CCG is working with Trust and Hillingdon GP Confederation to carry out an audit on current activity in the AEC to determine whether existing pathways are being best utilised or if additional pathways are required to move work outside of a hospital setting and increase capacity in the unit.

Planning 2019/20

The process of identifying QIPP for 2019/20 has started building on the commissioning intentions themes set out in the CCG Commissioning Intentions document. In addition, the

CCG is working collaboratively with providers with the ambition of developing a joint plan that delivers a sustainable system in Hillingdon. To meet this ambition will require a comprehensive understanding of the current pressures in the system and robust plans with clear accountabilities to address them.

3.4 End of life services

The Hillingdon End of Life single point of access (SPA) opened on 11 September 2018 to address a gap in 24/7 service provision for palliative patients. The service, with its mix of clinical and health care assistant staff, will help coordinate end of life care services and the patient care journey in Hillingdon. It offers specialist advice to patients and carers, as well as GPs and consultants who are caring for palliative patients. The service will provide urgent home care visits to support patients who need swift support without the need for an unplanned and often undesired extended hospital visit.

In June 2018, the CCG was made aware of changes to the provision of inpatient care at Michael Sobell House (MSH). Patients were relocated to Cancer Wards 10 & 11 at Mount Vernon Hospital (at present patients are temporarily located in Edmonds Ward whilst Wards 10 & 11 are refurbished) and the referral criteria changed to no longer accept non-cancer patients. During this time, Hillingdon CCG responded to the developing situation by understanding patient quality impact and numbers likely to be affected and sourcing alternative hospice accommodation for The Hillingdon Hospital (THH) palliative care team to offer patients.

Hillingdon CCG is also leading on an End of Life Steering Group with NHS stakeholders to the MSH inpatient unit and MSH Charity to review provision of acute specialist inpatient palliative care in light of these developments

The EOL Steering Group is developing a 'spectrum of options' as part of a holistic approach to delivering acute specialist inpatient palliative care. The spectrum currently includes options that may not be feasible, depending on resource/time, and include:

- Rebuild the inpatient unit (unlikely to be feasible in short term)
- Refurbish the inpatient unit (awaiting key information from Hillingdon Hospital)
- Source alternative accommodation
- Consider wraparound care closer to home as part of new models (do-able for all options above)

A programme plan is in development to understand the critical path for each 'option' on the spectrum.

The CCG is planning to undertake engagement in October-December 2018 in order to support co-production and transparency in commissioning of acute specialist inpatient palliative care now and into the future.

3.5 Collaborative working

The shadow joint committee of NWL CCGs held its first meeting in public at the start of September at Brent Civic Centre. In the future, meetings will be live streamed so that residents across NW London are able to view proceedings.

The CCGs are in the process of harmonising their constitutions to support consistency across NW London and to agree to delegate decision-making ability to the joint committee. As well as the establishment of the joint committee the changes include:

- provision for electronic voting;
- lowering of quorum for decision-making from 75% to 66%; and
- provision for additional lay members.

The changes will require a membership vote to take place which Hillingdon plans to hold in mid-October. Should the outcome of the vote be positive, the amended constitution would be adopted by the CCG following November's governing body meeting.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

Nil.

HILLINGDON CLINICAL COMMISSIONING GROUP'S COMMISSIONING INTENTIONS 2019-2021

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report authors	Sarah Walker - Associate Director QIPP, Transformation & Planning & Melanie Foody – Head of Delivery
Papers with report	Appendix 1: Hillingdon CCG Commissioning Intentions 2019-2021

1. HEADLINE INFORMATION

Summary	<p>The report describes Hillingdon's CCG's Commissioning Intentions (CI) for 2019-2021 and its plans to commission high quality health care to improve the health outcomes for Hillingdon patients and to transform our services over future years.</p> <p>This year, the CCG is formulating CI around the following NW London Sustainability & Transformation Plan (STP) themes:</p> <ul style="list-style-type: none"> • Keeping People Well; • Response at Times of Crisis; and • Right Care, Right Time/Appropriate Time in Hospital. <p>The CI, within the above themes, will continue to be aligned to the ten Transformation themes and six Enabler areas that map to the five Delivery Areas outlined in the North West London STP. The CCG has engaged with stakeholders on CI priorities and they remain aligned to the NWL STP and the Joint Health and Wellbeing Strategy 2018-2021. The final iteration of the CI will be signed off at the Governing Body meeting on 14 September 2018.</p>
Contribution to plans and strategies	<p>The CI will be an important part of delivering against the Hillingdon STP which is integral to the North West London STP that is based on the NHS Five Year Forward View. The CIs are developed to reflect priorities as set out in the Borough's Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).</p>
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board considers and notes Hillingdon CCG's Commissioning Intentions for 2019-2021.

3. INFORMATION

a. Background Information

CCG's are required under the terms of the Health and Social Care Act 2012 to publish their plans to commission services for each financial year. The Commissioning Intentions (CI) are a key part of the annual commissioning cycle. It is an essential document for our delivery partners, providers, patients, the public and wider stakeholders to understand our intentions for delivering to strategic health priorities and outcomes in our Hillingdon Joint Health & Wellbeing Strategy (JHWBS). Each CCG is required to provide a copy of the commissioning plan to the Borough's Health and Wellbeing Board, to ensure that the CI are kept up to date and that they are routinely discussed by the Health and Wellbeing Board.

CI priorities are informed by our national and statutory requirements. The CI are also intrinsically linked to achieve system sustainability within the current challenging health and social care climate.

b. Strategic approach

This year, the CCG is formulating CI around the following North West London (NWL) Sustainability & Transformation Programme (STP) themes:

- Keeping People Well;
- Response at Times of Crisis; and
- Right Care, Right Time/Appropriate Time in Hospital.

The CI carry forward work carried out in 2018/19 and continue to be aligned to the ten Transformation themes and six Enabler areas that map to the five Delivery Areas outlined in the North West London STP.

There are a number of challenges facing the health and social care system. These relate to: financial sustainability, an ageing population, an increase in the number of patients with multiple long term conditions, workforce challenges and a recognition that the traditional contracting model may not optimise opportunities to integrate care and deliver system transformation to desired patient outcomes.

To address these former challenges, the CCG will be progressing work to transform services through working as an Integrated Care System (ICS) with Hillingdon Health Care Partners (HHCP) alliance. Shared priorities are initially to focus on population, person-centred and outcomes-based health care commissioning.

During 2016-18, the CCG has been testing the model. For 2019-20, the programme will be scaled to include the five following priority areas:

1. Extending active case management to the 15% of the adult population most at risk of a non elective episode by optimising the following programmes:
 - a. Further Development of Care Connection Teams (CCT) including Self Care

- b. Implementing a High Intensity User Service for the top 50 'Frequent Attenders' to A&E
 - c. End of Life Care Pathway
 - d. Falls Service and Frailty Pathway
 - e. Better Support to Care Homes (Non Elective admissions)
- 2. Transforming the MSK Pathway
- 3. Hospital Interface (Front Door): Effective Same Day Emergency Care (ACSC)
- 4. Intermediate Care, Rapid Response/GP Visiting including discharge arrangements
- 5. Integrated multi-disciplinary 'Locality Neighbourhood' Team working built from and led by general practice as the basic delivery unit of integrated care

To develop the draft CI, commissioners have used a wide range of strategies and resources. These include national strategies such as the Five Year Forward View and local strategies (NWL STP, Hillingdon Health & Wellbeing Strategy, Hillingdon Primary Care Strategy and the Better Care Fund priorities).

c. Financial Implications

The financial implications of the CIs are in calculation at the time of this report due for end-September estimates, and a verbal update will be provided at the Board meeting.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

The CIs will be developed into contracting plans and form the foundation of STP delivery in 2019/20.

Consultation Carried Out or Required

The CCG has a statutory duty to engage with patients/public and stakeholders in developing CI. The engagement period commenced for eight weeks from July 2018. The CCG has engaged with providers, LBH and Healthwatch and shared draft CI. The CCG also planned to engage on CI priorities at its Annual General Meeting on 12 September 2018. As part of the ICS programme, during September and October 2018 co-production of the whole system transformation work with stakeholders, i.e. patients, carers and front-line staff, will take place. This will involve use of a range of research tools to gather information to feed into priorities and phase two of the programme.

Individual schemes will have Equality Impact Assessment developed as required and any engagement and consultation will be identified.

Policy Overview Committee Comments

None at this stage.

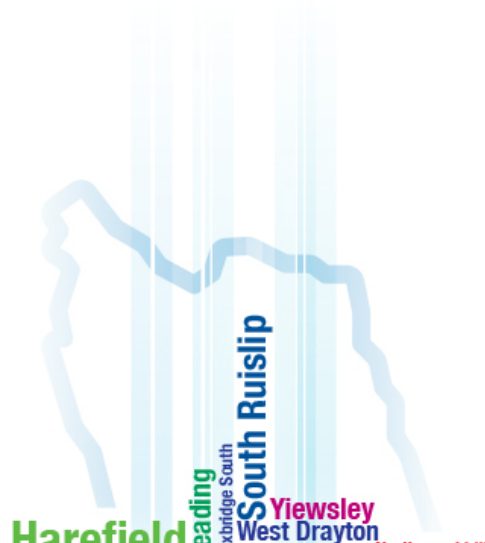
5. BACKGROUND PAPERS

NIL.

This page is intentionally left blank

FINAL Commissioning Intentions 2019-2021

September 2018



Contents

1.	Foreword	3
2.	Aim of the Commissioning Intentions	4
3.	About Hillingdon CCG	4
4.	The Strategic Context & plans towards working as an Integrated Care System (ICS)	5
5.	The Hillingdon Health Landscape	14
6.	Engaging with local residents, families and carers	22
7.	Our Local Quality Priorities and Principles	23
8.	Key Achievements in 2017/18	27
9.	2019-2021 Commissioning Intentions	29
10.	North West London System Transformation Partnership – to be updated	44
11.	List of Abbreviations Used	45
12.	List of Providers	47
13.	Hillingdon CCG GP Practices	48

1. Foreword



Ian Goodman
Clinical Chair



Caroline Morison
Managing Director

Welcome to NHS Hillingdon Clinical Commissioning Group's (CCG) Commissioning Intentions 2019–2021. This document informs our partners in health and social care, our local population and other stakeholders about our plans for NHS services in Hillingdon (including changes to service provision). Under **NHS England's Improvement and Assessment Framework**, all CCGs are evaluated and given a rating according to performance, delivery, outcomes, finance and leadership. Hillingdon CCG was rated **"Good"** by NHS England in the 2017/18 annual CCGs' assessment. We want to build on the CCG's excellent progress to date.

Hillingdon CCG, along with other CCGs in London and nationally, faces real challenges in its delivery of improved outcomes and high quality health care for patients. These challenges include: increased demand and constrained financial resources. We recognise that we can only achieve our ambitions by working together with the other CCGs in NW London; and also moving towards ever closer alliance with our health and social care partners to develop **better and more "joined up" care for patients** as part of an **Integrated Care System (ICS)**. **The NW London Sustainability and Transformation Plan (NWL STP)** sets out how working together across eight boroughs (Hillingdon, Harrow, Hounslow, Hammersmith & Fulham, Ealing, Brent, Kensington and Chelsea and Westminster CCGs), will enable us to address the triple aims of the Five Year Forward view: improving people's health and wellbeing, improving the quality of care and addressing the financial gap. This document should be read in conjunction with the [NW London Sustainability and Transformation Plan](#) and the Hillingdon Health and Wellbeing strategy.

As part of our Commissioning Intentions, NHS Hillingdon is striving to meet the demands on local Primary Care - increasing convenient access to GP services, supporting the GP Confederation to provide more services in the community and working with our GP membership to improve local NHS services. We would like to thank everyone who has contributed to the developing of these intentions and look forward to working with patients, local people and providers to secure the best outcomes in healthcare for everybody in Hillingdon.

2. Aim of the Commissioning Intentions

These Commissioning Intentions (CI) outline our plans to commission high quality healthcare to improve the health outcomes for Hillingdon patients for 2019-20 and 2020-21.

CCGs have a duty under the Health and Social Care Act 2012 to publish their plans to commission services with respect to:

- s14R - Continuously improving the quality of services
- s14T - Reducing inequality of access and health outcomes
- s14Z2- Ensuring public involvement and consultation
- s223H-J - Responsibly commissioning services within budget

The CI is a living document that will evolve over time based on further engagement activities with the public, partners and providers, in line with current national, regional and local strategies to 2021, and discussed in further detail in The Strategic Context section (4). We will continue to develop, embed, and scale commissioned services outlined in our 2018-19 CI. These CI for the next two years will therefore highlight our plans for new programs of work.

This document should also be read in conjunction with the CI stated for NHS England (NHSE) and for the NW London Collaboration of CCGs.

3. About Hillingdon CCG

Hillingdon Clinical Commissioning Group (CCG) is the organisation responsible for purchasing most of the health services for the people of Hillingdon in line with the Health and Social Care Act 2012. We ensure that the commissioned health services in Hillingdon are of high quality and meet the needs and reasonable expectations of our population now into the future.

We operate within a financial budget and are responsible for the discharge of funds to purchase safe, effective and sustainable health services. We are required to meet statutory financial obligations to remain in balance and maintain a 1% surplus. This document sets out how we aim to achieve these requirements over the two financial years 2019-20 and 2020-21.

The population of Hillingdon includes all patients registered with a Hillingdon based GP and unregistered people resident in Hillingdon. Some elements of healthcare are commissioned by the London Borough of Hillingdon (LBH) and other bodies such as NHS England (NHSE).

Hillingdon CCG now has Level 3 delegated commissioning responsibility: which enables local ownership of strategic investment decisions in primary care that encompasses the totality of resources available; brings together previously disparate national and local commissioning initiatives to plan in a more coherent way; draws on local leadership and expertise to commission primary care in a way that addresses local health needs; and aims to deliver the greatest scope for influencing health and system outcomes in the borough.

4. The Strategic Context & plans towards working as an Integrated Care System (ICS)

In developing our local CI, we are considering our local challenges and needs as well as those of the wider NW London health economy and national policy. This section outlines the national, NW London and local strategic context and response to challenges.

4a. The National Strategic Context

In 2015, the NHS Five Year Forward View (FYFV) articulated a major shift in policy towards place-based systems of care through Sustainability and Transformation Partnerships (STPs). The approach envisions health and care organisations taking joint responsibility for local populations within a geographic area. The policy context requires organisations to recognise their strategic role as central hubs in place-based systems of care.

The FYFV further sets the Triple Aims of improving people's health and wellbeing, improving the quality of care that people receive and addressing the financial gap between the cost of expected services and planned budgets. This approach across health and social care works to ensure that services are planned with a focus on the needs of people living in the area. As part of this new approach, the NHS organised itself into 44 Sustainability and Transformation Partnerships (STP) across England. Hillingdon is a member of the NW London STP. Through STPs, the NHS will address health and wellbeing needs through: aligned public health and prevention of ill health; joined up services across health and social care; empowering patients and communities; strengthening primary care; and achieving efficiencies in health and care services.



Celebrating the 70th Anniversary of the NHS with staff

Sarah Walker (Associate Director for QIPP, Transformation & Planning)

Joe Nguyen (Deputy Managing Director)

4b. Plans to work towards an Integrated Care System (ICS)

The CCG has been working with our health and care partners across Hillingdon to further develop our local Integrated Care System (ICS)¹.

Our local partners (including THHFT, CNWL, Hillingdon GP Confederation and Hillingdon4All) have come together to form a partnership called Hillingdon Health Care Partners (HHCP) to help enable the integration of services. The ICS will allow us to work as one whole system to implement population health and person-centred care models. Our focus for 18/19 (current year) is focused on 18+ population focusing on five following priority areas:

1. Extending active case management to the 15% of the adult population most at risk of a non-elective episode by optimizing the following programmes:
 - a. Further Development of Care Connection Teams (CCT) including Self Care
 - b. Implementing a High Intensity User Service for the top 50 'Frequent Attenders' to A&E
 - c. End of Life Care Pathway
 - d. Falls Service and Frailty Pathway
 - e. Better Support to Care Homes (Non Elective admissions).
2. Transforming the MSK Pathway
3. Hospital Interface (Front Door): Effective Same Day Emergency Care (ACSC)

4. Intermediate Care, Rapid Response/GP Visiting including Discharge arrangements
5. Integrated multi-disciplinary 'Locality Neighbourhood' Team working built from and led by general practice as the basic delivery unit of integrated care

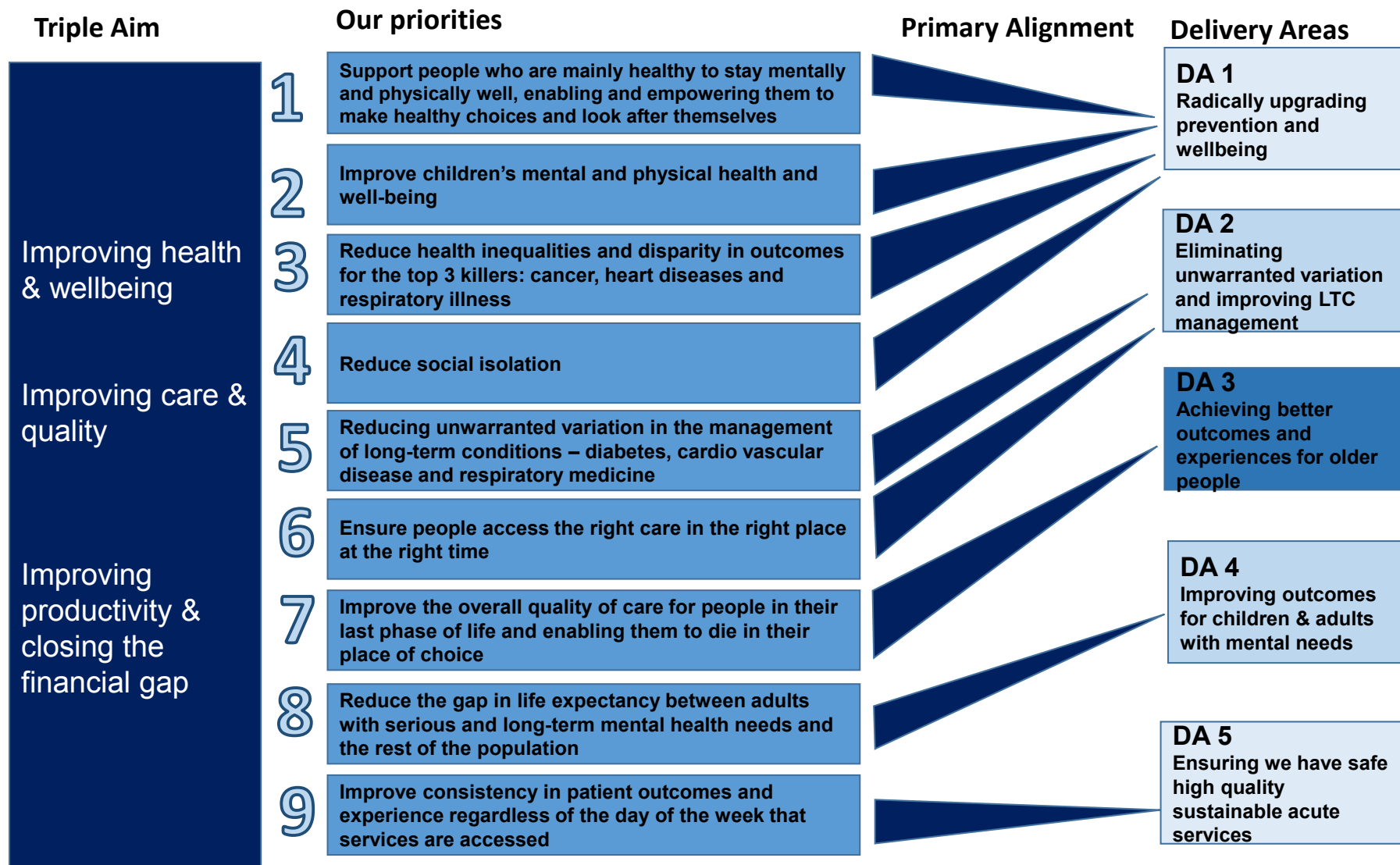
During 2019/20 onwards we will be using this as an approach and vehicle to deliver the CI set out in this plan.

4c. The North West London STP

NHS organisations and local authorities of NW London STPs have developed Sustainability and Transformation Plans, taking as our starting point the ambitions and knowledge in the national NHS FYFV strategy and applying them to the needs of the NW London STP. The NW London STP plan is characterised by broad and overarching themes common to each of the local areas to align local and regional goals. It aims to bring together local organisations to address the challenge of delivering better health and care services according to the Triple Aims of the FYVF through nine priorities and five Delivery Areas.

¹ Refer to NHS England website for more information on ICS: <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

North West London Priorities and Delivery Areas



4d. The North West London Local Digital Roadmap

The NWL Local Digital Roadmap (NWL LDR) is key to supporting the identified STP priorities, harnessing technology to accelerate change as the NWL care community moves towards greater digital maturity in delivering clinical services – creating digitally connected citizens and care professionals. The main components of the LDR strategy are:

- To automate clinical workflows and records, particularly in secondary care settings, and remove the reliance on paper so organisations become paperless and transfers of care are supported through interoperability
- To build a shared care record across all care settings, again through interoperability, to deliver the integration of health and care records that are required to support emerging and new models of care, including the transition away from hospital care to new settings in the community and at home
- Extend access to shared patient records to patients and carers, to help them to take an active role in their own care
- Provide people with tools for self-management and self-care, further supporting digital empowerment and the shift away from traditional care to new channels
- Use dynamic data analytics to inform care decisions, and support integrated health and social care through whole systems intelligence.

To ensure the elements of the LDR deliver to best effect we need a continued focus on some of the underpinning principles of high quality IT including:

- Improved accuracy, timeliness and quality of data entered into clinical and non-clinical systems
- The mandated use of NHS number as patient identifiers by all providers
- Ensuring data is safe and secure, by further embedding role-based processes for access
- Identification and mitigation of issues of non-compatibility across software packages
- Maximisation of the opportunities presented by mobile working to reduce the need for double-entry and increase time for patient-facing activity.

There is also a need to address how data is transmitted. In the last five years there has been a huge increase in the amount of data being transmitted to and from services. To allow for this growth to continue we will have to address the limits being imposed by the current service provider (N3). We will accelerate and strengthen the use of data by working with partners across the system and ensuring commissioning and contracting are aligned with these priorities.

4e: The North West London Transforming Care Partnership Plan

The NW London Transforming Care Partnership Plan (NWL TCP) focuses on improving the quality of life, life chances and expectancy and range of local services for children, young people and adults with LD and/or autism, who have mental health needs and / or display challenging or offending behaviour. This covers:

- **Community Support:** the development of Community LD Teams to provide specialist clinical and social care support to reduce the reliance on inpatient services. Also key is the development of a NW London housing strategy and the utilisation of more skilled staff to support people with complex and challenging needs
- **Improving Access to Mainstream Mental Health Services including Crisis Services:** ensuring practitioners working in liaison psychiatry, Crisis Assessment & Treatment Team (CATT)/Crisis Response Home Treatment Team (CRHTT) and health based places of safety can respond effectively to people with LD and autism who present in crisis including when the crisis occurs outside of the standard working hours
- **Community Forensic Pathway:** Development of a NWL service providing the specialised clinical support required for adults with LD and / or autism who have a forensic history and present a high risk of offending
- **Autism Diagnostic Services:** exploring the feasibility of developing a regional /sub-regional autism diagnostic service, to ensure adults have timely access to diagnosis, intervention and support.

- **Developing local specialist LD inpatient pathways:** ensuring adults with LD have access to local inpatient services in the least restrictive setting. The overarching outcomes of the NW London TCP are to:
 - Reduce the reliance on inpatient services and strengthen support in the community
 - Improve quality of life for people in inpatient and community settings
 - Build up the community capacity to support the most complex individuals in a community setting and avoid inappropriate hospital admissions.

This is with view to:

- Supporting a universal level for positive access to, and effective response from mainstream services
- Targeted work with individuals and services enabling others to provide person centred support to people with LD and their families/ carers
- Responding effectively to crisis presentation and urgent demands
- Direct specialist and clinical therapeutic support for people with both behavioural and health support needs.

Hillingdon's TCP Local Annexe can be found at:
https://www.healthnorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/tcp_local_annex_hillingdon.pdf

4f. Our Local Joint Health and Wellbeing Strategy 2018-2021 and alignment with NWL STP Improvement Areas

Our Joint Local Health and Wellbeing Strategy 2018-2021 (JHWBS) is a key strategic document informing our priorities for the next two financial years. It outlines what we have collectively agreed to do locally in Hillingdon CCG, in collaboration with health and care partners, and through consultation with Hillingdon residents. These CI are built around the 10 Transformation Themes and 6 Enabling Themes contained therein. These Themes (Transformation & Enabling) area also aligned to the 22 Improvement Areas stated within the NWL STP.

Hillingdon Transformation and Enabling Themes

10x Transformation Themes	
T1. Transforming Care for Older People	
T2. New Primary Care Model of Care	
T3. Integrating Services for People at the End of their Life	
T4. Integrated Support for People with Long Term Condition (LTCs)	
T5. Transforming Care for People with Cancer	
T6. Supporting People with Serious Mental Illness and those with Learning Disabilities	
T7. Integrated Care for Children & Young People	
T8. Integration across the Urgent & Emergency Care System	
T9. Public Health and Prevention of Disease & Ill-Health	
T10. Transformation in Local Services	
6x Enabling Themes	
E1. Developing the Digital Environment	
E2. Creating the Workforce for the Future	
E3. Delivering Our Strategic Estates Priorities	
E4. Delivering Our Statutory Targets Reliably	
E5. Medicines Management	
E6. Redefining the Provider Market	

Hillingdon Alignment with NWL STP Improvement Areas

NWL STP Improvement Area	Hillingdon Themes
1. Enabling & Supporting Healthier Living	All 10 Transformation Themes
2. Wider Determinants of Health Interventions	(T4) (T9)
3. Helping Children To Get The Best Start In Life	(T7)
4. Address Social Isolation	(T1) (T4) (T5) (T9)
5. Improve Cancer Screening To Increase Early Diagnosis & Faster Treatment	(T5)
6. Better Outcomes & Support For People With Common Mental Health Needs, With A Focus On People With Long Term Physical Health Conditions	(T4)
7. Reducing Variation By Focusing On RightCare Priority Areas	(T2)(T4)(T5)(T9)(T10)
8. Improve Self-Management & "Patient Activation"	(T4)
9. Improve Market Management & Take A Whole Systems Approach To Commissioning	(T10)(E6)
10. Implement Accountable Care Partnerships	(E6)
11. Implement New Models of Local Services Integrated Care To Achieve Consistent Outcomes & Standards	(T1)(T2)(T3)(T8)(E4)(E5)
12. Upgrade Rapid Response & Intermediate Care Services	(T1)(T8)
13. Create A Single Discharge Approach & Process Across North West London	(T1)(T8)(T10)
14. Improve Care In The Last Phase Of Life	(T3)
15. Implement The New Model Of Care For People With Serious & Long Term Mental Health Needs To Improve Physical & Mental Health & Increase Life Expectancy	(T6)(E5)
16. Address The Wider Determinants Of Health	(T1)(T4)(T9)
17. Deliver Crisis Support Services Including Delivering The 'Crisis Care Concordat'	(T6)(T8)
18. Implementing "Future In Mind" To Improve Children's Mental Health & Wellbeing	(T4)(T7)
19. Specialised Commissioning To Improve Pathways From Primary Care & Support Consolidation Of Specialised Services	(T2)(T10)(E5)
20. Deliver The 7 Day Services Standards	(T10)(E4)
21. Reconfigure Acute Services	(T8)(T10)(E4)
22. Deliver The North West London Productivity Programme	All Transformation & Enabling Themes

4g. Hillingdon Financial Challenge

In June 2018 the government set out a new multi-year funding plan for the NHS, setting real terms growth rate for spending in return for the NHS agreeing a new long-term plan with the government later this year. The main elements of the funding package are as follows:

- NHS will receive an average 3.4 per cent a year real-terms increase in funding over the next 5 years
- Increased funding will support a new 10-year long-term plan the NHS will bring forward
- The long-term plan will help the NHS tackle waste and improve services

The NHS will receive increased funding of £20.5bn in real terms per year by the end of the five years compared to today. An average 3.4% per year overall. The increase will mean the NHS can regain core performance and lay the foundations for service improvements. The funding will be 'front-loaded' with increases of 3.6% in the first 2 years, which means £4.1 billion extra next year. This long-term funding commitment means the NHS has the financial security to develop a 10-year plan. The plan will be developed by the NHS, working closely with government and be published later this year. The priorities include:

- To get back on the path to deliver agreed performance standards, locking in and further building on the recent progress made in the safety and quality of care
- Transforming cancer care so that patient outcomes move towards the very best in Europe

- Better access to mental health services, to help achieve the government's commitment to parity of esteem between mental and physical health
- Better integration of health and social care, so that care does is not compromised when patients are moved between systems
- Focusing on the prevention of ill-health, so people live longer, healthier lives

It will be essential that every pound in the NHS budget is spent wisely. The government will set the following NHS five financial tests to show how the NHS will do its part to put the service onto a more sustainable footing:

- Improving productivity and efficiency
- Eliminating provider deficits
- Reducing unwarranted variation in the system so people get the consistently high standards of care wherever they live
- Getting much better at managing demand effectively
- Making better use of capital investment

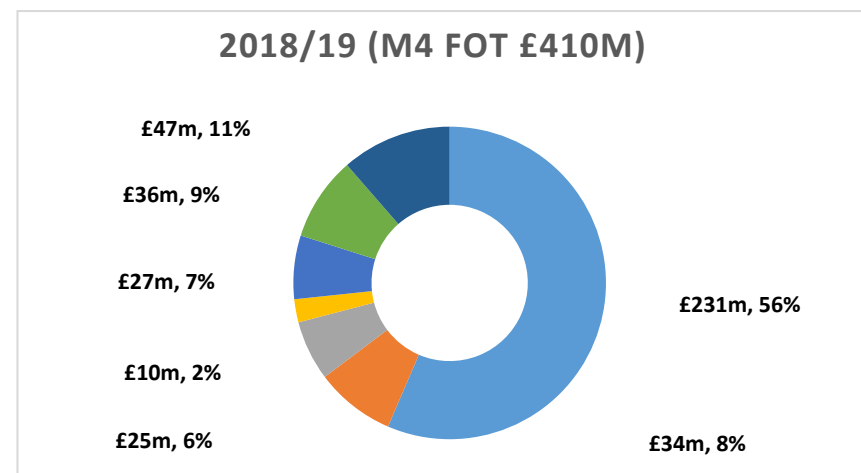
Whilst the impact of this funding change is not yet known locally the CCG will need to continue to plan to deliver value for money given the likely expansion in demand for services.

In the next five years it is expected that demand for services in Hillingdon will increase by c20%. This is made up of the expected growth in the population (called demographic growth) of c.7% and

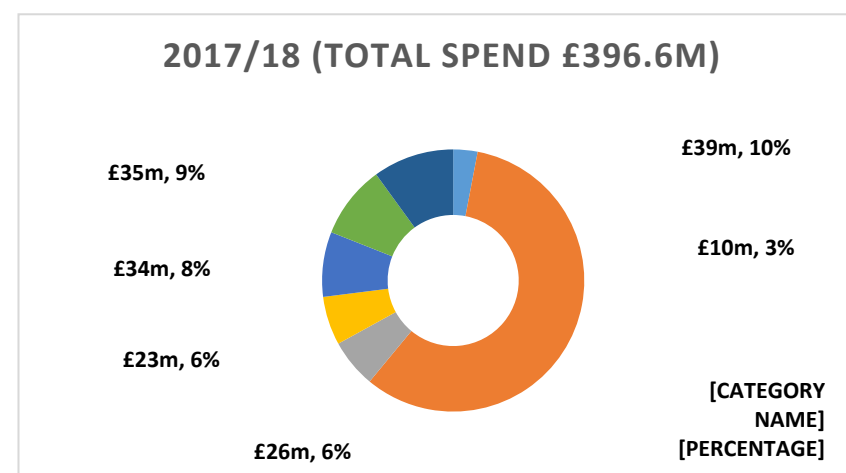
the growth in the prevalence of disease and ill-health through such things as increasing rates of diabetes (called non-demographic growth) of c.13%. In addition the government has also now agreed a pay increase for the majority of NHS staff of a minimum of 6.5% over the next three years, which will need to be financed from within this financial settlement.

It is therefore essential that our plans include a range of approaches to address this growth in service demand and cost, including preventing people becoming ill in the first place. These approaches relate to: encouraging healthier lifestyles, ensuring that the services we commission are truly delivering the outcomes we expect, in a way that provides best use of resource, integrating where appropriate and reducing duplication and improving coordination of care.

The CCG's QIPP planned requirement for 18/19 is £12.4m which is c3% of the CCG's overall budget allocation. The QIPP improvements and efficiencies required to ensure the CCG is sustainable will be aligned to 10 Transformation Themes described in Section 9. It is difficult to fully disaggregate the expenditure for e.g. Urgent & Emergency Care from the expenditure on Children & Young People as there is a significant overlap between transformation themes.



The pie chart above shows Financial Outturn (FOT) 2018/19 at M4



The pie-chart above shows CCG historic spend in 2017/18

5. The Hillingdon Health Landscape

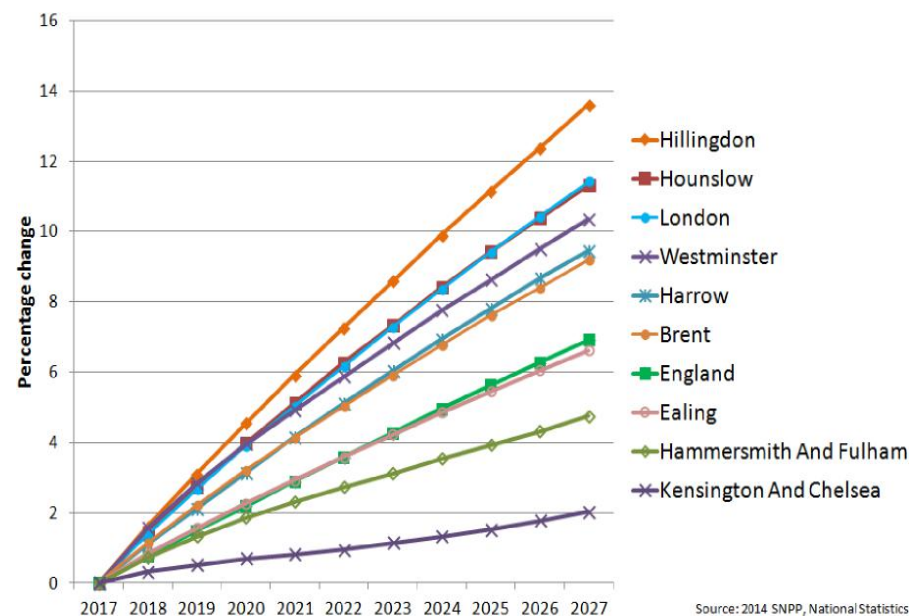
5a. Population Demography

Hillingdon is the second largest London borough by area, located 14 miles from central London. It has the 12th largest population out of the 32 London Boroughs.

Information from the Office for National Statistics (ONS) indicate the Hillingdon population in 2018 will be 314,300 with 23,200 (7.4%) aged 0-4 years, 41,500 (13.2%) aged 5-14 years, 208,400 (66.3%) aged 15-64 years, 21,700 (6.9%) aged 65-74, 13,100 (4.3%) aged 75-84, and 5,800 (1.8%) aged over 85. According to the GLA 2017, the proportion of men to women in the borough is 50.1% to 49.9%

Population growth of just over 13,300 residents is projected between 2018 and 2021, with the largest growth being those aged 15-64 (9,300 [4.5%]) and 5-14 (3,700 [8.8%]). However, by proportion older people aged 75-84 (11.3% [1,500]) and aged 85 and over (15.6% [900]) will grow faster than other age groups. Comparatively, the population growth in Hillingdon is projected to be higher than any other NWL CCG, and will be above both the average for London and England.

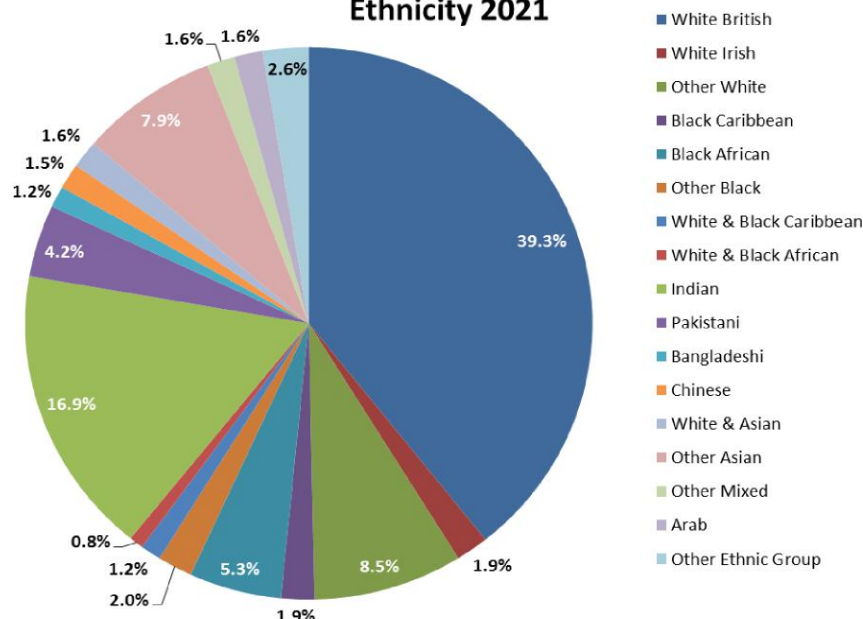
The age structure of the population in Hillingdon is intermediate between London and England, with a distribution that is slightly older than London as a whole but younger than England. Among children and young adults however, there is a larger proportion resident in Hillingdon than for both London and England.



The graph above shows the percentage change in the population for boroughs in NW London compared with London and England (Source: JSNA 2017)

“...population growth in Hillingdon is projected to be higher than any other NWL CCG and will be above both the average for London and England.”

Ethnicity 2021



Hillingdon is an ethnically diverse borough with 46.9% of residents in 2017 projected to be from Black and Minority Ethnic (BAME) groups. Population projections for Hillingdon suggest that BAME groups are increasing as a proportion of the population, with 50.4% of residents from BAME groups by 2021.

Christianity is the predominant religion in the borough with 49.2% from this faith. 8.0% are Hindu, 10.6% are Muslim and 17.0% have no religion, 6.7% are Sikhs and 6.4% chose not to state a religion. The preferred language in the borough is English with 81.2% residents stating this as their main language. Of the remaining 18.8% the majority speak English 'very well' or 'well'; 8,240 residents

(16.8%) stated they cannot speak English well or at all. Apart from English, the most spoken languages in the borough are Panjabi (8,837 residents, 3.4%) and Polish (3,994 residents, 1.5%) (*Census, 2011*).

5b. Health profile – Joint Strategic Needs Assessment

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

The life at expectancy at birth in 2016 for males in Hillingdon is 80.8 years and for females is 83.8 years, and is higher than the England average. However, health status is not the same in all parts of Hillingdon, there are health inequalities, i.e. differences in life expectancy, depending on where people are living in the borough. As a result that there is a difference of around eight years in the life expectancy of people living in Botwell ward compared to people living in Eastcote and East Ruislip wards. Socio-economic circumstances have a complex relationship with unhealthy lifestyle choices which increase the risk of ill-health, including smoking, poor diet, lack of physical activity, higher levels of alcohol consumption and/or binge drinking. The population is ageing and living longer due

to which there will be a higher proportion of frail older people in the population. Over half of people aged 65 and over are diagnosed with multiple long term conditions, such as dementia, which increases dependency on care and support. The prevalence of long-term conditions is predicted to increase and years spent in good health are not increasing at the same rate as life expectancy. Therefore, it is important to maintain focus on keeping people well for longer.

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

- People living in Hillingdon live longer and healthier lives compared to the average for England
- Lower levels of prevalence compared to other boroughs nationally in London for learning disabilities, mental illness and cancer
- Adults in contact with secondary mental health services tend to live in stable and adequate accommodation
- levels of breastfeeding, which provides the best start in life for babies, and leads to a healthier life, are higher in Hillingdon than the national average
- Lower proportion of pregnant women in Hillingdon smoke, compared to the rest of England
- Rates of teenage pregnancy in Hillingdon are similar to the England average

- Fewer people are admitted to hospitals in Hillingdon with an alcohol-related condition than the England average
- Early death rates (under age 75) from respiratory diseases are lower than the England average
- Lower rates of sexually transmitted infections compared with other London Boroughs
- The proportion of people killed and seriously injured in road accidents is significantly lower than the England average.

Hillingdon **compares less well** on the following indicators:

- According to QOF measures 2016/17, the prevalence of the following health conditions are higher in the borough of Hillingdon compared to the London average:
 - Coronary Heart Disease (CHD)
 - Atrial Fibrillation (AF)
 - Cardio Vascular Disease (CVD)
 - Peripheral Arterial disease (PAD)
 - Stroke/Transient Ischaemic Attack (TIA)
 - Asthma
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Dementia
 - Depression
- Rates of social isolation among social care users and their carers are too high

- Accommodation and employment needs of adults with learning disabilities are not being adequately met
- A higher proportion of children aged 10-11 are overweight / obese as compared to the national average
- Proportion of 5 year old children free from dental decay are significantly worse than the national average
- Rates of childhood vaccination are lower than the England average
- Higher rates of Tuberculosis (TB)
- Higher recorded prevalence of diabetes
- Proportion of adults who are physically active is lower than the national average
- Cancer screening rates are low
- The percentage of population being offered an NHS health check is low
- Lower birth weight for babies at term is significantly higher than the England average.



Winners of Aggie the Alien Competition

The successful launch of the "Aggie the Alien" short story competition as part of the CCG's activities to engage the next generation (i.e. children 5-11 years old) in self-care and the appropriate use of NHS Services.

Indices of Multiple Deprivation (IMD)

IMD are a group of measures of relative deprivation primarily for small areas (lower super output areas (LSOAs)) in England. They provide deprivation scores for each LSOA, ranked from 1 (most deprived area) to 32,844 (least deprived area). The scores are calculated from 37 indicators grouped under seven different domains or themes, each measuring a different type of deprivation to produce an overall indicator, the IMD.

These statistics are a measure of relative deprivation, not affluence, so not every person in a highly deprived area will themselves be deprived. Likewise, there will be some deprived people living in the least deprived areas. Three in five (61 per cent) of the 326 local authorities in England contain at least one neighbourhood which is in the most deprived decile nationally according to the Indices; Hillingdon contains no neighbourhoods in the most deprived decile.

Hillingdon is ranked number 23 out of 33 London Boroughs (including City of London), and number 153 out of all 354 authorities in England.

The graphics on the page following show variation in deprivation in Hillingdon by ward area.

Indices of Multiple Deprivation 2015 – Hillingdon

Ruislip & Northwood

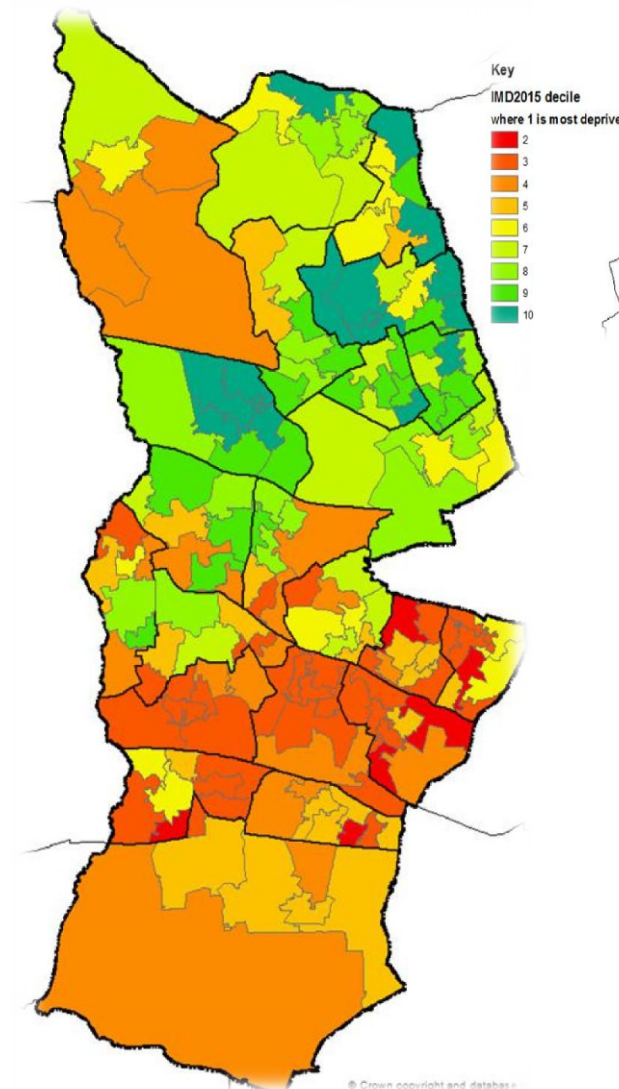
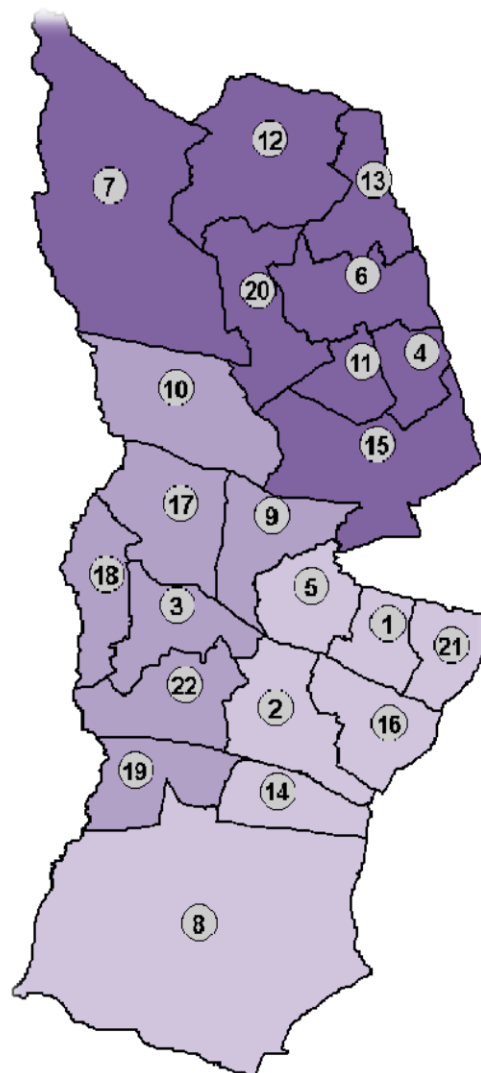
- 4 Cavendish
- 6 Eastcote & East Ruislip
- 7 Harefield
- 11 Manor
- 12 Northwood
- 13 Northwood Hills
- 15 South Ruislip

Uxbridge & West Drayton

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

Hayes & Harlington

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



5c. Hillingdon Local Health and Care Providers Landscape

Primary Care

Primary Care services are predominantly those delivered by GPs in practices commissioned by Hillingdon CCG.

The CCG took on level 3 delegated commissioning of primary care in 2018/19. Hillingdon GPs have inaugurated a GP Confederation to represent their interests in the borough. This is with the exception of two practices that we continue to engage with to ensure all patients in Hillingdon have equitable access to services and health initiatives.

Through the GP Confederation, Hillingdon CCG can deliver priorities for primary care transformation, extended hours access hubs, 24 hour blood pressure monitoring services and an integrated care home extended access and visiting service in line with the GP FYFV.

The Hillingdon Primary Care Confederation continues to develop and support general practice to work at scale to improve organisational resilience, deliver services across Hillingdon, and provide a strong primary care voice within HHCP. Our primary care services programmes also include pharmacy, dental, and optical, among other services.

Hospital Based Acute Care

Our hospital based care is provided predominantly by The Hillingdon Hospitals NHS Foundation Trust (THHFT), for which Hillingdon CCG is the lead commissioner on behalf of all CCGs who commission services from the Trust.

THHFT provide planned and unplanned care services, supported by an Urgent Treatment Centre on site at the front door of our A&E, which is managed by Greenbrook. The Hillingdon Hospital is the place where most Hillingdon patients have their in-hospital needs met. We work closely with THHFT to continuously improve the quality of acute care services and to transform care, where appropriate, in alignment with our Local Service Strategy and linked projects, as part of NW London Shaping a Healthier Future (SaHF) programme.

Hillingdon CCG is also the lead commissioner for some services with Royal Brompton & Harefield NHS Foundation Trust (RBHFT). However, NHS England commissions the majority of services from RBH due to their specialist nature and national priority. In addition to being the leads on the contracts for THH FT and RBH FT, Hillingdon CCG is also an Associate Commissioner on the contracts for other acute trusts where our residents receive care. We work closely with the lead commissioners of those trusts to ensure that the commissioning intentions laid out here are applied across all providers from which our residents access care.

Community Services

Community services is a broad title covering a wide range of support that is delivered in a person's home, from District Nursing, Therapies, End-of-Life to Wheelchair services. For people who need additional support between home and the hospital, we also commission a range of services to support the transition back to their homes.

The vast majority of Community Services are delivered by our partner Central and North West London NHS Foundation Trust (CNWL) and Hillingdon CCG is the lead commissioner for CNWL's Community Services, acting on behalf of other Clinical Commissioning Groups who are party to the same contract with CNWL.

Other aspects of community services, such as the provision of home care and community equipment, are jointly commissioned by the CCG with the LBH through a shared funding arrangement called a Section 75 Agreement. Whereas items such as Pressure Relieving Mattresses, Wheelchairs and Non-Emergency Patient Transport, amongst others, are commissioned directly by the CCG from a range of other providers.

Mental Health and Learning Disability Services

CNWL also delivers the bulk of Mental Health services in Hillingdon. Hillingdon CCG also works with MIND to deliver community support and with a range of other providers to support people as part of their rehabilitation. In the case of these services, Harrow CCG is the lead commissioner for the Mental Health Contract with CNWL and Hillingdon CCG is an Associate Commissioner.

Hillingdon CCG is an active partner in the NW London Mental Health Transformation Programme and works with other CCGs in NWL to develop joint standards and explore how we can adopt best practice and improve services locally. We also work jointly with LBH in a shared care management for some people with learning disabilities.

Voluntary & Third Sector

Hillingdon has a vibrant voluntary and third sector which delivers a variety of services that are commissioned by Hillingdon CCG as well as a broad range of services that are commissioned through other routes including through charitable donations. These organisations make a valuable contribution to the health and social care system in Hillingdon.

A key local partner is Hillingdon 4 All (H4ALL), a collaborative of local charities including Hillingdon Carers, Hillingdon MIND, Hillingdon Age UK, Dash and Harlington Hospice. We also directly commission other charities to support our BAME patients and residents and our social prescribing programme, which empowers people with the tools to manage their own health.

Local Authority Commissioned Services

The London Borough of Hillingdon (LBH) is responsible for commissioning many important aspects of the health and social care system in Hillingdon including Public Health services, Health Visiting, School Nursing, Alcohol & Drug Addiction Services and Social Care to name just a few. In the increasingly interconnected world of health and social care LBH and Hillingdon CCG are working together to jointly develop, commission and manage a wide range of services.

Carers, Families and Patients

We must not forget the valuable contribution made by carers and families of all types who support individuals of all ages and greatly add to their quality of life and the outcomes they experience when their loved ones need extra support and care. Working in partnership with all health and care organisations across Hillingdon, we have signed a Carers Memorandum of Understanding to implement consistent set of support to carers across our borough that addresses our holistic approach to support carers and also additional support through our voluntary sector partners.

The most important person in our health system is you. We aim to empower and support you so that you have the confidence to make informed decisions about your health and wellbeing. You are the author of your health story, and we aim to help you make it a good one!

Refer to Sections 12 & 13 for full list of Providers and GP Practices



The Big C Event – Raising Awareness for Cancer

Dr Kuldhir Johal - GP Governing Body Member

6. Engaging with local residents, families and carers

NHS Hillingdon CCG is passionate about and committed to continuous engagement with local residents, families and carers throughout its commissioning cycle. We use a range of tools to involve and engage local residents: Some of these include online surveys, events, and community outreach and partnership initiatives with local advocates and voluntary sector groups. Our engagement is overseen by lay members of the Patient & Public Involvement & Equality (PPI&E) Committee. We aim to continue an on-going dialogue and conversation with local people about NHS plans and proposals; the targeted gathering of feedback to inform these CCG's commissioning intentions should be considered within this context. The CCG's engagement activity includes the **co-production of new contract arrangements** with local people as part of our journey towards an **Integrated Care System**. We are also **empowering local people** to take **control of their own health** through our **MyHealth programme**.

Highlights from our engagement activity over the year include:

- Pro-active work with local advocates and groups to reach marginalised communities, and educate local people regarding the appropriate use of NHS services especially during the winter months
- Patient/ Carer Interviews to better understand the impact of the CCGs Empowered Patient Programme
- Outreach work at clinics to use patient experience to shape the new MSK pathway

- Focus groups with Carers and parents of disabled children using Integrated Therapies to inform a jointly commissioned service with the local authority.
- The introduction of workshops about Childhood Asthma in local schools
- Continued partnership with British Red Cross to deliver first aid training for parents of young children (0-5 years)
- Reaching 4,400 residents in 2017/18 as part of our MyHealth programme
- 'Aggie the Alien' short story competition to engage 5-11 year olds in Hillingdon in self-care and prevention.

We intend to continue our engagement activities as part of the development of the CCG's CI through community outreach and a 'Health Summit' in the following months.

Our themes for engagement are:-

- **Keeping well**
- **Managing in times of crisis; and**
- **Appropriate stay in hospital / right care/ right place**

We are also improving our mechanisms for giving feedback to residents and participants in the CCG's engagement activity through the development of a residents' contact database, and a website area, to publish post-engagement reports and demonstrate how the CCG's commissioning activity continues to be shaped and influenced by the views and experiences of the local population in Hillingdon.

7. Our Local Quality Priorities and Principles

7a. Our Quality Priorities

We believe that the people of Hillingdon are entitled to a high quality and safe experience in any of the healthcare services commissioned by Hillingdon CCG.

At Hillingdon CCG, we will listen to our patients and carers, and work with all our service providers to achieve continuous improvement and reduce variation in the quality of their services.

We will work closely with our commissioning colleagues to ensure new models of care in line with the FYFV, the multi-year STP and the development of more integrated health care systems that have quality at their core.

This model embraces the NHS definition of quality as defined under Section 1 of the Health and Social Care Act 2015 – Reducing Harm in Care, the NHS Outcomes Framework, and the CQC inspection protocol that has been further developed and refined since 2015

7b. Our Quality Principles

The CCG Quality and Safety team apply the following principles to all of the work done within the CCG:

- Ensure quality and that patients are at the heart of commissioning to promote continuous improvement in the safety and quality of commissioned services

- To ensure that commissioned services are safe, effective and patients have a good experience
- Provide assurances that services are meeting their contractual quality outcomes and recommend action if this is compromised
- Have open relationships with our Providers to share Quality Improvement work
- Ensure that learning from our quality and safety assurance processes is triangulated from a variety of sources, to inform what high quality, safe and effective care looks like across the LBH.

Hillingdon CCG will ensure the following principles are embedded within all quality and safety assurance systems and processes:

- Use of a systematic approach to monitoring and improving quality with the patient at the centre
- Use of Quality Improvement methodologies with Providers to improve quality of care
- Identifying and addressing any organisational barriers which hinder quality of care
- Fostering an open and transparent culture across the local health system
- Maintaining a systematic and proactive approach to early identification of service quality failures

- Ensure there are robust links between commissioning priorities, the STP and quality
- Prioritise our quality assurance and improvement efforts, so as to develop an integrated approach with social care that reflects the BCF plans
- Drive effective engagement with key stakeholders across BHH to achieve the delivery of robust measurable outcomes that reflect “what matters most to patients”
- Ensure that evidence based guidance and learning from assurance processes across Health and Social Care underpin and inform the design of outcomes to support Place Based/Integrated Care
- Hold joint meetings and aligning complaints, Serious Incident and Never Event data, as well as feedback from quality assurance processes such as Clinical Quality Assurance Visits, Clinical Quality and Review Group (CQRG) meetings. This will involve the co-production of systems and processes to enable the timely sharing of such information
- Maintaining commitment to gain feedback from patients, their families and carers to inform quality indicators.

7c: Safeguarding

Hillingdon CCG has the required professionals, roles, systems and processes in place to protect and safeguard vulnerable children and adults. There are safeguarding strategy and policies available on the CCG website for further information. The CCG’s quality governance

roles and committees oversee reporting and monitoring of compliance with safeguarding requirements.

Hillingdon CCG will ensure the following principles are embedded within everyday safeguarding assurance systems and processes:

- Continue to be active members of Hillingdon Safeguarding Adults Boards and Safeguarding Children’s Boards and ensuing task and finish groups
- Continue to commit to our responsibility of working in partnership with the Local Authority and the Police, in developing Safeguarding Children systems and processes in line with recent legislative changes
- Continue to work together with Quality and Safety colleagues to ensure valuable learning and triangulation of data is effectively utilised, alongside Safeguarding referrals and concerns
- Work in close affiliation to the Continuing Healthcare team who manage and support some of the most vulnerable people in the community
- Participate in any Reviews relating to Adults or Children e.g. Domestic Homicide Reviews (DHR), Serious Adult Reviews or Child Safeguarding Practice Reviews (CSPRs) and ensure that the CCG and Provider organisations complete all actions.

Our Safeguarding Priorities

Priority Area	What We Will Do
Listening to children & young people and adults at risk	<ul style="list-style-type: none"> • Work with children's services to review the needs of all Hillingdon's children and young people especially those with additional needs; looked after children, and those involved with the youth offending services. • Make Safeguarding Personal (MSP) by involving adults at risk in safeguarding decision making. • Ensure compliance with The Mental Capacity Act 2005; The Deprivation of Liberty Safeguards (DOLS, 2009/2014), and The Care Act 2014. • Ensure that this vulnerable group is consulted when new or changes in existing services are being considered/planned.
Safeguarding Education and Training (Adults & Children)	<ul style="list-style-type: none"> • Continue to monitor and challenge Providers of contracted services to comply with safeguarding responsibilities and achieve expected targets e.g. Training. • Safeguarding Children and Adults training should also include Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), Domestic Violence and Abuse, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) and 'PREVENT.' • CCG staff will also be compliant with the required safeguarding training. • Gain assurance that lessons learnt from DHRs, SARs, LeDeR reviews and CSPRs, Incidents and complaints are disseminated throughout organisations. • Support the Safeguarding Adult Board in the provision of a multi-agency training programme and continue to support further development of multi-agency Safeguarding Children training.
Safeguarding Medicals	<ul style="list-style-type: none"> • Continue to work with the commissioner and Providers (community and acute) to ensure that robust arrangements are in place.
PREVENT	<ul style="list-style-type: none"> • Ensure training is delivered to staff that is commensurable to their level of responsibility as per the NHS England competency Framework. • Ensure that both Commissioner and Provider organisations are compliant with the Counter Terrorism and Security Act (2015) and the related PREVENT Duty Guidance. • Ensure compliance with DHR actions and NICE Guidance for anti-social personality disorder prevention and management.

Priority Area	What We Will Do
Domestic Violence and abuse	<ul style="list-style-type: none"> • Monitor compliance with NICE Guidance (2014/ph50; 2017) to ensure that staff are trained and that victims and families at risk are identified, assessed and referred for appropriate care. • Monitor number of victims identified by all providers, ensure that a system is in place to flag high risk victims and ensure that their policy reflects locally agreed pathways. • Work towards the implementation of the IRIS programme and the introduction of IDVAs in Healthcare settings.
Child Sexual Abuse/Child Sexual Exploitation (CSA/CSE) and Emotional Wellbeing Service	<ul style="list-style-type: none"> • Monitor newly established North West London CSA/CSE and Emotional Wellbeing service to ensure that this service is comprehensive and easily accessible to children and young people who are at risk of, or suffering as a result of, Child Sexual Exploitation (CSE), Child Sexual Abuse (CSA) or Female Genital Mutilation (FGM).
Information Sharing	<ul style="list-style-type: none"> • Continue to highlight responsibilities and importance of information sharing and support the CCG and providers to share information appropriately. Adhere to the Multi agency Safeguarding information sharing guidance and the relevant GMC Guidance.
Young Offenders, Looked After Children and Children with Disabilities and Additional Needs	<ul style="list-style-type: none"> • Work with children's services (Health and Social Care) to ensure their health needs are identified and met. • Work with the providers to ensure they understand their roles and responsibilities.
Reduce the incidence of Pressure Ulcers	<ul style="list-style-type: none"> • Monitor compliance of the Department of Health and Social Care Safeguarding Adults Protocol – Pressure Ulcers and the Interface with a Safeguarding Enquiry.
Ensure adults at risk are protected from avoidable harm.	<ul style="list-style-type: none"> • Monitor Providers' adherence to the Care Act 2014 in relation to prevention of harm, promoting an outcomes approach to safeguarding and compliance with NHS England Safeguarding Vulnerable People in the NHS Accountability & Assurance Framework 2015.
Medication	<ul style="list-style-type: none"> • Monitoring providers through Quality Review meetings, in relation to adult safeguarding concerns being considered for medication incidents.
Learning Disability Mortality Reviews	<ul style="list-style-type: none"> • Ensure providers have the correct processes in place to be compliant in carrying out a Learning Disability Mortality Review. • Monitor providers regarding NHS England Learning Disability Mortality Review Programme and embedding any lessons learnt.

8. Key Achievements in 2017/18

Keeping People Well

- ✓ Set up a lung screening programme to diagnose lung cancer early
- ✓ Commissioned a new C&YP mental health on-line counselling service (Kooth). New schools network established which will pilot the role of 'Mental Health Champion' in schools to promote health and wellbeing interventions in schools
- ✓ Delivered 'My Health Programme' a Hillingdon wide self-management / education programme for patients to self-care and manage their LTC
- ✓ As part of annual winter campaign we undertook screening for AF and identified patients suitable for follow-up with their GP practice
- ✓ MyHealth programme delivered summer Wellness Workshop and provided education to public about keeping well during the summer season.

Right Care, Right Time/Appropriate Time in Hospital

- ✓ Implemented 'Discharge to Assess' through collaborative work between Hillingdon hospital and our community provider, social services and the voluntary sector to develop a pathway to support patients to be discharge from hospital as soon as clinically appropriate
- ✓ Implementation of three GP extended hour hubs that are operational seven days a week across Hillingdon to provide longer weekday appointments and at the weekend.

- ✓ A 24 hour blood pressure monitoring service is available in four sites across Hillingdon
- ✓ AF Virtual Clinics established that enable GPs to discuss complex patients with consultants and avoid patients attending out-patient appointments
- ✓ Enhanced 'Straight-to-Test' pathway for patients with colorectal and prostate cancer patients to have diagnostic tests before their appointment with a Consultant
- ✓ Rolled out a Paediatric Integrated Community Clinics across Hillingdon enabling CYP to be seen by a GP and hospital consultant in a joint appointment
- ✓ A community hernia repair service has been launched under which inguinal hernias are repaired under local anaesthetic
- ✓ An interim six month solution for an integrated MSK service is being piloted with HHCP
- ✓ Access to Shared Care Records to support integrated care has been improved across NW London with increased use of the Care Information Exchange
- ✓ Improve use of digital analytics, through use of NW London WSIC system, for population-level health management
- ✓ 100% compliance with eRS (electronic referrals to hospital) across Hillingdon to eradicate use of paper referrals
- ✓ Expansion of access to (IAPT) now embedded in services for patients with long-term conditions e.g. diabetes and COPD

- ✓ Review of LD completed with LBH to deliver a community-led service
- ✓ Completed a joint review of Integrated Therapies (Speech & Language, Occupational Therapy and Physiotherapy) provision with LBH, stakeholders and service users.

At times of Crisis

- ✓ Fully implemented Care Connection Teams, embedded within GP practice settings, to proactively case manage patients with complex health needs to avoid unnecessary admission to hospital
- ✓ An integrated Urgent Care system is now partially developed across stakeholders. NHS 111, LAS and the UCC is able to directly book into our primary care extended hours hubs
- ✓ UCC Health connectors are successfully educating and sign-posting patients to alternative places to receive care and treatment
- ✓ Implemented a Single Point of Access for End of Life care and a Palliative Overnight Nursing Service to support patients and clinicians with 24/7 expert palliative and last stage of life care and advice. (Start date due 11 September 2018)
- ✓ Improved 'Coordinate My Care' record use amongst staff across primary, community and hospital settings enabling patients to express their holistic needs, once, so that NHS staff have awareness of their wishes
- ✓ Increased support to care homes by providing pharmacist led medication reviews for older people that has shown a reduction in unplanned admissions.

Integration

- ✓ Developed a shadow outcome based commissioning model for older people via an Accountable Care Partnership (ACP) working with HHCP
- ✓ Enhanced the BCF plan with LBH to deliver longer term alignment.

Enablers

- ✓ Developed a new contract to increase clinical capacity in primary care to maximise opportunities for all staff to work more efficiently and release clinicians time to care for patients
- ✓ Established the 'Transition Academy' to coordinate recruitment and training of staffing in primary care
- ✓ Increased the training, mentorship and student placement capacity in general practice (95 student placements, 5 GP trainers, 19 nurse mentors)
- ✓ Recruitment of new staff into general practice including through apprenticeship programmes e.g. ST3s & GPNs (recruited 5 pharmacists, 14 apprentices, up-skilled 15 healthcare assistants and retained 15 ST3/returners)
- ✓ Progressed work to develop our three out of hospital hubs to build capacity in the community to provide care for patients
- ✓ Use of clinical NHSE clinical pharmacists to deliver better management of prescribing in general practice and release GP time.

9. 2019-2021 Commissioning Intentions

These sections provide a high level overview of our Commissioning Intentions for 2019-20 and 2020-21 Financial Years.

T1. Transforming Care for Older People

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Fewer hospital admissions due to cold/flu related illness Improved dementia diagnosis and support Fewer emergency admissions due to falls Greater participation in screening programmes for 55 years and over Enhanced reablement outcomes and reduced need for long term care Fewer permanent admissions of older persons to assisted care homes, enabling them to live independently and in the family home for longer Embedding use of Connect to Support service Further reduce delayed transfers of care Reduced frequency of unplanned events Reduction in Non-Elective Admissions & ZLOS Admissions Single point of access implemented to simplify referral pathways <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> Coordinated Care for Older Peoples' Planned & Unplanned Care Needs Coordinated services for carers receiving respite and support Integrated Health & Social Care support for those patients who need it Improved Health Outcomes for LTCs and complex conditions Reduced frequency of unplanned events and rapid response to needs <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> Improved health Outcomes and reducing Unplanned Care needs through focusing on LTCs and age related complicating factors such as frailty Integrated Health & Social Care support for those patients who need it Empowering people to plan for their own care. Diverse market of quality care providers maximising choice for local people who have complex needs covering both older people and other vulnerable groups 	<p>Keeping People Well</p> <ul style="list-style-type: none"> Embed the integrated model of care for older people for self-care and their carers Access to advice and support for carers and families and advocacy services Improve coordination between health and social care around support from CHC, including shared care records Consolidate patient and family/carers feedback and service satisfaction mechanisms to ensure quality and avoid 'questionnaire fatigue' Implement new 'Core Offer' for Care Homes and LBH extra care sheltered housing, to support people with dementia, challenging behaviour, elderly mentally ill (EMI) and people with serious mental illness (SMI) <p>Right Care, Right Time</p> <ul style="list-style-type: none"> Integrated commissioning and brokerage with partners, including joint projects and specifications to deliver a diverse market of quality care Commission a single integrated system of care across primary, voluntary, community, mental health and acute care via a full capitated payment model and risk share and outcome based commissioning Integrate EoL Care with Older Peoples community models, including dementia, to ensure changing needs in later years are supported with nuanced integrated service transition to appropriate care <p>Care at times of Crisis</p> <ul style="list-style-type: none"> Develop and implement frailty pathway aligning with emergency same day care and revised discharge pathways, including community based specialist support and interventions

T2. New Primary Care Model of Care

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Increasing number of patients managed outside of hospital setting across Primary, Community & Secondary Care Services and Social Care Reduction in the mortality gap Reduction in the unplanned care events for vulnerable people, and those with a mental health condition or learning disability Greater access to primary care and GP services, with more appointments available <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> Proactive Case Finding in Primary Care, with a focus on those at risk of developing Long Term Conditions (LTCs) Supporting investment in Primary Care At Scale Implementation of Primary Care Model of Care Develop GP Hubs in Hillingdon Extended GP out of hours working implemented Integrated urgent and primary care services Expand access to and use of online information and advice Explore opportunities for diagnostics in the community and primary care <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> Strengthened primary care provider landscape able to deliver new primary care models of care primary care services at scale Increasing number of people cared for and supported outside of the hospital setting with integration across Primary, Community & Secondary Care Services and Social Care Improved access to routine and unplanned services in primary care during the week, evenings and weekends Reduced variation in service and patient outcomes in primary care via outcomes based commissioning and contracting Sustainable primary care workforce and improved access for patients 	<p>Keeping People Well</p> <ul style="list-style-type: none"> To provide holistic management for patients through the roll out of multi-morbidity clinics to support patients with LTC to manage their condition To maximise self-care via the My Health Programme for patients with LTC to empower them with strategies to manage their conditions through an increase in knowledge and skills <p>Right Care, Right Time</p> <ul style="list-style-type: none"> To improve access to early diagnostics for patients and staff in primary care and the community To create a single outcomes based contract for primary care to be implemented from April 2019 in line with our vision for integrated outcomes based commissioning. To continue to expand access to primary care access for patients 7 days a week through use of our extended hours hubs across Hillingdon. To work with GP Confederation to develop a sustainable workforce to deliver our primary care transformation strategy. To work with GP practices to ensure appropriate referrals to secondary care in line with national and local guidance. To work with our GP Confederation to reduce unwarranted clinical variation in order to maximise evidence based clinical care. <p>Care at times of Crisis</p> <ul style="list-style-type: none"> To pilot a dedicated SPA for patients with a LTC who are at risk of an unplanned admission to hospital to manage their care at home and in the community To pilot a transport system for patients to attend GP practices to avoid GP home visiting and make efficient use of their time to care for patients To work with partners to pilot NHS 111 service to have the facility to book patients into GP practices during core hours to improve access for patients

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

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Increasing number of people able to die in their preferred place of death Coordination of support to people at End of Life and their families/carers on a 24/7 basis and across all care settings <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> Implementation of EoL Strategy and new integrated service model Increase access and use of the Coordinate My Care record Enhanced social support for those at end of life <p>Key local aims to achieve by 20/21:</p> <p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Increasing number of people able to die in their preferred place Reducing number of admissions for people in the last 30 days of their life Improve information access for clinicians and professionals supporting people at End of Life to anticipatory care plans Coordination of support to people at End of Life and their families/carers on a 24/7 basis and across all care settings Supporting Hillingdon residents to come to terms with dying and to enable families and friends to support their loved ones in their last days. We need to start the conversation on what it means to die with dignity so people can plan ahead for their most vulnerable moments. Improved consistency in management of patient care and coordination with services outside of Hillingdon but provided to Hillingdon patients. Improved access to patient care wishes for local authority and third/voluntary commissioned services to support integrated working across health, wellbeing and social care services. Improved training and skills development to identify and support non-acute palliative needs at home and in care homes. Information/access to palliative drugs (list of pharmacies out of hours and in hours). 	<p>Keeping People Well</p> <ul style="list-style-type: none"> To supporting people to prepare for dying and to enable families and friends to support their loved ones in their last days to die with dignity and have their holistic physical, mental and spiritual needs met Increase the percentage of people in the last phase of life with an Anticipatory Care Plan to greater than 60% of those in their last 12 months of life (measured via CMC usage) <p>Right Care, Right Time</p> <ul style="list-style-type: none"> To review commissioning of specialist palliative acute hospital needs and provision of services for patients Improved access to training to develop skills of staff to patients requiring palliative care to be cared for at home and in care homes Improved training availability and skills development to identify and support non-acute palliative needs at home and in care homes To enable staff to have information to access pharmacy services for palliative drugs for patients Clarify palliative and end of life medicines in/out of hours pharmacies provision <p>Care at times of Crisis</p> <ul style="list-style-type: none"> To implement and embed the SPA for EoL care and a Palliative Overnight Nursing Service to support patients and clinicians with 24/7 expert palliative and last stage of life care and advice Ensure access to hospice and continuing care beds reflects local need

T4. Integrated Support for People with Long Term Condition (LTCs)

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Reducing prevalence growth for core LTCs and significant progress made in closing key prevalence gaps Improved outcomes for people with multiple LTCs and complex needs Reduced mortality from cardiovascular and respiratory diseases Reducing unplanned care needs and events arising associated with LTCs Significant progress in patient activation and the numbers of patients self-managing elements of their care Increase access to and usage of Personal Health Budgets (PHBs) increase in people with an LTC who self-manage elements of their care Increase in people with an LTC who have an anticipatory care plan <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> Embed approach to tackling co-morbidities and complex needs Determine approach to close the gap between those who have diagnosed and un-diagnosed LTCs and by March 2019 show evidence of the gap closing New AF and stroke pathways and services targeting those with high need Expand the MyHealth programme (Empowered Patients Programme) We will expand Personal Health Budgets in Hillingdon Expand the usage of Patient Activation Measures (PAMs) to gauge impact of support Mental health and well-being support to people with long-term conditions will be fully embedded within Hillingdon health systems Expand ICP to wider cohort <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> Improved outcomes and support for people with multiple LTCs and complex needs Reducing unplanned care needs arising associated with LTCs Reduced variation in care received by people with LTCs with a particular focus on variation in Primary Care Increasing focus on improved outcomes through preventative measures (primary, secondary and tertiary prevention) Pro-active and co-ordinated care for people with Multi-morbidities 	<p>Keeping People Well</p> <ul style="list-style-type: none"> Active health promotion, screening and education for the population to support in reducing health inequalities To provide holistic management for patients through the roll out of multi-morbidity clinics to support patients with LTC to manage their condition To maximise self-care via the My Health Programme for patients with LTC to empower them with strategies to manage their conditions through an increase in knowledge and skills Promote online local directory of services for people with LTCs to keep them informed and supported To provide person-centred care through use of care plans as part of multi-morbidity clinics <p>Right Care, Right Time</p> <ul style="list-style-type: none"> To improve access to early diagnostics for patients and staff in primary care and the community To create a neighbourhood team that is designed to support people in managing their long term conditions, staying healthy and working towards self-care/management To work with our GP Confederation to ensure prevalence reporting is accurate in general practice for LTCs To work with our GP Confederation to reduce unwarranted clinical variation for LTCs in order to maximise evidence based clinical care. To enhance mental health integration within the LTC programme <p>Care at times of Crisis</p> <ul style="list-style-type: none"> To pilot a dedicated SPA for patients with a LTC who are at risk of an unplanned admission to hospital to manage their care at home and in the community

T5. Transforming Care for People with Cancer

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Reduced mortality from cancer • Improved screening coverage for breast, cervical and bowel cancer • Greater proportion of cancers diagnosed at Stage 1 or 2 • Holistic pathways covering both medical and nonmedical care elements • Integrated cancer rehabilitation programme • SPA survivorship service model • Reduction in unplanned events • Early identification of Cancer patients in primary care/community settings • GP DA and STT community diagnostics <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Ongoing rollout of actions from our Hillingdon Cancer Improvement Plan leading to earlier diagnosis and improved treatment. • We will continue delivery of the National Cancer Vanguard Programme • Roll out clinical protocol for the follow ups in community • Develop Single Point of Access rehab model • Implementation of DA and STT • Rollout outstanding actions from Cancer Improvement Plan • Evaluation of cancer screening outreach programmes <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • Increasing rates of cancer prevented and increasing survival rates • Reduction in the rates of reoccurrence • Reduction in variation rates in the quality of care • Patients and their families better informed, empowered and involved in decisions around their care • Improved health, wellbeing and quality of life for patients after treatment and at the end of life • Increase in early diagnosis of cancer evidenced by reducing number of patients identified as having Cancer following a non-elective presentation 	<p>Keeping People Well</p> <ul style="list-style-type: none"> • Promotion of Cancer awareness and availability of testing • Continue the rolling education programme in partnership with Cancer Research UK • Ensure supported links between primary care and acute services in maintaining skills and latest intelligence to identifying and managing cancer, • Enhancing survivorship support and pathways through continued working with cancer clinicians, sector partners and Macmillan • Empowering patients with cancer with the relevant information and offer of support networks to help them feel more in control of decisions about their cancer care treatment and management <p>Right Care, Right Time</p> <ul style="list-style-type: none"> • Continue to improve cancer screening programmes with a focus on reducing variation in patients accessing services • Promoting Cancer Decision Support Tools in primary care with emphasis on EMIS interaction enabling immediate digital alignment • Increasing GP direct access to cancer screening in line with NICE guidance, building on recent developments to deliver straight to test pathways • Improve efficacious use of diagnostic capacity to meet prevalence growth rates and 'Two Week Wait' outcomes • Explore use of Shared Care Records across the London Cancer Network in the clinical management of cancer • Scale stratified cancer care pathways for bowel, lung, breast and prostate • Achieve the 28 day standard for cancer diagnosis in breast, urology and lung cancer <p>Care at times of Crisis</p> <ul style="list-style-type: none"> • Develop enhanced wraparound support to people and families with a loved one living with cancer

T6. Supporting People with Serious Mental Illness and those with Learning Disabilities

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Greater 'Parity of esteem' through holistic care management approach for physical health, mental health and social care needs • Improved support for people with an urgent mental health need • Progress to closing the mortality gap for those with a learning disability and with a serious mental illness • Reduction in the unplanned care events for people with a known mental health condition and/or learning disability • Improved rates of adults with a learning disability or mental health need living in stable and appropriate accommodation • Improved Access to Psychological Therapies (IAPT) and maintaining the recovery rate Reduction in risk of harm to vulnerable CYP and adults • Reduction in risk of harm to vulnerable CYP and adults • More Children and Young people receiving earlier access to mental health illness and emotional distress support services <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Expand integrated care delivery models to include adults, children and young people with MH needs • Full operational delivery the strategy for adults and children with autism • Re modelled Children and Young People's (CYP) Mental Health end emotional wellbeing pathway and further integration with mainstream Children's support services commissioned by CCG and LBH <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • Increasing support for people with an urgent mental health need • Significant progress in closing the mortality gap between people with an LD and with a serious mental health illness and the wider population • Full Implementation of Five Year Forward plan for Mental Health & Future in Mind • 35% of the prevalence of CYP with a mental health illness receiving treatment and support • 100% of people with a Learning Disability and 60% of people with a serious mental illness receiving a full health a check and appropriate ongoing care 	<p>Keeping People Well</p> <ul style="list-style-type: none"> • Extend and develop a holistic and coordinated primary care mental health service that enables more people to recover and stay well in the community, including those with substance abuse • Further integrate our LD service with the LBH LD services and provide a holistic community service response that supports people to remain safely in the community in the least restrictive environment • Work with LBH and school to expand access to strategies to manage anxiety and depression for CYP and improve their overall health and wellbeing • Increase support for CYP and their families who are experiencing emotional distress to build resilience and improve mental health and wellbeing • Increase access for people who require Talking Therapies (IAPT) to support them with strategies to manage anxiety and depression and improve their overall health and wellbeing • Review and improve the personality disorder pathway for patients with complex mental health needs <p>Right Care, Right Time</p> <ul style="list-style-type: none"> • Develop an integrated community based model in partnership with LBH that provides: rehabilitation, promotes self-care and return to employment opportunities to support people to maintain mental well-being <p>Care at times of Crisis</p> <ul style="list-style-type: none"> • Introduce active case management and personalised care plans for people with MH needs and ensure rapid access to treatment and support through joint working with our partners including LBH and police • Improve access, quality and safety for people in mental health crisis to a Crisis/Safe Haven response and Health Based Place of Safety (HBPOS) through joint working with partner organisations • Provide coordinated care for CYP and Adults with a LD and/or autism to avoid an unnecessary admission to hospital • Deliver a rapid response service for CYP and Adults with a LD and/or Autism when experiencing a mental health crisis and avoid unnecessary hospital admission

T7. Integrated Care for Children & Young People

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Coordination of support for children and young people across all health and social care services and working with early year settings and schools • Improved outcomes for children and young people with one or more LTCs • Reduction in unplanned care needs for CYP • Reduction in the risk of harm to children and young people • Increased rates of vaccination in the borough • Reduced attendance to hospital due to cold/flu related illness • Reduced smoking status at time of delivery • Improvement in breastfeeding initiation and prevalence at 6-8 weeks after birth • Increase 0-4 year olds dental health to England average • Reduced childhood excess weight rates • Reduced teenage (under 18) conceptions <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Implement children's health commissioning strategy 2016-2020 • Refreshed Children with Disabilities Strategy • Improve vaccination coverage to C&YP against vaccine preventable communicable diseases. • Implementation of the recommendations from the audit of neo-natal births & babies screening programmes • Implement action plan from EQA visit Sept 2016 • Delivery of wellbeing training programme for schools • Improved access to consultant led paediatric services • Introduce Single point of Access for CYP <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • Coordination of support for children and young people across all health and social care services • Shifting common health support into holistic and multi-disciplinary support in early years and school settings • Improved outcomes for children and young people with one or more LTCs • Reduction in the risk of harm to children and young people 	<p>Keeping People Well</p> <ul style="list-style-type: none"> • Improve the uptake of childhood immunisations • Raise awareness and provide children with knowledge and tools to help improve their dental health (via Aggie the Alien themed My Health programme in schools) • Raise awareness and equip CYP with knowledge, skills and tools to achieve and maintain a healthy weight (via Aggie the Alien themed My Health presentation in schools assembly) • Collaborate and support Young Healthwatch to engage and respond to the health and well-being needs of CYP via a 'Best you' campaign <p>Right Care, Right Time</p> <ul style="list-style-type: none"> • Improve access to Integrated Therapies through new model of care • Expand the Paediatric Integrated clinics to include joint GP / Community Paediatrician consultations for CYP with complex needs and Transition Clinics • Development and implementation of shared care plans <p>Care at times of Crisis</p> <ul style="list-style-type: none"> • Develop pathways and support young people with LTC and complex needs as they transition to adult services (by working with THH and CNWL to pilot a Transition nurse(s)) • Develop a responsive, needs led pathway to support CYP affected by Autism (including My Health Aggie the Alien themed Autism support workshop).

T8. Integration across the Urgent & Emergency Care System

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> Coordinated Urgent & Emergency Care services across system partners More patients having their unplanned care needs met before attendance and supported at home Increased community awareness to access urgent care services and advice Reduction in rate of growth for unplanned attendances at hospital Reduction in Zero-Length of Stay and Unplanned Admissions Reduction in Length of Stay following an unplanned admission Reduction in the number of emergency readmissions <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> Develop Integrated Urgent Care approach, aligning urgent care services across social, primary, community and acute settings Rollout new 111 Service and Primary Care Triage Model aligned to national guidelines Robust monitoring of individuals discharged from hospital to monitor success in avoiding emergency readmissions Develop and enhance ambulatory care pathway services in out of hospital settings <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> Coordinated support across all Urgent & Emergency Care services Increased number of patients who have their unplanned care needs met outside of a hospital setting Increased awareness in the community about how to access appropriate services Increased number of people supported to avoid an admission and those supported home with a reduced Length of Stay Deliver the Ambulance Handover Time targets consistently Reduce the number of alcohol related presentations 	<p>Keeping People Well</p> <ul style="list-style-type: none"> Enhanced NHS 111 service developed across NW London, including NHS 111 digital on-line platform to provide information for patients and increase patient access to clinicians including community pharmacists Health connectors will work with patients to refer to the MyHealth Programme, empowering patients with the information and support to manage their condition(s) <p>Right Care, Right Time</p> <ul style="list-style-type: none"> To continue programme of Health Connectors working with our Urgent Care Centre to sign-post and re-direct patients, as appropriate, to alternative health and social care services To expand and build on work with LAS and partners to support enhanced See and Treat to reduce the numbers of conveyances and A&E attendances Embedding access to more primary care appointments for non-emergency, non-urgent needs through use of GPOOH and Primary Care hubs Continue to embed and scale ambulatory care services in line with national standards to provide specialist support for patients who present at hospital requiring urgent acute intervention. Therefore, to avoid unnecessary hospital admission with planned discharge home with support from follow-up services arranged in a timely manner <p>Care at times of Crisis</p> <ul style="list-style-type: none"> Integrating early first response services such as Rapid Response and local teams to respond swiftly to patients in their home environment when they become very unwell and need urgent care that can be delivered at home To undertake a review of the MIU at Mount Vernon Service to ensure it delivers in line with national quality standards To standardise and improve the front door triage of patients in A&E to ensure patients are appropriately triaged and directed to the Right Care, whether it is in hospital, in the community, primary care, or returned home with support and/or advice

T9. Public Health and Prevention of Disease & Ill-Health

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Integrated approach to addressing the wider determinants of health in the borough through the Self Care and Prevention Steering Group. • Improved rate of adults engaging in physical activity to England average • Reduce obesity rates for children (10-11 years) • Reduced suicide rate • To reduce social isolation and increase access to the amount of social contact for adult social carers and care users • Reduced admissions related to alcohol Increased numbers of patients successfully accessing and completing drug and alcohol rehabilitation courses and reduced deaths from drug misuse • Better reporting and follow up of reported domestic abuse related incidents and crimes • Reduced smoking prevalence in young people • Reduced air pollution levels in Hillingdon <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Joint Early Intervention and Prevention Services Plan • Physical Activity Strategy • Develop Suicide Prevention Strategy • Address smoking prevalence in young people and adults • Embed Patient Education Programme • Review of Air Quality action plan. <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • Hillingdon wide self-management/education programme aligned to MyHealth programme for all patients regardless of their length of diagnosis for a number of conditions • Reduction in rate of growth and prevalence gap for key LTC conditions • Fully informed, engaged and activated patients taking control of the process of care for their own conditions • Reduced variation in management of conditions to reduce the number of exacerbations that occur for people and ultimately improve their long term outcome 	<p>Keeping People Well</p> <ul style="list-style-type: none"> • Co-production of a new accredited Diabetes Prevention workshop with a new approach towards high-engagement group coaching and further development of skills of the MyHealth facilitators • The opportunity to expand range of services that can make referrals to the MyHealth Programme other than GPs to include self-referrals from patient themselves • Use of NWL 'Health Help Now' App as a key enabler to empower patients to manage LTC • Self-Care workshops <ul style="list-style-type: none"> ◦ Prioritise new workshops pertaining to approx. ten areas to expand scope and reach of MyHealth programme ◦ Engage with provider trusts workforce in self-care workshops/agenda • Joint working between LBH and CCG in relation to reducing adult and children obesity linking strategic actions from physical activity plans, MyHealth and Children's strategy • Improve uptake of vaccinations • Improve access to smoking cessation support to reduce health inequalities • Joint working to address social and mental health issues related to tobacco, drugs and alcohol use • Explore opportunities for social prescribing to address poor mobility and social isolation/loneliness as part of holistic health and wellbeing approach, as well as interlinking with integrated systems such as 'High Intensity User Service' (see p. 6) • Early preparation for discharge (Hillingdon Independent Living, aids and equipment for discharge) • Joint working to manage re-admissions and DToC between health and wellbeing services • Expanding access to Sexual Health services

T10. Transformation in Local Services

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Reduction in prevalence gap for key conditions • Reduction in the rate of growth in prevalence • Reduction in the variation in management of conditions • Reduction in the prevalence gap for key conditions • Reduction in the rate of growth of prevalence • Reduction in the management of people with LTCs <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Implement NWL Local Services Strategy • Provide medical retina services at Mount Vernon hospital to treat macular degeneration • Enhanced progression of BHH RightCare Programme in line with strategic plans developed in October 2016 • Full implementation of 7 Day Standards • Enhanced progression of BHH RightCare Programme • Rollout of Prevention Strategy • Rollout of Proactive Case Finding in Primary Care • Work to close prevalence gap • Explore opportunities for diagnostics in the community <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • Reduced rate of growth in hospital attendances and admissions for people with planned care needs • Increasing scope and amount of activity delivered Out of Hospital and closer to home for patients • Reduction in Length of Stay following a planned admission • Increased use of alternative services to deliver planned care support • Deliver the 4 Priority Acute Standards for 7 Day Services 	<p>Keeping People Well</p> <ul style="list-style-type: none"> • Work to improve care pathways with primary care to support symptom identification, diagnosis and earlier health management/prevention • Improved bariatric surgery outcomes through integrated NWL work • Targeted support for urological conditions management in primary care • Extension of clinical decision support in primary care with access to interventional diagnostics to reduce ineffective testing and opportunities for primary care/community-based diagnostics • Proactive case finding in primary care and 'lessons learned' to improve identification of under-recognised conditions and prevention <p>Right Care, Right Time</p> <ul style="list-style-type: none"> • Enhanced neurology community service to incorporate: epilepsy, headaches and other neurological conditions including MS • Progress plans for minor surgery for carpal tunnel syndrome to be carried out in community; adopting a similar model to current hernia service • Redesign CATS to improve clinical triage, treatment and discharge pathways to address FA discharges and deliver Advice & Guidance; a national priority • Supported MSK conditions management in primary care, including scoping of FCP opportunity and self-referral to physiotherapy. • Enhanced dermatology pathway and condition management in community and primary care • Reduce ophthalmological appointments for glaucoma, cataract and procedures delivered in an acute setting and support management of these in primary care and by optometrists for minor eye conditions • Reduce variation in surgical decisions through service reviews, updated access policy, including patient choice, supported decision making; to address variations in days case and follow-up discharge pathways <p>Care at times of Crisis</p> <ul style="list-style-type: none"> • Improve clinical pathways and outcomes of 2 Week Wait referrals to enhance access and address first appointment discharges • Piloting enhanced access to planned care pathways from unplanned care as part of conservative conditions management care model approach

E1. Developing the Digital Environment

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Become paper free at the point of care (subject to availability of sufficient capital funding from NHS England to automate providers' systems) • Digitally enabled transfers of care between all healthcare settings • Improve access to Shared Care Records to support integrated care • Make progress towards shared digital care and support plans (which meet the standards developed in 2018/19 by the Professional Records Standards Board in conjunction with NHS NW London and NHS Digital) to enable better integrated care across care settings, integrated with Primary care clinical systems, and including End of Life care planning and digitally enabled self-care • Develop plans for use of real time data in decision making • Additional promotion of assistive technologies e.g. telecare and telehealth • Eradicate use of fax in care services • Real time use of data used to inform patients <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Relevant information safely and appropriately available from all clinical IT systems when needed to coordinate care for people – all providers must procure systems that have open interfaces for sharing patient information • Clear information available to aid planning of services through Business Intelligence and analytical systems fed by each provider • High utilisation of Shared Care Record across settings by provider clinicians, and promotion to patients by providers <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • Effective and efficient integrated care services enabled by shared health and care records • Relevant information, safely and appropriately available when needed to coordinate care for people • Clear analytical information available to aid planning of services 	<p>We will:</p> <ul style="list-style-type: none"> • Encourage secondary care to move towards paperless operation at the point of care (subject to availability of sufficient capital funding from NHS England to automate providers' systems) • Complete development of a shared care record across all care settings including social care fed by all providers' clinical IT systems, facilitating integrated out of hospital care, including the NW London and pan-London Care Information Exchanges • Extend patient records (from all settings) to patients and carers, and provide them with digital self-care and management tools such as apps, to help them become more involved in understanding and managing their own care; to include implementation of common digital identity and consent management functions across NWL and where possible, pan-London • Use dynamic analytics to inform care decisions and support integrated health and social care across the system through whole system intelligence

E2. Creating the Workforce for the Future

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • A workforce that meets the evolving needs of health and social care • A service with the capacity and capability to meet our population needs • Reducing sickness and absence rates • Improving skills and competences within the workforce <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Develop recruitment and retention strategy with multi-professional workforce plans • Brunel University London (BUL) with THH, NHSFT and CNWL NHSFT establishing an Academic Centre for Health Sciences • Develop workforce plans with Buckinghamshire New University • Rollout recruitment and retention strategy and workforce plans <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • A workforce that grows new roles and skills to support patient care • New systems and processes to release clinical time • A sustainable primary care workforce that is competent and confident to work in new models of care delivery and new provider structures. • A supported workforce environment that promotes Hillingdon as an attractive place to work. 	<p>We will:</p> <ul style="list-style-type: none"> • Increase the training, mentorship and student placement capacity in general practice and look to make this equitable across the borough • Continue to provide staff forums, training and education opportunities to all general practice staff and others in the health and care arena • Support consistent ways of working to improve and standardise processes in general practice (signposting, clinical correspondence) • Offer supported, and sometimes targeted, recruitment of new staff into general practice including through apprenticeship programmes (ST3s, GPNs) • Establish the Transition Academy to coordinate these activities and engender quality and consistency of staffing and general practice offer • Create quality and consistent ways of working in general practice for GP Confederation membership. Enable cross-organisational working within the GP Confederation and the ICP • Working with our NHS partner organisations – we will implement a system workforce strategy that addresses shared values, behaviours and coaching approach to work as an ICP • Resource local practice managers groups for peer support in IT, HR and general business sustainability • Support practice teams to find the space and time to work better for themselves and together • Establish inter-professional, multi-organisational and multi-HEI packages of student placements and apprenticeships for joint learning • Establish training hubs and peer support for multi-disciplinary forums, training and education within the GP Confederation membership • Create a targeted, multi-professional, multi-organisational pipeline of new staff for recruitment • Develop a more generically skilled, multi-professional workforce managing patients across multi-morbidity packages of care • Continue to properly evaluate and develop new workforce functions and competency frameworks with HENWL and HEIs

E3. Delivering Our Strategic Estates Priorities

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Deliver Local Estate Strategy for Hillingdon <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Better utilise estates with a view to integration of health and care services <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • An estate portfolio that meets the needs of our Transformation Themes. 	<p>We will:</p> <ul style="list-style-type: none"> • Deliver a local service Hub in North of Hillingdon by 2020/21 • Deliver a local service Hub in the Uxbridge and West Drayton area by 2020/21 • Determine a long-term solution for Yiewsley Health Centre by 2019/20 • Deliver a new health facility on the existing Vinyl Factory site • Deliver a new health facility on a redeveloped Woodside development • Invest in primary care infrastructure through supporting practice improvement grant applications

E4. Delivering Our Statutory Targets Reliably

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Continued, consistent and sustained achievement of our mandatory and statutory targets for A&E, RTT, Cancer and LAS handovers <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Robust demand and capacity study undertaken around RTT, Cancer and Diagnostic Targets • Continued focus on improvement in A&E Performance • Develop resilience plan around core measures • Development of diagnostic capacity to meet demands and targets for Cancer pathways • Rollout resilience plans <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • Achievement of NHS Targets for Referral to Treatment (RTT), A&E and Cancer Waits and Diagnostics as well as our other statutory targets associated with Mental Health. • Reduction in waiting times in all specialities including cancer 	<p>We will:</p> <ul style="list-style-type: none"> • Ensure demand management programmes are robust and well-led for unplanned and planned care • Seek assurance and accountability for delivering to national standards, offering support and proactive engagement to around matters arising as well as horizon scanning to mitigate risks to delivery of targets • Work with stakeholders to come to a shared view of service delivery and baselines toward joint visioning and integrated system response to shared challenges • Agree trajectories and milestones for recovery where needed • Apply robust, nuanced, contract and performance oversight and management • Ensure the focus is on patient experience and quality of care outcomes • Seek to engage patients in decisions regarding their care pathways and experiences, actively listening and applying learning

E5. Medicines Management

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • Reduction in overall medicines expenditure per capita including reduced wastage taking into account growth in costs • Improved outcomes for people utilising medicines <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Focus on medicines optimisation and rollout of practice level pharmacy support with medicines reviews and repeat prescriptions • Implement Prescribing Wisely <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • Supporting in reducing unplanned admissions related to medicines • Increased use of skilled workforce e.g. specialised clinical pharmacists in GP practice setting 	<p>We will:</p> <ul style="list-style-type: none"> • Increase pharmacist led medication reviews focusing on long-term conditions • Support workforce issues in Primary Care by using pharmacist IPP skills • Improve primary care and community Integration for prescribing • Support Hillingdon GP Confederation with the NHSE Clinical Pharmacists pilot scheme • Improve the care of Care Home residents through the NHSE Medicines Optimisation in Care Homes initiative • Improve the discharge pathway by use of integrated pharmacist team – quality & safety and releasing time in general practice • Ensure ICS Medicines Optimisation – overall pharmacy spend across all partners (primary care, CNWL & THH) and creating one set of protocols and processes • Work towards use of Pharmacy Technician to support work in care homes • Integrate with secondary care consultants and MDT through virtual clinics e.g. respiratory • Undertake domiciliary medication reviews by specialist pharmacists for the frail and elderly • Undertake domiciliary medication review of newly discharged patients by specialised pharmacists • Clarify palliative and EoL medicines in/out of hours pharmacies provision • Developing shared care for protocols for prescribing MH & LD medicines (CNWL + primary care) • On-going implementation of prescribing national guidance

E6. Redefining the Provider Market

Key Strategic Health Outcomes and Actions	Commissioning Intentions 2019-20 and 2020-21
<p>By 2020/21 we will be delivering the following outcomes:</p> <ul style="list-style-type: none"> • A market capable of meeting the health and care needs of the local population within the financial constraints • A diverse market of quality providers maximising choice for local people • Significant proportion of care delivered through integrated delivery vehicles • A high functioning and locally led Integrated Care system <p>Key strategic actions to achieve these include:</p> <ul style="list-style-type: none"> • Rollout and trial Integrated Case System model approaches and develop plans for future cohorts – including 0-16, 17-25, 26-64 and 65+ to address the needs, requirements and support models for those age groups • Develop neighbourhood and locality care delivery models that are primary care-led and working in multi-disciplinary approach with community assets, voluntary sector and health and care professionals • Implement recommendation of THH master planning exercise <p>Key local aims to achieve by 20/21:</p> <ul style="list-style-type: none"> • Improved capability across the system in meeting the health needs of the local population within the financial constraints • Payment and risk share arrangements that incentivises innovation, quality and sustainability, based on delivery of defined patient-centred outcomes in order to improve quality and demonstrate system transformation • Improvements in clinical quality, integrated care systems and financial sustainability • System incentivised to work together to enable the needs of the whole person to be met 	<p>We will:</p> <ul style="list-style-type: none"> • Health & Care Joint Commissioning with LBH to further develop BCF for 19/20 plans to build on prevention, early intervention and older people support working with LBH to further commission outcomes-based support around Children's, Learning Disability & Mental Health • Joint market shaping and development for 'Tier 3' and 'Tier 4' for people with complex needs and working across NWL collaborative • Explore Integrated Care Partnership (ICP) approaches through working with Hillingdon Health Care and Partners (HHCP) and LBH • Develop primary care-led integrated models of care e.g. Neighbourhood teams • Shared transformation and delivery - building on Active Case Management, MSK, EoL, Older People, Urgent Care and Primary & Community Care • Shared digital and business intelligence • Shared workforce development • Align financial and operational strategies and plans • Deliver 7 Day Services through working with our HHCP partners to jointly deliver 'out-of-hours' support and 'hub-based' working for health and care services – including planned and urgent care

10. North West London System Transformation Partnership – to be updated

The information for this section is currently unavailable; the CCG is awaiting information from NWL.

11. List of Abbreviations Used

Term	Meaning	Term	Meaning	Term	Meaning
A&E	Accident & Emergency	CSPR	Child Safeguarding Practice Reviews	HHCP	Hillingdon Healthcare Partners
ACO	Accountable Care Organisation	CVD	Cardio-Vascular Disease	HRG	Healthcare Resource Group
ACSC	Ambulatory Care Sensitive Conditions	CWHHE	Chelsea & Westminster, West London, Hounslow, Hammersmith & Fulham and Ealing CCGs	IAPT	Improving Access to Psychological Therapies
AF	Atrial Fibrillation	DA	Direct Access	IAPT	Improving Access to Psychological Therapies
AIDS	Acquired Immune Deficiency Syndrome	DASH	Disablement Association Hillingdon	IBD	Irritable Bowel Disease
BCF	Better Care Fund	DES	Directed Enhanced Service	IBS	Irritable Bowel Syndrome
BHH	Brent, Harrow, Hillingdon CCGs	DH/DoH	Department of Health	ICO	Integrated Care Organisation
CAMHS	Children & Adolescent Mental Health Services	DHR	Domestic Homicide Reviews	ICP	Integrated Care Programme
CATS	Clinical Assessment & Treatment Service	DNA/s	Did Not Attend/s	IM&T	Information Management & Technology
CATTS	Clinical Advice & Triage Service	DTOC	Delayed Transfer of Care	IPP	Independent Pharmacist Prescriber
CATT	Crisis Assessment & Treatment Team	ED	Emergency Department	IT	Information Technology
CCG	Clinical Commissioning Group	ENT	Ear, Nose & Throat	IV	Intravenous
CHC	Continuing Health Care	EoL	End of Life	IUC	Integrated Urgent Care
CHF	Chronic Heart Failure	FCP	First Contact Practitioners	JHWBS	Joint Health & Wellbeing Strategy
CHD	Chronic Heart Disease	FCT	Faecal Calprotectin Testing	JSNA	Joint Strategic Needs Assessment
CHF	Chronic Heart Failure	FT	Foundation Trust	LA	Local Authority
CKD	Chronic Kidney Disease	FUP	Follow Up (Appointment)	LAS	London Ambulance Service
CI	Commissioning Intentions	FY	Financial Year	LD	Learning Disability
CIE	Care Information Exchange	FYFV	Five Year Forward View	LeDeR	Learning Disability Mortality Reviews
CIP	Cost Improvement Programme	GP	General Practitioner	LIS/LES	Local Incentive Scheme Locally Enhanced Service
CMC	Coordinate My Care	GB	Governing Body	LBH	London Borough of Hillingdon
CNWL	Central & North West London NHS Foundation Trust	GPN	General Practice Nurse	LIS/LES	Local Incentive Scheme Locally Enhanced Service
COPD	Chronic Obstructive Pulmonary Disease	GPwSI	GP with a Special Interest	LNWH	London North West Hospitals NHS Foundation Trust
COTE	Care of the Elderly	GLA	Greater London Authority	LTC	Long Term Conditions
CQC	Care Quality Commission	HAI	Healthcare Acquired Infection	MDT	Multi-Disciplinary Team
CQG	Clinical Quality Group	H4All	Hillingdon 4 All	MH	Mental Health
CQRG	Care Quality Review Group	HCCG	Hillingdon Clinical Commissioning Group	MIU	Minor Injuries Unit
CSA	Child Sexual Abuse	HENWEL	Higher Education North West London	MMT	Medicines Management Team

Term	Meaning	Term	Meaning	Term	Meaning
MS	Multiple Sclerosis	STP	Sustainability and Transformation Plans		
MSK	Musculo-Skeletal	STT	Straight To Test		
NEL	Non-Elective	TB	Tuberculosis		
NEPTS	Non-Emergency Patient Transport Service	TFC	Treatment Function Code		
NES	Nationally Enhanced Service	THH FT	The Hillingdon Hospital NHS Foundation Trust		
NHSE	NHS England	TIA	Transient Ischaemic Attack		
NICE	National Institute Clinical Excellence	UEC	Urgent & Emergency Care		
NWL	North West London	UCC	Urgent Treatment Centre		
OBC	Outline Business Case	VTE	Venus Thromboembolism		
OOA	Out of Area	WSIC	Whole System Integrated Care		
OOH	Out of Hours or Out of Hospital	WTE	Whole Time Equivalent		
PAD	Peripheral Artery Disease	ZLOS	Zero Length of Stay		
PCC	Primary Care Contract				
PCI	Practice Commissioning Initiative				
PH	Public Health				
PHB	Personal Health Budgets				
PHE	Public Health England				
PPE	Public & Patient Engagement				
PTS	Patient Transport Service				
Pt/Pts	Patient/s				
PYLL	Potential Years Life Lost				
QIPP	Quality, Innovation, Productivity & Prevention				
RBHFT	Royal Brompton & Harefield Hospitals NHS Foundation Trust				
RTT	Referral To Treatment				
SaHF	Shaping a Healthier Future				
SARs	Safeguarding Adult Reviews				
SCR	Shared Care Record or Summary Care Record				
SMI	Serious Mental Illness				
SPA	Single Point of Access				
SSoC	Shifting Settings of Care				
ST3	(GP Registrar Year)				
STPs	Sustainability and Transformation Partnerships				

12. List of Providers

1. Age Uk
2. Ashford and St Peter's Hospitals NHS Foundation Trust
3. Barts & The London NHS Trust
4. BMI Healthcare Ltd
5. British Pregnancy Advisory Service
6. Buckinghamshire Healthcare NHS Trust
7. Camden & Islington Mental Health Trust
8. CarePoint
9. Care UK
10. Central & North West London NHS Foundation Trust
11. Central North West London Mental Health Trust
12. Concordia Health
13. Direct Healthcare Services
14. East & North Hertfordshire NHS Trust]
15. Egton MIG Healthcare Gateway
16. Frimley Park Hospital
17. Great Ormond Street Hospital for Children NHS Foundation Trust
18. Greenbrook
19. Guy's & St Thomas' NHS Foundation Trust
20. Harlington Hospice
21. Hayes Cottage
22. Healthshare
23. Hertfordshire Partnership University NHS Trust
24. H4All
25. Hillingdon GP Federation
26. Hillingdon MIND
27. Imperial College Healthcare NHS Trust
28. Kingston Hospital NHS Trust
29. King's College Hospital NHS Foundation Trust
30. Language Line Ltd
31. London Ambulance Service
32. London North West Healthcare NHS Trust
33. Marie Stopes International
34. Medical Information Systems Ltd
35. Moorfields Eye Hospital NHS Foundation Trust
36. North Middlesex University Hospital NHS Trust
37. NUPAS (formerly Fraterdrive Ltd)
38. Opcare
39. Royal Brompton & Harefield NHS Foundation Trust
40. Royal Free London NHS Foundation Trust
41. Royal National Orthopaedic Hospital NHS Trust
42. Royal Surrey County Hospital NHS Foundation Trust
43. St George's Healthcare NHS Trust
44. South West London and St George's Mental Health NHS Trust
45. Tavistock & Portman NHS Foundation Trust
46. The Hillingdon Hospitals NHS Foundation Trust
47. The Royal Marsden NHS Foundation Trust
48. The Whittington Hospital NHS Trust
49. Trinity Hospital
50. University College London Hospitals NHS Foundation Trust
51. West Hertfordshire Hospitals NHS Trust
52. West London Mental Health NHS Trust
53. Wexham Park Hospital

13. Hillingdon CCG GP Practices

1. The Mountwood Surgery
2. Kingsway Surgery
3. The New Medical Centre
4. Oakland Medical Centre
5. The Devonshire Lodge Practice
6. Harefield Health Centre
7. The Belmont Medical Centre
8. Yiewsley Health Centre
9. Oxford Drive Medical Centre
10. Wood Lane Medical Centre
11. Cedars Medical Centre
12. Uxbridge Health Centre
13. The Pine Medical Centre
14. Dr CB Patel's Practice Hayes Medical Centre
15. Townfield Doctors Surgery
16. The Warren Practice
17. Yeading Court Surgery
18. Abbotsbury Practice Eastcote Health Centre
19. King Edwards Medical Centre & Swakeleys Medical Centre
20. The Parkview Surgery
21. Otterfield Medical Centre
22. Eastbury Surgery
23. The Cedar Brook Practice
24. Brunel Medical Centre
25. St Martin's Medical Centre
26. Church Road Surgery
27. Hillingdon Health Centre
28. Dr HG Campbell's Practice Glendale House Surgery
29. Acre Surgery
30. The High Street Practice
31. Ladygate Lane Surgery
32. North Hyde Surgery
33. The Willow Tree Surgery
34. Shakespeare Health Centre
35. Acrefield Surgery
36. Carepoint Practice Northwood Health Centre
37. Wallasey Medical Centre - Dr K Patel
38. West London Medical Centre
39. Dr AN Goud's Practice Kincora
40. Queens Walk Medical Centre (Dr C M Solomon)
41. Dr MLR Siddiqui's Practice 'The Surgery'
42. Acorn Medical Centre
43. Heathrow Medical Centre
44. Southcote Clinic
45. HESA Medical Centre (merger of Orchard and Hayes Town)

This page is intentionally left blank

HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Lynn Hill, Chair
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Appendix A – Annual Report Appendix B – Musculoskeletal Review

HEADLINE INFORMATION

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

RECOMMENDATION

That the Health and Wellbeing Board notes the report received.

1. INFORMATION

- 1.1 Healthwatch Hillingdon is contracted by the London Borough of Hillingdon, under the terms of the grant in aid funding agreement, to deliver the functions of a local Healthwatch, as defined in the Health and Social Care Act 2012.
- 1.2 Healthwatch Hillingdon is required under the terms of the grant aid funding agreement to report to the London Borough of Hillingdon on its activities, achievements and finances on a quarterly basis throughout the duration of the agreement.

2. SUMMARY

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

comprehensive report is presented by the Chief Executive Officer to the Directors/Trustees at the Healthwatch Hillingdon Board Meetings and is available to view on our website: (<http://healthwatchhillington.org.uk/index.php/publications>)

3. GOVERNANCE

3.1. Healthwatch Hillingdon Board

We are pleased to advise that at the Healthwatch Hillingdon Board have appointed Beulah East and Joan Davis as a Trustee and Director of Healthwatch Hillingdon.

Beulah and Joan join the Board having served Hillingdon residents in different capacities for many years. Their extensive experience, knowledge and passion will bring an added dynamic to the organisation and the Board is looking forward to working with them.

Arlene Jobs has stepped down from her role as a Trustee and Director. We thank her for all her efforts during her tenure and wish her all the best for the future.

3.2. Healthwatch Hillingdon Annual Report 2017-18

Healthwatch Hillingdon published its Annual Report 2017-18 on 30 June 2018. As laid out in guidance, the report is formally submitted to the Hillingdon Health and Wellbeing Board as Appendix A.

3.3. Signposting Information and Advice Service

Our Signposting and Insight Co-ordinator started in May 2018. This new role incorporates the delivery of the Signposting Information and Advice Service. The core hours of the service are now from Monday to Friday, 10am to 2.30pm - available in person at our shop, or by telephone and email.

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 first quarter of 2018-19.

4.1. Musculo-skeletal services report

As part of the review of musculoskeletal services, Healthwatch Hillingdon were commissioned by Hillingdon Clinical Commissioning Group to independently engage with current service users and residents. During late April and early May 2018, we spoke to 276 people at the Hillingdon and Mount Vernon Hospital sites, and at Central North West London's community settings, to capture their views of current services.

Overall, patients' experiences are positive. 91% were happy with the location of their treatment and found it easy to get to and 76% said the service has improved their health.

When asked how the service could be made better, patients asked for quicker access to treatment for their first appointment, for appointments to be more frequent and for their appointments to run on time.

Just over half of respondents said they would like a self-care guide to complement their treatment and help them manage their condition.

The full report is attached as Appendix B

4.2. Mental Health, Wellbeing and Life Skills Programme

We have been successful in securing a Partners for Health grant of £6,581 from London Catalyst and the Hospital Saturday Fund, to deliver 3 Life Skills and 5 Peer Support programmes in secondary schools. We will now be running 4 Mental Health, Wellbeing and Life Skills programmes concurrently between September 2018 and May 2019, starting at the Guru Nanak School in Hayes. Over the same period, we will be delivering a Peer Support programme in 5 secondary schools.

We are currently working with our partners in the Hillingdon Thrive Network to identify the appropriate schools to deliver these programmes.

4.3. Hillingdon Community Trust Award

Healthwatch Hillingdon is delighted to announce that Hillingdon Community Trust has voted us their Outstanding Small Project of the Year for our work in Barnhill School. We are really pleased to accept this award and for our Mental Health, Wellbeing and Life Skills programme to be recognised in this way.

4.4. National Healthwatch Award

We are also excited to be shortlisted for a National Healthwatch Award, in the 'Improving health and social care' category, for our work on discharge from hospital. Our submission will be judged on how we have used the experiences and views of people to help improve health and social care. If successful, we will be presented with the award at the Healthwatch England Awards Dinner in October 2018.

4.5. New low back pain and sciatica policy for North West London

Following the revision of the North West London Clinical Commissioning Group's policy for low back pain and sciatica, a decision was taken to no longer fund treatments such as some spinal injections and acupuncture because of limited evidence of clinical effectiveness. When this decision came into effect for Hillingdon patients in late June 2018, we were asked to work with the Hillingdon Clinical Commissioning Group and The Hillingdon Hospitals NHS Foundation Trust to support patients who were having their treatment plan changed.

Our contact details were included in the letter being sent to patients advising of the changes and we were delighted to be able to provide information and advice to patients and gather their views. We are currently continuing our interaction with these patients and would inform members of the Board at this early stage that we will be outlining a number of important learning points in our report, which we will provide for the next Health and Wellbeing Board.

4.6. Michael Sobell Hospice

The Board will be aware that the Michael Sobell Hospice site at Mount Vernon Hospital was recently closed at short notice and an interim measure has been put in place by the East and North Hertfordshire NHS Trust for inpatients of the hospice.

The closure of the hospice and uncertainty about future care had caused much public concern. Healthwatch Hillingdon want to ensure that the public are fully involved in the decisions taken on future hospice care in Hillingdon. We are therefore working with the public, Hillingdon Clinical Commissioning Group, East and North Hertfordshire and Hillingdon Hospitals NHS Trusts, The Hillingdon Hospitals NHS Foundation Trust and the Michael Sobell Hospice Charity, to ensure the public are involved in the design of services in a meaningful way and that hospice care in Hillingdon is co-produced with the public and meets the needs of the community.

4.7. Visual Impairment Reading Group

At the last Health and Wellbeing Board, we highlighted the issues raised by visually impaired residents of the difficulties they faced with signage at Hillingdon Hospital. As a result of this feedback, we contacted the hospital and are pleased to advise that the Facilities Department have invited us to carry out a signage audit in September 2018 with members of the reading group and other Healthwatch volunteers.

5. ENQUIRIES FROM THE PUBLIC

Healthwatch Hillingdon recorded 243 enquiries from the public this quarter. This resulted in 91 people's experiences being logged on our Customer Relationship Management database and 152 residents being the recipient of our information, advice and signposting service.

5.1. Experiences

Overview

During this first quarter, in addition to gathering feedback directly from individuals who contacted us, we have also captured people's experiences of the services that they have received via providers' websites and NHS Choices. It is interesting to note from this that the Minor Injuries Unit at Mount Vernon features largely in the overall figure for experiences and that all feedback received was positive. Feedback given on maternity services was also 100 per cent positive.

From the feedback we received this quarter on hospital services, the quality of care that patients received is still the largest category reported to us, although this quarter shows a higher number of positive feedback (n=18), compared with that for not positive/mixed (n=16). This is largely due to people's experiences of the Minor Injuries Unit, where residents have cited the quality of care, treatment, appointment and the organisation overall as favourable. In terms of residents' negative experiences, staff attitude features highly as an issue. Doctors and admin/receptionists represent the main staff categories that people have reported upon negatively for both hospital services and GP practices.

Although the number of experiences of GPs reported to us has decreased slightly this quarter, GPs still feature as the number one service residents report to us on after hospital

services. Of the 14 experiences captured, 10 of these were negative. People reported difficulties around patient choice, including issues with repeat prescriptions and where they were to be referred for treatment.

Table A

Hospital Services		Positive	Mixed	Neutral	Negative
Minor Injuries Unit	13	13	-	-	-
Maternity	4	4	-	-	-
Care of the Elderly	4	1	1	-	2
Phlebotomy	4	3	1	-	-
Ophthalmology	3	1	-	-	2
Orthopaedics	3	1	1	-	1
Accident & Emergency	3	1	-	-	2
Cancer Services	2	-	-	-	2
Radiography	2	-	-	-	2
Outpatients	2	1	-	1	0
Neurology	1	-	-	-	1
Nutrition & dietetics	1	-	1	-	
General Surgery	1	-	-	-	1
Haematology	1	1	-	-	-
Appointments	1	-	-	-	1
Continuing Care	1	-	-	-	1
Mental Health Services	2	-	1	-	1
Patient Transport	1	-	-	-	1
Breast screening	1	1	-	-	-
Cardiology	1	1	-	-	-
Sexual health	1	-	-	-	1
Physiotherapy	1	-	-	-	1
Renal Medicine	1	-	1	-	-
Urology	1	1	-	-	-
Social Services					
Care Home	2	-	-	-	2
Home Care	4	1	1	-	2
Primary Care Services					
GP	14	2	2	-	10
Dentist	4	-	1	1	2
Other Services					
Community Mental Health Team	3	-	-	-	3
Drug & Alcohol Services	1	-	-	-	1
CAMHS	1	1	-	-	-
Community other	2	-	-	-	2

Table B shows the categories of key staff that patients have indicated to us and Table C highlights the top 6 themes that people have reported to us. It should be noted that some patients name more than one member of staff and supply more than one theme in relation to their experience.

Table B

Key staff categories	Positive	Not positive
Doctors	3	13
Admin / Receptionist	4	12
All care professionals	21	11
Care/Support Workers	-	1
Nurses	7	3
Midwives	3	-
Service Manager	-	4
Allied care professionals	2	1

Table C

Key Themes	Number	Positive	Not positive	Mixed/ Neutral
Quality of care	34	18	15	1
Quality of organisation and staffing	25	15	10	-
Quality of treatment	21	12	5	4
Staff attitudes	18	2	10	4
Quality of appointment	16	12	3	1
Communication between staff and patients	11	6	3	2

Outcomes

We continue to provide support to residents in a variety of circumstances. One individual contacted us about concerns they had over a change in carers for their wife, who suffers from dementia. We were able to contact Social Services, who then ensured that the individual and his wife received the appropriate support during the change to new carers.

Another person enlisted our help following an appointment they'd had at the hospital, whereby a follow up letter was sent to their GP, the content of which the individual felt was inaccurate. We gave the individual the details of PALS at Hillingdon Hospital, along with a list of questions to ask. After this, the hospital wrote to the GP to correct the information in the letter and gave the person another longer appointment to discuss all their concerns about their condition and how they could manage it. The person came in to the Healthwatch Hillingdon office to thank us for our help.

Another individual needed help for their daughter who is disabled and in a nursing home and her only functions are her sight and hearing. They had been trying to get their daughter's ears syringed in the home but was told this was not possible. Healthwatch Hillingdon contacted the Clinical Commissioning Group (CCG) and CNWL Community Services. Under their contract, Community Services are unable to provide services in a nursing home but agreed that due to the situation they would go into the care home and syringe the person's ears if they received a referral from the GP. We also brought up the case at the CCG Care Home Group to raise the issue and look for a solution for residents in similar situations. This illustrates how the work that we do highlights areas where

improvements could be made to services. Similarly, in another case, we assisted a deaf and mute individual in contacting the DWP about their PIP claim because they were unable to do so themselves and could not find any other service able to help with this.

5.2. Signposting Service

During this quarter, we recorded a total of 152 enquiries from residents which resulted in us providing information, advice, signposting or referral. 103 of these we would categorise as universal and 49 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.

Outcomes

The following table illustrates the reasons for people contacting our service and the ways in which we can help them through signposting to appropriate organisations.

How did we assist?	Qty	%
Signpost to a health or care service	63	41%
Signpost to voluntary sector service	27	18%
Requesting information / advice	29	19%
Requesting help / assistance	1	1%
General Enquiry	32	21%
Unknown	0	0%
Total	152	

Signposted to?	Qty	%
Voluntary Sector other	22	18%
GP	12	10%
LBH - other	14	11%
NHS - other	7	6%
Hospital	8	9%
Age UK	24	19%

For example:

- An individual contacted us about their 94-year-old mother having a fall whilst in the hospital as a result of not receiving assistance when she called for it. We were able to give the individual the details of the PALS service, as well as informing them about how POHWER could support them in making a complaint.
- In another instance, an individual called to advise that their GP surgery could not provide an appointment for them to have their ears syringed for 3 weeks. The individual was having problems hearing and did not know where else to go. Healthwatch Hillingdon signposted them to a local private ear clinic. The individual visited the service on the same day and phoned us back to thank us for our help and stated they were "very happy and grateful".
- Another individual was unhappy with the dental treatment they were receiving and spoke to us about the options available to them. They decided they wanted to make a complaint, so we gave them details of NHS England's complaints service and the General Dental Council.

We have also started an in-house customer feedback box and can report so far that comments on the service we provide have been positive: "Very good customer service, help and support."

5.3. Referrals and Signposting to Advocacy

We continue to provide people with the information they need to make complaints about the services they have received, including signposting them to POhWER for advocacy support and to NHS England Complaints.

Advocacy Referrals & Signposting	Qty
POhWER	9
NHS England Complaints	12
Total	21

6. ENGAGEMENT

During this quarter, Healthwatch Hillingdon directly engaged with 444 people.

As previously referred to in 4.1, we spent the first part of the quarter surveying patients and raising awareness of Healthwatch Hillingdon as part of our engagement on MSK.

During the second half of this quarter, we took part in seven engagement events which included the Reap AGM, The Older People's Assembly, Disability Assembly and a Wellbeing Day at Hillingdon Leisure Complete. These engagement figures are presented in the table below.

Event	Attendance	Outcomes	Age Category				Communities of Interest
			Under 5s	6 - 21	22 - 65	Over 65	
Volunteers' Week stall - Pavilions Shopping Centre	300	45 people directly engaged			39	6	General Public
Volunteers' Week stall - Ruislip Manor Library	30	4 people directly engaged			4		General Public
Disability Assembly	110	11 people directly engaged			8	3	Disability
Reap AGM	80	20 people directly engaged		1	18	1	Refugees/ BAME
Hillingdon Carers Fair	300	32 people directly engaged		2	25	5	General Public and Carers
Older People's Assembly	90	8 people directly engaged			3	5	Older People
Health & Wellbeing Day - Hillingdon Sports & Leisure Complex	80	10 people directly engaged		8	2		General Public
Men's Health week - Hillingdon Sports & Leisure Complex	60	5 people directly engaged			5		General Public
Total	1050	135		11	104	20	

Highlights

Volunteers' Week

We celebrated Volunteers' Week (1st-7th June), by organising volunteer events at the Pavilions Shopping Centre in Uxbridge and Ruislip Manor Library. The events were a great way to raise awareness of the benefits of volunteering as well as to promote our current volunteering opportunities to the public. Our stall at the Pavilions Shopping Centre was particularly busy with at least a dozen shoppers expressing an interest in volunteering with Healthwatch.

As part of Volunteers' Week, we also invited our volunteers to join us for a thank you lunch in recognition of the volunteering efforts.

Hillingdon Carers Fair

We held a stand at the annual Hillingdon Carers Fair which took place on Tuesday 12 June at the Pavilions Shopping Centre. The event was attended by over 30 organisations and was visited by the Deputy Mayor of Hillingdon. We spoke to over 30 people during the event, some of whom were carers and we shared information about the services of Healthwatch Hillingdon. We also did lots of networking and connected with new services.

Volunteering

Our volunteers undertook 629 hours volunteering this quarter. They supported us at the Reap AGM, Hillingdon Carers Fair, The Older People's Assembly and helped to conduct surveys at Mount Vernon, Harefield, and The Hillingdon Hospital as part of our MSK engagement.

Our Young Healthwatch completed 127 hours; attending training sessions, representing Healthwatch Hillingdon in the community and being part of the PLACE Assessment programme outlined in Item 7 below.

Our volunteer recruitment is ongoing and we are currently recruiting a volunteer to edit our bi-monthly newsletter and are liaising with Mencap to look at possibly providing volunteer opportunities to some of their clients currently in further education.

Social Media

Our social networks have continued to grow and remain an effective way of sharing our work and news to a wider audience. Our recent tweets and Facebook posts included a link to our published annual report and MSK survey. Our most popular tweets included the Community Mental Health Survey, the 'NHS Go' app and our stand promotion at Hillingdon Carers Fair. We have increased our Facebook Likes this quarter from 417 to 421 and we have seen a significant increase in the number of people following us on Instagram, surpassing 200 followers. This is positive because it indicates to us that our followers like the content.

	April	May	June
Twitter Followers	1,219	1,223	1,227
Tweet Impressions (1000s)	6,862	8,471	5,171
Post Visits	217	141	120
Facebook likes	417	420	421
Facebook Engagement	69	4	46
Post Reach	147	8	29

7. ENTER AND VIEW ACTIVITY

Patient Led Assessments of Care Environments (PLACE)

PLACE is a national programme that is run between April and May each year. Public assessors are involved in the inspection of wards, outpatient areas, internal communal areas, external grounds and buildings and the assessment of patient's food. PLACE gives hospitals, hospices and day treatment centres a clear picture of how their environment is seen by those using it and how it can be improved.

In April and May 2018, 15 Healthwatch Hillingdon volunteer assessors carried out 116 hours of assessment over 7 separate days at the Woodlands and Riverside Centres for CNWL, and at both Hillingdon and Mount Vernon Hospitals. This included an overall assessment of 13 wards, 4 ward food assessments, 6 outpatient areas, the A&E, communal internal areas and external grounds.

The results of the assessments will be published later this year and will show how the organisations are performing locally and nationally against other NHS organisations.

8. FINANCIAL STATEMENT

To end of Quarter 1 - 2018-2019

Income		£
Funding received from local authority to deliver local Healthwatch statutory activities		39,500
Bought forward 2017/2018*		34,685
Additional income		-
Total income		74,185
Expenditure		
Operational costs		4,017
Staffing costs		28,014
Office costs		4,475
Total expenditure		36,506
Surplus to c/f		37,679

*Provisional, awaiting audited figure.

9. 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 during Quarter 1:

KPI no.	Description	Relevant Strategic Priority	Monthly Target 2018-19	Q1		
				2016-2017	2017-2018	2018-2019
1	Hours contributed by volunteers	SP4	525	637	540	629
2	People directly engaged	SP1 SP4	330	434	220	444
3	New enquiries from the public	SP1 SP5	200	177	208	243
4	Referrals to complaints or advocacy services	SP5	N/A*	12	24	21
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	50	93	62	62
6	Consumer group meetings / events	SP1 SP7	15	16	26	19
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	0
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	3	5	3

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

This page is intentionally left blank

healthwatch
Hillingdon

Annual Report
2017/18

your
voice
counts

Young
voices
count
too





5 years of improving health and social care in Hillingdon



Contents



Foreword - Councillor Philip Corthorne	3
Message from our Chair	4
Message from our Chief Executive	6
Message from our New Chair	8
Highlights from our year	9
Who we are	10
It starts with you	11
Your views on health and care	21
Helping you find the answers	28
Making a difference together	31
Our people	35
Our plans for next year	41
Our finances	42
Getting in touch	43



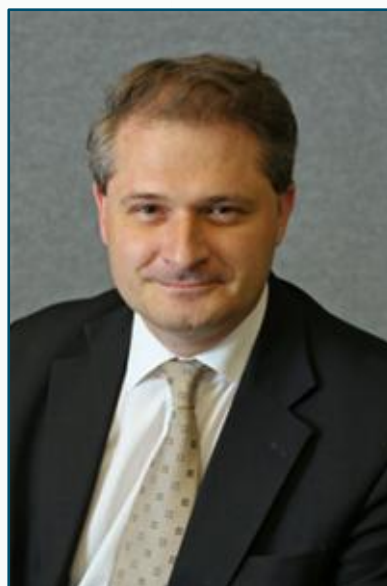
Foreword

Councillor Philip Corthorne

Once more it is my pleasure to welcome you to Healthwatch Hillingdon's latest annual report. You will see, herein, the valuable work Healthwatch undertakes on behalf of residents in what has been a full and challenging year.

I would like to place on record, on behalf of Hillingdon's Health and Wellbeing Board, our grateful thanks to Stephen Otter who has now stepped down as Chairman. Stephen has been involved with Healthwatch Hillingdon since its inception and has been a full and welcome member of the Health and Wellbeing Board, we wish him well for the future. We also look forward to working with Lynn Hill, who takes on the Chair's role, and wish her every success.

Thank you to the public who have taken the time to tell your story, to engage and discuss so that the "voice of the customer" can be heard. I encourage everyone to continue to do so



I also congratulate the Healthwatch Hillingdon team: the voluntary Board of Trustees, Graham Hawkes and the small staff team, and the number of volunteers who have made the work of Healthwatch possible.

Last, but certainly not least, thank you to the public who have taken the time to tell your story, to engage and discuss so that the 'voice of the customer' can be heard. I encourage everyone to continue to do so.

Councillor Philip Corthorne MCIPD

**Cabinet Member for Social Services,
Housing, Health and Wellbeing,
London Borough of Hillingdon**

Message from our Chair

Welcome to the fifth Annual Report from Healthwatch Hillingdon.

I am delighted to be able to report that we have continued to build on our excellent progress in helping to achieve real improvements in local health and social care services, although there is much still to be done.



important and the extent to which services are currently meeting your needs or expectations. We use this information to illustrate where patients and service users want to see changes, provide as much evidence as we can to support the need for improvement and we monitor progress being made by the appropriate agency. We are not always successful in obtaining the changes wanted by residents, but we will continue to robustly represent your views and needs.

As in previous years the report highlights many examples of areas where Healthwatch Hillingdon has been instrumental in achieving change in local provision.

Our overriding priority for the future is to continue our successful work in helping to obtain local improvements in services.

In addition to following up issues in any service, we are doing some work in specific areas.

I am proud to welcome the formation of Young Healthwatch Hillingdon. We now have 19 young people who are engaging with Healthwatch Hillingdon activities to ensure that their views are heard and shared.

We shall also continue to examine bigger changes being proposed to the way in

Our aim is to give Hillingdon residents a voice to influence local change and to continue to highlight those services which fail to meet expectations.

As in previous years, we can highlight several areas where the organisations that run our local health and care services have acted upon our representations and made improvements to services.

One of our main responsibilities is to listen to residents of Hillingdon so that we understand the things that are most

which health and care services are delivered to protect residents' interests.

Once again, I would like to offer a huge thank you to Graham Hawkes, his team, the volunteers and the Board Members for their hard work, effort and support which have resulted in a successful year for Healthwatch Hillingdon.

I would like to offer our thanks to Stephen Otter who, after six years' dedication to Healthwatch Hillingdon, both as Vice Chair and Chair, has resigned from the Board. We wish him well and in return welcome Lynn Hill to the Board as Chair elect. Lynn will be formally taking up her role in June 2018.

Turkay Mahmoud
Interim Chair



Message from our Chief Executive

Welcome to the Healthwatch Hillingdon Annual Report 2017-2018. The story of another busy, challenging, sad, but very rewarding year.

In December 2017 we said goodbye to one of our original Trustees and Chair of our Board, Stephen Otter. Stephen brought us refreshing leadership and drive and I thank him for all he did and the support he gave me throughout his tenure.

I would also like to express my appreciation to Turkay Mahmoud for becoming Acting Chair and leading us so capably during the remainder of the year.

We sadly also said goodbye to our colleague Raj Grewal at the beginning of 2018 as he set off for new adventures in Africa. A long-standing member of our staff, Raj was dedicated to serving the Hillingdon public and is greatly missed by us all.

Operationally, we have continued to ensure the users of Hillingdon's health and social care services have a strong voice.



In the first half of the year we concentrated on promoting and embedding the learning from our maternity and discharge reports.

Our partnership working influenced service improvement plans and it was really pleasing to see the 'Working Together' information booklet rolled out across The Hillingdon Hospitals, as an aid to help patients through their inpatient stay.

With other North West London Healthwatch, we challenged the legality of the original proposed changes to prescribing. We were successful in not only ensuring the policy was changed but made sure the engagement material used by the North West London Clinical Commissioning Groups was a fair representation of the proposed policy and was written in a way the public could understand.

We engaged across Hillingdon to find out what you thought of the new Extended Hours GP service. Over 1000 of you told us your views and we are currently using that evidence to shape and change how the service will be delivered in the future.

The most exciting development for us this year has been our work to give children and young people in Hillingdon a voice.

Starting Young Healthwatch Hillingdon and the projects to support young people raise awareness of emotional wellbeing in schools has been truly inspirational work for us.

With over 20 enthusiastic young members, trained and ready to get involved, we are really looking forward to seeing Young Healthwatch progress in 2018.

This year nearly 1000 people have come into the shop, or contacted us, for information or advice. We have helped people to find services to meet their needs and empowered others to navigate the system. We have seen a lot of positive feedback this year and seeing the difference we have made to people's lives makes this a very rewarding part of our role.

It takes a real team effort to achieve the work which is outlined in this report and I would like to personally thank everybody who has made a contribution to Healthwatch Hillingdon this year:

- The staff team - Pat, Charmaine, Kim and Raj - who are passionate about what we do
- The Healthwatch Hillingdon Board for their governance, leadership and support
- Our volunteers, who have donated nearly 2000 hours of their time and expertise, to make a difference in their community
- You, the public, who have told us your stories, experiences and views.

Our success over the last five years has shown that we can improve services; but we cannot do that without knowing people's experience of care in Hillingdon.

That is why we need to hear from you, your family, friends and neighbours. By telling us your experience we can change care services in our community together.

Finally, I would like to extend a warm welcome to our Chair Elect, Lynn Hill. I look forward to working with Lynn when she takes up her role in June, as we look to build on our success and take Healthwatch Hillingdon into the next era.

Graham Hawkes
Chief Executive Officer

healthwatch
Hillingdon

**Come in
and talk
to us**

We are:

- **Independent**
- **Influential**
- **Informing**

**your
voice
counts**

Message from our new Chair

I am delighted and privileged to have joined Healthwatch Hillingdon this year as Chair Elect and am very excited to be taking on the Chairman's mantle from June onwards.

Firstly, I would like to say I am extremely grateful to Turkey Mahmoud for leaving the organisation in such good shape and to Graham Hawkes for his strong and focused leadership as our Chief Executive Officer.

My career has been spent entirely in healthcare and I recently retired from the NHS having completed almost 40 years. I qualified as a Biomedical Scientist in Hematology in 1981 and went on to Chair the UK Scientific Advisory Panel. I have a keen interest in patient safety and studied for the Capsticks Diploma in Clinical Risk Management. I am also a graduate of the Kings Fund Top Manager Programme. More recently, I became a Healthcare Manager and held a number of director roles including those of Chief Operating Officer/Deputy Chief Executive Officer.

I believe that patients should be at the heart of everything we do and that all



patients should have a voice. Patient engagement is the key to really getting 'under the bonnet' of what is going on in any healthcare setting and the Uxbridge shop, situated in the Pavilions Shopping Centre, provides an excellent point of reference and signposting service for our patients and carers alike. I am looking forward to working with our Board and local stakeholders to ensure that standards are maintained and enhanced and the local patients within the Borough of Hillingdon continue to access and receive high quality health and social care.

The team at Healthwatch Hillingdon have set the bar very high with their achievements over the last few years and I have been particularly impressed by the partnership working with Hillingdon Hospital on discharge planning and with the work done with young people's mental health. Links with the Council are also strong and collaborative.

During the course of the next few months, the Board and I will be looking at our work plan and seeing where our efforts can be best utilised to ensure we continue to add value to the local healthcare economy.

Lynn Hill - Chair Elect (June 2018)



Highlights from our year



Who we are

Have you had a baby in Hillingdon in the last 12 months?
Come and talk to us about your experience



Help us to improve services

Your voice counts



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

Our vision

Our vision is to become the influential and effective voice of the public.

We want to ensure that local decision makers put the experiences of people at the heart of their work, giving adults,

young people, children and communities a greater say in - and the power to challenge - how health and social care services are run in Hillingdon. This vision is founded on the strong belief that services work best when they are designed around the needs and experiences of the people who use them.

Our priorities

The focus of our work for 2017-19 has been aligned with our Strategic Priorities and selected to reflect our statutory requirements, and the findings from in-depth analysis of data and intelligence gathered from our residents.

The key areas for 2017-18 were:

- **Youth Engagement Project**
- **Extended hours GP Access**
- **Maternity and Hospital Discharge follow-up**

it starts with
YOU



How your experiences are helping to influence change

New Perinatal Mental Health Service



The evidence from both our Children and Adolescent Mental Health Service (CAMHS) reports and our Maternity report outlined the need for a comprehensive perinatal mental health service for Hillingdon's women.

Following our CAMHS report a small service was commissioned, which has since been built upon; but as our Maternity report outlined, the service was not meeting demand.

In June 2017, the North West London Clinical Commissioning Group Collaboration (NWL CCG) launched a new, comprehensive perinatal mental health service to support women who

develop a mental health illness during pregnancy, or in the first year following birth. This also offers pre- conception advice to women who already have a mental health condition.

It is really pleasing to see the part our work has played in influencing change and improving services.

Changes to GP Prescribing

Through listening to patient experiences, we have been an effective force on the NWL CCG Collaborative on their proposed changes to GP prescribing. Through our seats on the NHS Hillingdon CCG and the NWL Integrated Lay Partners' Group we have been able to challenge the legality of the process and shape the proposals and the development of the engagement materials to ensure they were fair and not confusing for the public.

Healthwatch Hillingdon was extremely disappointed that only a three-week exercise was carried out for such an important change. We have been very vocal in our disappointment, producing a public statement. See 'Choosing Wisely'

<https://bit.ly/2s8HquS>



On-Line Medication

Last year feedback from our residents gave us cause to raise concern with the Medicines and Healthcare Products Regulatory Agency, Healthwatch England, and the Care Quality Commission, regarding patients gaining access to restricted, prescription-only medication via online platforms.

We were delighted to see the regulators and professional bodies acting jointly to take enforcement action against UK-based suppliers and launch a high-profile public awareness campaign to highlight the inherent risks and dangers that off-shore online suppliers may pose; and offer guidance to the public on how to remain safe when accessing online healthcare services.

Young People's Mental Health and Wellbeing



In 2015 Healthwatch Hillingdon produced 'Seen & Heard - Why not now?'; a report that highlighted children and young people's lived experiences of mental health and wellbeing services in Hillingdon.

Since this date we have continued to advocate for service change for young people, both locally and nationally.

Thrive

In Hillingdon, partners have adopted the Thrive Model and are working with children and their families to develop new models of care. This year we have

seen quicker access for children to services, waiting lists significantly reduce and a 13% increase in the number of children receiving services.

In the coming year, a new early intervention and prevention approach is being introduced, training will be provided to develop school's emotional wellbeing support for children and in July 2018 an online counselling service is being launched.



Are we listening?

Nationally, we were invited by the Care Quality Commission to be a member of their Expert Advisory Group as they carried out a Thematic Review of children and young people's mental health services. This gave us an opportunity to report on the findings of our engagement and ensure that the voice of Hillingdon's children is shaping national policy.

This was further enhanced in September 2017 when we were asked by the Care Quality Commission to engage with young people who had used mental health and wellbeing services in Hillingdon, to determine their experiences of mental health services.

Twenty-five young people and family members of young people participated across a series of focus groups and through an online survey. Their feedback was included in the CQC's Stage 2 report "Are we Listening?"



View the full report: <https://bit.ly/2Kyrkon>

Published in March 2018, it describes what makes it easier and what makes it harder for local systems to ensure that children and young people have timely access to high-quality mental health care, and what action CQC recommends to help improve care across the system.

Our Work With Schools

Throughout the past year we have expanded our work with schools. We have always offered opportunities for work experience, but this year we have built on existing relationships and forged new ones to deliver and get involved in programmes to really engage young people with health and wellbeing.

Global Academy

This year we established a new partnership with Global Academy; a unique school in Hayes, which enables

14- to 18-year olds to work towards their GCSEs and A Levels, but also gain the skills needed to work in the broadcast and digital media industry.

Our joint recognition of the importance of educating, empowering and supporting young people to understand mental health, tackle stigma and discrimination and manage their own mental health and wellbeing, has led to us working together on some new, exciting projects.

Mental Health and Wellbeing Assemblies

Kim, our Community Engagement Officer for Children and Young People, and a Year 12 Global Academy student, co-delivered assemblies about mental health and wellbeing to the whole student body.

Global Academy Charity Tuesday

We attended this event to give students the opportunity to find out about Healthwatch Hillingdon, the volunteer roles available to them and how they could make a difference by getting involved with the organisation.

Enterprise Assignment Project

As part of their curriculum, Global Academy's Year 12 students participated in an Enterprise Assignment Project which required them to create audio, visual and social media content based on briefs given.

Global Academy asked if Healthwatch would provide a brief. We asked students to create content aimed at young people that would raise awareness of mental health, challenge stigma and

It was fantastic to work with Kim and the team at Healthwatch Hillingdon. We're very proud of the partnership so far this year and look forward to growing it in years to come. [It provided] the opportunity to give our students the chance to understand mental health and tackle stigma and discrimination within a safe and suitable environment. HwH are a fantastic team to work with and we look forward to more in the future. – Jonathan Jacob, Community and Business Development Manager



discrimination, and provide young people with information about support available to them.

On Tuesday 20 March 2018 we visited the school to hear the pitches the students had created. Students presented social media campaigns, audio experiences and short films. We were blown away by the standard of the work, it was so thoughtful and impactful. We are keen to make use of everything the students have created and will work with them over the coming year to do this through our social media.

Mental Health, Wellbeing and Life Skills Pilot

As part of our recommendations to commissioners on how services could be improved, we outlined several initiatives which were required in schools, including developing children and young people's social and emotional skills.

We wanted to help schools build on the existing good work they do in this area, and two excellent opportunities presented themselves for us to do this.



Barnhill Community High School

Our Mental Health, Wellbeing and Life Skills Programme was created to be delivered in the school following a pupil from Barnhill joining us for work experience and a conversation we had with their teacher about emotional wellbeing.

The programme is designed to support schools to develop a whole school approach to promoting children and young people's emotional wellbeing through:

- Developing students' confidence, knowledge and skills, which can help them to be emotionally resilient and mentally healthy, as well as improving their educational attainment and career prospects.
- Increasing whole school community awareness and understanding of mental health issues, contributing to

reduced stigma and discrimination and a more open and accepting school environment.

- Increasing whole school knowledge of how to access appropriate wellbeing and mental health information and support.

We successfully applied for funding from Hillingdon Community Trust and delivered the programme as a pilot at Barnhill between November 2017 and March 2018.



The programme has been a success at Barnhill as children have become more aware of mental health and know that there is no shame in talking about it.

- Carol Graham, Teacher in Charge; Health and Social Care (Barnhill Community High School)



Funded by

Heathrow

Making every journey better

Northwood School



In July 2017, we were invited to present about the Five Ways to Wellbeing at a mental health and wellbeing event organised by Northwood School students.

We were keen to maintain a relationship with the school and offered to deliver a shortened version of our Mental Health, Wellbeing and Life Skills Programme as part of the Personal, Social and Health Education (PSHE) curriculum. They were enthusiastic about getting involved so we delivered a five-week version during February and March 2018.

The whole of Year 10 participated, with Healthwatch delivering some sessions and teachers delivering others. At the end of the five weeks, students created a mental health awareness campaign for their school including assemblies, posters and information sessions.

Extending GP Opening Hours

- the Hillingdon public's view

In April 2016, NHS England published their plans to strengthen and redesign the services provided by 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 between 8am and 8pm on Saturdays and Sundays.



Better than my own GP - good at providing service, and better quality of service. It changed my son's life



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'.

Our survey was completed by **1023** Hillingdon residents. In addition to online completions, Healthwatch staff attended community group sessions, libraries, public houses, churches, schools, colleges, hospitals, retail shops, the Older People's Assembly and a mosque to ensure we canvassed all demographics.



View the full report:
<https://bit.ly/2pJyPwb>

Summary of Findings

Most residents agreed 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 who 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.

One of the disappointing aspects for Healthwatch Hillingdon is that patients were 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 appointments, 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.

Discharge From Hospital

What's happened since our 2016/17 report

This project engaged with older people who had recently been discharged from Hillingdon hospital. We followed their journey from hospital back into the community to gain a better understanding of the discharge process and the care and support provided when they were back home.

In February 2017 we published the results

of the engagement with **172** patients, carers, family, and staff from over **20** organisations in our report **Safely 'Home' to the Right Care**.

Based on the evidence attained we made nine recommendations to commissioners and providers on how the patient experience could be improved.

Eight of the recommendations have been adopted by health and social care partners and now form part of the Better Care Fund Plan 2017/19, and the Discharge Improvement Programme within Hillingdon. Both of these are monitored by the Health and Wellbeing Board and A&E Delivery Board.



The one area that has seen no progress is the provision of dosette boxes for patients who are prescribed multiple medications to take home. The hospital remains unable to provide them and further work is required to look for possible solutions to this issue.

Improvements following our report:



Implementation of a reviewed patient journey booklet. This was a Trust booklet titled 'Working Together'. As part of the Discharge project we worked with patients, health and social care partners, and the Trust to redesign the booklet, making it more effective for patients and their families. 35,000 copies were printed, and the booklet rolled out.



Written provision of information about social care and continuing health assessments for patient/carers has been developed.



A standardised consistent discharge process is now across all

wards with the introduction of 'Red to Green'.



A review was completed of the unfit for purpose discharge lounge. Immediate actions were taken to provide hot food and drinks for patients waiting a long time for transport home.



We recommended when discharging an older person that it becomes standard practice to refer them to Hillingdon Carers for further support. This has been adopted and incorporated in the Better Care Fund Scheme.



We recommended that serious consideration be given to a single point of access for discharge. This is now being developed for end of life services with possible expansion to other areas.



We recommended an advocacy service where a patient and their family have substantial difficulty understanding the discharge process. This is a workstream that is being progressed.

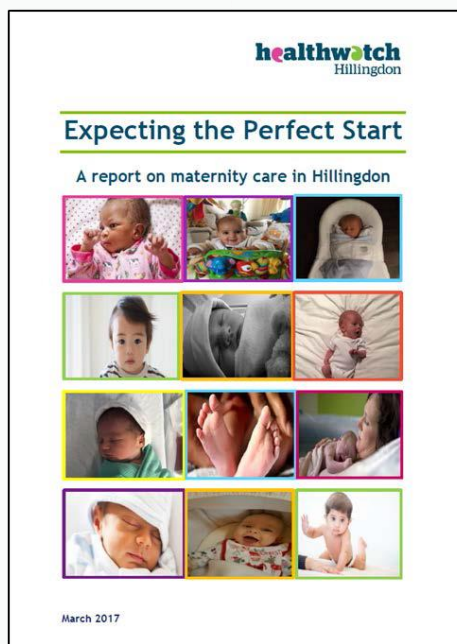


We recommended a review of the integrated discharge team to increase resource. This has been carried out and a new team is now in place with social workers based at the hospital.



Expecting the Perfect Start

What's happened since our 2016/17 report...



Ealing Hospital's maternity unit closed in July 2015 under the NWL Shaping a Healthier Future reconfiguration programme. It was expected that an additional 600 women would give birth at Hillingdon Hospital's maternity unit in 2016/17. Healthwatch Hillingdon decided to measure the impact of the closure of Ealing on the experience of women giving birth at Hillingdon hospital.

During our engagement we spoke with 251 women who were using the hospital maternity services, or had given birth since the change. We also collected views from midwives, children's centre staff, and doctors.

In March 2017 we published our report which outlined the very positive feedback we had received and gave an indepth understanding of Hillingdon's Maternity Services.

Since then we have continued to monitor the recommendations we made to help further improve the care provided.

Improvements following our report:



Staff are still continuing to explain literature given to patients which helps with their understanding. This has also been enhanced by the introduction of the 'baby buddy' app, which contains all the information a woman will require through their pregnancy and motherhood.

We were also really pleased to see that in March 2018 the North West London Clinical Commissioning Groups looked to provide clear, uniform information to all mums and families across North West London when they published a new information booklet in collaboration with the National Childbirth Trust.



We recommended a review of the interpreting services to support women. Staff are ensuring that women who require translation services are made aware of the availability both face to face and over the phone.



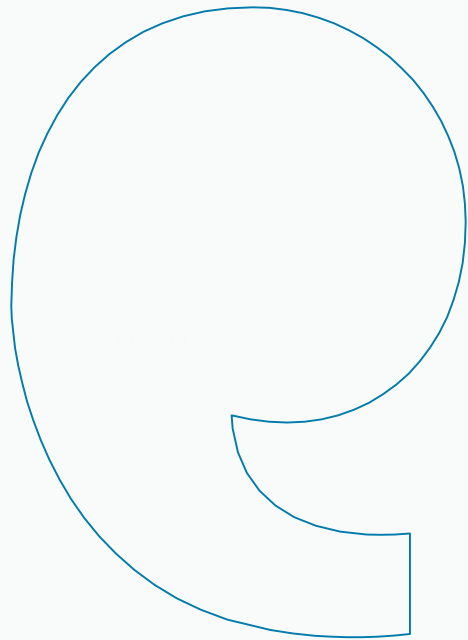
A recommendation to review the continuity of care between women and their health professionals to meet the expectations of the National Maternity review 'Better Births' has been delivered through a Transformation programme being implemented through 2018.



A recommended review of the referral process between the hospital and the London Borough of Hillingdon, who provide the smoking cessation service, is underway.



We recommended Hillingdon Clinical Commissioning Group work with The Shaping a Healthier Future team and Hillingdon Hospital to review the provision of antenatal and postnatal clinics in Ealing. The service provision is in place and being monitored to ensure effective outcomes.





After your baby's birth

Information booklet for mums & families



This information pack is designed for women who are going home from hospital, following the birth of their baby in North West London.

We recommend you read this booklet before you leave hospital.

This pack should be given to you by your midwives, along with any relevant information and contact numbers you may need.

Your views on health and care



Listening to people's views



This year we have:

- ❑ Recorded direct engagement with **2922** members of the public. This has been through our projects, our shop, and public engagements.
- ❑ **1026** engaged through our GP Access Project by completing a survey. **125** from this survey asked to be regularly informed of the work of Healthwatch, and **48** said they wanted to get involved.
- ❑ We have seen a successful campaign which has meant engaging directly with over **1000** young people and children in Hillingdon.
- ❑ We engaged directly with our older people (over 65) at the annual Older People's Assembly, hearing views from **110** older people quarterly.
- ❑ Healthwatch attended **58** events in our community libraries, children's centres, and coffee mornings held by organisations such as: The Salvation Army, Hillingdon Carers, Parkinson's UK, and the Alzheimer's society.

Promotion and Communication

To advertise and encourage people to talk to us we have promotional materials in GP practices, hospitals and libraries. Our details are in every edition of Hillingdon People and we regularly have articles published in the local paper, where we call for people's experiences on specific conditions and issues.

Social media has enabled us to engage with a wider audience. Residents of Hillingdon can express their concerns in real time when experiencing poor service via Facebook, Twitter and Instagram. They are also an excellent way to raise our profile and reach members of the public. We continue to maintain a healthy online presence and have seen a steady rise in the traffic to our website, with over 218,000 visits. We also use our social media platforms to regularly post health and social care information and events, and to encourage our online communities to converse with us and share their views.





Actively listening to people in the community - town centre event, and Uxbridge College

Engaging with our community

Each year we attend public engagement events across Hillingdon to let people know what we do and to hear the views and experiences of local health and social care services.

This year we participated at 58 events throughout the Hillingdon borough, working closely with public and voluntary sector organisations to make sure residents and patients had the opportunity to have their say.

With our dedicated team of volunteers, we held stalls at the Older People's Assembly, Disability Assembly, libraries, volunteer fairs, shopping centres, leisure centres and Hillingdon Carers Fair. We listened to resident's experiences at coffee mornings held at Hillingdon Carers Café, the Alzheimer's Society and Mind. We also:

- held a stall at Hillingdon Fire Station, who for the first time ever opened its doors to the public by organising afternoon tea for a group of older residents.
- visited Hillingdon Visual Impairment Group to speak to people with visual impairments about the barriers and challenges they encountered in accessing

services and what they thought could be done to help improve their experiences.

- visited the Alzheimer's society and talked to vulnerable older people and their carers about their experiences of local services.
- visited GP surgeries and listened to what patients thought about their GP practice.
- attended the annual Play Day at Hillingdon Leisure Complex and spoke to dozens of parents about our work. The event was attended by over 1000 people, so this was a great way to raise our profile.

Through engaging with groups, the public sector, service users and other stakeholders we ensure that all sections of our communities are given a say in decisions that could affect their health and social care. We also encourage residents to speak out and be heard if they are unhappy with the way in which local services are run.

What people talked to us about

We listen to the public's experiences of a wide range of NHS and care services, however the most frequently mentioned topics we heard about were:

- waiting times for GP appointments
- repeat prescriptions
- care homes.

Voluntary sector

The voluntary sector is a vital partner to Healthwatch Hillingdon. They often work with the most disadvantaged and marginalised communities and our close working relationship helps us to reach out to those communities whose voices are not often heard.

Our work this year with the Alzheimer's Society, Hillingdon Carers, The Tamil Community Centre, Hillingdon Mind and the Salvation Army has helped us to widen our engagement and reach voices of the communities and individuals who would not access our service, or traditionally would not complain if unhappy with the health and social care services they receive.

Young Healthwatch Hillingdon

Healthwatch Hillingdon strives to engage with the entire Hillingdon community, but we felt that we needed to do more to engage children and young people and ensure their views are represented.

In November 2017 we created Young Healthwatch Hillingdon (YHwH), a new engagement and volunteering programme created specifically for young people aged 11 to 25 who live, work or study in Hillingdon.



LOTTERY FUNDED

We successfully applied to the Big Lottery 'Awards for All' programme for funding to develop and deliver the first year of the programme, and have recruited and

trained 17 young people across three different Young Healthwatch Hillingdon roles.

Since receiving their training in February, in addition to planning their work for the coming year, our volunteers have:

- Hosted a stall at Botwell Library
- Held a Health Fair to publicise YHwH
- Attended an event all about building a dementia friendly generation and completed Dementia Friends training
- Conducted a survey with young people about their views and experiences of using the health app NHS Go
- Participated in a community consultation for EACH Counselling and Support about the possibility of developing a community substance misuse education and support programme for young people in Hillingdon
- Completed PLACE Inspection Training to enable them to carry out assessments in the coming year and then conducted their first PLACE Inspection.

We are so proud of our Young Healthwatch Hillingdon volunteers, they are listening to their peers and making a difference...

Although, we have just started on our journey in Young Healthwatch Hillingdon, I have already learnt so much through the training and the meetings. It is just a really great and unique opportunity to use your skills in the real world, and to make a real difference - Smriti, YHwH volunteer

"HEALTHFEST" 2018

Come and support Young Healthwatch Hillingdon when we host our first public event in August 2018.

Aged 11 to 25 and live, work or study in Hillingdon?
We want you to get involved! Come and join us!



Patient-Led Assessments of the Care Environment (PLACE)

Our trained PLACE Assessors

have: been supporting the borough's hospitals and other in-patient units through the year.

Our adult assessors were busy

this year by: carrying out the annual assessments for Central North West London NHS Trust, and at both Hillingdon and Mount Vernon Hospital sites for The Hillingdon Hospitals NHS FT.

They also carried out additional assessments for the Hillingdon Hospitals Trust at both hospitals during the year. These assessments resulted in a PLACE improvement plan identifying key actions to improve the patient experience and hospital environments. Themes assessed included:

- Privacy, Dignity and Wellbeing
- Condition, Appearance and Maintenance
- Dementia, Disability.

A member of our assessment team attended the regular PLACE Improvement Group, which continued to monitor the actions, which included:

- Identifying and implementing solutions to improve privacy in identified reception areas
- Replace and label bins on the wards

- Review PLACE dementia signage requirements and implement improvements
- Prioritise the painting programme to take account of the PLACE dementia findings
- Review where handrails can be more effectively placed
- Prioritise flooring programmes for colour, texture and design, meeting the needs of dementia patients.

Our Young Healthwatch PLACE assessors were also busy this

year when: they carried out assessments at Hillingdon Hospital.

On their first day, they started by inspecting the wards and outpatient clinic in the Children's unit. The hospital was so impressed they asked them back again.

Our Young Healthwatch PLACE assessors then underlined their enthusiasm and knowledge by helping to assess 10 wards, six outpatient areas, the A&E, communal internal areas, external grounds and undertook three ward food assessments.



A representative from the hospital said: "We were very impressed by the Young Healthwatch Hillingdon assessors. They truly are a super addition to your 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."



The outcomes from all the assessments carried out by our Young Healthwatch will be included in the hospital's final submission for the National PLACE Audit 2018, the full results of which will be published nationally by NHS Digital in the autumn.



What did our Young Healthwatch assessors think of the food at The Hillingdon Hospital?



Helping you find the answers



How we have helped the community get the information they need



At Healthwatch Hillingdon we provide a comprehensive information, advice and signposting service to our residents, through a number of different ways:

- Our shop within The Pavilions Shopping Centre
- Stalls at events and fairs across the borough
- Our website and social media
- Taking telephone enquiries and receiving emails.

The shop is used as a main information hub. We have a wide-ranging array of leaflets and posters to inform residents of how to navigate the health and social care system, and find the answers and support they need.

As well as a signposting service, residents know they can come into the shop and will be listened to. We help people complain, register for health services, and will raise concerns on their behalf. We help people fully understand how to access services.

Over the past year we have been able to assist many people who have sought our help.

Poor Hospital Discharge

A patient with bowel cancer was admitted to Hillingdon Hospital with a bowel blockage. Following treatment, nurses promised the family that they would make sure that a home care support package would be put in place on the day of his discharge.

However, the patient was discharged at 10pm and sent home by ambulance, without a package. The patient's wife contacted Healthwatch Hillingdon. We were able to support the family to ensure the appropriate care package was put in place. This, however, was further evidence that serious consideration has to be given to a single point of access for discharge, something that we recommended in our 'Safely Home to the Right Care' discharge report.

Health Staff Attitude

Staff attitude remains one of the highest reasons for complaints reported to us by the public. When residents are feeling unwell, anxious, and stressed they find it difficult to deal with health workers who are officious, aggressive and impatient. We have supported residents in the complaints procedure and helped them register with a new GP where necessary.



GP misdiagnosis

Mrs C is a 94 yr old frail lady who lives alone in her own home. She is housebound but has full mental capacity. Her friend came to us concerned at the lack of care Mrs C was receiving from her GP practice. On several occasions when in need of an examination her GP would only carry out a telephone consultation with Mrs C, who is hard of hearing. The friend contacted the GP on one occasion when Mrs C was very ill. She was told not to worry as Mrs C likely only had a viral infection. The GP would come out to see her. After 10 days of illness the friend called 999 and Mrs C was taken to Hillingdon hospital. At the hospital it was discovered that Mrs C had actually had a heart attack and was also suffering with fluid on her lungs as well as an infection. They saved her life. The friend explained to us that Mrs C did not want to make a complaint or make a fuss about her GP, but now they would always go straight to A&E at the hospital as they had no faith in the GP service. Healthwatch supported Mrs C and her friend and also helped them register with another GP service.

NHS inaccessible care

M has a hearing and speech impairment but is able to use British Sign Language (BSL). M had an outpatient appointment at Hillingdon Hospital where she had requested BSL support. There was no BSL support provided and M found the appointment extremely stressful as she was not able to communicate with clinical staff. Her anxiety doubled when she feared the same thing would happen

when she was due to be admitted for an operation later that month. Healthwatch contacted Hillingdon Hospital to ensure that BSL would be provided for M when she attended for the operation. We also expressed concern to hospital senior management as well as raising the issue at the hospital's equality board.

Patient De-registration

During the year we heard from a number of patients who had been de-registered from their GP practices as they were now deemed to be 'out of area' patients. This included a vulnerable patient with mental health issues, and a husband and wife who both had multiple long-term health conditions and had been registered with their GP for the past 50 years.

Evidence suggested that these patients had been randomly selected, rather than it being a uniform process applied to all 'out of area' patients. It also transpired that the correct NHS England procedures had not been adhered to, as patients were notified in a terse letter, given an arbitrary notice period, and were not supported to find an alternative GP practice.

Healthwatch Hillingdon raised these increased incidents with NHS England and the Hillingdon CCG, who spoke to the practices in question to ensure they acted within the law and followed best practice.

We are pleased to report that since our intervention reports to us of 'out-of-area' deregistration has stopped, and we have supported patients in finding new GP services which have met their needs.



We are really happy with the new GP Practice, it is so much better than our previous one. We should have moved years ago! Thank you for all your help

Making a difference together



Working with other organisations

Local Partners

- NHS Hillingdon Clinical Commissioning Group
- Hillingdon Council
- The Hillingdon Hospitals NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- NHS Hillingdon Primary Care Confederation
- H4All (Age UK, DASH, Hillingdon Carers, Harlington Hospice and MIND) and the wider voluntary sector
- Brunel University

The NHS, Council and Voluntary Sector organisations work very closely in Hillingdon. Local partnership working has flourished in recent years and organisations have very strong operational relationships.

Healthwatch Hillingdon is recognised as one of these partners and we are seen as an independent and valued ‘critical friend’ within health and social care.

Our important relationships give us considerable strategic input and ensure the public voice is shaping local commissioning and service delivery.

Working in partnership makes sure that the projects we undertake and recommendations we make from the

evidence we gather, can be progressed and monitored by embedding them into the borough’s workstreams.

Represented the public
at **233** meetings
and **93** community
events



This year Healthwatch Hillingdon attended **233** health and social care meetings and **93** voluntary sector and community meetings for a wide range of different subjects.

We now have a seat at almost every strategic and quality board in Hillingdon, including the **Hillingdon Health and Wellbeing Board** and **Hillingdon Clinical Commissioning Group Governing Body**.

This year we were pleased to be invited by the **Hillingdon Primary Care Confederation** to sit on their **Quality Governance Committee** and asked to attend the **Brunel Partners Academic Centre for Health Sciences Leadership Group**.

Our strategic involvement enables us to directly communicate with all organisations from operational to executive level, keeps us well informed on all matters and gives us the opportunity to challenge and seek assurances on behalf of our residents. It also ensures that the lived experiences of our patients and public are clearly heard, are influencing decisions and helping to improve care in Hillingdon.

Making a difference together



“Help Aggie the Alien”

We worked with the Hillingdon Clinical Commissioning Group’s Natasha England and her engagement team on their short story competition to promote self-care and prevention in Hillingdon.

After helping them promote “Help Aggie the Alien” across the borough it was excellent to see them receive almost 180 entrants. On 24th March 2018, it was a great pleasure to join the team, Paralympic Gold Medallist Natasha Baker Britain, and the Mayor of Hillingdon, to award prizes to the nine winning entries. The winning entries have been compiled into a “Help Aggie The Alien” children’s book, which is now available in schools and libraries around the borough.

North West London

With the eight Clinical Commissioning Committees across NWL deciding to work more collaboratively together it has been important for NWL Healthwatch to continue our close working relationship.

As we have previously reported, this was pivotal in challenging the decision made

by the eight NWL Clinical Commissioning Groups to make changes to prescribing; and it will be essential moving forward in ensuring the two million local residents across the eight boroughs are represented and informed when future decisions are made.

Hillingdon Hospital – a voice as a Governor....

Healthwatch Hillingdon have a very positive relationship with the local hospital due to the nature of the project work which we deliver in partnership.

This year has seen the appointment of our CEO onto the Trust’s Council of Governors. We thank the Trust for our appointment, which has enabled us to have a central role in the accountability of the Foundation Trust. We are working closely with the Trust and our fellow Governors, to ensure the views and experiences of our Trust Members and the wider public are represented.



NHS England North West London Quality Safety Group

As we have shown in previous years, at Healthwatch Hillingdon we are not content with just influencing change locally with our project work. This year has been no exception. As part of our wider influencing agenda we presented both our ‘Discharge’ and ‘Maternity’ reports to the NHS England NWL Quality

Safety Group. As a result, we were able to present on this work to a much wider audience.

Criteria Led Discharge

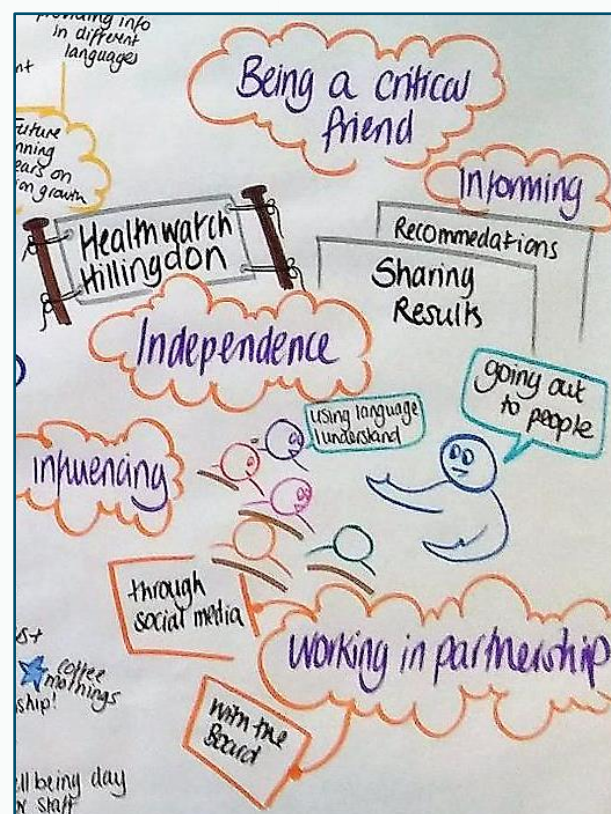
We were invited by NHS Improvements to share the learning from our work on discharge at a national event in Birmingham in January 2018. We presented on the patient's experience of discharge with The Hillingdon Hospital NHS FT and demonstrated the continued partnership working between our two organisations.



London Maternity Voice Partnerships

NHS London Clinical Network invited us to present at the London Maternity Voice Partnerships Development Day at the KIA Oval in London in September 2017.

With over 250 attendees it was an excellent opportunity to share the learning from our maternity project and communicate best practice on engaging and involving women and their families in maternity care.



Healthwatch Hillingdon: bridging the gap between young people and the health and wellbeing board

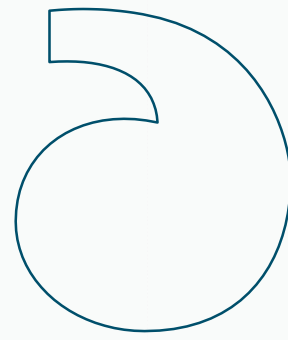
We were really pleased this year to see our work on children's mental health being acknowledged by the Local Government Association (LGA) as an excellent example of how service change could be influenced through the Health and Wellbeing Board.

A case study of our work was published as part of their national report 'Lessons in local leadership and accountability for children's mental health services'.

The study outlines how, by working closely with the Health and Wellbeing Board, we were able to ensure that there is a real focus on improving children and young people's emotional and mental wellbeing services in Hillingdon.

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

Our people



The Healthwatch Hillingdon Staff Team....



Charmaine Goodridge

Outreach & Volunteer Officer



Pat Maher

Administration & Support Officer



Kim Markham-Jones

Community Engagement Officer (Children and Young People)



Dr Tarlochan (Raj) Grewal

Healthwatch Operations Coordinator

Our Shop

The Healthwatch Hillingdon shop in Uxbridge continues to be a major focal point for our work and we must again sincerely thank the Pavilions Shopping Centre for making this possible.

With over eight million people recorded as passing through the Pavilions in 2017, it is an ideal location for us to reach as many people as possible. It provides residents with an easily accessible central location to access our signposting service and for us to give information, advice and support to our residents.

Being directly open to the public Monday to Friday has enabled us to talk to hundreds of residents, which has been a rich source of information about the services provided in Hillingdon.

We have continued to support other voluntary sector organisations to deliver their service. REAP (Refugees in Effective and Active Partnership) and the EACH Pukaar Domestic Violence Counselling Service have both been able to benefit by providing their services to Hillingdon residents every week at the shop.

Decision making

Our Board of Trustees and Directors in 2017/2018

Turkay Mahmoud, Acting Chair

Lynn Hill, Chair Elect 01/06/2018

Baj Mathur

Kay Ollivierre

Rashmi Varma

Allen Bergson

Arlene Jobs

Burns Musanu

Bill Corsar

Stephen Otter (resigned as Chair on 31st December 2017)

Richard Eason (resigned on 21st May 2017)

How we involve the public and volunteers

Healthwatch Hillingdon is a Company Limited by Guarantee and is governed by a Board that consists entirely of lay people and volunteers. Selection and recruitment to our Board is through an open and transparent recruitment process.

Board members act as Directors of Healthwatch Hillingdon under the Companies Act 2006 and as Trustees of Healthwatch Hillingdon under the Charities Act 2011.

Meetings of our Board are held quarterly in public and agendas, minutes and reports of our meetings are published on our website and available upon request.

We have published our 'Relevant Decision Making Policy' on our website, setting out how the Healthwatch Hillingdon Board makes its decisions.

This policy is reviewed annually to ensure that the decisions taken by Healthwatch Hillingdon follow national best practice and reflect any guidance from Healthwatch England.

Additionally, Healthwatch Hillingdon have a suite of documents that govern the conduct of our business, which can be viewed on our website.

Our Volunteers

Volunteers play an important role in enabling Healthwatch Hillingdon to achieve its core functions. We consider ourselves very fortunate therefore to have a team of dedicated volunteers who bring with them a wealth of skills and experience and a passion to improve health and social care services for local people.



We value our volunteers and do our best to provide them with challenging and interesting experiences. It is important to develop our volunteers, increasing their skillsets and enhancing their CVs. Without their contributions it would be impossible to do all that we do.



During 2017/18 volunteers undertook a range of activities on behalf of Healthwatch:

- Engagement - manning stalls, attending events; conducting resident surveys for the GP Access project; mystery shopping
- Social Media - raising the profile of Healthwatch through social media platforms such as Facebook, Twitter, YouTube and Instagram.

- Administration - data inputting; office based activities; keeping the website up to date
- Representation - attending working groups and meetings; carrying out assessments and observations.

As we continue to grow our pool of volunteers, we are in a better position to expand the work we do and reach out to those communities who would otherwise not be heard.

Whatever your skill, talent or experience, if you would like to participate in our work - or would like to build on your CV - why not contact our Volunteer Officer, Charmaine, to find out more about how you could be involved in your Healthwatch.

Our volunteers each have a story to tell, here are some of them:

EMA MARQUES'S STORY



Before beginning the PLACE inspection of the hospital's children wards (Peter Pan and Tinkerbell), Young Healthwatch Hillingdon members took part in the

appropriate training. It was interesting to learn how different things can impact on patient care. We learned we would need to look at all aspects of cleanliness and give each aspect a pass, fail or a qualified pass - which means that some work needs to be done to improve.

It was also important for us to understand that PLACE inspections are more than just swiping your finger along a rail and finding dust.

Something that was quite tricky was keeping in mind that when carrying out the inspections, we had to obtain the viewpoint of a patient.

Partaking in the PLACE inspection alongside three experienced assessors was reassuring; it was really great how much of our actual opinion and feedback was taken on board. It's exciting to know that they take young people's viewpoints seriously.

As part of the inspection, we got to try most of the food on offer to children in the wards. I went in with a really negative misconception of hospital food but came out wanting more!

Overall, it was an amazing experience and I would highly recommend getting involved with Young Healthwatch Hillingdon if you're aged 11-25 because the skills and contacts you pick up along the way are outstanding!



Angela Pinnock's Story

Angela joined Healthwatch Hillingdon as a volunteer during 2017. We asked her some questions about her experience

What was your situation?

My name is Angela and I've been long-term unemployed for ten years.

I'd been having health issues over those years and my confidence in ever finding the right type of employment to suit my situation declined as I reached half-way through those ten years.

In an attempt to get out more and meet people, the opportunity came about in 2016 when I found out about 'Learn to be Well' courses. I attended: Creative Writing, Christmas Wreath Making, Blogging, Still Life Drawing, Flower Arranging.

Also, I've always struggled with maths since primary school so I signed up to attend classes at Harlington Adult Learning Centre.

Unfortunately, after just over a month, I was unable to continue due to unexpected health issues.

Where did you hear about Healthwatch Hillingdon and what made you decide to become a volunteer for them?

I'd actually walked in to HWH a few years earlier and was given some advice from Raj, a former employee here. In June 2017 I was attending an event at Botwell Library and came across the Healthwatch

Hillingdon volunteer leaflet on a display stand. I've had an interest in health, especially because of my experiences with the health services and liked the opportunities that I saw available.

What volunteering activities did you participate in whilst volunteering? Are you still volunteering now?

I am still volunteering with the company.

My first volunteer post was in July 2017 at Botwell Library Coffee Morning for the over 60s. I took notes of the comments and experiences of those in attendance.

I also went to a 'Play Day' at Hillingdon Sports and Leisure Centre where I participated on an information table and gave out HWH leaflets that explained about the organisation and what it was all about.

Lots of computer researching was done to find organisations in the Hillingdon Borough that could benefit from being made aware of HWH.

I attended an event in Yiewsley library and took notes of the experiences and comments of the females in attendance.

In April 2018 I assisted Charmaine Goodridge with doing patient surveys at Hillingdon Hospital.

What did/do you enjoy most about volunteering with Healthwatch Hillingdon?

I love the variety, which I thrive on, and the opportunities to attend various events and locations.

Why would you recommend volunteering with Healthwatch Hillingdon to others?

Because you have the chance to gain so many valuable skills and maybe some life-changing experiences that could possibly lead to new career opportunities

Please say in a few words what your overall experience was of volunteering with Healthwatch Hillingdon?

Volunteering for Healthwatch has meant so much to me. The staff are lovely and I really look forward to going there each week

YOUR HEATHWATCH



NEEDS YOU!

Our plans for next year

Our top priorities for 2018-2019

1 Statutory Role

The delivery of our statutory role will always be our main priority. Focusing upon, and listening to what our residents are saying, and protecting their rights, is key to everything we do.

2 Establishing Young Healthwatch Hillingdon

Although we have come a long way in such a short time it is only the beginning. There is so much to do with our Young Healthwatch initiative and we look forward to developing it further.

The Young Healthwatch volunteers are already preparing for their official launch event in August 2018 as well as a number of engagement programmes they will be undertaking in the summer.

3 Care Homes

The project with care homes will gather data and evidence of the care experienced by residents living in care/nursing homes in Hillingdon. It will also be an opportunity to work with residents' relatives and care homes to improve the residents' experiences through partnership working with the homes.

4 Children and Young People's Mental Health

We will be looking to expand on the success of the work we have been carrying out in schools.

Work is already underway in preparation for delivering the Mental Health and Wellbeing programme at another school in the south of the borough from September.

With the publication of the results due in autumn of the Government's Green Paper, another element of children and young people's emotional and mental wellbeing we will be keeping a keen eye on is the continued development of the statutory services commissioned by the Council and Clinical Commissioning Group.

In addition to these priorities we will continue to have an oversight of the quality and safety of care services in Hillingdon and be strategically involved in change programmes in the borough and across North West London, especially the 8 North West London Clinical Commissioning Group Collaborative as it develops and starts to move out of meeting in shadow form.

It is also our intention to start to advance our work plan for 2019-2021. We will be looking to evaluate our current position and look at current data and patient feedback, to ensure the priorities we set remain relevant and that any emerging evidence is taken into consideration, as the year progresses.

The delivery of our statutory roles will always be our main priority. Focusing upon, and listening to what our residents are saying, and protecting their rights, is key to everything we do

Financial Statement 2017/18



Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	166,250
Brought forward from 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
Balance brought forward	31,142

NOTE: The Financial Statement is provisional and subject to the Healthwatch Hillingdon accounts for the year 2017-18 being examined by an independent examiner under section 146 of the Charities Act 2011.

Getting in touch



01895 272997



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



office@healthwatchhillingdon.org.uk



www.healthwatchhillingdon.org.uk



Healthwatch Hillingdon



@HW_Hillingdon



Company Limited by Guarantee | Company Number: 8445068

Registered in England and Wales



Registered Charity Number: 1152553

We will be making this annual report publicly available on 30th June 2018 by publishing it on our website and submitting it to Healthwatch England, the Care Quality Commission, NHS England, Hillingdon Clinical Commissioning Group, London Borough of Hillingdon, Hillingdon Health and Wellbeing Board and the Hillingdon External Services Scrutiny Committee.

Healthwatch Hillingdon has used the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the license agreement.

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

© Healthwatch Hillingdon 2018

This page is intentionally left blank

**ARE YOU RECEIVING
NHS TREATMENT FOR
MUSCLE OR JOINT
PROBLEMS?**

**We'd like to hear
from you!**



Musculo-skeletal services

- the Hillingdon public's view

June 2018

Contents page

Who we are	3
Introduction	4
Methodology	4
Acknowledgements	5
Evidence	5
Appendices	17

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.ⁱ

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

ⁱ. 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)

Introduction

Hillingdon Clinical Commissioning Group (CCG) is planning to improve care and treatment for patients with muscle and joint problems by providing residents with a more “joined up” service that provides service users with better access to clinically appropriate treatment, in a timelier manner.

They want to provide patients and residents who may be affected by the changes the opportunity to share their views about the plans and how their experience of treatment could have been improved.

Hillingdon CCG commissioned Healthwatch Hillingdon to independently engage with current service users and residents.

Methodology

The project was carried out by the Healthwatch Hillingdon Outreach and Volunteer Officer with the help of a few volunteers. The engagement period ran for approximately 5 weeks, from early April - 14 May 2018.

To capture patients views, a questionnaire was devised by the CCG and was shared across all MSK departments. At the start of the engagement period, Hillingdon CCG also wrote to all patients affected by the planned changes and invited them to share their views.

The letter included a link to the survey and the contact details of the Outreach and Volunteer Office at Healthwatch Hillingdon, should volunteers want to share their views over the telephone, or request a copy of the survey.

The survey was also made available on Survey Monkey and links were made available through the CCG website and was circulated by Healthwatch Hillingdon via email as well as being promoted through the Healthwatch Hillingdon website, Facebook Page, Twitter account and its news bulletin.

To ensure we had a sufficient sample size and covered arrange of MSK services, face-to-face surveys were conducted at a range of MSK clinics including:

- Rheumatology (Mount Vernon Hospital)
- Physiotherapy (Hillingdon Hospital)
- Physiotherapy (Gym - Mount Vernon Hospital)
- Orthopedics and Fracture Clinic (Hillingdon Hospital)
- CNWL Eastcote Health Centre
- CNWL Uxbridge Central Surgery
- CNWL The Warren Medical Centre

With the approval of senior managers of these departments, Healthwatch Hillingdon was permitted to approach patients while they waited to be seen for their

appointments, or in some cases afterwards and asked if they would be happy to complete our survey. A FREEPOST envelope was given with a copy of the survey for those preferring to complete the survey at home. This was to encourage as good a response as possible at no extra cost to those who were completing the form.

Reception staff at CNWL clinics and rheumatology at Mount Vernon Hospital were extremely helpful by informing patients waiting for appointments that our survey was being carried out and asked if they'd be happy talking to us.

Acknowledgments

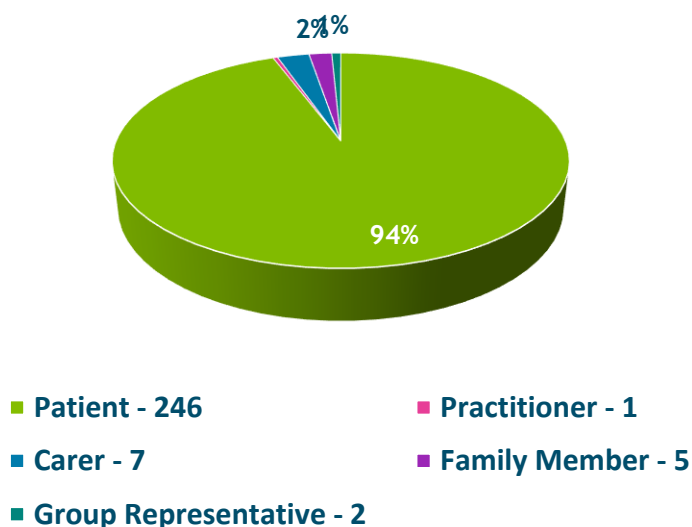
Healthwatch Hillingdon would like to thank all the organisations who helped us to promote the survey to their staff, patients and the wider public; and those who gave us permission to deliver our outreach events on their premises.

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 'MSK services'

Evidence

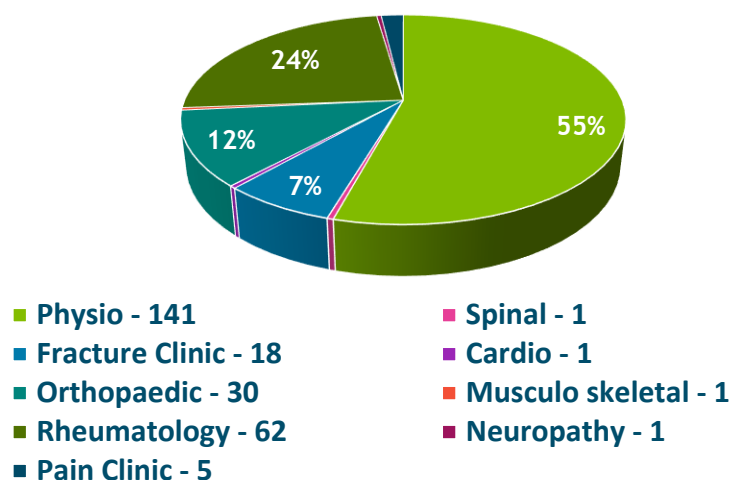
A total of 276 questionnaires were completed and a brief analysis of the results are shown below.

Q1. I am providing a response



The first question was used to identify who was completing the survey. Overall a majority of 94% of surveys were completed by the patients themselves. With a few being completed by a family member or carer.

Q2 Which MSK service are you responding about

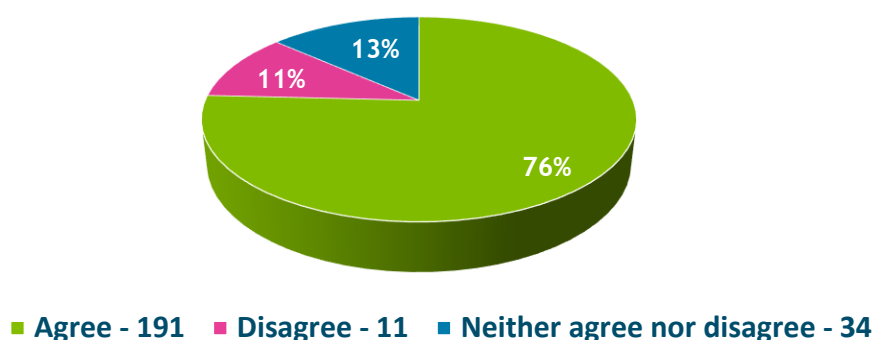


There is a significant variation in the ratio of responses received across MSK services. These figures reflect the time spent at various clinics and the amount of access we had to patients.

More than half (55%) of all feedback gathered during our engagement was obtained from patients receiving physiotherapy at Mount Vernon and The Hillingdon Hospital and at the CNWL clinics at Uxbridge Central Surgery, Eastcote Health Centre, and The Warren Medical Centre in Hayes. This explains the high response rate.

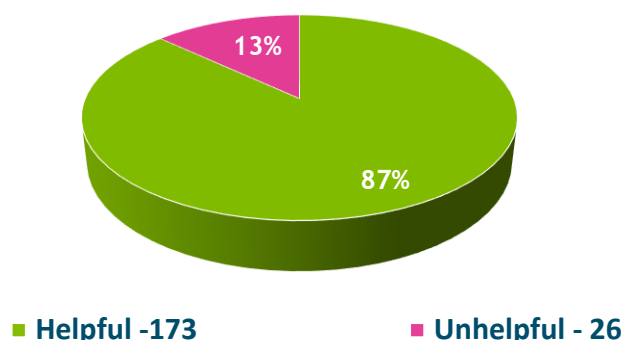
Negligible response were received from patients receiving treatment and support for pain management due to the lack of opportunity to engage with these patients.

Q3. My doctor referred me to the service I need promptly following my health complaint.



Over three-quarters of patients (76%) agree they had been referred to the service they needed promptly following their health complaint compared to 11 who did not. 16 % neither agreed nor disagreed with this statement.

Q.4. If you could refer yourself to some services such as physiotherapy in the future, how would this be helpful/ unhelpful?

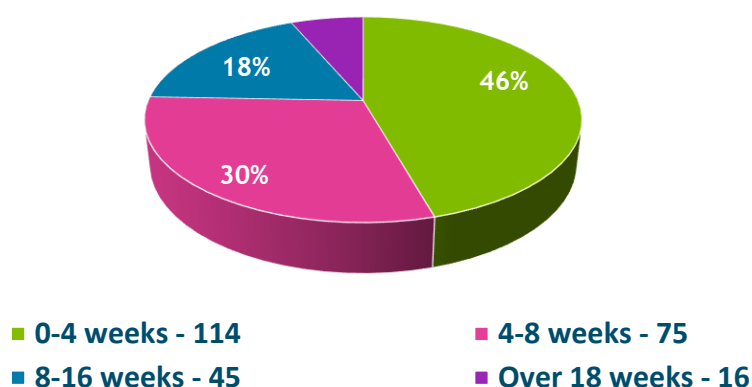


Overall, an overwhelming (87%) of patients felt it would be helpful if they could self-referral with most feeling it would speed up their *treatment* ***“I would have to wait forever for a GP to get a referral”***. Respondents who felt self-referral would be unhelpful (13%) were confident that their GP would make the right referral on their behalf.

“I might not know the most appropriate treatment”

“GP would be better to diagnose condition and make the right referral”

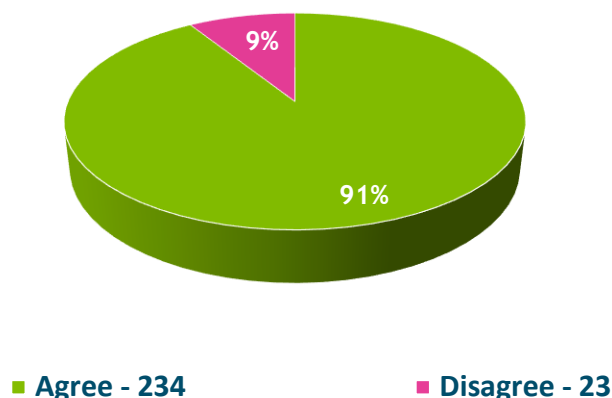
Q5. How long did you have to wait to receive treatment following referral from your doctor?



According to the responses collated just under half of all patients received treatment for their condition in 4 weeks or less. This figure includes patients who presented at A & E with fractures. In such cases, treatment was received immediately.

Overall, 94% of patients received treatment within 16 weeks of referral from their doctor or consultant, with a small percentage (6%) waiting longer than 18 weeks.

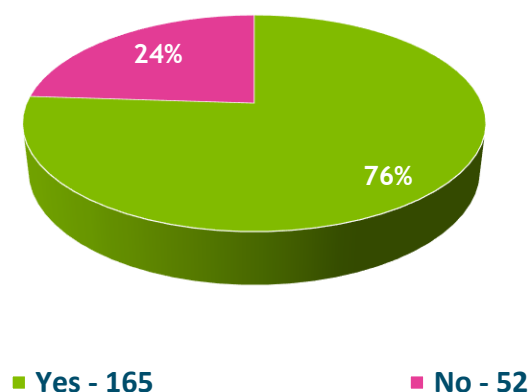
Q6. The location for treatment was easy to get to. Do you...



The majority of respondents (91%) were happy with the location of their treatment and found it easy to get to. If given the opportunity to change the location - some reported they would opt to be treated at their GP practice, local hospital or in the community.

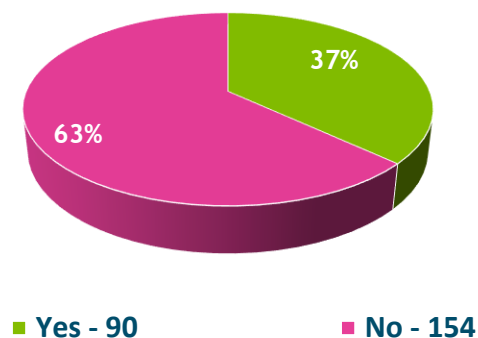
Those who disagreed with this statement offered a similar response and would change the location to Mount Vernon Hospital, Hillingdon Hospital, at their GP practice or in the community.

Q7. Has the treatment you received improved your health?



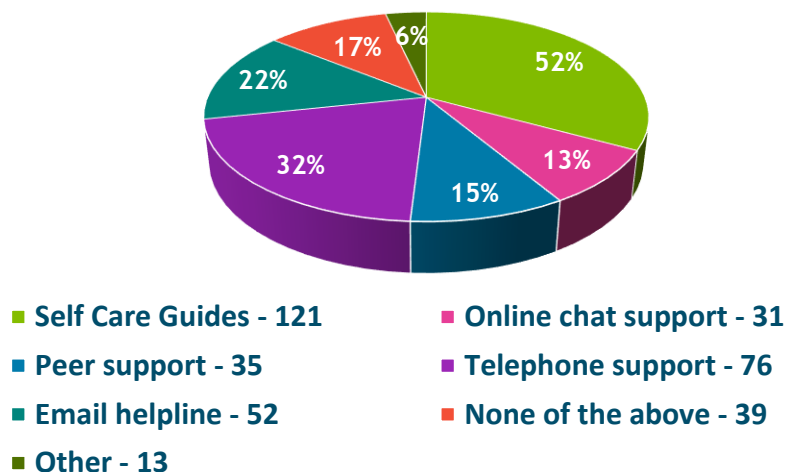
Overall 76% of respondents told us that the treatment they received had improved their condition. However, a significant number (26%) replied 'no' to this question. As this was a closed question which could only elicit a 'yes' or 'no' response, it is important to note that most patients who responded no to this question were either new patients being seen for the first time, or patients who had only recently started treatment

Q.8. Did you need multiple referrals before getting the right treatment?



A significant number of respondents (37%) said they needed multiple referrals before getting the right treatment for their condition. However, almost two thirds (63%) did not.

Q9. Which of the resources would complement your treatment and manage your condition?



Overall, most patients responded positively to having access to resources that might help them to manage their condition. 52% liked the idea of being given a self- care guide with a significant percentage (83%) of those people receiving treatment in the community finding it helpful.

Email helpline and telephone support were also popular options.

Q.10. If you could change anything about the care and treatment of muscle and joint problems for residents of Hillingdon, what would it be?



Comments on this question were received from 131 respondents. The comments revolved around three main themes:

- Increased frequency of appointments
- Appointments to run on time
- Faster referral to treatment times

The frequency of appointments:

16 respondents commented on having to wait too long between treatments and wanted to have their appointments more frequently. “**every month is not enough**” was the comment made by one respondent. Another suggested “**every week**”

One respondent suggested having access to specialists who they could talk to should they experience symptoms between appointments.

Appointments to run on time:

11 respondents commented on not being seen on time for their appointment ***“Waiting time is too long. Even when you have an appointment you need to wait long”*** commented one respondent. Another commented, ***“appointment times need to be on point”***.

Quicker referrals:

20 respondents commented on having to wait too long to be to receive treatment after their referral with several patients citing that if they could change anything it would be faster referrals *“Getting things moving more quickly initially”*. Another said *“Far faster appointments - may not be life and death but very painful and matter could get worse in that time hence costing NHS more money and time”*

The queues for MRI scans were also commented on a few times in the comments, it may not be considered as a major theme however it is worth noting that long waiting times for MRI scans could potentially result in delays to treatment.

Q.11. Any other comments?

Comments on this question were received from 54 respondents. We separated the comments into positive and negative and looked for possible themes. however there didn't seem to be any obvious ones.



Comments overall were very positive, with the majority of patients seemingly happy with the treatment and care they had received.

Positive comments:

Some respondents were complimentary of the treatment and care they had received from individual staff members *“Adam was great”*, *“Have been seen by Lauren, she was amazing”*.

A high number of respondents commented positively about rheumatology treatment and care at Mount Vernon Hospital and Physiotherapy at Hillingdon Hospital. Staff were also praised for their helpfulness and knowledge.

Negative Comments

Waiting times for treatment and appointments running late relate back to themes we highlighted in the previous question. Long waiting times between referral and treatment can lead to frustration and perhaps sometimes desperation for some patients and their families. Two respondents commented that they opted to seek private physiotherapy in order to get a prompt appointment.

Perhaps in the minority but important nonetheless worth commenting was the perceived lack of emotional support available, particularly to younger patients who are living with MSK conditions. ***“It would be nice to have the support of patients with long-term chronic diseases. Lack of support leads to depression as it is very hard dealing with chronic pain every day. Also, there should be support for all ages as fairly young suffering people doesn’t receive the empathy due to the stereotypical thought that young people cannot suffer because of MSK”***

Positive Comments	Negative Comments
<i>Uxbridge physio is quite helpful provided it’s given promptly e.g. like a wait of 1-2 weeks and not every 6 weeks</i>	<i>My son needs to go to private physio to get an appointment promptly</i>
<i>Hillingdon physio is very good, and the timing is just right</i>	<i>I was not happy with the treatment from A & E doctor and the complaint was filled</i>
<i>I have received the most excellent care</i>	<i>Staff is very helpful, but this lunch tea/break/dinner break is not helping. Avoid such breaks in the future</i>
<i>Really good physio at Mount Vernon Hospital</i>	<i>There is no joined up thinking. Hospital clinicians /GPs/physiotherapists all seem to act alone. Little appreciation by all on mental effects of life-changing problems</i>
<i>I am very pleased with the treatment I have had. There has been good follow up</i>	<i>Waiting time always long - 1-1.5 hours</i>
<i>Adam was great</i>	<i>Council make it hard to park anywhere</i>
<i>Plaster room staff and receptionist at fracture clinic are excellent</i>	<i>It would be nice to have the support of patients with long-term chronic diseases. Lack of support leads to depression as it is very hard dealing with chronic pain every day. Also, there should be support for all ages as fairly young suffering people doesn’t receive the empathy due to the stereotypical thought that young people cannot suffer because of MSK</i>

<i>Staff in physio at Hillingdon Hospital are very good</i>	<i>My GP referred me to rheumatology, but they told me that rheumatology has nothing to do with my problem and I get an x-ray instead. Six months down the line I am here ...</i>
<i>I'm very happy with the treatment and service</i>	<i>This time I am going private because of the disgusting waiting period to see a specialist but last time a few years back also seemingly uncaring</i>
<i>Mount Vernon Rheumatology was much better than other providers. Waiting times and appointments are much better. Really trying to meet individual needs</i>	<i>Please consider the long waiting time to receive information in relation to scans, blood test results to GP and then to patients. Positive or negative, results can be transferred</i>
<i>My own experience was very positive</i>	<i>Treatment should be for as long as needed not for set amount of sessions</i>
<i>Good physio department at Hillingdon Hospital</i>	
<i>Current service is very good</i>	
<i>Happy with treatment so far</i>	
<i>I found the physio helpful but not the doctors</i>	
<i>Brilliant service - minimum waiting and friendly staff</i>	
<i>Have been seen by Lauren, she is amazing</i>	
<i>Hillingdon Hospital provides high quality and effective physiotherapy. The gym and equipment available allows me to progress more effectively. I have no complaints</i>	
<i>Staff at Hillingdon Hospital Physio department are very good - friendly and knowledgeable</i>	
<i>I am very pleased with the treatment I have received</i>	
<i>The treatment I have received has been excellent</i>	

<i>Really good physios at Mount Vernon Hospital</i>	
<i>I have received the most excellent care</i>	
<i>No change needed</i>	
<i>The consultant was lovely and explained everything and we felt very comfortable</i>	
<i>Care given by Dr Woodham is excellent, but it is very difficult to get an appointment</i>	
<i>I have been very pleased with the ongoing care I have received</i>	
<i>The service I have received has been good</i>	
<i>I would like to say that my treatment and ongoing care and support from the rheumatology team has been excellent</i>	

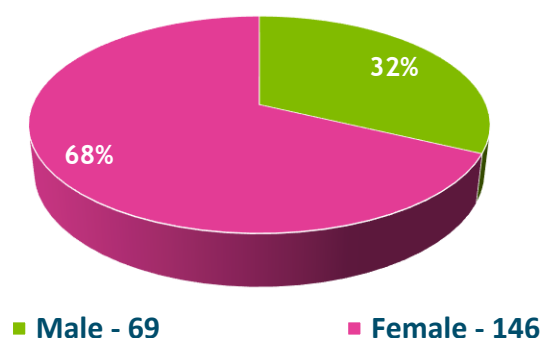
Demographics

Summary of demographic analysis

An analysis of the demographics shows no distinguishing difference in terms of themes. From an age perspective younger people (under 30) and those aged over 60 were all happy with the treatment they were receiving. They also wanted prompt treatments, to be seen on time for appointments and more frequent appointments. When looking at racial background, again there was no real difference.

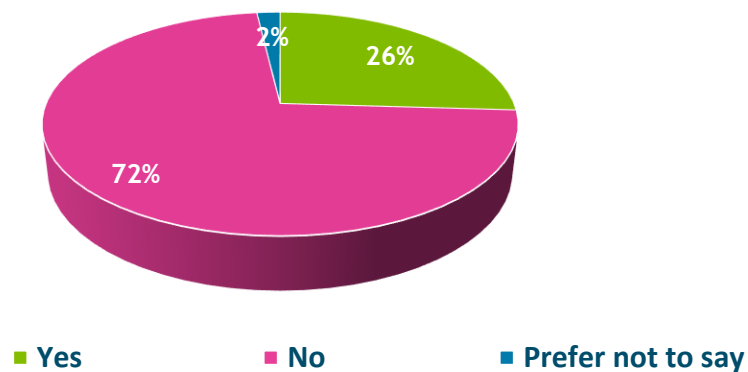
Self-help guides were of benefit to everyone irrespective of age, race or gender with 83% considering it a helpful resource.

Q.12 How would you describe our gender?



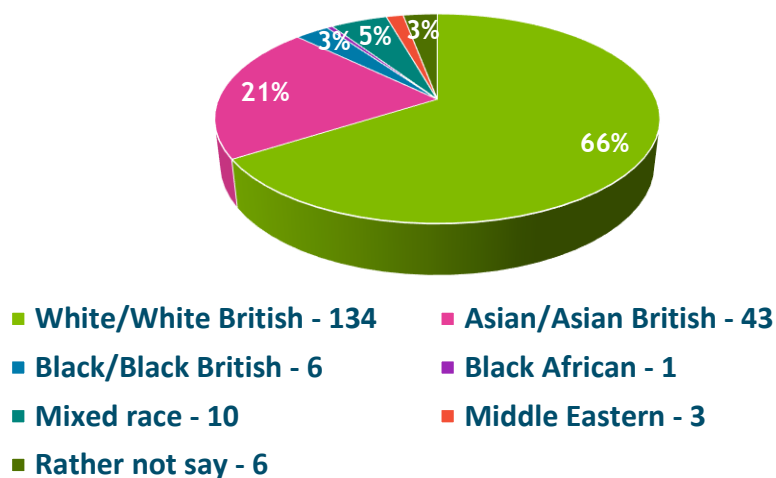
Women surveyed exceeded men surveyed (68% and 32% respectively).

Q.13. Do you consider yourself to have a disability (i.e. a physical or mental impairment that has a substantial effect on your ability to perform everyday activities)?

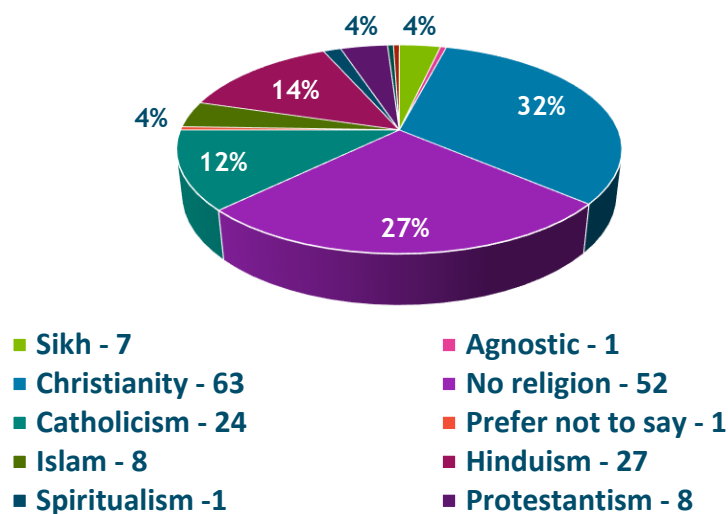


Overall, most respondents (72%) did not consider themselves to have a disability that affected their ability to perform everyday activities.

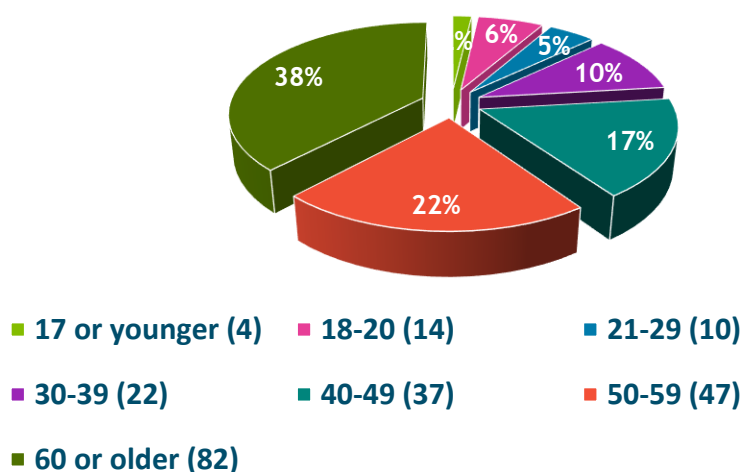
Q.14. What race/ethnicity best describes you?



Q.15. Do you identify with any of the following religions (Please select all that apply?)



Q.16. What age bracket are you in?



All age groups from under 18's (less than 1%) to over 60s (38%) were represented. Older people perhaps make up a larger percentage because some MSK conditions are likely to affect people in later years.

Appendices

Appendix i

If you could change anything about the care and treatment of muscle and joint problems for residents of Hillingdon, what would it be?

“Appointments should be more frequent”

“More doctors needed for referral and follow-up appointments”

“Patients having to telephone for appointments - they need to have working telephone lines”

“Open minded about patient’s pain thresholds”

“Ultrasound is terrible. Please improve that side of the service. The phone is constantly on record and no answer at anytime”

“Shorter waiting times”

“More detailed explanation of treatment following surgical procedure”

“Having enough staff to deal with patients so they can be seen promptly. Staff shortages delays treatment”

“Having access to osteopath services on the NHS would be helpful. Treatment is only available privately and is very expensive”

“Be more responsive to patient needs”

“Would like to know if I am getting the right treatment or is it about NHS cuts” “Easier access to referrals and hints and tips for the symptoms”

“Speaking to someone sooner e.g. via phone”

“Quicker action taken and home visits”

“More leaflets regarding the injuries”

“Better response from the main people”

“To be seen quickly and have physio”

“Have the location of the clinics at the main reception so patients can easily get to where they need”

“Appointment times need to be on point”

“The be referred to a specialist (consultant) rather than go through doctor who does not seem to have time”

“Appointments should be booked over the phone rather than by letter”

“Do not mix MSK during treatment or therapy”

“Pain acute service - keep missing her calls with no number to call back”

“Shorter time of waiting for appointment”

“Improve hospital parking”

“Waiting times”

“Waiting time is too long. Even when you have your appointment you have to wait long”

“Physio treatment scattered and very limited in scope - reliance on exercises, long periods between appointments”

“Get more staff”

“More disability parking places”

“Waiting 30 minutes for appointments”

“Time between appointments is very long” “MRI scan queues”

“Appointments are not on time”

“Shorter waiting times”

“Change a restriction on number of treatments”

“Increase frequency of treatments”

“Give more frequent appointments”

“Being seen on time”

“Exercise sheets for common complaints”

“More reduced costs appointments for those not on benefits”

“More sessions and more frequency. Every month is not enough”

“It would be a nice option to come to group classes without a GP referral”

“An option of a swimming pool for knee exercises would be nice”

“Shorter waiting times for appointments”

“To be seen quicker”

“Have access to a specialist who can talk to you if you have symptoms between appointments. Physio session ongoing”

“Doctors and surgeon are always late and rushed”

“Some sort of class, even paid, to live with pain”

“Do home visits”

“To not have to go through the GP first”

“Start treatment as soon as possible when we can control other than get more worse”

“Please speed up the system for scan. Still waiting for appointment more than 16 weeks”

“Easier access for those unable to travel. More options or early/late afternoon appointments around working”

“To access quicker referrals” “To long waiting. Patients should be treated when they are in pain. 4-8 weeks wait is just a joke”

“To be seen for longer periods by the physio”

“Have the option to continue the classes such as these without GP referral”

“Alternative treatments”

“More frequent appointments and follow up treatments”

“Reduced waiting times” “More treatment without using strong medicine”

“Physio should not be a barrier to effect on-point treatment. It is important to get the right treatment by specialist”

“See a specialist as soon as possible”

“Faster referral and closer intervals for recalls”

“More staff” “Go elsewhere”

“Multi-disciplinary clinic”

“Being able to see the same consultant every time, less waiting times between appointments”

“More locations and more out-of-hours appointment times to make it accessible for a wide range of people”

“Get things moving more quickly initially”

“Faster appointments. May not be life and death but very painful and matter could get worse in that time”

“Listen to patient, they know their bodies”

“More hospital-based appointments rather a doctor’s surgeries”

“A dedicated team of specialists to access patients’ needs”

“Better pain management”

“On hand therapy”

“Have more support from GPs”

“Have a better system and one that gets the disabled passes you need”

“Reduce waiting times”

“Not to cancel after 4 weeks”

“Being seen more often than 3-4 weeks between appointments as I needed deep massage”

“To wait less time for appointments and not feel rushed when having consultation”

“Have further classes as suggested by my physio that I do not need to pay for”

“Do follow up from GP or physio. More sessions and more frequently. Not every month”

“Being seen on time on appointments”

“To get treatment weekly” “Increase frequency of treatment”

“No restriction on numbers of treatments or number of times allowed to attend classes”

“Shorter waiting times”

“To have an appointment on time” “Shorter MRI scan queues” “Time between appointments is very long”

“Employ more staff and invest more in the NHS”

“Waiting time”

“Eastcote Health Centre”

“Be able to self-refer rather than waiting for appointments again”

“Act faster before it’s too late”

“More service on pain management. More access to physio/hydrotherapy/ acupuncture”

“Faster referrals”

“Not waiting so long in clinic”

“Less waiting times”

“Physio at home for older people who struggle with attending hospital appointments”

“More frequent appointments”

“More rheumatology doctors/nurses are needed to meet the demand”

“More for younger clients, I had to go to elderly day services”

“Cut waiting times and move it away for hospital”

“Exercise prescription (i.e. long-term access to a gym/class with the initial period at a lower cost and some guidance available from a health professional. Access to hydrotherapy. Integrated pathway between health professionals and community exercise groups/facilities.

“Quicker service”

“There are several different consultants dealing with different part of the body (e.g. upper limbs, lower limbs and spine.

“A more local health centre to see health care professionals - say HESA in Hayes”

“Faster access. Choice of venues. Specialist clinicians. Physio access to other hospital information about me”

“Just get a quicker appointment with the right specialist. With back pain you try and protect yourself from further pain” “Self-referral”

“More access and shorter waiting times”

“Accessible location, reduced travel costs and more availability of services”

“Discussions with other patients with similar conditions. Chiropractic input”

“Less waiting times and quicker access to GP”

“If GP/District nurse/nurse practitioner and OOH’s could make referrals directly to the Single Point of Access”

“Prescribed appropriate exercise - e.g. Green Gym type activity, volunteering with a Wildlife Trust or similar organisation”

“Self-referral and quicker response time. Shorter waiting time for procedure to reduce pain”

“To respect that patient knows their condition and what they need”

“More appointments”

Appendix ii

Any other comments?

“Uxbridge physio is quite helpful provided it’s given promptly e.g. like a wait of 1-2 weeks and not every 6 weeks”

“Hillingdon physio is very good and the timing is just right”

“My son needs to go private physio to get an appointment”

“I was not happy with the treatment from A & E doctor and a complaint was filed”

“I have received the most excellent care”

“I am very pleased with the treatment I have had. There has been good follow-up”

“Physio support by phone could be very reasoning and help to make the right exercise choices”

“Adam’s been great”

“Plaster room staff and receptionist at fracture clinic are excellent”

“There is no joined-up thinking. Hospital clinicians/GPs/physiotherapists all seem to act along. Little appreciation by all on mental effects of life changing problems”

“Staff in physio at Hillingdon are very good”

“I’m very happy with the treatment and service”

‘Mount Vernon rheumatology was much better than other providers. Waiting times and appointments are much better”

“My own experience was very positive”

“Waiting times always long - 1-1.5 hours”

“Great physio department at Hillingdon Hospital”

“Current service is very good”

“Council make it hard to park anywhere”

“Happy with treatment so far”

“I found the physio very useful but not the doctors”

“Brilliant service - minimum waiting and friendly staff”

“Having been seen by Lauren, she is amazing”

“Staff at Hillingdon physio department are very good - friendly and knowledgeable”

“I am pleased with the treatment I have had”

“Really good physios at Mount Vernon Hospital”

“I have received the most excellent care”

“It would be nice to have support staff to work with patients with long-term/chronic diseases. Lack of support leads to depression as it is very hard dealing with chronic pain

every day. Also, there should be support all age groups as fairly young suffering people don't receive the empathy due to stereotypical thought that young people can't suffer because of MSK"

"Future care at long-term"

"No change needed"

"The consultant was lovely and explained everything and we felt very comfortable"

"My GP referred me to rheumatology, but they told me that rheumatology has nothing to do with my problem and I get an x-ray instead. Now 6 months down the line I am here. Not good."

"The treatment I have received has been excellent"

"More consultants needed"

"Care given by Dr Woodhan is excellent but it's very difficult to get an appointment"

"I have been very pleased with the ongoing care I have received"

"I am very happy with my treatment"

"Waiting times for appointments are too long"

"Creche facilities would be useful for some people - I'm sure there are parents who don't come to appointments as they can't get or can't afford child-care. I regularly use the creche at Hillingdon sports centre for swimming (2 hour max) it is cheap and has concessions for those on benefits. The centre does have a physio but not an NHS one - if the NHS used those facilities parents and carers could use the creche on-site which would allow more to attend their appointments and get well quicker"

"This time I am going private because of the disgusting waiting period to see a specialist but last time a few years back also seemingly uncaring"

"The service I have received has been good"

"Please consider the long waiting time to receive information in relation to scans and blood test results to GP and then to patients, positive or negative results can be transferred internally in 5 minutes. 5 days to GP and weeks to patients!"

"Get the exercise done at clinic"

"Treatment should be for as long as needed not for set amount of sessions"

"I would not like to see all services returned to hospitals or decreased numbers of staff"

"Hillingdon Hospital provides high quality and effective physiotherapy. The gym and equipment available allows me to progress more effectively. I have no complaints"

"My GP did not refer me to physiotherapy. I was referred by the consultant after an emergency admission to Northwick Park"

"I would like to say that my treatment and ongoing care and support from the rheumatology has been excellent"



01895 272997



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



office@healthwatchhillingdon.org.uk



www.healthwatchhillingdon.org.uk



Healthwatch Hillingdon



@HW_Hillingdon



Company Limited by Guarantee | Company Number: 8445068
Registered in England and Wales



Registered Charity Number: 1152553

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

Healthwatch Hillingdon has used the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

© 2018 Healthwatch Hillingdon

LOCAL SAFEGUARDING CHILDREN ANNUAL REPORT

Relevant Board Member(s)	Councillor David Simmonds CBE
Organisation	London Borough of Hillingdon
Report author	Steve Ashley, Hillingdon Local Safeguarding Children Board
Papers with report	LSCB Annual Report

1. HEADLINE INFORMATION

Summary	The Hillingdon Local Safeguarding Children Board (HLSCB) has a statutory duty to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the Borough. Once agreed by the HLSCB, the report is submitted each year to the Chief Executive, the Leader of the Council and the Chairman of the Health and wellbeing Board.
Contribution to plans and strategies	No
Financial Cost	There are no direct financial implications arising from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board note the report.

3. INFORMATION

The annual report lays out the work undertaken by the Board this year, and includes specific reports from each of the agencies that make up the Board. The purpose of the annual report is to provide evidence about the standard to which the agencies responsible for safeguarding children in the London Borough of Hillingdon have performed.

There will be significant changes to local safeguarding children boards over the next year, brought about by the Children and Social Work Act 2017. As a result Hillingdon will have new safeguarding arrangements overseen by the safeguarding partners who consist of the local Borough Police Commander, Chief Operating Officer of the Clinical Commissioning Group and the Chief Executive of the local authority.

An OFSTED inspection took place in Hillingdon in April 2018. This report has been slightly delayed to allow time for results of that OFSTED inspection to become public. The OFSTED inspection process provides the best evidence of the state of safeguarding in the Borough.

Whilst OFSTED only inspect children's social care, the work of partners supports their work and so the OFSTED inspection is a reflection of the state of play of safeguarding here in Hillingdon. The fantastic news is that OFSTED decided that Hillingdon is graded as 'good' with outstanding features in terms of Leadership.

Financial Implications

There are no direct financial implications arising from this report

4. CORPORATE IMPLICATIONS

Hillingdon Council Legal comments

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

5. BACKGROUND PAPERS

NIL.



2017-
2018

LSCB ANNUAL REPORT



@ lsqb@hillingdon.gov.uk
@hillingdon_lscb
www.hillingdonlscb.org.uk

Andrea Nixon & Zelda Rowland
Local Safeguarding Children Board
2017-18

Contents

1.0 Foreword.....	Error! Bookmark not defined.
2.0 Hillingdon LSCB Governance & Accountability Arrangements	6
2.1 Future Safeguarding Arrangements.....	7
3.0 Hillingdon LSCB Structure Chart 2017-18.....	8
4.0 LSCB Task & Finish Groups	9
4.1 Risk & Vulnerability Task & Finish Group.....	9
4.2 Harmful Sexual Behaviour Task & Finish Group	9
5.0 LSCB Partner Members & Linked Strategic Boards	10
6.0 Local Demographics	11
7.0 Safeguarding Children Performance Data.....	12
8.0 LSCB Multi-Agency Audits	14
8.1 Joint Midwifery/Children's Services Audit.....	14
8.2 Joint UKBF/Children's Services Audit	14
8.3 Multi-Agency Neglect Audit.....	14
8.4 LSCB MASH Review Process	14
9.0 Safeguarding Children Training Program	16
9.1 Training Attendance & Impact upon Practice.....	16
9.2 Specialist Learning Events.....	17
9.3 Hillingdon LSCB Safeguarding Children Training Program Data	18
10.0 Hillingdon LSCB Partners' Achievements 2017-2018	19
10.1 London Borough of Hillingdon - Children's Services	19
10.2 Hillingdon Clinical Commissioning Group (CCG)	22
10.3 Metropolitan Police Service	25
10.4 Central & North West London NHS Foundation Trust (CNWL).....	26
10.5 The Hillingdon Hospital	28
10.6 London Borough of Hillingdon - Youth Offending Service	30
10.7 Prevent	31
10.8 London Borough of Hillingdon - Children's Rights & Participation Team	32
10.9 London Borough of Hillingdon - LADO & Schools Child Protection Lead	33
10.10 London Borough of Hillingdon - Early Intervention & Prevention Service	34
10.11 London Borough of Hillingdon - Domestic Abuse Steering Executive	37
10.12 Health Watch Hillingdon	39
10.13 Child Death Overview Panel (CDOP).....	41

11.0 Serious Case Reviews	42
11.1 Briefing Note for Practitioners & Managers - Operation Baker.....	42
12.0 Hillingdon LSCB Board Priorities 2018-2020	43
13.0 LSCB Good News Stories	44
14.0 Appendices	45
Appendix 1 - Glossary	45
Appendix 2 - Hillingdon LSCB Budget Summary 2017-2018	46
Appendix 3 - LSCB Annual Report Contribution Questions	46

1.0 Foreword: Independent Chair Steve Ashley



This annual report fulfils a statutory requirement that the safeguarding children board has, which is to produce a report providing a summary of the work undertaken by agencies and most importantly commenting on how well children in the borough are safeguarded.

This year is unusual for two reasons. Firstly, it is the last annual report of the safeguarding board in its current form. The changes to local

safeguarding children boards, brought about by the Children and Social Work Act 2017, will be implemented by this time next year. As a result Hillingdon will have new safeguarding arrangements.

This will be overseen by the safeguarding partners who consist of the local Borough Police Commander, Chief Operating Officer of the Clinical Commissioning Group and the Chief Executive of the local authority. Next year's report will be produced by the independent person who will have overseen the safeguarding arrangements and made sure they are fit for purpose and being effectively implemented.

The second reason concerns the OFSTED inspection that took place in Hillingdon in April 2018. This report has been slightly delayed to allow time for results of that OFSTED inspection to become public. The OFSTED inspection process provides the best evidence of the state of safeguarding in the borough. Whilst OFSTED only inspect children's social care, the work of partners supports their work and so the OFSTED inspection is a reflection of the state of play of safeguarding here in Hillingdon.

The fantastic news is that OFSTED decided that Hillingdon is graded as 'good' with outstanding features in terms of Leadership. "

"The willingness and curiosity to constantly learn from new ideas result in positive outcomes for children. Leaders have implemented actions quickly and effectively following external peer review and the Hillingdon Safeguarding Children Board diagnostic".

Source: OFSTED Inspection Report of London Borough of Hillingdon Council's Children's Services. Published 30th May 2018

It is difficult to express just how important this finding is. At a time when so many boroughs are being graded as inadequate, Hillingdon has shown that its children's services are providing the level of protection you would expect and in many areas is providing exceptional service. This result is a testament to all of those involved on the front line of child protection.

"Partners have a good understanding of thresholds when making referrals, and these are consistently applied for children in need of help and protection. Decisions are timely, with good evidence of management oversight."

Source: OFSTED Inspection Report of London Borough of Hillingdon Council's Children's Services. Published 30th May 2018.

It also highlights the level of commitment by politicians, who have supported safeguarding both financially and with a passion and enthusiasm I have not seen elsewhere. I should also say that over the last two years, Tony Zaman, Corporate Director Adult, Children and Young People services and Anna Popovici, Deputy Director Children and Young People Services, have led from the front and supported and directed their staff to help them achieve this fantastic result.

Of course, the OFSTED report is only part of the picture. Safeguarding is a partnership business. The police have had a difficult year in terms of the work they have dealt with and the reorganisation of their resources. They have continued to ensure that safeguarding services are delivered. In fact, the new Commissioner has made it clear that safeguarding is a top priority for the Metropolitan Police and this is reflected in the work of all those officers who work in safeguarding across the borough. Equally, our health colleagues are prepared to engage with the partnership to ensure that everyone involved in health, from midwives and health visitors through to accident and emergency staff and school nurses, have safeguarding as a priority. There has been a real change in how those children with mental health issues are being helped. Whilst there is still much work to be done in this area there is a significant improvement in the offer that is being made by Children and Adolescent Mental Health Services (CAMHS).

As I have said this will be the final LSCB annual report. It has been a real pleasure being involved in safeguarding work over the last few years in this borough. We have seen significant improvements and whilst there is always more work to be done, I am pleased to say that there is evidence that safeguarding children is not only a priority for agencies, but is at a highly effective level.

I would like to thank all of those who are engaged in looking after and protecting our children, whether as a leader, front line worker or member of the third sector. Your work might often go unseen, but it is the most vital work there is; children after all are our future. Thank you.



Steve Ashley

Independent Chair

Hillingdon Local Safeguarding Children Board

2.0 Hillingdon LSCB Governance & Accountability

Hillingdon LSCB is comprised of statutory and voluntary partners. These include representatives from Health, Education, Children's Services, Police, Probation, Youth Offending Service and the Voluntary Sector.

Our main role is to co-ordinate what happens locally to protect and promote the welfare of children and young people in Hillingdon and to monitor the effectiveness of those arrangements to ensure better outcomes for children and young people. The efficacy of Hillingdon LSCB relies upon its ability to champion this safeguarding agenda through exercising an independent voice.

Our purpose is to ensure that all children and young people in our authority are protected from abuse and neglect. Children can only be safeguarded from harm if agencies work well together, follow guidance and procedures based on best practice and are well-informed and trained.

Safeguarding is action taken to ensure the safety and wellbeing of children to protect them from harm. Safeguarding means:

- Protecting children from abuse and maltreatment;
- Preventing harm to children's health or development;
- Ensuring children grow up in a safe and caring environment;
- Taking action to enable [all](#) children and young people to have the best possible outcomes.

Child protection is part of safeguarding. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. All organisations working with children and families in Hillingdon provide support to ensure children are effectively safeguarded (doing the right things to make them safe).

Regulation 5 of the Local Safeguarding Board Regulations (2006) sets out the functions of the LSCB as per section 14 of the Children Act 2004.

2.1 Future Safeguarding Arrangements

The Children and Social Work Act (2017) received Royal Assent in April 2017. Chapter 2 of the Act, entitled 'Safeguarding of Children' will affect the Board in three ways:

- The establishment of a Child Safeguarding Practice Review Panel. This panel will replace the existing national panel that looks at serious case reviews and in essence, abolishes Serious Case Reviews as they currently work;

- Abolition of Local Safeguarding Children Boards;
- Changes to Child Death Overview Panels.

The Children & Social Work Act (2017) abolishes the statutory requirement for an LSCB and deals with safeguarding arrangements under section 16 - "Local arrangements for safeguarding and promoting welfare of children". This section states that:

"The safeguarding partners for a local authority area in England must make arrangements for—

(a) The safeguarding partners, and

(b) any relevant agencies that they consider appropriate,

to work together in exercising their functions, so far as the functions are exercised for the purpose of safeguarding and promoting the welfare of children in the area."

The safeguarding partners are clearly identified as:

- *"the local authority;*
- *a clinical commissioning group for an area any part of which falls within the local authority area;*
- *the chief officer of police for a police area any part of which falls within the local authority area."*

In terms of what this means in practice, the *Children & Social Work Act (2017)* firstly provides details on how the *"local arrangements"* are required to deal with local child safeguarding reviews. In a separate section, it provides some detail on how the safeguarding partners put in place *"local arrangements"*.

It states that local safeguarding partners must publish these arrangements. In terms of what the arrangements might look like, the only statutory requirements are:

- there must be arrangements for scrutiny by an independent person of the effectiveness of the arrangements;
- a requirement that all safeguarding partners and relevant agencies for the local authority area act in accordance with the arrangements;
- at least once in every 12 month period, the safeguarding partners must prepare and publish a report on what the safeguarding partners and relevant agencies for the local authority area have done as a result of the arrangements, and how effective the arrangements have been in practice.

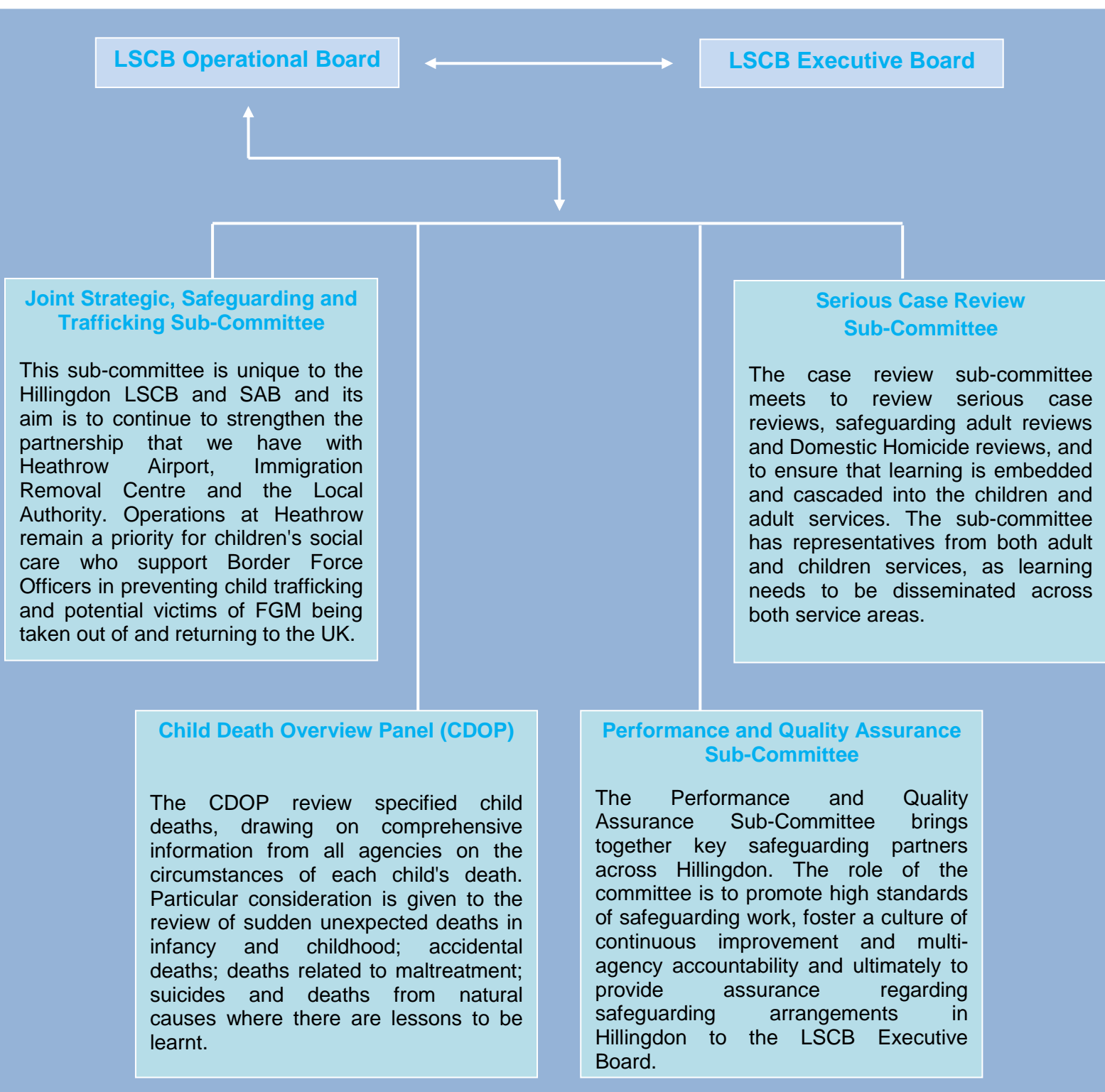
There are further statutory requirements regarding the provision of information by agencies, and the requirement to follow directives of the Secretary of State; but these are largely standard clauses.

The final two areas that the Children & Social Work Act (2017) covers are relevant. In terms of funding, the Act states:

"The safeguarding partners for a local authority area in England may make payments towards expenditure incurred in connection with arrangements: by making payments directly, or by contributing to a fund out of which the payments may be made."

The next step will be for the key partners to meet and agree how this will move forward in line with the new legislation.

3.0 Hillingdon LSCB Structure Chart 2017-18



4.0 LSCB Task & Finish Groups

The LSCB had two ongoing Task & Finish (T&F) Groups over 2017-18. These included:

4.1 Risk & Vulnerability Task & Finish Group

A Chair's Challenge was issued in mid-2017, asking agencies to outline the individual and multi-agency challenges of working to address Child Sexual Exploitation (CSE), Missing Children and Serious Youth Violence (SYV) in the borough. The Risk & Vulnerability T&F Group was set up in response to the findings of the Chair's Challenge, which indicated a clear need to work on bringing agencies together, but also - crucially - to develop a framework where these frequently inter-linked risk areas are considered and responded to holistically for each child, rather than directing services at CSE, Missing or SYV individually.

After a scoping exercise to understand the nature of these issues in Hillingdon and considerable work in reviewing the structures in place, the T&F Group drafted terms of reference for the new Vulnerable Young People Risk Management Group (VYPRMG). This panel meeting will -

- review all high and very high risk cases that come to the attention of safeguarding services in Hillingdon,
- review groups of children that may have been pulled into organised exploitation and/or crime;
- consider borough-wide intelligence around exploitation and organised crime involving children and develop multi-agency tactical responses (including disruption activities or joint operations with Police) beyond the scope of individual cases, to safeguard children and families in Hillingdon.

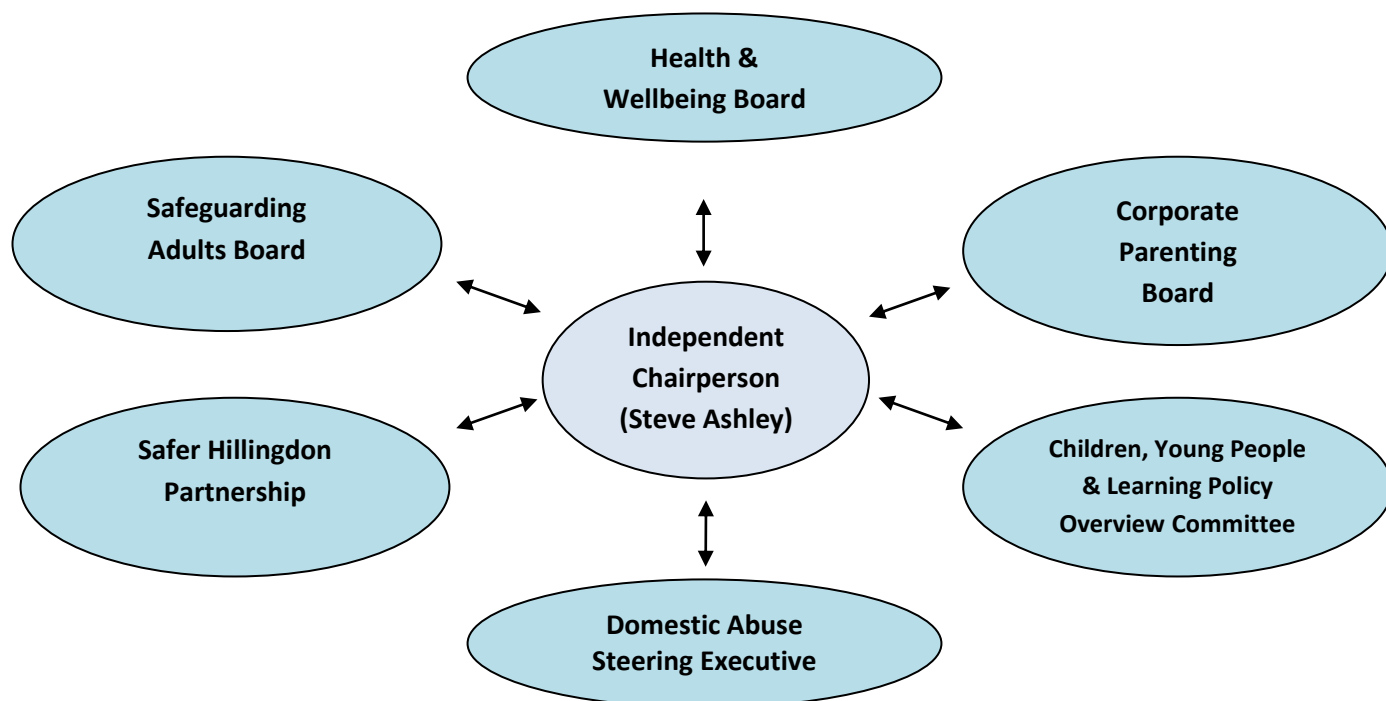
The new VYPRMG panel is due to meet for the first time in May 2018, incorporating and expanding upon the previous MASE model. The VYPRMG Panel has also be designed to be flexible in being able to review and respond to other safeguarding needs as they arise, for example the burgeoning area of Child Criminal Exploitation (CCE - also known as 'County Lines') going forward.

4.2 Harmful Sexual Behaviour Task & Finish Group

The LSCB has remained aware of the developing area of research and practice on Harmful Sexual Behaviour, and in late 2017, partner agencies completed the NSPCC Harmful Sexual Behaviour Audit Tool. This audit raised a number of areas of development, in terms of the borough's understanding of and response to Harmful Sexual Behaviour across multi-agency partners.

As a result of this audit, a data-gathering exercise is due to begin in May 2018. Partner agencies will collect specific data on the number of cases Harmful Sexual Behaviour identified in a three month period, to understand the scope of the issue in Hillingdon, with a view to considering current and future service provision in this safeguarding area.

5.0 LSCB Partner Members & Linked Strategic Boards



Hillingdon Safeguarding Adults Board:

The Safeguarding Adult Board is a statutory requirement for local authorities. Its focus is to ensure that adults, and especially vulnerable adults, are protected and partners work together to make sure this happens.

There are areas of overlap with the LSCB in areas such as Domestic Abuse, Modern Slavery and the Prevent agenda, for example, making it imperative that there are strong communication links between both Boards.

Hillingdon Domestic Abuse Steering Executive:

The domestic abuse executive board brings together statutory and non-statutory agencies in order to ensure that the Mayor of London strategy, 'Violence against Women and Girls' is implemented.

Safer Hillingdon Partnership:

The Community Safety Partnership Board is required by law to conduct and consult on an annual strategic assessment of crime, disorder and anti-social behaviour, substance misuse and re-offending within the borough. The findings are then used to produce the Safer Hillingdon Partnership's community safety plan.

Hillingdon Children, Young People & Learning Policy Overview Committee:

The Policy and Overview Committee provides scrutiny and challenge to the Board by elected members.

Hillingdon Health and Wellbeing Board:

The Health and Wellbeing Board is a statutory requirement for local authorities. The board brings together the NHS, the local authority and Health Watch to jointly plan how best to meet local health and care needs in order to improve the health and wellbeing of the local population, reduce health inequalities and commission services accordingly.

6.0 Local Demographics

The health and wellbeing of children in Hillingdon is mixed compared with the England average.

The level of child poverty is similar to the England average with 19.9% of children aged under 16 years living in poverty.

In Hillingdon, 43.1% of the 0 to 19 population are White British, 33.1% are from Asian or Asian British groups, 16.0% are from Black or Black British groups and 7.8% in mixed ethnic groups.

21.7% of the borough's population is under 16 years old.

(Source: Hillingdon Council website.)

There are over 80,000 children and young people aged 0-19 living in Hillingdon which represents 26.5% of the total population, compared with 24.5% in London as a whole. There are slightly more boys than girls at all ages, similar to the national picture. (Source: Joint Strategic Needs Assessment (JSNA) Children and Hillingdon Council website, Young People Demographics).

Hillingdon is situated in North West London and is the second largest borough of London's 33 boroughs.

Hillingdon sits on the outskirts of Greater London and is made up of 3 localities and 22 wards.

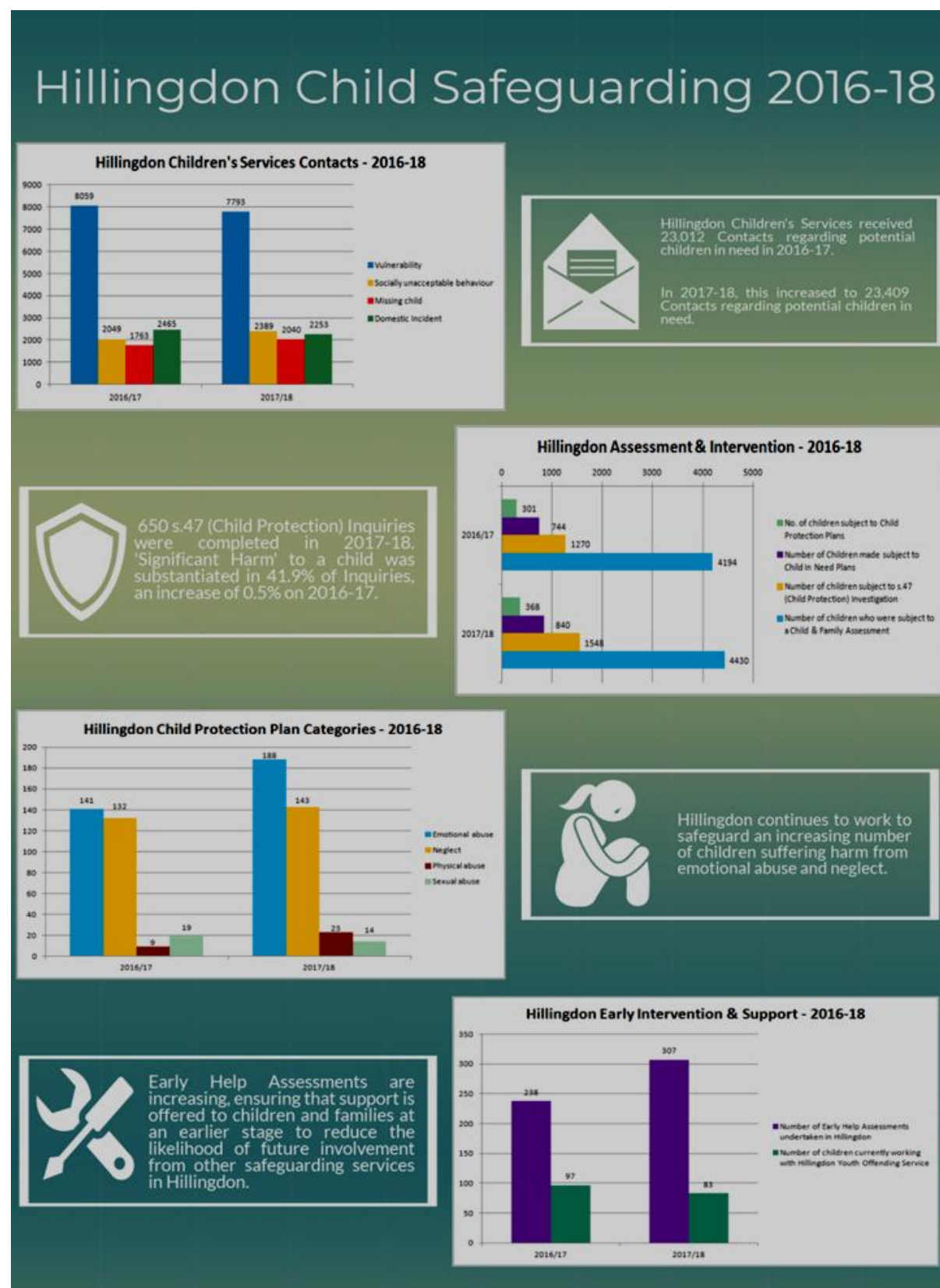
Hillingdon looked after 85 children who were seeking asylum in 2017.

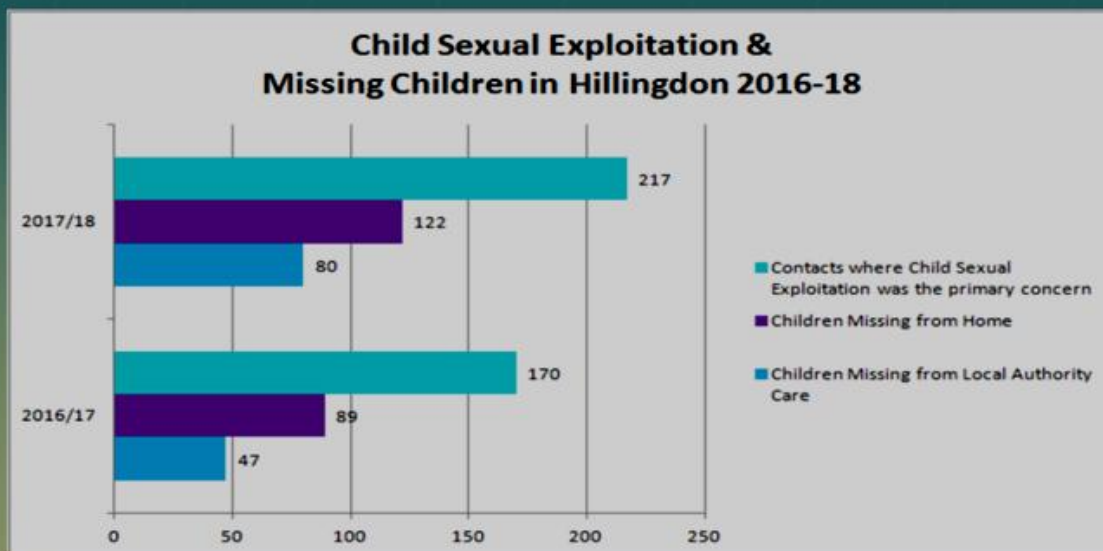
Croydon (390) was the only local authority to care for more children seeking asylum in the UK in 2017 in the greater London area.

The largest single group of children (23,073) in Hillingdon are aged between 0 and 4yrs. In 2016, this group of children made up a projected 7.6% of Hillingdon's total population and approximately 28% of all children in the borough.

(Note - projected statistics include 18-19yr old Hillingdon, residents in the same group as 15-17yr old children, which may mean that children aged 0-4 actually comprise a % of all children in Hillingdon).

7.0 Safeguarding Children Performance Data





Hillingdon Children's Services has devised a new 'Missing Policy' which contains active measures to support and safeguard children who go missing from home or local authority care, which may have contributed to the lower rate of combined total missing incidents in 2017-18.

Hillingdon LSCB has supported Children's Services and the multi-agency safeguarding partnership in developing the multi-agency Vulnerable Young People Risk management Group (VYPRMG) - a monthly 'tactical' group that has taken on the functions of the previous Multi-Agency Sexual Exploitation (MASE) Panel whilst also examining cases and intelligence trends regarding serious youth violence, missing children and children at risk of sexual exploitation.

The VYPRMG also has the capacity to respond directly to developing risks for young people by carrying out multi-agency investigative and disruption operations in conjunction with Police and safeguarding partners.

Looked After Children in Hillingdon

310 → 290 The number of children in the care of Hillingdon Children's Services dropped by approximately 6% in comparison to 2016-17.

86% → 91% The number of children in the care of Hillingdon Children's Services at the end of 2017-18 with an up-to-date health assessment increased approximately 5% on 2016-17.

35 → 39 Hillingdon is working to stabilise and reduce the number of children who experience multiple 'placement moves' whilst in local authority care. An increase was noted in 2017-18; Children's Services are working to ensure children do not move unless absolutely necessary.

10 → 17 Hillingdon has focused on the identification and support of children who are Privately Fostered. The number of children identified as Privately Fostered increased by 70% over 2017-18.

8.0 LSCB Multi-Agency Audits

The LSCB completed a range of multi-agency audits in 2017-18. These included:

8.1 Joint Midwifery/Children's Services Audit

This audit sought to understand the role of Community Midwifery within the Child Protection Case Conference process and identified areas where both Community Midwifery and Children's Services could work more effectively to ensure meaningful input into case conferences and that Child Protection Plans adequately reflect the role of midwifery in safeguarding unborn and newly-born children. This audit assisted Hillingdon CCG in developing a safeguarding midwifery team going forward.

8.2 Joint UKBF/Children's Services Audit

This audit sought to understand the journey of unaccompanied children from port of entry to local authority care, including some children who were suspected victims of trafficking. Both UKBF and Children's Services found this audit to be extremely useful in identifying process issues that may be impacting upon children, both at Heathrow Airport and in care; in particular issues that may lead to children being vulnerable to further exploitation once they came into local authority care. UKBF have made a number of changes to their processes at Heathrow on account of this audit, whilst Children's Services are currently developing a Modern Slavery protocol for their staff. A re-audit of this area is planned for summer 2018.

8.3 Multi-Agency Neglect Audit

This exercise was still in progress at the conclusion of 2017-18 and seeks to look at the multi-agency responses to children aged 8-16, where they have come to attention of safeguarding services primarily due to Neglect reasons. The audit seeks to understand how the multi-agency network has responded to these concerns over time, whether support and intervention has been timely enough and what action is being taken to ensure that opportunities are not missed to safeguard children.

8.4 LSCB MASH Review Process

As part of preparations for an anticipated OFSTED inspection (completed April 2018), the LSCB Quality Assurance & Training Officer undertook a wide-ranging review of Hillingdon's Multi-Agency Safeguarding Hub (MASH) Service between September and December 2017. This review process included:

- Completion of over 50 case audits;
- Examination and mapping of the entire MASH process with MASH staff;
- Review of the MASH Management model;
- Distribution of an online survey to all MASH staff of over 100 questions examining process, thresholds, outcomes and the experience of working in the MASH;

- Review of over 3000 pieces of data from the MASH 'Guardian' system to understand MASH thresholds, how partner agencies provide the MASH with safeguarding information and what this data indicated regarding safeguarding trends in Hillingdon;
- Qualitative discussions with a range of MASH staff members.

This process was integral in Children's Services re-appraising and re-organising aspects of the MASH, with the review process contributing to:

- a change in MASH management style (rotating MASH Manager to fixed MASH Manager);
- cessation of some inappropriate risk assessment processes, whilst highlighting strengths in other aspects of how the MASH triages and assesses safeguarding Notifications;
- developing an understanding of how and when the MASH has sought multi-agency information from the Guardian system from its safeguarding partners over its 3+ years of operation and what this means in terms of the threshold where MASH Managers decide whether or not to seek information from multi-agency partners on particular safeguarding concerns when they present (eg. domestic abuse, substance misuse, neglect);
- developing an understanding of how MASH workers feel invested in the MASH and understanding how they see their role in safeguarding children in Hillingdon;
- an understanding of the need to immediately resolve long standing ICT issues that have prevented partner agencies from using the Guardian system to directly share information and thus reduce delay and risk that may arise from not being able to share this information directly;
- the need to 're-launch' the MASH to re-involve satellite partners (those agencies who share information with the MASH but are based outside of the MASH Hub on a full-time basis) in the purpose of the MASH and thus strengthen multi-agency relationships;
- highlighting of the need for MASH workers to actively consider the issue of Consent on all safeguarding Notifications and actively challenge referring agencies when Consent may not have been properly addressed prior to a Notification being sent in to the MASH;
- highlighting the vast potential of the MASH and its Guardian system in developing a deeper understanding of safeguarding trends and issues within Hillingdon, which it could then share with partner agencies to ensure enhanced, coordinated responses to safeguarding on an operational and strategic levels.

The LSCB MASH Review was felt to be an integral part in assisting Children's Services in reorienting their MASH to meet safeguarding needs in Hillingdon, with the process being directly recognised within the recent OFSTED ILACS inspection.

9.0 Safeguarding Children Training Programme

The LSCB increased its ability in 2017-18 to quality assure the work of partner agencies, whilst also ensuring access to a varied, multi-agency safeguarding training for professionals in Hillingdon. This has been achieved via:

- An improved multi-agency auditing programme with active participation and support from partner agencies;
- An expanded multi-agency training programme that has sought to provide information and learning about a wider range of safeguarding issues, including developing areas of concern such as modern slavery and honour-based abuse;
- Conducting specialist learning events, such as the Sepsis Masterclass and s.175 Schools Audit Launch event;
- Continued development of multi-agency statistical measures such as the 'scorecard' developed by the Performance & Quality Subcommittee. This ever-developing document continues to gather a range of safeguarding indicators from partner agencies and seeks to understand and challenge trends and concerns that arise in safeguarding children within Hillingdon;
- Active Task & Finish (T&F) Groups - most notably in 2017-18 this included the Risk & Vulnerability and Harmful Sexual Behaviour T&F Groups, which had direct implications for safeguarding practice;
- Supporting partners by way of direct oversight, such as the LSCB MASH Review process, which had a direct influence upon safeguarding practice at the entry-point for children coming to the attention of Children's Services.

9.1 Training Attendance & Impact upon Practice

Over the 2017-2018 year, 1108 multi-agency places were made available to safeguarding professionals and members of the public in Hillingdon, leading to over 770 delegates accessing face-to-face training for the year, an increase of 119 persons trained in comparison to 2016-17. In addition to this, a further 330 E-Learning places were taken up in 2017-18.

The LSCB Multi-Agency Training Programme is self-sustaining on account of a modest-charging structure for delegates who are not part of a LSCB partner agency. This meant that in 2017-18, the LSCB was able to offer specialist awareness-raising training in emerging areas of safeguarding concern, such as Modern Slavery, Honour-Based Abuse (Violence), Forced Marriage and Female Genital Mutilation alongside other established multi-agency safeguarding courses. Feedback from these sessions in particular suggests that the LSCB has been effective in disseminating knowledge and developing expertise in areas that delegates have indicated they have received little or no previous training.

There are a range of measures across the training programme that have outlined its impact upon attendees, including -

- 93% of delegates left an LSCB course with at least a 'Good' level of knowledge about the subject area they had learned about, up from 48% prior to attending training;

- 85% of all delegates at LSCB courses left feeling at least 'Confident, need guidance in complex situations' in working with the subject area that they had learned about, up from 46% prior to attending training.

This suggests that LSCB courses had a considerable impact in boosting practitioner knowledge about safeguarding issues and confidence in working with safeguarding issues in the community.

9.2 Specialist Learning Events

The LSCB has conducted 2 specialist learning events in 2017-18:

- **Sepsis Masterclass** - Hillingdon Local Safeguarding Children's Board (LSCB) convened a Child Death Overview Panel (CDOP) meeting in late 2017, where a small number of children in Hillingdon were noted to have passed away either due to Sepsis, or where Sepsis was identified as a contributing factor to the child's death.

Given the severe implications Sepsis has for the health of all members of the community (particularly for young children and older adults) and the limited knowledge of the condition within the wider safeguarding network, preparations were made in partnership with Hillingdon Clinical Commissioning Group (CCG) to hold a Sepsis Masterclass. The aim of this masterclass event was to provide a local platform for medical practitioners (local and national), allied health professionals and those with personal experience of Sepsis to share their knowledge and expertise in identifying, responding and supporting service users who may be at risk of developing Sepsis.

This half-day learning event was convened on Tuesday, 30.01.2018 with 118 safeguarding and care professionals working with both children and adults in attendance. Over half of all delegates in attendance rated the range of speakers they experienced as 'Great' and a range of positive comments were received indicating that the mix of medical knowledge and a personal account of Sepsis (as relayed by the UK Sepsis Trust) led to a powerful day where awareness of Sepsis, its symptoms and how to address this condition was raised substantially. Planning is underway for an expanded, full-day event to further expand upon the 'Just think Sepsis' message in Hillingdon.

- **s.175 Schools Audit Launch Event** - The LSCB is due to administer the bi-annual s.175 Schools Audit in 2018. Therefore, a learning event was held in December 2017 to revisit the previous audit findings and framework, whilst also seeking feedback from the safeguarding community to develop a new s.175 audit tool for 2018. This day was also a considerable success, with over 50 teachers and delegates from education in Hillingdon in attendance. The s.175 audit is due to commence in May 2018.

9.3 Hillingdon LSCB Safeguarding Children Training Program Data

Course Title:	Total Attendees:	Total Places Offered:	%
Initial Working Together to Safeguard Children (Level 3)	282	283	99%
Refresher Working Together to Safeguard Children (Level 3)	142	200	71%
Early Help in Hillingdon	18	50	36%
Introduction to Child Sexual Exploitation: What do professionals need to know?	82	101	81%
Child Sexual Exploitation: A Trauma-Focused Approach	37	48	77%
Core Groups & Child Protection plans	29	75	39%
Domestic Abuse Awareness & Impact on Children & Young People	62	100	62%
Child Protection Case Conferences: A Signs of Safety Approach	33	50	66%
Missing Children from Home/Care	58	60	97%
True Honour: Female Genital Mutilation	42	50	99%
True Honour: Modern Slavery	39	50	99%
True Honour: Honour-Based Violence/Abuse	40	50	99%
True Honour: Forced Marriage	43	50	99%
Direct Delivery Training Sub-Total:	907	1167	78%
Introduction to Safeguarding eLearning	314	--	--
Refresher Safeguarding Children eLearning	8	--	--
Early Help Assessment & Team Around the Family eLearning	13	--	--
E-Learning Subtotal:	335	--	--
Grand Total - Training Places Accessed:	1242		

10.0 Hillingdon LSCB Partners' Achievements 2017-2018

10.1 London Borough of Hillingdon - Children's Services

This has been an eventful year for Hillingdon Children's Services Department. In December 2017, we invited peer reviewers from the Local Government Association (LGA) to provide us with a candid view of the services we provide for children and their families. The feedback overall was positive. They concluded that Hillingdon social workers use a strength-based model of practice; children are kept at the centre of decision-making, with good examples of child-centred practice. They commented on the high level of commitment from staff that will 'go the extra mile' to do the right thing regarding children and their families. In the majority of cases reviewed, children were deemed to be receiving the right service at the right time. Areas for improvement were those already identified and referenced in our self-evaluation as being actively worked on. The review provided affirmation that our self-evaluation of the services we provide was correct and that our improvement journey was on an upward trajectory.

In April 2018, Hillingdon was the first London Borough to be inspected under the Inspection of Local Authority Children's Services framework (ILACS). We received grades of 'Good' across all areas and 'Outstanding' for leadership. This Inspection reflected the significant improvement in services for children that has been achieved since the previous OFSTED inspection in 2013. It found evidence of a shared determination to improve outcomes for children, services of consistently high quality, delivered by committed and highly motivated staff. This was observed in practice from first contact with children and families in early help and the MASH, through to child protection, child in need, looked after children's services, leaving care and safeguarding services. The inspection findings indicated that children's needs are promptly assessed and that reports are comprehensive and of good quality. They provide clear analysis of risks to children and are regularly updated to reflect changes in children's circumstances.

The inspection also found -

- evidence of a child-centred approach with good direct work with children and young people, using evidence based approaches and tools;
- Children being at the centre of practice was also found to be evident in strategic and operational decision-making;
- Children's Services' audit process was deemed effective in identifying standards and trends within practice and evidenced that in the majority of cases, children were provided with the right response at the right time. Audit findings are linked to service development and practice improvement. Themed audits enable the service to focus on specific aspects of practice and learning is cascaded to the social work practitioners through a weekly practice newsletter from the Principal Social Worker.
- Training needs are identified and responded to for the whole children's workforce and individual practice support is delivered by the Practice Improvement Practitioner, as a commissioned service from the Safeguarding & Quality Assurance Team. This year has seen

social workers trained in the strength based Signs of Safety approach and the neglect assessment tool, Graded Care Profile 2.

- Effective partnership working is seen as a strength and there is a clear understanding of thresholds for intervention.
- The impact of senior leadership was commended and deemed 'Outstanding'. OFSTED Inspectors found that this has been integral to maintaining a highly motivated workforce with a shared determination and commitment to improve outcomes for children. They found that leaders knew their services well and were already aware of and acting on the small number of weaker aspects of the service, noted by inspectors.

10.1.1 Future Safeguarding Initiatives

The plan for the next 12 months is to continue to build on and further develop the improvements that have already taken place. Key areas are those identified by the inspection. These are:

- Improve the quality of strategy discussions to ensure that partner information is included to inform decision making;
- Improve the timeliness and quality of return home interviews when children are missing from care or home;
- Ensure that children in care understand their rights to complain and have independent advocacy;
- Improve timely and effective permanency plans for all children including those who live in long-term foster placements.

The responses below demonstrate the value of having a consistent, motivated and skilled workforce:

- *'I would like to say thank you for always being supportive, even when I feel like I can't do it.'*
- *'You always are encouraging me, not putting me down. You constantly check in with me to make sure I am doing OK, not only academically as well as physically and emotionally'.*
- *'For me as a young person the most important support that I received from M is how she behaves with me like an adorable friend. I went through lots of hard time last year and she tried her best to calm me down and remind me I'm strong and I can do it. She's given me self confidence when I really needed it.'*

10.1.2 Looked After Children, Care Leavers and Asylum-Seeking Children

The Children and Social Work Act 2017 has extended local authority responsibilities for the population of looked after children who leave care to the age of 25 years. The leaving care service

has already implemented a strategy in response to this and contact has been made with those young people who have been identified as being eligible for a service.

The OFSTED inspection highlighted this proactive response as an area of strength. It is acknowledged that we need to improve our permanency plans for children, particularly those in long term foster care. Work is underway to review a number of cases of children who became looked after during a set period. It will focus on why they came into care, the impact of social care intervention prior to and whilst being looked after and the exit strategy for young people leaving care. This will assist in identifying how effective our care planning is in this area and inform what improvements are required, as well as reinforcing what works well.

As a port authority, we are uniquely positioned to encounter a higher level of unaccompanied asylum seeking children. We meet with UK Border Force for strategic meetings related to safeguarding children that enter the UK via Heathrow. A joint audit is planned between Children's Services and UK Border Force to measure the effectiveness of the safeguarding procedures, which will focus on the child's journey from landing, through to becoming looked after.

Work has commenced on developing safeguarding protocols between UK Border Force and children's Out of Hours Service. This will ensure that referrals are screened appropriately and children are not kept at the airport for unnecessarily long periods. In addition, there is a review of our Out of Hours Service, with more flexible working arrangements being introduced to ensure that the response to children requiring a service is more robust and transitioned more effectively to the day teams.

Contextual safeguarding is an approach that has been devised to recognise the abuse and harm that can be suffered by young people beyond their families. It recognises that this can occur within the context of a neighbourhood, in schools and online and that the influences experienced by children and young people often undermine parental and carer relationships.

In response to these issues, we need to consider child protection in the wider context from both a strategic and operational perspective. The multi-agency Vulnerable Young People's Risk Management Group commenced in June 2018. The group meets monthly and provides a strategic focus and overview of children and young people who are deemed high risk by their associations or actions linked to child sexual exploitation, drugs (including county lines), radicalisation (including far right views), sexually harmful behaviour and missing episodes. Emerging themes and trends will be shared and analysed with partner agencies to form a profile of the borough. This will inform strategic plans for interventions to reduce risks.

A newly commissioned children's advocacy service will improve the quality and analysis of our return home interviews following children's missing episodes. Improving the frequency and quality of strategy meetings involving key agencies will also enable a greater understanding of risks and shared responsibilities. This will inform how we need to tailor services to ensure that vulnerability is reduced and children are adequately safeguarding when required.

10.1.3 OFSTED ILACS Inspection 2018

Following the successful outcome of our OFSTED inspection, Hillingdon has been approached by a number of other local authorities to provide advice on preparation for their inspections. OFSTED

have also returned, having asked us to host a focus group where they obtained feedback on the ILACS framework from practitioners across the service.

During the inspection, OFSTED inspectors met with a group of our young people who were representatives of our Children in Care Council. One young person put forward a challenge, by asking the inspectors why they were not meeting more young people. Following the inspection, OFSTED wrote to the young people, describing them as an impressive group of young people and saying how much they enjoyed hearing about the work of the groups. The inspectors thanked them for sharing their views and experiences and said that this had helped them to understand what is working well and what needs to improve. We have since established that OFSTED are requesting to meet children and young people from other children in care councils as part of their inspection methodology.

Please click the link below to access Hillingdon Council's OFSTED ILACS Inspection report:

https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/hillingdon/070_%20Hillingdon_Inspection%20of%20local%20authority%20childrens%20services.pdf

10.2 Hillingdon Clinical Commissioning Group (CCG)

NHS Hillingdon Clinical Commissioning Group (CCG) is a statutory NHS body with a range of statutory responsibilities, including safeguarding children and adults. Like all CCGs, it is a membership organisation that brings together general practices to commission local health services for Hillingdon's registered and unregistered population. One of the advantages of being a clinically-led organisation is that the CCG is in the unique position of being able to take account of the experience of patients who are best placed as service users, to know the right services for the area and can comment objectively when new services are commissioned.

The CCG ensures that safeguarding is included in all contracts of the services from which it commissions NHS services and requires and obtains assurance from all provider organisations that they are meeting safeguarding requirements. This is interrogated through its contracting arrangements and is monitored at monthly contract, quality and risk meetings.

Safeguarding training for all CCG staff is monitored as part of the Brent, Harrow and Hillingdon (BHH) Mandatory training arrangements.

- The CCG's Safeguarding Leads are compliant at the required Safeguarding Children training level (Named GP at 4; Designated Nurse and doctor at Levels 4 and 5).
- The Named GP has delivered Level 2 training to CCG staff as well as GPs and Practice staff.

10.2.1 Regulatory Inspection

Following the joint Hillingdon inspection (2016-17) by CQC and OFSTED for Children and Young People with Special Education Needs and Disability (SEND), as set out in the Children and Families Act 2014, a Designated Clinical Officer (DCO) is now in place to complement the SEND Designated Medical Officer (DMO). The CCG regularly reviews and monitors Safeguarding Children activities of its Provider organisations and will interrogate and review any gaps.

10.2.2 Challenges in the Reporting Period

Child Protection Information System (CP-IS) has proved to be challenging for unscheduled care providers. However, with regular meetings with the Designated Nurse and the NHS London Digital lead, these issues have been resolved and all unscheduled care providers are now compliant by having the required systems and processes in place.

Child Sexual Abuse (CSA) Hub – following a commissioned Review (by NHS England) plans (led by Hillingdon CCG) are now in place to make a North West London CSA Hub a reality in the next financial year.

10.2.3 Progress on Safeguarding Priorities in the Reporting Period

- All Provider Trusts are organising or have systems and processes in place for Safeguarding Supervision for relevant staff (e.g. Policies and guidelines, training). Safeguarding Children training has been updated and includes Child Sexual exploitation (CSE); Female Genital Mutilation (FGM) and PREVENT and Domestic Abuse.
- All relevant members are encouraged to attend training, provided by the Local Safeguarding Children Board (LSCB), at the level that is suitable for their role. We continue to encourage recording and reporting of Interventions with victims of Domestic Violence and Abuse and like training, this is reported in the quarterly Safeguarding (Children) Health Outcomes Framework (SHOF).
- Safeguarding Children profile continues to be raised within the CCG and all relevant management and quality meetings. The CCG is represented on the LSCB (executive and operational) and LSCB subgroups, key pan-Hillingdon groups as well as relevant patch, regional, pan-London and national groups.

10.2.4 Safeguarding Priorities for 2017/18

- Safeguarding Training – maintain and update single and multi-agency training (including specific training for Commissioners).
- Engagement of all Primary Care staff;
- Reinforce recording and reporting of interventions with victims of Domestic Violence and Abuse, CSE and FGM;
- Continue to seek assurance from provider organisations regarding safeguarding requirements, arrangements and priorities (e.g. Section 11 arrangements) and those set by the LSCB;
- Compliance with the national changes of the functions and duties of CDOPs and LSCBs;
- Continue to work towards the delivery of a North West London CSA/CSE Hub services for local children.

10.2.5 Good News Stories

- Domestic Homicide Review Learning event was well-attended by our Safeguarding NHSE representative, some of our GP Safeguarding leads and Practice staff;
- A successful Sepsis Masterclass (learning from our Child Death Overview Process) with national and local speakers including the Sepsis Trust, Child Death Overview Process Lead, our acute Hospital and Local Primary Care lead GP for Education;
- Increased and improved contact from Primary Care regarding all aspects of Safeguarding Children, including the impact of Domestic Violence and Abuse;
- Child Sexual Abuse (CSA) Hub plans are being progressed;
- Increased compliance with CP-IS from all of our unscheduled care providers;
- The CCG pilot of a paediatric community integrated clinic (in Hayes & Harlington), where a local consultant paediatrician works alongside a local GP to see children in the community as oppose to referring them to the hospital. All GPs across the borough can refer children to this clinic. The success of this 'Pilot' is leading to further clinics in the middle and north of the borough.
- Investment in the increase in paediatric consultants at the Hospital continues to meet the waiting times at the Paediatric A&E.

10.2.6 Good Practice Examples

- Better communication links with GPs and Practice Staff – the Designated Nurse attends GP Practice meetings as requested.
- Visits to GP Practices to discuss safeguarding needs/gaps are well-received;
- We have established a safeguarding meeting/supervision forum for Safeguarding GP Leads and relevant Practice staff;
- Safeguarding and Early Help Referral forms and a Case Protection Conference Report template are now accessible to GPs via their electronic recording system;
- Successful monitoring of provider participation and completion of the DHRs and SCRs Action Plans;
- Relevant safeguarding children information continues to be cascaded to staff via CCG newsletter;
- Safeguarding children is now a standing agenda item at all Contract Quality Monitoring and Quality, Safety and Clinical Risk meetings;
- Safeguarding (requirements and assurance) is being included in all contracts.

10.3 Metropolitan Police Service

The Metropolitan Police Service have policies in relation to regular supervision of investigations; additional reviews conducted on more serious investigations such as rapes and GBHs which include the requisite timeframes and rank to conduct those reviews. Additionally, we have daily Pacesetter meetings where all crimes of risk are discussed and these meetings are normally chaired at CASO (Child Abuse & Sexual Offences Command) Detective Superintendent level. Metropolitan Police Policy also covers Police Protection and defines the Designated Officer as the CAIT DI who has oversight and responsibility for the Police Protection. Additionally, we have other measures in place through the hierarchy of supervision, which manage the risk where we have outstanding offenders.

The Metropolitan Police Service is entering a period of significant change, which includes a restructure of Territorial Policing. CASO (and therefore CAIT teams) will not exist under the new model and it is anticipated that this will come into effect in approximately October 2018. The officers who currently work in Child Abuse Investigation Teams and the work itself, will fall under the responsibility of the new BCUs (Basic Command Units).

The Safeguarding Lead for the new West Area BCU, which will include the London Borough of Hillingdon, is Detective Superintendent Robert Mahoney. Under the new Safeguarding model, there will be closer working between CAIT, CSU and Sapphire staff.

10.4 CNWL NHS Foundation Trust

CNWL provide assurance on Leadership and Workforce, Training, Safeguarding Children Supervision, Partnership Working, Wider issues and Vulnerable Groups, Adult Issues and Early Help, Learning from incidents and staffing to the CCG every quarter. Safeguarding children is a standing agenda item on all levels of board meetings.

Safeguarding updates are communicated to staff via the Trust's Weekly Bulletin, which is circulated to all employees. There is a designated safeguarding section within the Trust's intranet site, which is regularly updated with any new developments and guidance pertinent to safeguarding. Where Trust employees attend LSCB subgroups, relevant information is cascaded to the wider services, contributing to increased frontline knowledge and awareness. This is evidenced in the number of calls to safeguarding children leads in the Trust seeking advice about a child.

10.4.1 Safeguarding Learning Methods

Learning from safeguarding children cases is shared in a variety of ways:

- Bespoke CNWL face to face learning sessions;
- Shared multi-agency learning;
- Briefings via email and Trustnet;
- Inclusion of learning in Safeguarding Children Training.

10.4.2 Integration of Learning into Practice

- In Hillingdon, learning from relevant SCRs outside of CNWL is shared via the Children Service Leads monthly meeting or during group CP supervision sessions;
- CNWL is represented at MARAC and MASE meetings, where we have a system of sharing relevant information from the meeting with key health professionals. This results in targeted work with these vulnerable children and young people;
- Safeguarding children supervision for Community Health Services in Hillingdon is provided on a one to one basis for health visitors and school nurses every 12 weeks, as a minimum. The compliance rate for safeguarding children supervision is consistently over 90%. High quality supervision is the cornerstone of effective safeguarding of children and young people and CNWL rightly prioritises releasing staff from clinical duties to attend their supervision sessions;
- The impact of this commitment is that supervisors are aware of cases that require escalation in good time and can effectively support staff with the process.
- CNWL adult mental health services line managers are expected to discuss safeguarding as part of their monthly supervision. Additionally, the Safeguarding Children Team facilitates

group supervision sessions on a three monthly basis, where the focus is on safeguarding children topics. CNWL provide safeguarding children supervision to staff working in substance use settings and offender care.

- Compliance with all levels of safeguarding children training is consistently over 95%. CNWL clinical staff are trained to level 3 and the course delivered incorporates a wide variety of topics including FGM, CSE and modern slavery;
- Domestic Abuse training is included in all CNWL mandatory Safeguarding Children and Adult training;
- CNWL contributed to two multi-agency audits for the LSCB - MASH and neglect. CNWL community staff completed two audits - evaluation of safeguarding children supervision and record quality of children subject to child protection plans. There were no recommendations from either of those audits as the practice standards were met;
- CNWL continue to work with 'Standing Together' (specialist voluntary sector domestic abuse service) to provide additional in-house domestic abuse training throughout mental health services in the Trust. Currently, over 45 services have been trained. Training will be available until at least March 2018, when funding for the Standing Together mental health worker will be reviewed. In order for training to be sustainable, there is a plan for CNWL safeguarding leads/champions to complete "train the trainer" sessions to facilitate this programme in future. Standing Together are also in the process of liaising specifically with Improving Access to Psychological Therapies (IAPT) services around what support might be of benefit with regard to domestic abuse, with a view to seeking external funding for this work.

10.4.3 Future Safeguarding Initiatives

- The CNWL Domestic Abuse Policy has recently been ratified. This includes clear guidance around 'routine enquiry' – when every woman entering CNWL services will be asked about their experiences of domestic abuse. There will be a number of workshops/briefings throughout the Trust leading up to a launch event later in the year for this policy (learning event);
- CNWL Hillingdon Crisis Team - The three hub model for the Crisis Team was established. The savings from the New Models of Care Project were invested in additional clinicians, to add to existing staffing numbers to continue to build the 24/7 crisis pathway across North West London. This team supports young people and their families for intensive short spaces of time, to avoid the need for hospital admission or to support early discharge. The 3 clinical leads for the hubs have been identified, and are being supported through additional NHSE monies to facilitate quick start-up of the service. A launch for the CNWL service is planned for April 2018.

10.5 The Hillingdon Hospital

10.5.1 Enhanced Safeguarding Awareness

There has been an increase in staff knowledge and awareness of safeguarding/child protection risks which can be evidenced via:

- Audit of Interagency Referral (IAR) forms;
- An increased number of referrals to Children's Services;
- All referrals to Children's Services are reviewed by the safeguarding team and feedback given to staff. This has resulted in an improvement in quality of information shared with Children's Services;
- Fewer incidents of missed referrals to Children's Services and other relevant agencies.

There has been increased awareness that 16-17 year olds being cared for in adult areas should receive safe and effective care in accordance with statutory guidance. This can be evidenced via:

- Safeguarding Children Training Level 1 to 3 includes the welfare of 16 and 17 year olds;
- The Children and Young People's Board at the Trust is working to improve the care given to the young people. This board is chaired by an Executive Board Member for the Trust;
- Alerts are sent to the safeguarding children team regarding all 16 and 17 year olds admitted as an inpatient.

10.5.2 Safeguarding Learning Responses & Planning

Learning from audits and serious case reviews continues to improve care for children and their families.

- Following Serious Case Review Baby W and a LSCB Audit, the Trust has expanded the midwifery team and there has been an introduction of the Topaz Complex Needs Team. Topaz will care for women with complex needs from the antenatal to the postnatal stage;
- There has been an appointment of a part time Named Midwife for Safeguarding Children.

Plans for the next 12 months to maintain or improve safeguarding practice:

- Improve the care of 16-17 year olds within the organisation by ensuring in their discharge of duties, that staff safeguard and promote their welfare. There is work underway looking at the transition of children from paediatrics to adult services;
- To fully implement safeguarding children supervision in practice;

- Work with partner agencies to review and improve the care of children and young people presenting Mental Health and related needs;
- To fully implement the NHS England Female Genital Mutilation Information Sharing system. This system aims at alerting GPs of pregnant/postnatal women who have suffered FGM and are expecting a female infant.

10.6 London Borough of Hillingdon - Youth Offending Service

The Youth Offending Service is in on a journey of continuous improvement. There is evidence of good joint working with social care colleagues on shared cases, as noted by OFSTED in their recent report. All practitioner staff have completed mandatory training. Assessment audits have been undertaken, along with case file audits. The counter signatory process requires managers to validate assessments of risk and safety and well-being concerns. There is a quality of discussion at internal risk management and case planning meetings and contact recording template requires staff to actively consider safeguarding issues identified in sessions with young people.

10.6.1 Safeguarding Practice Improvement Initiatives

In the next 12 months, YOS will undertake the following plans to maintain or improve safeguarding practice:

- Maintain mandatory training for staff;
- Whole team training on the impact of trauma through a youth justice lens;
- Embedding the recently developed Champions programme where individual staff take a lead role on practice themes and issues, such as CSE, Serious Youth Violence, County Lines, FGM;
- Work to align YOS review processes with CIN, CP and LAC forums;
- Refresher Training on AssetPlus assessment based on aggregate findings of the assessment audits;

10.6.2 The AXIS Project

In addition to the safeguarding practice improvements outlined above, further development of the AXIS project to facilitate early identification and mapping of local young people at risk of Serious Youth Violence, CSE and Missing, is a key priority. Since its inception in October 2017, the AXIS Project has identified over 200 young people who appear vulnerable to these risks.

The information developed by AXIS is shared with existing lead professionals to inform their risk assessments and risk management plans. Those with no lead professional are encouraged to participate in an Early Help Assessment and short-term interventions which involve facilitating and sustaining their engagement in appropriate, ongoing support services.

The AXIS team meet the Hillingdon Police Gangs Unit on a regular basis and attend multi-agency forums to share and analyse information. This has resulted in a visual mapping of key themes, areas and individuals of concern, used to inform operational and strategic response.

10.7 Prevent

We continue to deliver a programme of training and engagement with local agencies raising awareness to local referral pathways and support. Over 4000 staff have now received WRAP training delivered by the local authority.

- The Channel panel in Hillingdon is well established. The panel is chaired by Hillingdon's Prevent Lead and has representation from health, mental health, children's services, early intervention, LADO, police, housing, youth offending, probation, schools/education and others as appropriate. As a port authority, we manage any referrals relating to the safeguarding of children that come through the airport, including those relating to counter terrorism. We have introduced a protocol with the counter terrorism police at Heathrow airport, to ensure timely sharing of information, in order to best assess needs. This protocol is currently being tested, with the intention to be adopted as a model for 'port authorities' nationally;
- Sadly, during this past year we have experienced a number of terrorist/violent extremist related incidents in the UK. Subsequently, we have seen an increase in the number of referrals being made. This is reflective of the national picture and local agencies have worked effectively, in partnership, to manage the increase in concerns stimulated by these incidents, and identify those who might be vulnerable;
- Schools and education establishments in the borough are the main source of referrals received in relation to radicalisation. The Prevent lead provides training for school staff and attends the school safeguarding leads hub meetings on a regular basis to ensure schools are supported and equipped in relation to the Prevent Duty. Feedback from schools locally has been very positive and they very much value this support;
- We work with local partners through the Strong and Active Communities Partnership to build resilience. Engagement with the community is a key aspect of the Prevent work. Local schools, the college and Brunel University London are pro-active partners in delivering against the aims of Prevent and the wider duty in relation to promoting British values;
- We are running a 2-year, MOPAC funded programme in collaboration with schools, the college, University and community, aimed at tackling hate crime and extremism. The aim is to equip young people and members of community groups to challenge hate crime and extremism, keep themselves safe from negative influence, develop critical thinking skills, increase understanding of others and build positive relationships.

10.8 London Borough of Hillingdon - Children's Rights & Participation Team

London Borough of Hillingdon has three established and well-attended children in care council's (CiCC) - Talkers, Step Up and Stepping Out, who meet monthly and are part of the regional Children in Care Council Network and whose views are presented at Corporate Parenting Board.

In 2017/18 we have been involved in:

- A Participation Day for Looked After Children aged 7-11 years old;
- Contributed input to the development of marketing materials in fostering recruitment;
- Consultation on the licence agreements for Staying Put;
- Development of a leaflet for care leavers to accompany the new financial policy;
- Consultation with the Children in Care Council (CiCC) resulted in Operation Make Safe, a joint Social Care/Police operation to make Hillingdon's high streets safer.

The Children's Rights & Participation Team also supported the design and delivery of the Annual Care Leavers Conference, choosing the theme, "Chasing Your Dreams - Education, Training and Employment". The event, supported by Brunel University London had 9 education, training and employment providers, with 100% of attendees stating that the event was enjoyable, useful and helpful.

192 children and young people were nominated for KICA (Kids in Care Awards) 2017, with 21 young people being actively involved in the preparation, support, presenting and performing at the red carpet awards evening.

10.9 London Borough of Hillingdon - LADO and Schools Child Protection Lead

- Number of Referrals from April 2017 - March 2018 - 157. This is higher than previous years, demonstrating that the role of the LADO is becoming better known;
- Staff and Volunteers referred include - child minders, nursery staff, school staff, sports coaches, police staff, religious staff, fire service staff, ambulance drivers, youth group staff, foster carers, drivers and passenger assistants. This demonstrates the wide range of organisations that are aware of the LADO role;
- Third largest cohort of staff that were referred in 2016 were drivers and passenger assistants of children with special needs. 210 staff have now been trained in Level 1 safeguarding - previously this cohort did not receive any training and thus, the referral rate of allegations has greatly reduced;
- New system in place to manage complaints from OFSTED, joining up LADO Service, Safeguarding children in Education and the School Improvement Service, being overseen by the Complaints Service;
- Over 25% of schools/education establishments in Hillingdon have had face-to-face level 1 safeguarding training delivered by the Lead CP Schools Adviser;
- Increased confidence in DSL to deliver the Level 1 safeguarding training to their school staff by providing them with the PowerPoint Slides used by Lead CP Adviser;
- All Schools participating in the safeguarding clusters have received the PowerPoint Slides developed by the CP Lead, so that DSL can deliver the training to school staff.

10.10 London Borough of Hillingdon - Early Intervention & Prevention Service

10.10.1 Case Recording & Evidence of Impact

The quality and impact of safeguarding practice can be evidenced via:

- Each open Key Work and TAF case within the Key Work Service being scrutinised monthly during Supervision;
- March 2018 saw 58% of Key Work referrals come from Children's Social Care teams and MASH/Triage.

All Key Work cases are recorded on a common system shared with Social Workers against presenting concerns, which are identified from the following characteristics:-

- Anger Management, At Risk/Occurring Family Breakdown;
- At Risk of Exclusion, Behaviour and/or Emotional Difficulties, Bereavement/history of Bereavement;
- Brink of Care, Bullying, Child on Adult Abuse;
- Children Missing Education, Children with SEND, CSE;
- Debt Problem, Domestic Abuse history, Emotional and/or Physical Abuse;
- Harmful Sexual Behaviour, Housing, Learning Difficulties and Disabilities;
- Long term Illness (Child Parent), Low Confidence / Self-Esteem, Mental Health, NEET;
- Youth Offending / ASB, On Benefits, Parental Conflict;
- Poor Attendance, Pregnancy, Refugee/Asylum Seeker (not yet citizen);
- Reunification from care, Sexual Abuse, Sexualised Behaviour, Substance Misuse;
- Support with Parenting Skills / Strategies, Teenage Parent, all 6 Troubled Families criteria, Truancy Sweep.

10.10.2 Evidence of Safeguarding Audits & Training

- Six Key Work cases per month are audited for quality assurance purpose;
- 2 external Early Help Assessments and all external TAFs are audited per month. Development and training opportunities are identified and actioned as a consequence;
- Children Missing Education processes and practices were subject to Internal Audit scrutiny during the summer of 2017;
- CME was a key line of enquiry during the recent OFSTED inspection, as was Early Help and the interface with MASH/Triage.

- All Key Workers are signed up to the Graded Care Profile 2 programme training;
- Several have completed the Mental Health First Aid training; all are current with Working Together training;
- The Participation Key Work Team has delivered on two Attendance Network events for Key Workers and school colleagues. Through this route they have received updated training on Prevent and Axis (Serious Youth Violence project);
- The Key Work Service is a partner in MAP/MASE, SYVV Panel, MARAC, Managed Moves and Fair Access Panels;
- The Key Work Service has informed the LSCB Neglect Audit and Newton review.

10.10.3 Future Safeguarding Practice Initiatives

Plans for the next 12 months to maintain or improve safeguarding practice include:

- The Key Work Service will be a partner at the newly merged MAP/MASE/SYVV Panel;
- All Key Workers will have completed the Graded Care Profile 2 programme;
- Harmful Sexual Behaviour will be a key focus, as that working party delivers on outcomes;
- Truancy Sweeps to protect the most vulnerable are planned with Safer Schools Police colleagues for the forthcoming year;
- One team leader in the service is pursuing the Gateway to Social Work programme with WLA;
- When the City & Guilds level 4 Working with Vulnerable Children and Families is wrapped into the Apprenticeship Gateway, the remaining 6 Key Workers not yet qualified will be afforded the opportunity;
- Review and further development of the Pre-Exclusion Project to drive down permanent exclusion rates.

10.10.4 Forthcoming Events

- A further Attendance Network was booked for July 2018, with School Refusal as the keynote address.

10.10.5 Positive Feedback from Service Users

- *"Mr Frost said that after speaking to you that he and his wife felt so much better and appreciated your help and advice. They did not know that we existed until his Mum told him about us. He said that you gave great advice."*
- *"Your team was very helpful with a difficult situation that school decided was not gonna be helpful or understanding. Just keep doing what you're doing was so helpful to know someone was on our side".*
- *"Thank you for your caring nature, professional, refreshing."*
- *"Look how well Axxx did. If it wasn't for your help she would never have achieved this. Tks once again xx"*

"I would like to thank you for your support alongside the school in relation to my son KJ educational progress. You have been punctual and focused on the matter particularly very communicative. You had shown a hard working approach with clear positive vision. I will definitively recommend you for hard work recognition and wish your line manager to look at my email."

10.11 London Borough of Hillingdon - Domestic Abuse Steering Executive

- In Hillingdon, we are all too aware of the devastating consequences of domestic abuse and other forms of violence and abuse on victims and their children. On average, there are in excess of 5000 domestic abuse crime and incidents recorded by the police in Hillingdon. Many more go unreported. Tragically, the domestic abuse crime statistics also relate to 16/17 year olds who are in intimate partner abusive relationships too;
- The number of high-risk domestic abuse cases being managed by the Multi-Agency Risk Assessment Conference (MARAC) has been increasing. In the last 12 months, 297 cases (and increasing) have been referred to MARAC and at least 443 children have been part of those abusive households;
- A rejuvenated and re-focused Domestic Abuse Steering Executive is providing the governance, direction and leadership to prevent and tackle the many crimes and abuses associated with Violence Against Women and Girls including Domestic Abuse, Modern Day Slavery, Honour-Based Abuse, Forced Marriage, Female Genital Mutilation, Sexual Violence and Stalking. This strategic group is supported by 5 operational delivery groups, made up of a diverse range of local professionals who will soon be supported by independent members from the local community.

10.11.1 Hillingdon Violence Against Women & Girls Strategy

The Steering Executive has developed Violence Against Women and Girls Strategy, which has set out its Vision as:

‘Preventing and eradicating all forms of violence and abuse against women, children and men in Hillingdon Borough and support those so victimised to achieve their full potential in life’.

The work towards achieving this vision is underpinned by the 4 key priorities of:

1. Prevention and Early Intervention;
2. Service Provision;
3. Pursuing Perpetrators;
4. Partnership Working.

We have worked hard to listen to victims and survivors of domestic abuse and local statutory and voluntary sector professionals. This has allowed us to better shape:

- Our responses to domestic abuse;
- Our understanding of the whole range of organisations and agencies to providing support to victims/survivors and their children;
- Our services to prevent domestic abuse and ensure early intervention to prevent the abuse worsening;

- Our training provision to local multi-agency statutory and voluntary sector professionals:
 - In the last year, we had 7 multi-agency training events focussed on domestic abuse and the wider subject of Violence Against Women and Girls, which has seen approximately 430 professionals trained;
 - It is great to see that this cycle of regular training will continue.

10.12 Health Watch Hillingdon

10.12.1 Mental Health, Wellbeing and Life Skills Pilot Summary

Between November 2017 and March 2018, Healthwatch Hillingdon delivered a Mental Health, Wellbeing and Life Skills Pilot Programme to a group of Year 12 and Year 13 students at Barnhill Community High School. The aim of the programme, which was funded in part by Hillingdon Community Trust, was to support the school to develop a whole school approach to promoting students' emotional wellbeing. Participating students took part in 12 weeks of mental health and wellbeing awareness and life skills sessions, which culminated in them creating a mental health awareness and signposting campaign to benefit the whole school community.

10.12.2 Mental Health, Wellbeing and Life Skills Pilot Full Description

- In 2015, Healthwatch Hillingdon produced 'Seen & Heard – Why not now?' a report about children and young people's experiences of Hillingdon's mental health and wellbeing services;
- As part of our recommendations to commissioners on how services could be improved, we outlined several initiatives which were required in schools, including action to develop children and young people's social and emotional skills;
- We wanted to help schools build on their existing good work, so we developed the Mental Health, Wellbeing and Life Skills programme to be delivered with groups of students at Key Stage 4 and above;
- We successfully applied for funding from Hillingdon Community Trust and delivered the programme as a pilot at Barnhill Community High School between November 2017 and March 2018.

The programme is designed to support schools to develop a whole school approach to promoting children and young people's emotional wellbeing by:

- Developing students' confidence, knowledge and skills – important for emotional resilience;
- Increasing whole school understanding of mental health issues, contributing to reduced stigma and discrimination and a more open and accepting school environment;
- Increasing whole school knowledge of how to access appropriate wellbeing and mental health information and support;

- Eighteen Year 12 and Year 13 Health and Social Care students participated in the programme and learned about:
 - Mental health awareness;
 - Stigma and discrimination;
 - How to improve and protect their own wellbeing;
 - How to help others access support;
 - Life skills such as project planning, research, teamwork, negotiation, data management and public speaking and presentation skills.
- In February, students delivered a presentation to key stakeholders about what they learned during the programme, the results from a whole school mental health survey and their plans to develop a campaign to benefit the whole school community.

The programme culminated in the students creating a campaign to raise awareness of mental health and wellbeing throughout the school community and ensure fellow students know where to go for advice and support. The final impact is currently being assessed (March 2018) but to date, as a result of the programme, several students have reported mental health difficulties and using self-harm and other potentially harmful mechanisms to cope with their emotions and have reached out for help within the school.

Both the school leadership and Hillingdon Community Trust are very impressed with the programme and pupils have reported a greater understanding of mental health and related stigma and discrimination. After the successful outcomes and learning from the pilot programme, Health Watch Hillingdon is actively seeking funding to be able to extend the programme to other schools in the borough.

10.13 Child Death Overview Panel (CDOP)

10.13.1 CDOP Processes & Outcomes

- CDOP is one of Hillingdon LSCB's four sub-groups and is chaired by the Director of Public Health. The Vice Chair is the Designated Paediatrician for child deaths in Hillingdon. The panel consists of multi-agency representation;
- The CDOP is notified of all deaths of children (expected and unexpected) who are residents within the London Borough of Hillingdon. Relevant information is collated for each case and is discussed to determine if the death was preventable;
- Where a death is unexpected, a rapid response meeting is convened. These meetings are held to ensure that all the relevant information is gathered as soon as possible and relevant actions are recommended. The current process for managing unexpected child deaths in Hillingdon is detailed on the [LSCB Website](#);
- The panel also has the role in identifying patterns or trends in local data and reporting these to the LSCB. The lessons and trends identified from the reviews are compiled and reported to the Board on an annual basis;
- The CDOP met 3 times during 2017/18 to discuss and review child death cases and the group had good attendance and engagement from key partner organizations;
- Between 1 April 2017 and 31 March 2018, the CDOP were notified of the deaths of 24 children who were residents of Hillingdon at the time of their deaths. The panel reviewed a total of 22 deaths during this period;
- Since March 2017, bereaved parents have been sent an information leaflet about the Hillingdon CDOP review process inviting them to contact CDOP to share any information, which may help the review process. No families have contacted CDOP to share information.

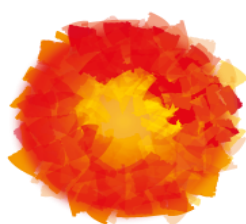
10.13.2 CDOP Responses

A close working relationship between CDOP and the SCR sub-group continues. A process is in place to allow cases and concerns to be shared between both groups. Actions that have been implemented as a consequence of Hillingdon child deaths during this period include the following:

- A Sepsis Masterclass was held in January 2018, following a significant rise in the number of cases reviewed at the CDOP panel where Sepsis had been the cause of death;
- Minutes from Mortality Review meetings held at The Hillingdon Hospital are now shared with the CDOP;
- A quarterly CDOP newsletter has been developed for professionals, highlighting concerns from child deaths that practitioners need to be aware of and inform

parents. This is published on the LSCB website.

- A common theme that has been identified through child death reviews in Hillingdon is the risk of co-sleeping (parents/carers sharing a bed or sofa with their baby). Hillingdon LSCB has promoted the work of [The Lullaby Trust](#), who provide expert advice on safer sleep for babies, emotional support for bereaved families and raises awareness of Sudden Infant Death Syndrome.



THE UK
SEPSIS
TRUST



11.0 Serious Case Reviews (SCR)

In England, a Serious Case Review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is suspected to be involved. It identifies lessons that can help prevent similar incidents from happening in the future. Hillingdon LSCB follows statutory guidance set out in [Working Together to Safeguard Children 2015](#) for conducting a serious case review. The Hillingdon LSCB SCR sub-group met 3 times during the 2017-18 year. It reviewed actions from previous local SCRs and national reviews to ensure any lessons learnt are implemented. Hillingdon LSCB did not initiate any SCRs during 2016/17.

11.1 Briefing Note for Practitioners and Managers, Operation Baker

The Briefing Note for Practitioners and Managers, Operation Baker is being circulated following the publication of a recent serious case review. The review examined a period between 1st January 2011 and 6th August 2014. The report concerned four children.

In September 2013, the London Borough of Hillingdon identified that organised child sexual exploitation was taking place in the borough linked to drug taking and criminal activity. A joint police and children's social care investigation was launched called Operation Baker. The investigation led to the arrests and successful prosecution of five individuals. Four of those individuals received custodial sentences for serious sexual offences and the fifth, a suspended sentence for drugs offences.

A link to the Briefing note can be found below:

<https://hillingsdonlscb.org.uk/wp-content/uploads/2018/03/Operation-Baker-Briefing-Note.pdf>

12.0 Hillingdon LSCB Priorities 2018-2020

- To ensure that partners work together to protect Hillingdon's children from identified risks to their safety and welfare;
- To oversee the implementation of the Early Intervention and Prevention Service in Hillingdon;
- To ensure that Hillingdon LSCB can evidence the effectiveness of single agency and multi-agency safeguarding arrangements, in order to satisfy ourselves that risks to children and young people are identified early to protect them from harm;
- To ensure that arrangements for assessing the safety of home-educated children and young people are robust;
- To assess the safety of children and young people with a disability. This will include an audit and analysis of training undertaken by professionals working with children with disabilities;
- To assess the effectiveness of safeguarding in the various communities of the borough.

13.0 LSCB Good News Stories

The LSCB's training programme is continually reviewed. We now have courses on FGM, Honour based violence, Forced Marriage and Modern Day Slavery. Training is currently in development for County Lines and Neglect.

Our Twitter account now has 750 followers. We Tweet each day and actively follow National safeguarding and charity twitter accounts.

Hillingdon LSCB held a CDOP meeting in late 2017, where a number of children in Hillingdon were noted to have passed away either due to Sepsis, or where Sepsis was identified as a contributing factor to the child's death. In partnership with Hillingdon Clinical Commissioning Group a Sepsis Masterclass was arranged which over 100 professionals attended.

The LSCB Multi-agency Auditing Program has supported enhanced safeguarding resources for children, such as the specialist safeguarding midwifery team at The Hillingdon Hospital.

The LSCB has sought to engage directly with education partners in order to implement an effective, education-focused s.175 Schools Audit in 2018-19.

14.0 Appendices

14.1 - Appendix 1 - Glossary

Acronym	Meaning	Acronym	Meaning	Acronym	Meaning
ASB	Anti Social Behaviour	DHR	Domestic Homicide Review	SAB	Safeguarding Adults Board
BCUs	Basic Command Units	DSL	Designated Safeguarding Lead	SCR	Serious Case Reviews
CAIT	Children Abuse Investigation Team	FGM	Female Genital Mutilation	SHOF	Safeguarding (Children) Health Outcomes Framework
CAMHS	Child & Adolescent Mental Health Service	(H)LSCB	(Hillingdon) Local Safeguarding Children Board	SEND	Special Educational Needs and/or Disabilities
CASO	Child Abuse & Sexual Offence Command	IAR	Interagency Referral Form	SYV	Serious Youth Violence
CCE	Child Criminal Exploitation	ILACS	Inspection of Local Authority Children's Services	SAB	Safeguarding Adults Board
CCG	Clinical Commissioning Group	IRO	Independent Reviewing Officer	T & F	Task & Finish Groups
CDOP	Child Death Overview Panel	LAC	Looked After Child	THH	The Hillingdon Hospital NHS Foundation Trust
CICC	Children In Care Council	LGA	Local Government Association	UKBF	United Kingdom Border Force
CIN	Children in Need	LADO	Local Authority Designated Officer	VYPRMG	Vulnerable Young People Risk Management Group
CNWL	Central & North West London NHS Foundation Trust	LBH	London Borough of Hillingdon	VAWG	Violence Against Women and Girls
CP - IS	Child Protection Information System	MARAC	Multi Agency Risk Assessment Conference	YOS	Youth Offending Service
CP	Child Protection	MASE	Multi Agency Sexual Exploitation		
CPPs	Child Protection Plans	MASH	Multi Agency Safeguarding Hub		
CSE	Child Sexual Exploitation	MOPAC	Mayor's Office for Policy & Crime		
CSE Hub	Child Sexual Abuse Hub	MPS	Metropolitan Police Service		
DA	Domestic Abuse	OFSTED	Office for Standards in Education		

14.2 Appendix 2 - Hillingdon LSCB Budget Summary 2017-2018

Income 2017/2018	
London Borough of Hillingdon	£138,568
NHS	£61,200
Contributions from Partner Agencies	£2,550
Revenue from Training Courses	£38,762
Total	£241,080
Outgoings 2017/2018	
Staffing	£181,741
Non-Staffing	£4,741
Training	£16,528
Chairman	£39,842
Total	£242,852
Variance: £1,772 overspend	

14.3 Appendix 3 - LSCB Annual Report Contribution Questions

Questions asked to statutory and non-statutory Hillingdon Local Safeguarding Children Board re their contribution to the LSCB Annual Report:

1. What do you know about the quality and impact of safeguarding practice in your setting/organisation?
2. How do you know? (Audits, training, inspections etc)
3. What are your plans for the next 12 months to maintain or improve safeguarding practice?
4. Any good news stories, positive feedback from service users (direct quotes if possible) and events you are planning to hold.

SAFEGUARDING ADULT BOARD ANNUAL REPORT

Relevant Board Member(s)	Councillor Philip Corthorne MCIPD
Organisation	London Borough of Hillingdon
Report author	Steve Ashley, Hillingdon Safeguarding Adult Board
Papers with report	Appendix 1: Safeguarding Adult Board annual Report

1. HEADLINE INFORMATION

Summary	The Safeguarding Adult Board (SAB) has a statutory responsibility to publish an annual report on the effectiveness of adult safeguarding. Once agreed by the SAB, the report is submitted each year to the Chief Executive, the Leader of the Council and the Chairman of the Health and Wellbeing Board, and published on the SAB website.
Contribution to plans and strategies	None.
Financial Cost	There are no direct financial implications arising from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes the report.

3. INFORMATION

The annual report lays out the work undertaken by the Board this year, and includes specific reports from each of the agencies that make up the Board. The purpose of the annual report is to provide evidence about the standard to which the agencies responsible for safeguarding adults in the London Borough of Hillingdon have performed.

This year, a joint LSCB and SAB conference was held in partnership with the CCG to highlight to professionals the importance of early recognition of the signs of Sepsis. This was very well attended by professionals from all fields and a second event is arranged for November this year.

The SAB audit programme has progressed with a current audit looking at the journey of the vulnerable adult through Heathrow airport and the service they receive outside of the airport. There is also work currently looking at the Section 136 referrals. A spot audit was undertaken by CNWL which dispelled the myth that a lot of the Section 136's were from Heathrow.

We now have a training programme for professionals working with vulnerable adults. This can be accessed via the learning zone.

The SAB has a proactive action plan for the coming year. The priorities are Modern Day Slavery, Domestic Abuse, Adult Grooming/Financial abuse and audit of current training. Progress on the action plan will be reported at each Board meeting.

Financial Implications

There are no direct financial implications arising from this report.

4. CORPORATE IMPLICATIONS

Hillingdon Council Legal comments

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

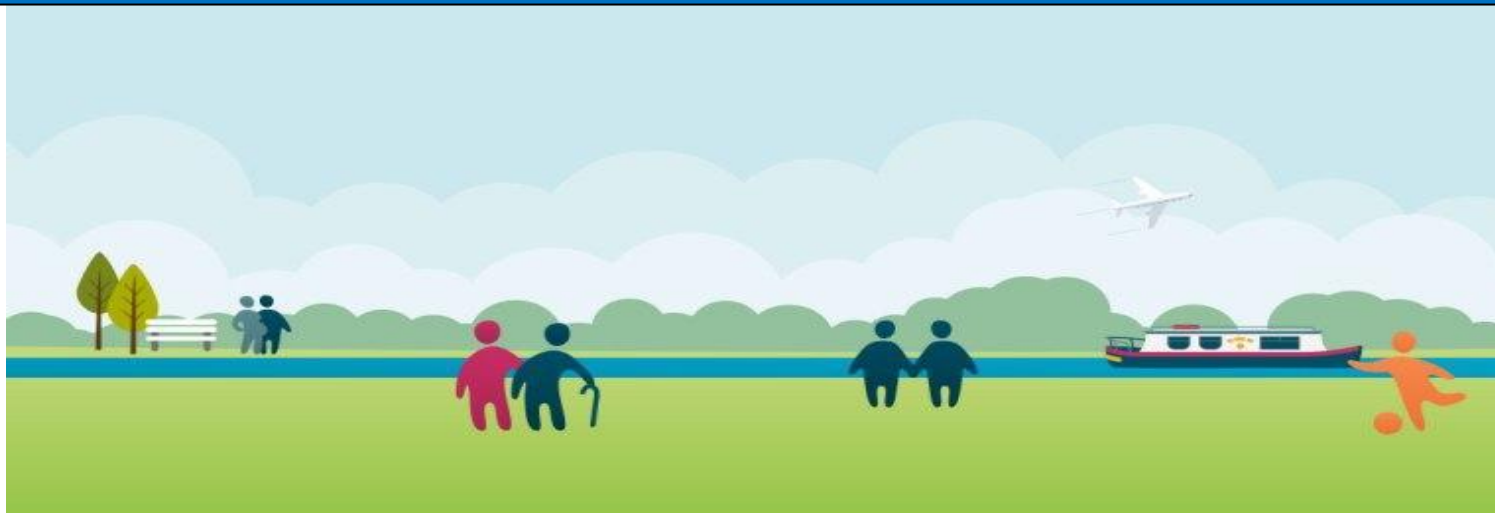
5. BACKGROUND PAPER

NIL.

2017-
2018

SAB Annual Report

Page 269



 @hillingtonSAB
 www.hillingdonsab.org.uk

Andrea Nixon

Safeguarding Adults Board

2017 -2018

Foreword: Independent Chair Steve Ashley



Welcome to the annual report of the Adult Safeguarding Board. The Board is a statutory requirement in every local authority area. I am the chair of the Board and I am independent of the agencies in Hillingdon. The Board brings together all those agencies that are involved in safeguarding adults, as well as voluntary bodies and private sector companies providing services. It ensures that there is a coordinated approach to protecting and supporting adults at risk of abuse or neglect. This may be young adults who need support and protection through to our older people. The range of issues faced by adults at risk of abuse or neglect in Hillingdon is wide. From mental health, drug and alcohol issues to elder abuse, agencies need to be resourced and have in place processes that enable them to respond to those at risk of abuse or neglect and provide them with the support and protection they need to enjoy their lives.

This report sets out the work conducted by agencies in Hillingdon to safeguard adults and describes how those agencies have worked together to deal with some major issues.

One of the primary responsibilities of the Board is to hold agencies to account. To do this, we have improved our performance management processes and begun to develop an audit process to ensure that the quality of the services being provided is at the right level.

We have strengthened our ties with Heathrow airport to ensure we understand the particular issues that having one of the world's busiest airports on your patch can create. Our work with the Border Agency and Heathrow management has seen better joint working and a clearer understanding of responsibilities.

Foreword: Independent Chair Steve Ashley

The Board held a successful seminar on sepsis. Sepsis kills 44 000 people a year and the elderly and small children are at greatest risk. The seminar was attended by professionals across both the private and public sectors and raised awareness. The seminar is acting as the catalyst for further training.

The Board has also developed a training programme that is specifically designed for those professionals that work with adults at risk of abuse or neglect, and is being well supported by companies whose staff work with older people. We have consolidated this work by developing short webcasts in partnership with students at Brunel University. This enables those on the front line to understand how agencies can help each other protect the most vulnerable.

These are just some examples of the current work of the Board. I am pleased to say that partners are working well together and despite the continued financial pressures, are performing well.

This report is a window into the work that is being conducted in Hillingdon. Our website provides more detailed performance information and statistical analysis. We also have a social media presence on Twitter.

Thank you for taking the time to read this report. If there are any issues raised on which you would like to receive further information, please contact us via the website.

There is a high level of interest among elected members in Hillingdon on all matters related to adult safeguarding. It features prominently among members' enquiries and in member development activity.

The challenge for us all in partnership is making sure, within finite resources that we are able to identify areas of risk and apply the most appropriate measures to ensure our most vulnerable adults are properly safeguarded, and to exercise due diligence in so doing.

I am pleased with the progress made in the last year in the improvement of our performance management processes, and through the introduction of an audit process to ensure services are delivered to the right level. However, we should never forget that we are collectively, only as good as the day to day living experience of our vulnerable residents. There is never room for complacency which is why I frequently challenge both LBH colleagues and partners to ensure we are robust in our approach to adult safeguarding which makes a real difference.

Cllr Philip Corthorne, West Ruislip Ward Councillor & Cabinet Member for Social Services, Housing, Health and Wellbeing

Hillingdon Safeguarding Adults Board Governance & Accountability Arrangements

The Care Act 2014 requires all local authorities to set up Safeguarding Adults Boards (SABs) with other statutory partners, including the Police and Clinical Commissioning Group (CCG).

The Hillingdon Safeguarding Adults Board continues to work with partners to embed the requirements of the overarching Care Act to:

- Assure that local safeguarding arrangements are in place as defined by the Act.
- Prevent abuse and neglect, where possible.
- Provide timely and proportionate responses when abuse or neglect is likely or has occurred.

The legal framework for the Care Act 2014 is supported by statutory guidance on how the Care Act works in practice.

The guidance has statutory status, which means that there is a legal duty to have regard to it when working with adults with care and support needs and carers.

The SAB takes the lead for adult safeguarding across Hillingdon to oversee and co-ordinate the effectiveness of the safeguarding work of its members and partner organisations.

Through common membership, there are links to Multi Agency Public Protection arrangements (MAPPA), the Domestic Abuse Multi Agency Risk Assessment Conference (DA MARAC) and the Community Risk MARAC (CR MARAC).

Over the last year the Board has been well supported by elected members. The lead member for Adult Safeguarding attends the Executive Board meeting. The SAB is now closely allied to the Health and Well Being Board and the Care Governance Board.

Elected Members have taken a lead in safeguarding issues. Considerable work has been undertaken in the community supporting front line professionals. This level of engagement by Members is essential in the process of continuous improvement.

Hillingdon Safeguarding Adults Board Structure Chart

The Hillingdon SAB has three subcommittees that support the Board in meeting its objectives that are set out in the business plan. The three subcommittees of the SAB are held regularly throughout the year and provide a report to each SAB Operational Board. The Performance and Quality subcommittee also present emerging themes to the SAB Executive Committee.

Safeguarding Adults Board

SAB Executive

Joint Strategic Safeguarding and Trafficking

This sub-committee is unique to Hillingdon SAB and LSCB. The aim is to continue to strengthen the partnership that we have with Heathrow Airport, Her Majesty's Immigration Removal Centre and the Local Authority. Work is continuing on developing robust referral pathways regarding vulnerable adults arrive at Heathrow.

There is improved engagement between UK Border Force and Adult Mental Health services. The SAB Business Unit attends safeguarding meetings that are held monthly at H.M.Colnbrook Immigration and Removal Centre. The SAB has requested that data reported at these meetings be shared with the Board. This request has been made to the Home Office and we still await a response.

Safeguarding Adults Review

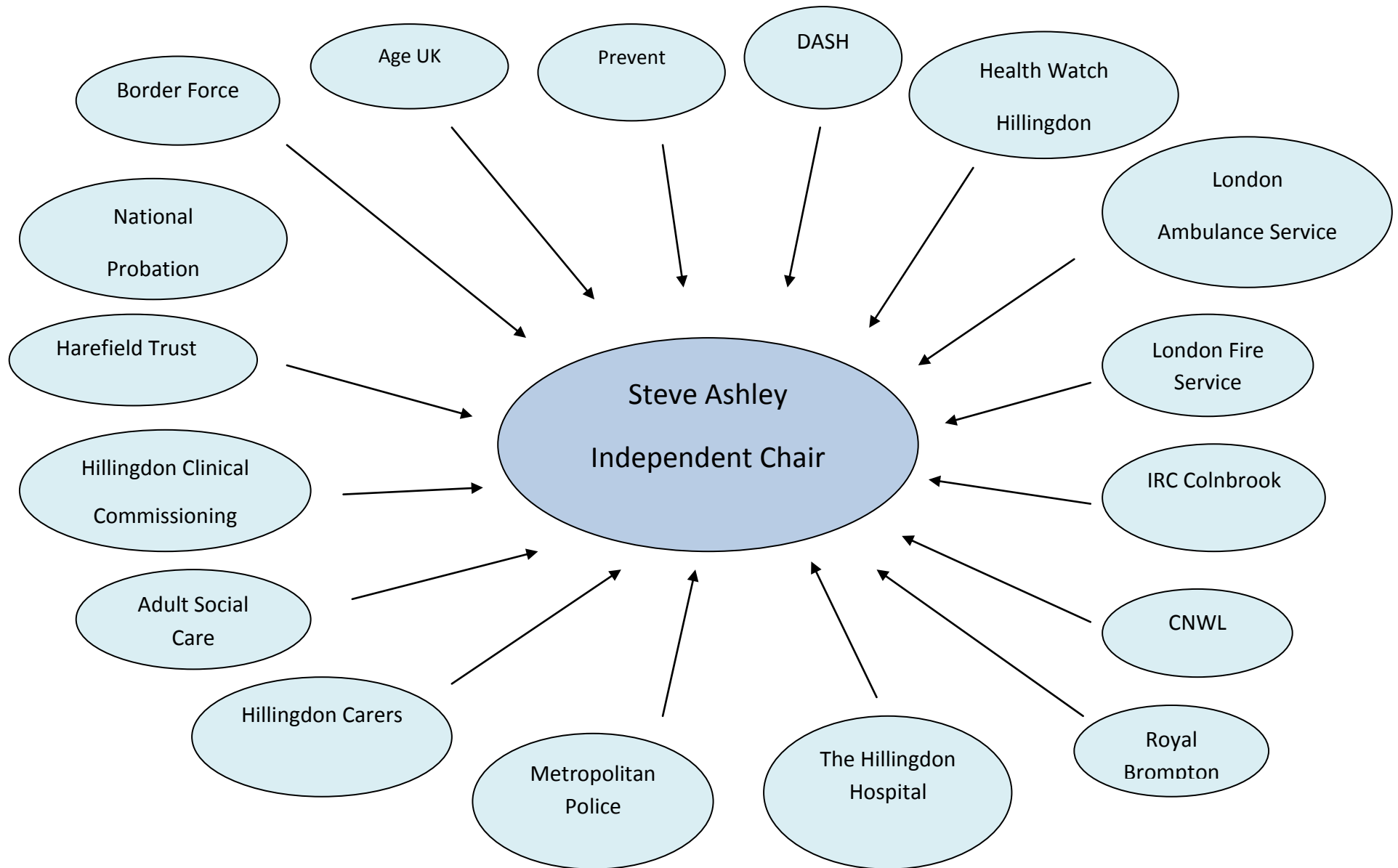
Responsible for commissioning an independent review when an adult at risk dies, or is significantly harmed and for ensuring that learning from SARs is implemented and publicised.

Performance and Quality Assurance

Responsible for the production of performance data on safeguarding across partner agencies in the form of a dashboard, which enables partner members to collectively interrogate information, influence service improvements and identify what is working well.

The development and scrutiny of the dashboard has led to agency specific 'deep dives' in order to provide dialogue to support the data.

Hillingdon Safeguarding Adults Board Partner Members



Strategic Boards That are Linked to the Safeguarding Adults Board

Local Safeguarding Children Board:

The Local Safeguarding Children Board is no longer a statutory requirement. However, there is a requirement for statutory partners, Police, CCG and the Local Authority to ensure that safeguarding arrangements are in place. This year there has been a focus on the two boards working more closely together, which has included joint training events and joint membership of the Joint Strategic Safeguarding and Trafficking subcommittee.

Safer Hillingdon Partnership:

The Community Safety Partnership Board is required by law to conduct and consult on an annual strategic assessment of crime, disorder and anti-social behaviour, substance misuse and re-offending within the borough. The findings are then used to produce the partnerships Community safety plan.

Health and Wellbeing Board:

The Health and Wellbeing Board is a statutory requirement for local authorities. The board brings together the NHS, the Local Authority and Health Watch to jointly plan how best to meet local health and care needs in order to improve the health and wellbeing of the local population, reduce health inequalities and commission services accordingly.

Domestic Abuse Steering Executive:

The domestic abuse executive board brings together statutory and non statutory agencies in order to ensure that the Safer Hillingdon Partnership's Domestic Abuse strategy is implemented.

Local Demographics

Life expectancy in Hillingdon for both men and women is higher than the England average.

However, life expectancy is 6.1 years lower for men and 5.5 years lower for women in the most deprived areas of Hillingdon than in the least deprived areas.

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles.

Hillingdon is ranked 23 out of 33 London boroughs for deprivation in London (including City of London) and 138 out of 326 Local Authorities in England (1 being the most deprived)
Source: DCLG 2010 Indices of Multiple Deprivation.

The population of Hillingdon has a different age structure when compared with London. In general, Hillingdon has a higher proportion of 5-19 and 50+ year olds, but a smaller proportion of 25-39 year olds. In London 55% of the population are from Black and minority ethnic (BME) communities; in Hillingdon 48% of the population are from BME communities.

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

According to the Greater London Authority in 2017, in Hillingdon, 43.2% of the population are White British, 9.9% are White Other and 46.9% are from Black & Minority Ethnic groups (source: GLA 2015 Round Demographic Projections, 2016).

The Greater London Authority 2012 Round Final Ethnic Group projection figures (GLA EGRP 2012) for 2015 estimate that Hillingdon is becoming more diverse with Black and Minority Ethnic (BAME) groups accounting for 45% of the usual resident population and White ethnic groups accounting for 55% of the population in 2015.

Safeguarding Adults Performance Data

Safeguarding Adults Report: 2017-18

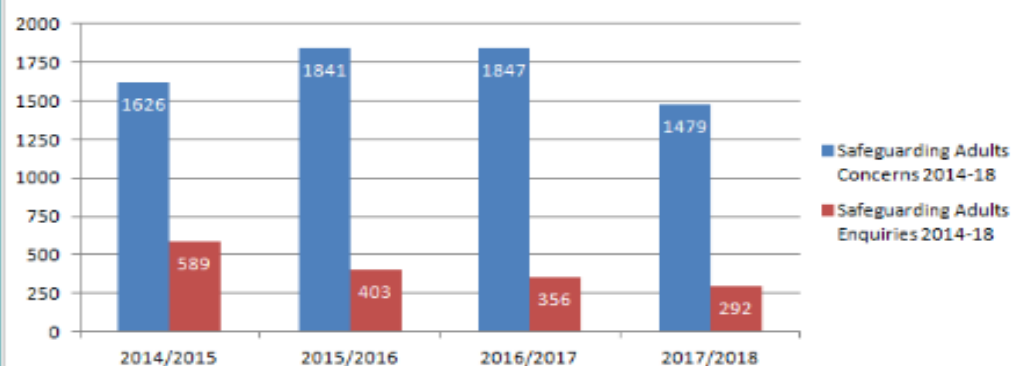
Safeguarding Adult Concerns by Age



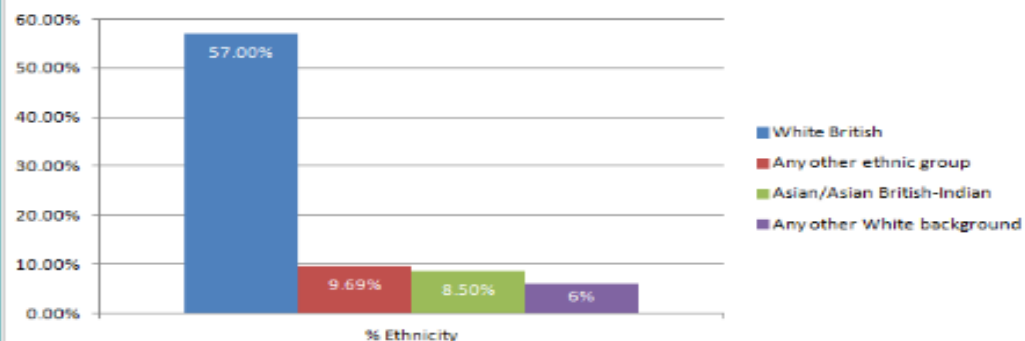
Safeguarding Adult Concerns by Gender



Safeguarding Adults Concerns vs Enquiries - 2017/18



Adult Services Referrals by Ethnicity 2017/18

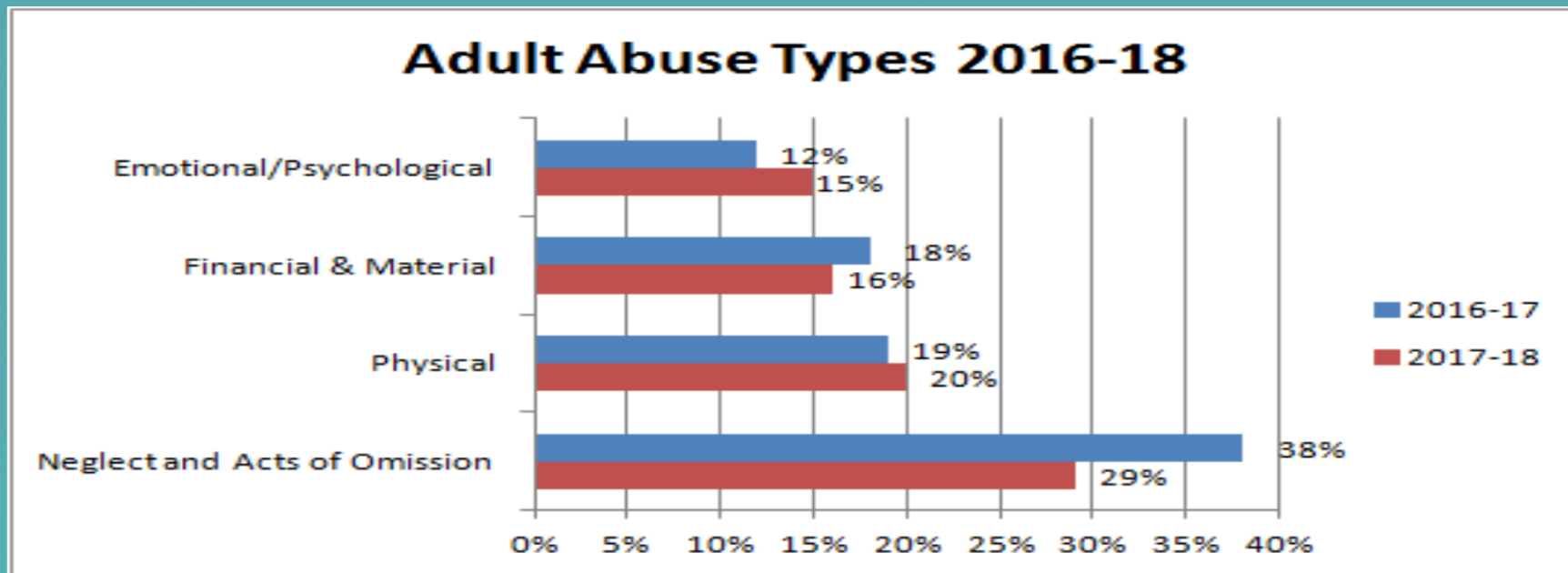


(Four most prevalent ethnic backgrounds reported in 2017-18)

Safeguarding Adults Performance Data

Reported Safeguarding Concerns

The graph below outlines the four most common types of abuse reported to Adult Services in both 2016-17 and 2017-18. Considerable consistency is seen across all abuse types, except 'Neglect & Acts of Omission', which decreased almost 10% in 2017-18. An increase is seen in the rate of reported Financial & Material Abuse.

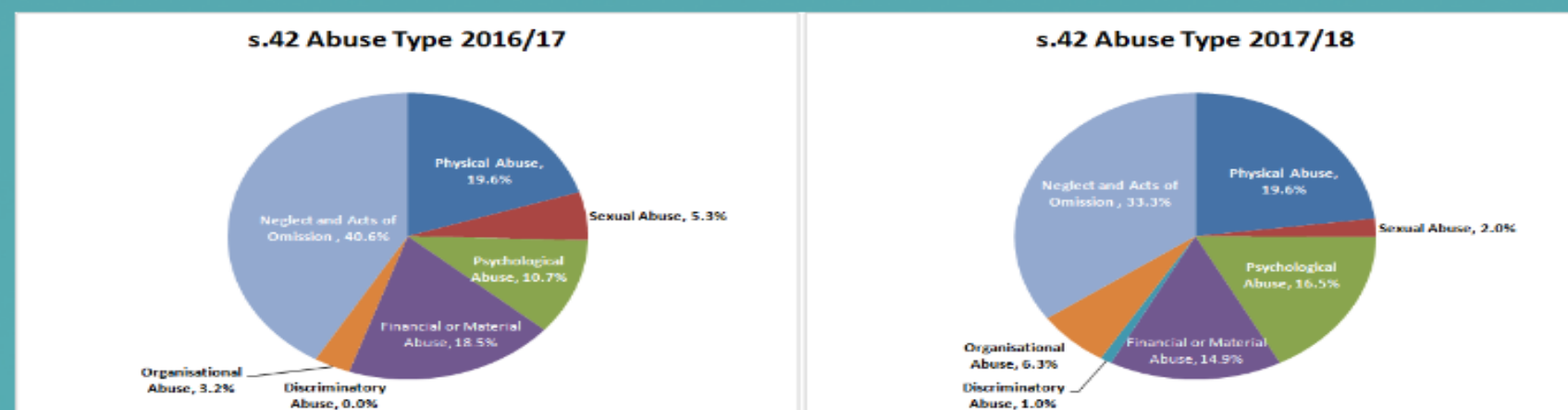


Safeguarding Adults Performance Data

s.42 Safeguarding Enquiries

s.42 Safeguarding Enquiries are undertaken when -

- an adult has needs for care AND support;
- adult is experiencing, or is at risk of, abuse or neglect;
- As a result of those needs the adult is unable to protect himself or herself against the abuse or neglect, or the risk of abuse or neglect.



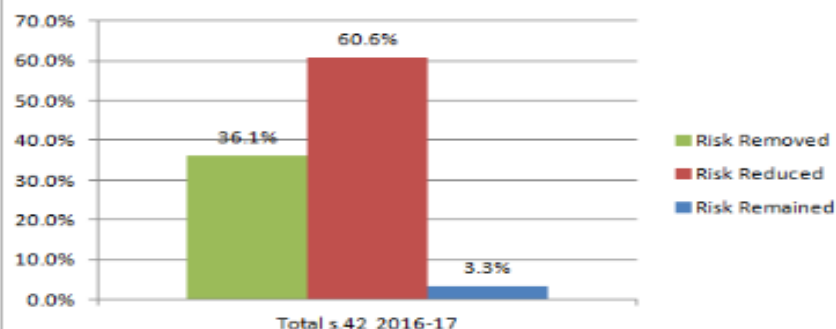
The largest proportion of s.42 Safeguarding Enquiries are consistently generated by concerns about a vulnerable adult suffering from neglect or acts of omission occasioning neglect, although as with wider adult safeguarding concerns, a decrease of over 7% has been observed in the 2017-18 year. Neglect, Financial & Material Abuse and Physical Abuse combined to comprise over 70% of s.42 Safeguarding Enquiries in 2017-18, down from almost 80% in the previous year. An increase in s.42 Safeguarding Enquiries regarding psychological abuse occurred in 2017-18.

Safeguarding Adults Performance Data

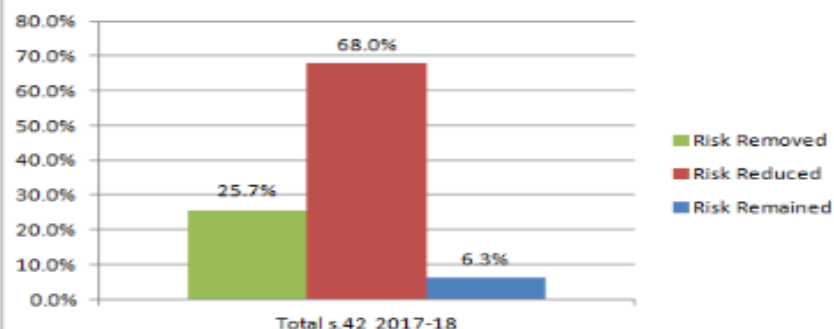


In 2017-18, over 80% of s.42 enquiries led to a safeguarding risk being identified and action taken to enhance the safety and well-being of vulnerable adults in Hillingdon.

s.42 Enquiry Risk Resolution 2016/17



s.42 Enquiry Risk Resolution 2017/18



s.42 Safeguarding Enquiries concluded in Hillingdon have consistently led to the reduction and removal of risk to vulnerable adults. In 2017-18, there was a small increase in concluded s.42 Safeguarding Enquiries where risk remained, however over 90% of enquiries led to the removal or reduction of safeguarding risk to adults.

Safeguarding Adults Training

Standardised training across the health and social care system is key to promoting good evidenced based care. The aim of training is to prevent safeguarding concerns arising and to ensure that they are appropriately dealt with when they arise.

The Hillingdon Safeguarding Adult Board is working hard to ensure that providers of services to some of the most vulnerable people in Hillingdon are equipped to deal with the challenges which are presented to them effectively.

Links across the whole health and social care system in terms of training is imperative to support good outcomes for vulnerable people in Hillingdon.

A proposal was previously presented to the partners of Hillingdon Safeguarding Adult Board to outline the contributions which would be required to develop a training programme. Whilst partners thought a standardised programme was a good idea, most partners wanted to pay for training when they required it rather than be part of an ongoing programme.

Some funding has now been agreed with Hillingdon CCG and The London Borough of Hillingdon, which will enable a revised training programme to commence. This will include training that would be available for care home staff in relation to the Accountable Care Partnership. The training for care home staff is intended to support good practice and prevent adult safeguarding concerns from arising, in keeping with the principle of prevention that is central to The Care Act.

The Plan is to provide a training programme for the year similar to the Local Safeguarding Children's Board.

Hillingdon Safeguarding Adults Board Statutory Partners' Contribution to Priorities 2017 - 2018

Adult Social Care: The London Borough of Hillingdon

In September 2017, the Council developed the Adult Social Care (ASC) Triage Team. Working closely with the MASH (Multi Agency Safeguarding Hub), the role of ASC Triage Team is to provide a robust and consistent response to all adult safeguarding concerns. The team dealt with 1479 Safeguarding concerns during 2017/18.

Of the concerns received in 2017/2018, 247 progressed to Section 42 enquiries. Making Safeguarding Personal remains central to practice, with 93% of people saying that their outcomes were met. Over 90% of Section 42 enquiries resulted in the assessed risk being reduced or removed.

Linking in with the Care Quality Commission (CQC), the Council's Quality Assurance Team continues to work with providers to monitor and improve standards and promote good practice. The Social Work teams work closely with the Quality Assurance Team and Hillingdon CCG to feed into the Council's Care Governance framework. A provider forum was also held in November 2017, which was well attended by over 100 care and support providers.

The Council is also taking a lead role in redesigning the current hospital discharge pathway in partnership with Hillingdon CCG, The Hillingdon Hospital and CNWL, to expedite safer and timely discharges.

Adult Social Care continues to meet the challenge of a rising demand for Deprivation of Liberty Safeguards (DoLS), with a projected 1450 applications being dealt with this year. For every assessment, the focus is on the resident, their voice, their family and friends' voices and ensuring that these are central to the DoLS process. Adult Social Care offer formal advocacy for all residents, either for them directly or for their family or friends if they are befriended.

In relation to cases submitted to the Court of Protection, the Council's Legal team has been complimentary about the quality of work particularly with regard to the Social Workers' witness statements.

Adult Social Care continues to train and support in-house Best Interests Assessors (BIA) by way of accredited BIA training, refresher training and a regular BIA Forum.

The Council has delivered a wide range of training covering Safeguarding (for Enquirers and Safeguarding Adults Managers); DoLS and Best Interest Assessments; Domestic Abuse; Mental Capacity Act and Modern Day Slavery.

Hillingdon Safeguarding Adults Board Statutory Partners' Contribution to Priorities 2017 - 2018

The Metropolitan Police

There have been no inspections in the reporting period for this report. However a review of 'Hillingdon Police Vulnerable Adult Safeguarding Arrangements' has taken place and a report will be published shortly.

In addition to the increase in staffing levels and prioritisation of adult safeguarding by Hillingdon Police, a number of reforms to systems and processes are underway. Previously no system existed whereby Vulnerable Adult (VA) crimes were triaged, risk assessed or allocated to relevant departments. VA crimes were spread across the whole Police Criminal Investigation Department (CID) remit. Changes are currently being implemented following an internal review will address these issues and an investigator with relevant experience will be assigned. This work is still in progress, but follows an ethos of continuous improvement and self analysis.

As a result of training and intervention from Police MASH, Heathrow stakeholders have moved safeguarding to a higher priority within their byelaws so that safeguarding is considered first prior to any lawful ejection of an individual from Heathrow Airport.

The implementation of social services safeguarding team has improved communication and collaboration between partners and enabled a report of wrongdoing to be dealt with promptly. As a result of training and intervention from Police MASH, an elderly lady who was being groomed for her money and property was promptly safeguarded and the perpetrator, who was in a position of trust, has been subject to discipline procedures, which resulted in dismissal.

It needs to be highlighted that Hillingdon Borough police are due to merge with Hounslow and Ealing Borough Police which will inevitably require some changes to the current systems of all three Boroughs and a standardisation of approach may well result.

Hillingdon Safeguarding Adults Board Statutory Partners' Contribution to Priorities 2017 - 2018

Adult Safeguarding NHS Hillingdon Clinical Commissioning Group (CCG)

During 2017/18, the Care Act 2014 has been further embedded within practice. There have been closer working partnerships with the statutory body for Adult Safeguarding (the London Borough of Hillingdon) and Hillingdon CCG. For example, supporting good practice within care homes and addressing adult safeguarding concerns.

The Designated Safeguarding Adult Nurse has also:

- Led on a number of Section 42 adult safeguarding enquiries;
- Supported the Accountable Care Partnership (ACP) for Older People Model of Care.
- Been appointed as the Vice Chair to the Adult Safeguarding Board and is supporting the development of a training programme.
- Led on the action plan for the Domestic Homicide Review Case of 'Charlotte'. The lessons learnt continue to be embedded in practice and developed further.
- Participated in a number of The London Borough of Hillingdon subgroups to develop the Domestic Violence and Abuse Strategy for Hillingdon.
- Attended the Multiagency Risk Assessment Conference (MARAC) meetings on a monthly basis.
- Integrated into the Channel Panel meetings, providing updates on lessons learnt for CCG staff and working with primary care to develop resources for practices. Prevent has also been an area of advancement over the last year.

Hillingdon CCG has been working with NHS England to develop a Mental Capacity Act Template for GPs to use when making a Mental Capacity Act assessment. This is now in the pilot phase.

Hillingdon CCG have continued to monitor providers with the completion of the Safeguarding Health Outcomes Framework. They have worked collaboratively with Continuing Health Care staff and instigated NHS Provider lead groups and GP Practice leads group, in order to progress good practice further and devise solutions to difficult adult safeguarding situations.

Hillingdon Safeguarding Adults Board Statutory Partners' Contribution to Priorities 2017 - 2018

Adult Safeguarding NHS Hillingdon Clinical Commissioning Group (CCG)

During the past year, CCGs have been taking the lead role for the LeDeR programme within their areas which is as advised by the University of Bristol as:

'The Learning Disabilities Mortality Review (LeDeR) Programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.'

The Designated Nurse is the Local Area Contact (LAC) for the reviews. The LAC allocates all the reviews. The Terms of Reference has been agreed and the steering group has now had two formal meetings and provides reports into the Safeguarding Adults Board.

Hillingdon SAB & Partner Agencies Summary of Achievements

"Peer Reviews are well established and take place twice a month. Safeguarding Adult Lead".

CNWL NHS Foundation Trust

"Prevent Event training – we are on target to meet the 85% compliance set by NHS England by the end of March 2018. In HCH 84% of staff are trained and in MH it is 77%."

CNWL NHS Foundation Trust

"Monthly Hillingdon safeguarding Meetings held at the Civic Centre is well established and provides an opportunity for CNWL to meet with LBH regarding safeguarding adults, and for us to give assurance to LBH as to how we manage our safeguarding adults under the section 75 agreement."

CNWL NHS Foundation Trust

"Safeguarding training is mandatory for all staff and is regularly updated. Staff more aware of issues around safeguarding and how to report them. Safeguarding is a board agenda item. Now have a lead safeguarding trustee who has undergone training."

Hillingdon Carers

Hillingdon SAB & Partner Agencies Summary of Achievements

Page 288

"Updated CNWL Domestic Abuse Protocol released in August 2017. In this it stresses that staff need to routinely ask about DA for every female service user. Selective enquiry should be undertaken with all male service users presenting with indicators of abuse. This is also in accordance with NICE guidance. We plan to get a DA template added on to SystemOne (new electronic record keeping) so that this information is captured across the borough for all service users."

CNWL NHS Foundation Trust

"The LFB has an adult safeguarding policy. LFB staff have received safeguarding training in the last twelve months. The LFB may need to consider providing modern day slavery, sexual exploitation and domestic abuse awareness for frontline operational staff in the borough. LFB engage in joint action days with the Met Police and partners with LFB safety officers and operational crew."

London Fire Brigade

Hillingdon SAB & Partner Agencies Summary of Achievements

"Prevent awareness training is delivered as part of mandatory adult safeguarding training, which is every three years. A train the trainer day was facilitated by the NHSE (London) Prevent lead for WRAP training. Twenty trust staff attended the training event which was well received. The percentage of eligible staff trained thereafter has significantly increased. The Trust is therefore actively working towards the target of 85% compliance. On-line training will also be made available".

The Hillingdon Hospital

"Trust Safeguarding Arrangements: The Executive Lead for Safeguarding Adults is the Executive Director of Patient Experience and Nursing, who is supported by the Deputy Nurse Director. There is a Head of Safeguarding Adults in post (RN), who is supported by the Safeguarding Administrator and Clinical Lead for Safeguarding (Elderly Care Consultant who performs this task as part of his role). The Trust works collaboratively with LBH to safeguard adults, actively engaging in the raft of strategic and operational meetings to address issues and improve services".

The Hillingdon Hospital

"MCA and DoLS: There is a continuous drive to robustly implement and improve the understanding of MCA and DoLS throughout the trust. This includes:

- Regular enhanced (Level 2) training for MCA and DoLS for identified trust staff.
- Monthly Nurse Induction sessions on MCA and DoLS and processes.
- Regular ward visits to assist staff in the application of MCA and DoLS in practice.
- The recent introduction of DoLS logs across all wards to ensure consistent approach.
- Strengthening of central database to track DoLS applications and authorisations.
- DoLS care plans to support nursing staff in practicing safe patient care in relation to DoLS".

The Hillingdon Hospital

Hillingdon SAB & Partner Agencies Summary of Achievement

Domestic Abuse Steering Executive

- In Hillingdon we are all too aware of the devastating consequences of domestic abuse and other forms of violence and abuse on victims and their children. On average there are in excess of 5000 domestic abuse crime and incidents recorded by the police in Hillingdon. Many more go un-reported. Tragically, the domestic abuse crime statistics also relate to 16/17 year olds who are in intimate partner abusive relationship too.
- The number of high risk domestic abuse cases being managed by the Domestic Abuse Multi-Agency Risk Assessment Conference (DA MARAC) has been increasing. In the last 12 months 329 cases (and increasing) have been referred to DA MARAC and at least 484 children have been part of those abusive households.
- A re-juvenated and re-focused Domestic Abuse Steering Executive is providing the governance, direction and leadership to preventing and tackling the many crimes and abuses associated with Violence Against Women and Girls including Domestic Abuse, Modern Day Slavery, Honour Based Abuse, Forced Marriage, Female Genital Mutilation, Sexual Violence and Stalking. This strategic group is supported by 5 operational delivery groups made up of a diverse range of local professionals who will soon be supported by independent members from the local community.

Hillingdon SAB & Partner Agencies Summary of Achievements

Domestic Abuse Steering Executive

The Steering Executive has developed an inclusive Domestic Abuse Strategy 2018 - 2021, which incorporates Violence Against Women and Girls. The DA Steering Executive has set out its Vision as;

'To preventing and eradicating all forms of violence and abuse against women, children and men in Hillingdon Borough and support those so victimised to achieve their full potential in life'.

The work towards achieving this vision is underpinned by the 4 key priorities of;

1. Prevention and Early Intervention
2. Service Provision
3. Pursuing Perpetrators
4. Partnership Working

We have worked hard to listen to victims and survivors of domestic abuse and local statutory and voluntary sector professionals. This has allowed us to better shape:

- Our responses to domestic abuse
- Our understanding of the whole range of organisations and agencies providing support to victims/survivors and their children
- Our services to prevent domestic abuse and ensure early intervention to prevent the abuse worsening
- Our training provision to local multi-agency statutory and voluntary sector professionals
 - In the last years we have had 7 multi-agency training events focussed on domestic abuse and the wider subject of Violence Against Women and Girls, which has seen in excess of 430 professionals trained.
 - It is great to see that this cycle of regular training will continue.

London Borough of Hillingdon Adult Social Care Feedback

Making Safeguarding Personal is a key area of focus within Adult Social Care and the feedback from Service Users, Carers and staff alike is that it has been vital in capturing the voice of the adult and his/her representative.

One example is that of 35 year old Mr A, who was referred to Social Services upon disclosing threatening behaviour from an associate he had met through friends. The associate had begun to involve Mr A in taking cocaine and drinking, had begun to take over his flat and invite other drug users over the property. He restricted access in and out of the flat and became threatening when asked to leave by Mr A and his sister. Due to fear, Mr A was not able to return to this flat or the area.

Mr A was housed on an urgent basis in a Social Care commissioned step down flat. Through multi agency working with the Police and Housing colleagues, Mr A was successfully granted a management transfer by the Housing panel. Mr A was supported to bid for properties and was successful in quickly securing an ideal property which was ground floor and fully adapted. Mr A now lives nearer his sister. His overall mood significantly improved during the course of the enquiry and this was noted by all professionals and family members. Mr A and his sister were extremely happy with the outcome of the safeguarding enquiry and are optimistic about the future.

Another example is the case of a lady in her late 70s suffering with advanced dementia. She had a physical altercation with another dementia Service User that caused for her to sustain a broken hip. On investigation it was found that the service provider was unable to meet her needs any longer, but they had failed to review her needs and seek appropriate help. In relation to their experience of the Safeguarding process, the family were very grateful that somebody took the time to listen to what they had to say.

Safeguarding Adults Review

Section 44 of the Care Act 2014 places a duty on Safeguarding Adults Boards to arrange a Safeguarding Adults Review (SAR) in cases where an adult has died or experienced significant harm or neglect. In Hillingdon there is currently 1 SAR in the process of being conducted.

The Purpose of the SAR is to:

- Establish what lessons are to be learnt from a particular case in which professionals and organisations work together to safeguard and promote the welfare of adults at risk.
- Identify what is expected to change as a result, to improve practice.
- Improve intra-agency working to better safeguard adults at risk.
- Review the effectiveness of procedures, both multi-agency and those of individual organisations.

On conclusion of the SAR, an action plan will be drawn up to ensure that the recommendations of the findings are implemented. The Executive summary of each SAR and the full report will be available on the Safeguarding Adults Board website.

Safeguarding Adult Review (SAR)

Hillingdon Safeguarding Adults Board (SAB) commissioned the above SAR in January 2017. The report explores the care and treatment provided to two co-tenants, AB and CD, who shared a house for seven months, until CD stabbed AB to death in the house in November 2015.

AB was not receiving any services from either the local authority or the mental health trust. CD, however, had been known to the mental health trust for two and a half years, and had been admitted to psychiatric hospital twice during that time, the first admission lasting 19 months. He was subject to the Care Programme Approach (CPA) and had a care coordinator from the community mental health team throughout that time.

CD stabbed AB to death on 10 or 11 November 2015 at their accommodation, and has subsequently been detained in secure hospital care under the auspices of the Mental Health Act 1983.

Concerns arising from SAR:

- Housing allocation decision making
- Ongoing hostility between co-tenants
- Changes in staffing and handover process
- Inter-agency and inter-professional communication

Hillingdon Safeguarding Adults Board Priorities 2018 - 2019

Modern Day Slavery

Ensure professionals and public are aware of Modern day Slavery and work closely with agencies to eradicate it through guidance and robust referral mechanisms.

Domestic Abuse

Support the Domestic Abuse Executive in ensuring that the Domestic Abuse Strategy's aims and objectives are achieved. implemented.

Mental Capacity and Deprivation of Liberty

Ensure that good practice is embedded into service delivery, and refresher training is well attended.

Adult Grooming

To understand and map concerns, provide training to professionals and develop a referral pathway.

Adult Safeguarding Objectives

- Professionals to take a person centred and holistic approach to safeguarding.
- Advocacy for individuals who lack mental capacity or difficulty in decision making.
- Minimise repeat safeguarding issues.
- Robust risk assessment and management arrangements involving adults, their families and carers.
- Improving data analysis to measure outcomes.
- Increase engagement of the SAB with vulnerable adults.
- Ensure effective holding of agencies to account.

Good News Stories

Twitter - @HillingdonSAB

Our Twitter account can be found at the twitter-handle of @HillingdonSAB. From humble beginnings, we know have over 130 followers and counting! Swing by to catch important updates in adult safeguarding in Hillingdon and from other sources across the internet. Feel free to leave feedback about our website or any other function of the SAB via direct message.

Newsletter

That's right, the SAB has quietly resurrected its quarterly newsletter, bringing key information and developments around adult safeguarding to your inbox every 3 months. Previous editions can be found on the SAB website (see below), amongst the range of adult safeguarding information there. Got an important adult safeguarding event, training course or practice development that could be shared across the borough's safeguarding partnership? Send us a direct message on twitter or email igosling@hillingsdon.gov.uk - we will come right back to you.

SAB Website -

www.hillingdonsab.org.uk

Launched 12 months ago, the Hillingdon SAB website is being constantly updated with resources and information around adult safeguarding in the borough and wider adult safeguarding guidance. Our website has a range of helpful links and information for adults, professionals and carers around safeguarding issues, including an archive of this newsletter!

Good News Stories

Masterclass Sepsis Event

- Hillingdon SAB and Hillingdon CCG held a half-day Sepsis Awareness Event on Tuesday, 30.01.2018. This free event 'sold out' in 5 days and was an immense success, with over 120 professionals across a variety of disciplines coming to the Hillingdon Council Chamber to hear a range of expert speakers talk to the early identification, treatment and impact of Sepsis in children and older adults. Attendees included registered nurses, GP's, allied health professionals, home care providers, adult care home staff, members of the CQC Inspectorate, CNWL Deputy Director (Infection, Prevention & Control) and the Infection, Prevention & Control Lead for Hillingdon CCG, amongst many other leading figures in the field of Sepsis.
- Speakers included local GP's, paediatricians, geriatricians and updates from the National CDOP Coordinator and the NHS England Sepsis Clinical Lead. A powerful, emotive presentation was also given by Melissa Mead of the UK Sepsis Trust, who sadly lost her own 12 month old son to Sepsis in 2014.
- Sepsis has quietly overtaken the combined death toll of breast, bowel, prostate cancers and road traffic accidents combined last year - current figures suggest 44,000 people of all ages die of Sepsis each year and this is projected to rise towards 60,000 in the near future. Please be aware of Sepsis, where young children and older adults are at high risk and it can be difficult to spot amongst a range of seemingly innocuous symptoms.
- Feedback from attendees on the day was overwhelmingly positive; given the success of the event, planning is underway to repeat the process by June 2018 - keep an eye on this newsletter or www.hillingdonsab.org.uk for more information!

Feedback from the Sepsis Training:

"Great to hear a parent's view, moving, sad and inspirational. Her story really hit home and I will remember it forever."

"Would have liked the event to have been a full day."

"Fantastic explanation of the symptoms to look for."

Glossary

Acronym	Meaning
MARAC	Multi Agency Risk Assessment Conference
SAB	Safeguarding Adults Board
SAR	Serious Adult Reviews
MASH	Multi Agency Safeguarding Hub
CNWL	Central & North West London (Trust)
DoLs	Deprivation of Liberty Safeguards
LSCB	Local Safeguarding Children Board
DASH	Disablement Association Hillingdon
CCG	Clinical Commissioning Group
MAPPA	Multi Agency Public Protection arrangements
CR MARAC	Community Risk Multi Agency Risk Assessment Conference
ASC	Adult Social Care
CID	Criminal Investigation Department
DA	Domestic Abuse
ACP	Accountable Care Partnership
LeDeR	The Learning Disabilities Mortality Review
LAC	Local Area Contact
LFB	London Fire Brigade
CDOP	Child Death Overview Panel
MH	Mental Health
LBH	London Borough of Hillingdon
HCH	Hillingdon Community Health
DA	Domestic Abuse

BOARD PLANNER & FUTURE AGENDA ITEMS

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 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

4 Dec 2018 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 16 November 2018 Agenda Published 26 November 2018
	Hillingdon's Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (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	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	PART II - Update: Strategic Estate Development (SI)	HCCG	

5 Mar 2019 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 15 February 2019 Agenda Published: 25 February 2019
	Hillingdon's Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (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	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	PART II: Update: Strategic Estate Development (SI)	HCCG / LBH	

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank