



HILLINGDON
LONDON



Health and Wellbeing Board

Date: TUESDAY, 4 DECEMBER 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

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To Members of the Board:

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
Hillingdon Clinical Commissioning Group
LBH - Director of Housing, Environment, Education, Performance, Health & Wellbeing

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Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 25 September 2018 1 - 8
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

Health and Wellbeing Board Reports - Part I (Public)

- 5 Hillingdon's Joint Health & Wellbeing Strategy 2018-2021 9 - 24
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- 12 CQC Inspection - THH Recovery Planning **TO FOLLOW**
- 13 Hillingdon Health and Care Partners - Delivering Hillingdon's Integrated Care System **TO FOLLOW**
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Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

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

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| 15 | To approve PART II minutes of the meeting on 25 September 2018 | 155 - 156 |
| 16 | Update on current and emerging issues and any other business the Chairman considers to be urgent | 157 - 158 |

Minutes

HEALTH AND WELLBEING BOARD

25 September 2018

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



HILLINGDON
LONDON

	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), Shehryar Ahmad-Wallana (In place of Douglas Mills), Nicola Brightman (In place of David Simmonds CBE) and David Yarrow (In place of Jonathan Bianco), and Dr Ian Goodman.</p> <p>Statutory Non Voting Board Members Present: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health</p> <p>Co-opted Board Members Present: Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) 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: Nikki O'Halloran (Democratic Services Manager) and Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships)</p> <p>Press & Public: 3</p>
13.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Councillors Bianco (Councillor Yarrow was present as his substitute), D Mills (Councillor Ahmad-Wallana was present as his substitute) and Simmonds (Councillor Brightman was present as his substitute), Ms Lynn Hill, Mr Bob Bell (Mr Nick Hunt was present as his substitute), Ms Robyn Doran (Ms Maria O'Brien was present as her substitute) and Mr Richard Sumray.</p>
14.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 26 JUNE 2018 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 26 June 2018 be agreed as a correct record.</p>
15.	<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 15 would be considered in public. Agenda Items 16 and 17 would be considered in private.</p>

16. **BOARD MEMBERSHIP UPDATE** (*Agenda Item 5*)

Consideration was given to replacing a number of members of the Board. In addition to those listed in the report, it was noted that Ms Sarah Taylor would replace Mr Shane DeGaris and that Council would be asked to approve the replacement of Mr Nick Ellender with Ms Sandra Taylor.

RESOLVED: That:

1. **Mr Mark Easton replace Mr Rob Larkman as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted member on the Board;**
2. **Ms Sarah Crowther replace Ms Allison Seidler as the Hillingdon Clinical Commissioning Group Non-Voting Co-opted member on the Board;**
3. **Ms Sarah Tedford replace Mr Shane DeGaris as The Hillingdon Hospital NHS Foundation Trust Non-Voting Co-opted member on the Board; and**
4. **Council be asked to agree that Ms Sandra Taylor replace Mr Nick Ellender as the named substitute for the Statutory Director of Adult Social Services.**

17. **HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021** (*Agenda Item 6*)

The Chairman noted that, at its next meeting, the Board would be considering the latest iteration of the Joint Strategic Needs Assessment (JSNA). This would afford an opportunity to revisit existing health priorities.

The cumulative underlying deficit within the health and care system remained broadly the same. Hillingdon Health and Care Partners were looking to address elements of this deficit through an effective Integrated Care System and it was important that the Board should be sighted on developments.

It was noted that representatives from The Hillingdon Hospitals NHS Foundation Trust (THH) had been unable to attend this Board meeting as it coincided with the Hillingdon Hospital Quality Summit meeting at Brunel University. The summit meeting had been convened with stakeholders to look at how the issues raised by the CQC in its inspection report could be addressed. The new THH Chief Executive, Ms Sarah Tedford, had been appointed and would need to move the Trust forward. It was agreed that THH be asked to provide an update on the progress of its action plan at the Health and Wellbeing Board's meeting. The Board noted that the Council's External Services Select Committee would also be speaking to representatives from the Trust about the CQC inspection report at its next meeting.

The Board was advised that there had been some stakeholder engagement work undertaken with regard to pathways. Although the outcomes had not been a surprise regarding discharges, the challenge for the steering group was in relation to discharge failures where one partner was not ready for the discharge to take place. In spite of much discussion on this over an extended period to address discharge related issues, the Board had yet to see the necessary tangible and sustained improvements

Dr Goodman noted that the THH estate was a major challenge. Hillingdon Hospital had been placed in the top five NHS estates that were in most need of improvement. In the absence of new estate, he suggested that the Trust needed to concentrate on leadership issues.

The Healthy London Partnership had proposed to reduce the number of Health Based Place of Safety (HBPoS) in North West London from eight to five by April 2019 and then to three by 2020. Concerns were expressed and assurances would need to be

sought. It was noted that, once the options were developed and consulted on over the next year, final sign off of proposals would be agreed by the Joint Committee of eight North West London (NWL) CCGs. Mr Zaman asked Dr Goodman to assure the Health and Wellbeing Board that decisions would reflect needs in Hillingdon and that once further detail on options were available that the issue comes back to the Board.

RESOLVED: That the Health and Wellbeing Board:

- 1. considered the issues raised in section 3.2 of the report; and**
- 2. noted the performance issues contained in Appendix 1 of the report.**

18. **BETTER CARE FUND: PERFORMANCE REPORT** (*Agenda Item 7*)

The Board was advised that the Chairman had written to the Secretary of State to express concern that the imposed Delayed Transfer of Care (DTC) targets for 2018/19 under the Better Care Fund (BCF) arrangements appeared to penalise Hillingdon's success in reducing delays and that the new targets would be a significant stretch. A response had been received from the Minister of State which would be circulated to members of the Board. Although the Minister's response was thought predictable, it was nevertheless important to put down a marker. The Chairman also noted that Hillingdon had made further good progress with regard to the DTC target, especially through a drop in non-acute delays and earlier planning, and stronger relationships between CNWL and housing.

The target to reduce emergency admissions of people aged 65 and over was on track. This improvement had been helped by work to prevent readmissions. It was agreed that, to provide a fuller picture, year on year figures should be provided in the report.

Whilst the completion of Carers' assessments was important, it was suggested that addressing the needs identified was of equal significance but had not been included in the report and this information was requested moving forward. It was agreed that the carers' assessments were not an end in themselves and that it was important to address the issues that were identified therein.

With regard to the Integrated Hospital Discharge Model, it was noted that there had not yet been agreement about the management arrangements for the Integrated Discharge Team or the use of resources. These issues would need further consideration and the outcome of discussions would be reported to the Health and Wellbeing Board's next meeting.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted the progress in delivering the plan during the Q1 2018/19 review period; and**
- 2. noted the proposal to amend the BCF section 75 agreement to reflect changes to hospital discharge arrangements described in the report.**

19. **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE** (*Agenda Item 8*)

Although children and young people's (CYP's) mental health had not previously been focussed on as much as it should have been, real progress had been made in the last two years. The report included case studies illustrating young people's experiences of the services and asked that authority to approve the refresh of the Local Transformation Plan be delegated outside of the Board's meetings.

Training programmes were currently being run in schools and the Kooth online

counselling and support service for 11-19 year olds had gone live on 9 July 2018. It was noted that the THRIVE programme was also being used more in schools.

The percentage of CYP seen within Community Mental Health services needed to increase from 25% in 2015/16 to 35% in 2020/21. Although Hillingdon had over performed against its 28% target in 2016/17, it had failed to meet its 30% target in 2017/18, achieving just 23%.

Whilst encouraged by Kooth, concern was expressed that there was a need for more evidence that, on the ground, access to preventative services was getting easier. The input of Healthwatch in gauging this would be helpful. It was queried whether any of those CYP on the waiting list could be helped by Kooth.

The report mentioned that the 'core CAMHS' and Learning Disability service specifications were being reviewed and a model to improve early intervention, reduce waiting times and improve integration with local services and partner agencies was being developed. As it was thought that this scoping work had been undertaken previously, Dr Goodman would investigate.

It was queried whether (and how) the effectiveness of interventions was validated. Ms O'Brien advised that the service in Hillingdon compared well with other boroughs but that there was a challenge with regard to capturing live information. CNWL had numerous case studies which could be used to add more detail in relation to clinical services rather than preventative services. There had been a national drive to address waiting times in relation to children's mental health services and reduce them to four weeks.

Dyslexia was a stigma for some young people that could prevent them from achieving their full potential. It was noted that teachers were being taught to recognise dyslexia but it was unclear what support was then available to these young people in schools after diagnosis. Hillingdon CCG had been working with the Council to identify and triage these young people but, at this stage, it was more about the individual being different than a mental health issue. It was noted that inclusivity formed part of the OFSTED inspection framework so all schools would be required to address this in their School Development Plans.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted 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 was developing a model of best practice and a compendium of resources to support all schools in the Borough; and**
 - c. regarding 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; and**
- 2. agreed to delegate authority to officers in consultation with the Chairman of the Health and Wellbeing Board, the Chairman of Hillingdon CCG and the Chair of Hillingdon Healthwatch, to agree, on its behalf, the October 2018 refresh of the Local Transformation Plan. The plan would set out work proposed up to 2020 and would be consistent with the direction and**

priorities of the existing plan as agreed by the Board and outlined at section 7.0 of the report.

20. **UPDATE: STRATEGIC ESTATE DEVELOPMENT** (*Agenda Item 9*)

The report also set out a number of key points that had emerged from the Strategic Estates Plan. These included the need to progress the aims of the Out of Hospital strategy, particularly in Uxbridge/West Drayton, North Hillingdon and Hayes & Harlington. It was appreciated that the implementation of the strategy would take time.

The Board was advised that estate challenges continued regarding the provision of a GP practice in Heathrow Villages. Although Hillingdon CCG (HCCG) had been working to resolve this through a private landlord, this had not proved viable. HCCG had been working with Heathrow Community Engagement Board to investigate possible shared premises or shared funding. HCCG had also recommissioned the Estates Team to identify possible locations for a practice and would be meeting soon with Heathrow Airport to establish whether it had any unused land or buildings that could be used. Following a meeting of the External Services Scrutiny Committee, the Chairman asked if any progress had been made with identifying land in Heathrow Villages for a GP practice. This would be investigated.

It was noted that sites in Yiewsley continued to be investigated and that there were potentially one or two possible locations.

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

21. **HILLINGDON CCG UPDATE** (*Agenda Item 10*)

The Board was advised that approximately 90% of GP practices now had wi-fi. Hillingdon CCG (HCCG) had also been rated as Good by NHS England in 2017/2018.

Although finances were very tight for HCCG, it was likely that the organisation would come in on balance at the end of year. It was noted that critical care costs at Harefield Hospital and continuing care funding had put pressure on the budgets. Although most of the QIPP savings were likely to be delivered in the last four months of the year, £2m of the £12.4m requirement had already been delivered. Savings were usually made through activities rather than cash savings and were largely in relation to acute activity which could be tracked to identify impact.

It was noted that the Hillingdon End of Life single point of access had opened on 11 September 2018 and that the bed based service at Michael Sobell House (MSH) had closed in June 2018. This had come as a surprise to HCCG and The Hillingdon Hospitals NHS Foundation Trust. Communication in relation to the closure had not been good and this had caused concern and frustration as it had been a challenge to separate fact from fiction. A feasibility study on options for the building had been commissioned by East and North Herts NHS Foundation Trust (E&NH).

As significant progress had been made over the last 20 years in relation to palliative care, the current situation provided an opportunity to review the service provision. HCCG was waiting for the Michael Sobell Hospice Charity to advise what its objectives were.

Whatever action was taken, a bed-based service was needed in the North of the Borough. Although not wedded to a particular building, it was suggested that locating

the service at Mount Vernon Hospital would be the ideal solution. Although E&NH had undertaken a satisfaction survey indicating that those patients affected by the closure were not unduly unhappy, the Board was not convinced by the results.

The Board was advised that the Joint Committee of eight North West London (NWL) CCGs was now operating in shadow form and had held two meetings. Arrangements were being finalised for the substantive committee. It was noted that HCCG was still sovereign but that acute and some mental health commissioning was undertaken collectively across NWL to gain economies of scale. It was not anticipated that the Joint Committee arrangement would impact Hillingdon significantly as, unlike other areas, approximately 85% of patients at Hillingdon Hospital were resident in the Borough. Transformation work would continue in the Borough as it was unlikely to be affected by the Joint Committee.

RESOLVED: That the Health and Wellbeing Board noted the update.

22. **HILLINGDON CCG COMMISSIONING INTENTIONS 2019/2020** (*Agenda Item 11*)

Although previously an annual report, the Commissioning Intentions (CI) report now covered a two year period which provided greater continuity and better opportunities to collaborate. The 2019-2021 CI had been formulated around the Borough's agreed Health and Wellbeing Strategy which had taken the North West London Sustainability and Transformation Programme themes of: keeping people well; response at times of crisis; and right care, right time / appropriate time in hospital. These also aligned with the ten Transformation themes.

The CI report had set out the key achievements in 2017/2018 and would form the basis of a letter that would be sent out to providers on 28 September 2018. Stakeholder/patient engagement had taken place.

It was noted that the report now set Hillingdon's local context better and was more succinct than previous years. It was agreed that Public Health would agree with the CCG areas for focus with potential for demonstrable benefit, to help sharpen commissioning activity.

RESOLVED: That the Health and Wellbeing Board considered and noted Hillingdon CCG's Commissioning Intentions for 2019-2021.

23. **HEALTHWATCH HILLINGDON UPDATE** (*Agenda Item 12*)

It was noted that Healthwatch Hillingdon (HH) had two new trustees. The findings of the musculoskeletal review were noted with interest.

The Chairman placed on record the Board's thanks to HH and its volunteers for the excellent work that they undertook as the consumer voice for health and social care.

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

24. **LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT** (*Agenda Item 13*)

The LSCB Annual Report 2017-2018 included individual reports from a range of separate agencies. It set out changes and the results of the OFSTED inspection in May 2018. The Chairman stated that it had been pleasing to read the Hillingdon LSCB Independent Chairman's comments about Elected Members in the report.

The nature of safeguarding was challenging so there was no room for complacency.

	RESOLVED: That the Health and Wellbeing Board noted the report.
25.	<p>SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT (<i>Agenda Item 14</i>)</p> <p>It was noted that the Safeguarding Adults Board (SAB) had been holding partners to account over the last year. The report covered a range of issues including modern slavery and adult grooming.</p> <p>Concern was expressed that SAB was not always good at getting traction with partners. Concerns were in relation to due diligence.</p> <p>RESOLVED: That the Health and Wellbeing Board noted the report.</p>
26.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 15</i>)</p> <p>It was noted that the Joint Strategic Needs Assessment (JSNA) report would be considered by the Board at its next meeting. Although the Council would continue to lead on the JSNA, it was agreed that there be a collaboration with Hillingdon CCG (HCCG) to tie in with the work being undertaken across the Borough.</p> <p>A report, to be considered at the Board's next meeting, would also be requested from The Hillingdon Hospitals NHS Foundation Trust (THH) on its progress in developing an action plan following the recent CQC inspection.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. agreed that HCCG collaborate with the Council on the JSNA report; 2. ask THH to provide a report on the development of its action plan following the recent CQC inspection; and 3. noted the 2018/2019 Board Planner.
27.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 26 JUNE 2018 (<i>Agenda Item 16</i>)</p> <p>RESOLVED: That the confidential minutes of the meeting held on 26 June 2018 be agreed as a correct record.</p>
28.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 17</i>)</p> <p>The Board discussed issues in relation to strategic estates.</p> <p>RESOLVED: That the discussion be noted.</p>
	The meeting, which commenced at 2.30 pm, closed at 3.29 pm.

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

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HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2018-2021

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	<p>This paper reports against Hillingdon's Joint Health and Wellbeing Strategy 2018-2021.</p> <p>It also highlights key current issue that are considered important to bring to the Board's attention regarding progress in implementing the Strategy.</p>
Contribution to plans and strategies	<p>The Hillingdon Joint Health and Wellbeing Strategy (JHWBS) and the Hillingdon Sustainability and Transformation Plan (STP) local chapter have been developed as a partnership plan reflecting priorities across health and care services in the Borough.</p> <p>The JHWB strategy encompasses activity that is underway including through various commissioning plans, the Better Care Fund and in taking Hillingdon towards an Integrated Care System.</p>
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 agreed by the Board and 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

Further work is being developed as part of the Hillingdon Health and Care Partners business case to baseline and benchmark financial planning across the health and care system. Estimates suggest that the "do nothing" options across partners, not yet including Social Care, would lead to a deficit in the order of £75m by 2021. Further details of this work are contained in the paper developing Hillingdon's integrated care system on today's agenda.

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 held a scrutiny session with management on 10th October 2018. The Hillingdon Hospitals Trust has been asked to provide an update to the Board at this meeting so that partnership solutions to issues raised may be explored further.

3.2.3. Discharge from hospital and DTOCs

The Better Care Report to this meeting includes a breakdown of Hillingdon's performance in reducing delays to transferring care (DTOC). The Hillingdon target of 4991 seems, on a straight line trajectory based on six months performance, to be likely to be achieved and perhaps exceeded by about 195, though a severe impact could impact on this performance.

A business case has been produced to consider long term funding of the bridging care commissioned to support this performance and realise the benefits of early discharge.

3.2.4. Public Health

New data has been issued from the National Child Measurement Programme showing that the proportion of overweight children in Hillingdon at reception year is lower than the London and England averages. At year six, however, the proportion is below the London average but higher than for England. The rate of increase in overweight (including obese) from Reception to Year 6 is higher in Hillingdon than London or England (2010/11 to 2016/17). Prevalence of underweight children in Hillingdon is higher than London and England and is currently 2.18% for Reception

and 2.22% for Year 6. This data will now be used to help inform our plans for early intervention, prevention and self-care.

The DHSC published its vision for prevention "Prevention is better than cure" in November which aims to set prevention at the heart of NHS long term plans. This plan includes ambitions to half childhood obesity by 2030 alongside other commitments.

Tendering processes are underway for NHS Healthchecks and Smoking Cessation services, the results of which are due to go to the Council's December Cabinet.

There have been no new infectious disease concerns to bring to the Board's attention and no current issues with sexual health or substance misuse services.

3.2.5. End of Life (EOL)

The closure of the inpatient unit at Mount Vernon Hospital was discussed at a special meeting of the External Services Select Committee on 30th October. A further session is planned for 11th December 2018. A key issue now is how hospice provision will be reinstated in the North of Hillingdon.

EOL SPA

The EOL Single Point of Access (SPA) and Palliative Overnight Nursing Service (PONS) and Your Life Line (YLL) 24/7 patient phone line opened for patients on 11 September. It received 54 referrals in first month of operation and has reported good outcomes for patients on the client list passing away in their preferred place (24 out of 27 patients died in their preferred place). There is, however, still work to do to understand the overall proportion of the population of patients who pass away in Hillingdon in their preferred place, including those not on the client list and without a Coordinate My Care (CMC) shared-care record. System partners in EOL care have shared their positive feedback regarding the service and EOL developments.

There continues to be strong engagement with the CMC shared-care records and service, to the benefit of patients, as well as potential nascent learnings from the EOL experience into other areas such as Mental Health and Long Terms Conditions care planning and management.

Michael Sobell House

The changes to Michael Sobell House Inpatient Unit (MSH IPU) continue to maintain a high profile as a point of significant concern for Hillingdon residents and NHS services from operational and patient experience perspectives. The service continues to be provided from Wards 10 & 11 in Mount Vernon Hospital (MVH) and is delivered by East and North Hertfordshire NHS Trust (ENH NHST). It is understood that the estate leaseholders (The Hillingdon Hospital Foundation Trust - THHFT) have communicated associated estate costs to ENH NHST. Adding complexity to the issue of the MSH IPU estate are issues arising subsequent to the changes, including consultant and staff resignations, a reduction in referrals to the service, and the potential risk to the 24/7 MSH telephone helpline for NHS staff to access consultant input which are explored below.

Hillingdon CCG has been advised through its local clinical working groups that consultants have tendered their resignations to ENH NHST in relation to the MSH IPU issues. HCCG's commissioners are working with the consultants to address concerns. ENH NHST has provided

some assurance on service sustainability, quality and use of interim locums. The CCG is monitoring the situation closely and considering appropriate actions.

Reduced referrals to the service are a complicating factor in service viability. Whilst a recent Healthwatch report shows patients appreciate the palliative care received from ENH NHST, it is also noted that patients wish to have a more personalised experience and better access to e.g. a garden/garden view, which is not readily available in a ward environment. With a number of patients being referred to alternative placements in response to their wishes, there is a possibility that these new referral behaviours arising in response to the issue may become embedded. Hillingdon CCG is working with the palliative care consultants to address concerns and ensure there is a view toward longer-term service arrangements in a thoughtful way whilst also managing short term pressures given the circumstances.

HCCG is aware of a risk to the 24/7 MSH consultant helpline. ENH NHST has again provided some assurance around service sustainability. The situation is being closely monitored and appropriate mitigating actions considered.

HCCG is working closely with Hillingdon Health and Care Partners (HHCP) in looking to the current Hillingdon EOL Strategy and the longer term vision going forward given changed circumstances, and presently intends to participate in engaging residents and patients on EOL care next year. Over the next 12 months HCCG will be working to ensure continued access to specialist palliative care and to retain the MSH service. This has included exploring interim arrangements in the event that the MSH IPU building is unavailable, and/or other issues arising around current service sustainability or provision. In the longer term, we hope to retain the MSH services and to explore new models of EOL care, and incorporate future developments that can enhance our local EOL offer into our planning. The priority for the Hillingdon health system now is to ensure residents in the north of the borough have access to the necessary level of support from end of life services.

3.2.6. Health Based Places of Safety (HBPoS) Review

The Board discussed proposals from the Healthy London Partnership to reduce the number of HBPoS in North West London at its last meeting. It was noted that, whilst reassurances that no decisions had yet been made were welcome, the Board was concerned that a decision could be taken outside of Hillingdon that would impact on services directly and that there would be no oversight in local governance.

HCCG report that work is still continuing after the initial phase to agree a set of principles to guide an options appraisal. The NWL Mental Health Likeminded team are running a workshop for Local Authority and Trust managers on 15th November. The aims of the meeting are: firstly to agree the criteria and their weighting for the options appraisal. Secondly, activity analysis will be reviewed to assist in identifying estate and staffing options. Thirdly, potential staffing skill mix/structure to be developed, including role and function of other teams in each option. Fourthly, site implications for Approved Mental Health Professionals (AMHPs) to be determined. Finally, next steps to be agreed including identifying commissioner and trust lead to participate in task and finish groups and agreement how scoring will be undertaken

Local leads are confident that consideration is being given to all areas raised in the initial phase to map the options and to ensure that from a Hillingdon perspective there is good representation at the upcoming meetings. The NWL Likeminded team have offered to attend local leadership meetings once the second phase task and finish work is starting to deliver more concrete

options.

It is expected that the final decision about the HBPOS configuration in North West London will be taken by the Joint Committee of the 8 NWL CCGs by 30th September 2019. It will be important that outline proposals continue to be reported back to Hillingdon's Health and Wellbeing Board so that any representation that partners may wish to make, as a system, can be considered and agreed.

3.2.7. Policy Announcements : NHS Long Term Plan and Social Care Green Paper

We still await the Government's proposals for future funding of Adult Social Care in the promised Green Paper and its links to the NHS long term plan. The paper is anticipated to be published "later this year".

NHS England and NHS Improvement have required that NHS organisations set up one year transitional operational plans for 2019/20, with guidance and allocations published in December. The approach promises to simplify the system of incentive payments and to put more funding into base budgets for urgent and emergency care. Sustainability and Transformation Plans (STPs) and integrated care systems will be expected to develop five year plans in the first half of 2019/20 after publication of the Long Term Plan and the spring spending review.

Meanwhile the Health and Care Secretary also announced "winter pressure" additional adult social care funding to support admission prevention and accelerate discharge. In the budget the Chancellor announced an additional £650m nationally to support tackling the immediate pressures local authorities face in respect of social care. In Hillingdon this equates to roughly £2.8m, meaning that the Council's grant funding from central government for 2019/20 will now be a net cash reduction of £4.1m on 2018/19 rather than the previously planned net cash reduction of £6.9m. In addition the Government is pushing ahead with significant planned cuts to Revenue Support Grant, Public Health grant and New Homes Bonus Grant which, given the growing demographic pressures and inflationary costs caused by minimum wage increases, still represents a very tough settlement

3.2.8. "Making a difference" : HCCG Commissioning Intentions and papers to the Board

The Board agreed at its last meeting that report authors should be asked to set out, wherever possible the practical difference that interventions were making for residents to demonstrate how the health and care system had improved.

HCCG had asked for support from the Council's public health team to help evaluate the impact of its commissioning programme. This work, together with wider support for HCCG from public health will be developed as part of the core offer delivery plan and it is proposed that the current Memorandum of Understanding be reviewed for 2019/20 and brought back to the Board in the New Year.

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 forward 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 exercise 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.

Corporate Property and Construction

Not applicable

Delivery Area, Transformation Programme and Progress Update - December 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 undertaken a mapping exercise of partnership early intervention and prevention activity so as guide action planning.
- The Hillingdon Air Quality Action plan is being reviewed in light of new guidance from GLA. A revised plan will be issued for public consultation in the New Year.
- The Suicide Prevention Steering group has promoted information and referral contacts and identified training available for front line staff.
- 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. The MyHealth referral process has also been subject to substantial development, with GP referrals now averaging 250 patients per week and a new online self-referral channel going live this month.
- Responding to incoming signals from patients and primary care, the MyHealth team have developed a group coaching training to enable their facilitators to support behavioural goal setting. In the ongoing move to implement the Patient Activation Measure (PAM) for tailoring care, the new group coaching approach will sit alongside the existing knowledge building workshops as two levels of intervention to accommodate stratified referrals. Following imminent QISMET-accreditation, these two levels of intervention will be available for both diabetes prevention and diabetes management as structured education.
- The new stratified intervention strategy will be fed across to the existing long-term conditions offerings in the MyHealth suite, such as 'Healthy Heart' and 'Chronic Obstructive Pulmonary Disease'. New offerings, currently in the co-production phase, include 'Back, Neck and Knee Pain' for adult chronic pain and a school-based intervention for childhood obesity.

T7. Integrated care for Children and Young People

- The roll out of the Paediatric Integrated Clinics is progressing well across the borough. The feedback from families and staff is positive. There are also increasing numbers of GP practices that have expressed an interest in being involved. Options for the future development of the clinics are being explored e.g. clinics for Children Young People (CYP) with complex needs.
- Four GP practices have been identified to delivery Paediatric Phlebotomy on behalf of the GP Confederation. Phased roll out is due to commence at the end of November 2018.
- The joint Hillingdon CCG/LBH Children's Integrated Therapies business case was approved by the CCG Governing Body on 13 October. Preparations are on-going for publication of the tender on 30 November 2018. The plan is to have a new service model to commence on 1 August 2019 coinciding with the new school year.
- Work is underway to develop a business case to pilot a transition nurse to support young people transitioning to adult services and a key worker focusing on CYP with complex needs.

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 three extended GP access hubs operate from 6.30am to 8pm weekdays and 8am to 8pm weekends. Current utilisation of the hubs as of September 2018 was 73%. The Confederation has agreed for the hubs to be open over all bank holiday periods.
- Outreach work has been completed over the first two weekends of November at the Alexander Avenue Walk-in-Centre (WiC) in Harrow to redirect patients to appropriate alternative services following its closure.
- A review is underway of all the primary care contracts 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 be launched in April 2019 that will involve engagement with stakeholders during December 2018 to March 2019 on the new contract model.
- The CCG launched in November 2018, a new primary care contract entitled 'Increasing Clinical Capacity in Primary Care' that will support general practices in the introduction of new roles and functions such as sign-posting and the management of clinical correspondence which is 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.

DA2 Eliminating unwarranted variation and improving LTC management

T4. Integrated Support for People with Long Term Conditions

- A new Consultant for Respiratory medicine will join THH in February and will implement a programme of virtual clinics for COPD patients
- NWL CCGs are launching at the end of December a new programme for Structured Education in Type 2 Diabetes for Hillingdon, the MyDESMOND (Diabetes Education and Self - Management for New and Ongoing Diabetes) education package which is an online training for those with both new and existing type 2 diabetes. This will exist alongside the CCG gold standard face to face DESMOND for newly diagnosed people with Type 2 diabetes. 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.
- CNWL and Hillingdon hospital have collaborated to transfer 120 Heart Failure patients from hospital clinics to community clinics nearer to their homes. Hillingdon is planning patient awareness initiatives for Atrial Fibrillation (AF) and hypertension through its Winter Wellness Roadshow events that started in October. The CCG is supporting national campaigns such as blood pressure testing in 'Know Your Numbers' week and AF testing in Global AF awareness week.
- Hillingdon offers early diagnosis and prevention of stroke through managing Atrial Fibrillation, Hypertension and Heart Failure in Primary Care.

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. NHSE are running text reminders for patients and there is 100% update by GP practices. The project will provide an opportunity to address falling rates for screening.
- Hillingdon is the only CCG in NWL who is delivering the Prostate Stratified Pathways so that patients who are in remission for cancer are followed up in primary care by their GP rather than in hospital. Key achievements include: upskilled participating practices to use patient identifier tools, work with practice nurses to agree communication plans and engage with the wider workforce and delivery of an education Masterclass at CCG.
- In relation to Bowel Screening. Northwick Park Hospital previously worked with GP practices to promote the bowel screening programme. The programme is now being run instead by Community Links funded by Royal Marsden Partners (RMP).

DA3 Achieving better outcomes and experiences for older people

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

This is covered in more detail in covering paper Section 3.2.5

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. The BCF performance report on the Board's agenda reflects these initiatives and progress year to date. 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 later in the year.

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 review highlighted a number of areas for improvement and a key recommendation is for the CCG to work with the Local Authority to scope future plans to develop more integrated service delivery across health and social care. This work has commenced and a plan is being formulated to support more integrated working to support services to work together to help people to remain in their local community. A small amount of short term funding has been secured for NWL CCGs to configure better ways of working across health and social care services to support people to step down from inpatients and prevent admission.
- Hillingdon continues to make progress in delivering the priorities in the Hillingdon Local Children and Young People's (CYP) Mental Health and Wellbeing Local Transformation Plan refresh 2018/19. Hillingdon CCG's local CYP Mental Health and Wellbeing Local Transformation Plan 2018/19 has been approved by the Hillingdon Health and Wellbeing Board and was submitted to NHS England at the end of October.
- Hillingdon will increase access to services from 13% last year to 28% in 2018/19 and more CYP 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 full report was submitted to the Health and Well-being Board in September 2018.
- The CCG has commissioned KOOH 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. The service is seeing an additional 30 additional children per month and this number is expected to rise in 2018/19. This service will provide fast access, earlier intervention and support for children with emotional and well-being issues.

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

T10. Transformation in Local Services

- HCCG are working with HHCP to deliver a pilot to transform MSK services in Hillingdon.
- The aims of the project are aligned with the NWL local services strategy to provide more joined up care with care provided in the right place at the right time. The pilot aims to consolidate existing MSK services to act as a single service to provide triage, assessment and treatment for people with MSK conditions. The service will offer greater support for self-management and education and advice to primary care to improve the quality of care delivered across the wider MSK pathway.
- The CCG plans to transform dermatology services to improve the integration of services and access to dermatology care in the primary care setting. This will involve teledermatology and an enhanced education program for the primary care workforce.
- The Community Advice & Treatment Services (CATS) are being reviewed in line with ICS work as the intended outcomes of: reducing waiting times; developing community clinics; and managing demand for specialist consultations have not been fully achieved.
- The NWL Outpatient Demand Management Programme is providing an opportunity to support better GP engagement with pathways to secondary care, and to address the sustainability of outpatients in CATS specialties.
- A Community Parkinson's Nurse Specialist (CNS) has been recruited and has been working closely with THH Parkinson's nurse to setup community clinics and conduct home visits for patients.
- An Irritable Bowel Syndrome/Irritable Bowel Disease CNS post has been advertised. The service aims to start in January 2019.
- Hernia Repair to be carried out in the community in GP premises. A host GP practice site has been secured and the service aims to commence in January 2019.

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 CCG is rolling out booking of 111 urgent appointments into GP practices during core hours. 10 practices have expressed an interest in this scheme that is also being rolled out across NWL CCG practices. A number of practices have now gone live.**
- **As part of the refurbishment and new build at THH the UTC are scheduled to move to their new location in the hospital June 2019.**
- **111*6 is live which enables Care Home staff clinicians in 111 directly for advice and guidance to better manage patients and reduce LAS and A&E attendances.**
- **A Hillingdon system-wide winter plan has been developed for 2018/19 and submitted to NHSE/I. The CCG has received monies for winter funding that has been agreed to be allocated to e.g. THH, UTC, Homesafe, Discharge to Assess, Age UK, NHS 111 Pharmacy Hub, Higher Intensity User Service, Community Urgent Phlebotomy, LAS/Rapid Response Referrals and End of Life.**
- **The UTC has gone live with EPS (Electronic Prescribing) and have secured winter funding for additional GP and health-connector staff the unit during winter pressures.**
- **The Ambulatory Emergency Care Unit (AECU) current opening hours are 8am to 4pm they are being extended to 10pm 7 days a week. This will increase the unit's capacity across the day and changes to the current model away from the traditional clinical model to work with a new open plan unit lay-out currently being built. This will reduce follow-up activity and make better use of primary and community care pathways. There is an AECU working Group led by THH with stakeholder representation. The GP Confederation undertook an audit of patients attending the unit and following this work three new pathways have been agreed for patients to be followed up in primary and community care setting. The Rapid Response Team will be providing Intravenous Fluid Therapy (IV) in the patient's home for patients discharged from the AECU.**

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 of key programmes are:

- EMIS and SystemOne interoperability to provide 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.
- Patient Online access (PoL) - Empowerment for the patients to manage booking / repeat prescriptions. Work is progressing 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. The CCG continues to work with GP practices to improve uptake.
- GP WiFi for Patients and Guests to all GP Practices within Hillingdon infrastructure has been deployed to over 96% 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. The CCG is 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 CCG and the GP Confederation have agreed a workforce recruitment and retention strategy that is a rolling programme which is being monitored at the Primary Care Transformation Group meetings. A key component of delivering new models of care, via the new Integrated Care System (ICS), is a sustainable workforce that is partly being delivered via the 'Transition Academy' and in future the new Academic Centre for Health Sciences. The aim of which is to increase the competencies, training, mentorship and student placement capacity in the ICS systems.

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.

NWL CCGS produce monthly integrated performance reports for CCGs that provides an update on CCG and related providers' operational performance against national standards. This includes: 18 weeks RTT, cancer waits, A&E waits, Cancelled Operations, HCAI, IAPT, NHS 111 and ambulance handover times. This section also includes performance in key indicators for mental health and community services. Detailed information on underachieving indicators including trends and mitigating actions are reviewed and monitored.

E5. Medicines optimisation

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

- There is pharmacist support to Care Homes to optimise medicines and streamline processes to reduce unplanned admissions.
- Rollout of GP practice level specialised pharmaceutical support for medicines reviews and diabetes and asthma clinics supporting medicines optimisation.
- There are two pilots taking place in the borough; Asthma and Diabetes that incorporate a two cycle approach to determine how prescribing pharmacists' interventions can improve management, avert crisis and reduce condition-related complications, hospitalizations and reduction in spend.
- Reviewing and streamlining repeat prescription processes in practices to further support NWL initiatives. The project is continuing to streamline the repeat prescription processes in various GP practices i.e. addressing ordering unwanted items, duplicate items, non-adherence to treatment regimens and over-ordering.
- Focussed practice support to manage inappropriate usage of antibiotics. A Urinary Tract Infection (UTI) audit was undertaken by practices in July 2018 with the aim is to reduce inappropriate antibiotic prescribing for UTI Infections in primary care in line with Hillingdon CCG antibiotic guidelines. This supports the prevention of antibiotic resistance and antibiotic related infections such as MRSA and C.difficile.
- Focus on patient education related to medicines for LTCs via various portals e.g. Health videos. As part of the Respiratory CWG Inhaler videos My Health website link was developed – available on link below
- <http://www.myhealthhillington.nhs.uk/inhaler-videos/>

E6. Redefining the Provider Market

The CCG is making positive progress working with health and care partners to further develop our local Integrated Care System (ICS). This work is in line with NHSE requirements to create five year plans by autumn 2019 on how STP and ICS will improve quality of care and deliver financially sustainable services.

Hillingdon Health Care Partners (HHCP) partnership have been working to deliver population health and person-centred care models. The focus in 18/19 has been on five priority areas:

- Active case management for population at risk of attending hospital (Care Connection Teams, High Intensity User Service for frequent attenders, End of Life and Falls and Frailty pathways and support to Care homes)
- Integrated MSK pathway
- Ambulatory Emergency Care
- Intermediate Care, Rapid Response and GP visiting
- `Local Neighborhood Teams` comprised of integrated multi-disciplinary teams 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 our 2019-21 Commissioning Intentions.

The coproduction of the whole system transformation work with stakeholders i.e. patients, carers and front-line staff has now been completed and provided rich intelligence that will continue to inform Phase 2 of the programme. This will focus on working with Local Neighborhood Teams and stakeholders on further developing the new model of care.

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BETTER CARE FUND: PERFORMANCE REPORT (JULY - SEPTEMBER 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 Tony Zaman, Adult Social Care Kevin Byrne, Health Integration and Partnerships Caroline Morison, HCCG
Papers with report	Appendix 1) BCF Metrics Scorecard

HEADLINE INFORMATION

Summary	This report provides the Board with the fifth performance report on the delivery of the 2017/19 Better Care Fund plan. It is the second report on delivery during 2018/19.
Contribution to plans and strategies	The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act, 2012.
Financial Cost	This report sets out the budget monitoring position of the BCF pooled fund of £54,049k for 2018/19 as at month 6.
Ward(s) affected	All

RECOMMENDATION

That the Health and Wellbeing Board notes the progress in delivering the plan during the Q2 2018/19 review period.

INFORMATION

1. This is the fifth performance report to the HWBB on the delivery of Hillingdon's Better Care Fund (BCF) Plan for 2017/19 and the management of the pooled budget hosted by the Council. It is the second report on the delivery of the second year of the plan, 2018/19 and updates the Board on the position to 12th November 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.

2. References to the '*review period*' in this report means the period from April to September

2018.

National Metrics

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

4. **Emergency admissions target (also known as non-elective admissions): *Not on track*** -

There were 5,736 emergency admissions of people aged 65 and over during the April to September 2018 period. On a straight line projection this would suggest an outturn for 2018/19 of 11,472 against a ceiling for the year of 11,400. This would actually suggest an outturn close to a reduction target that reflected an increase in the older people population.

5. The Board's September meeting asked to see a year on year comparison for emergency admissions for people aged 65 and over. Table 1 below shows the position from 2015/16 with the projected outturn for 2018/19.

Financial Year	Total Number of Emergency Admissions
2015/16	10,406
2016/17	10,252
2017/18	11,267
2018/19	11,472*

*Projected

6. **Delayed transfers of care (DTOCS): *On track*** - Table 2 below shows that there were 2,398 delayed days in the period April to September 2018. On a straight line projection this would suggest an outturn for 2018/19 of 195 delayed days below the ceiling for the year. However, this is subject to the severity of the winter.

Delay Source	Acute	Non-acute	TOTAL	2018/19 Ceiling (Delayed Days)	Projection	Variance
NHS	997	775	1,772	3,289	3,544	255
Social Care	263	312	575	1,392	1,150	-242
Both NHS & Social Care	0	51	51	310	102	-208
TOTAL	1,260	1,138	2,398	4,991	4,796	-195

7. There has been a significant shift in the distribution of DTOCs between acute and non-acute reported in the September update to the Board has continued during Q2. This means that during the review period Q1 53% of delays were in an acute setting like Hillingdon Hospital and 47% in a non-acute setting like mental health provision, which compares to 38% and 62% in 2017/18. This can be explained by the considerable reduction in the delays in CNWL beds. For example, there were 579 delayed days in CNWL beds during the review period in 2018/19

compared to 1,775 in the same period in 2017/18, which is a 67% reduction. The Board may also wish to note that there have been no delays in CNWL beds for which Social Care has responsibility for five months.

8. During the review period nearly 15% (354) of all delays, e.g. health and social care, were attributed to issues with securing residential care placements and nearly 26% (635) 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. The Board may wish to note that 99% of people referred to the Council's Brokerage Team for a care home placement are placed between 0 and 2 days and with 0 meaning the day of referral.

9. **Permanent admissions to care homes target: Not on track** - There were 86 permanent admissions to care homes in the period April to September 2018, which would suggest an outturn of 172 for the year against a ceiling of 145. Nearly 70% (60) 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 October means should start to result in a reduction of permanent placements into residential care. It may also impact on the number of short-term placements that convert to long-term placements. The Board may wish to note that the total number of older people living in permanent placements in care homes at 30th September 2018 was 53, which is accounted for by 72 people leaving the service during the review period.

10. **Percentage of people aged 65 and over still at home 91 days after discharge from hospital to Reablement: On track** - An average of 94% 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

11. This section provides the Board with the Q2 position against scheme specific metrics where the data was available for the reporting period.

Scheme 1: Early intervention and prevention

12. **Falls-related Admissions: Not on track** - There 460 falls-related emergency admissions during the review period. On a straight line projection this would suggest an outturn for 2018/19 of 920 admissions against a ceiling of 880 falls-related admissions.

Scheme 2: An integrated approach to supporting Carers

13. **Carers' assessments: On track** - There were 584 Carers' assessments in were undertaken during the review period. If this level of activity continues throughout the year then could result in 1,048 assessments being undertaken against a target of 1,010. Assessments include those undertaken by the Council and by Hillingdon Carers.

14. **Carers in receipt of respite or other Carer services:** During the review period 457 Carers were provided with respite or another carer service at a cost of £779k. This

compares to 429 Carers being supported at a cost of £823k 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. The reason for the apparent reduction in unit cost of support to Carers is that the financial figures do not include those circumstances where respite is included against the cared for person's support plan. This means that it is not possible to accurately cost the support being provided to Carers.

Scheme 4: Integrated hospital discharge

15. **Seven day working: Not on track** - Table 3 below illustrates performance against seven day metrics at Hillingdon Hospital and shows that performance is lower than 2017/18 activity. The following infrastructure needs to be put in place in order to support seven day discharge:

- Consultant cover to sign off discharges.
- Hospital Discharge Coordinators availability at weekends.
- Transport infrastructure.
- Pharmacy availability.
- Rapid Response cover for weekend triage and assessments.

16. It is the intention of the Hospital to consult with its staff about changing terms and conditions to support seven day working but this process will not be completed before the New Year. Pharmacy provision is currently available for three hours on a Saturday and on a Sunday and funding has been agreed to extend availability to six hours on both days. The Hospital is in the process of recruiting to enable provision to be extended. There is currently no funding available to support additional Rapid Response provision at weekends.

Table 3: Hillingdon Hospital Discharges before Midday and at Weekends			
Item	2017/18 Baseline	2018/19 Target	April - Sept 2018/19 Outturn
Medicine Directorate, inc A & E			
Discharges before midday	20.4%	33%	18.5%
Weekend discharges	17%	65%*	15.9%
Surgery Directorate			
Discharges before midday	19%	33%	18.8%
Weekend discharges	15.9%	65%*	16.6%

* Percentage of weekday discharges

17. As previously reported, 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 as outlined in paragraph 15 above.

Scheme 5: Improving care market management and development

18. **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.

19. During the review period 13 care homes in Hillingdon have seen a change of manager,

which is a significant factor that contributes to instability. The review period has also seen the expansion of three care homes within a short space of time. For one care home this entailed the opening of another floor comprising of 30 additional beds that are now full. Partners are working with these homes to monitor progress and provide necessary support where required.

Key Milestone Delivery Progress

20. The following key milestones for Q2 in the agreed plan that were delivered were:

- **Launch of End of Life Single Point of Access:** This became operational in September and is intended to improve access to information and advice and support access to appropriate services.
- **Launch of Palliative Overnight Nursing Service:** This service provides out of hours nursing support to people in the last few days or weeks of life where help is needed to manage pain and attend to other nursing needs.
- **Handover of the Grassy Meadow Court extra care scheme:** The first tenant moved into the scheme on 5th October. The scheme was formally opened by the Mayor of Hillingdon on the 8th November.
- **GP support for care homes and extra care:** 6 locum GPs now recruited by GP Confederation, will continue to support 6 care homes and provide care planning. Aim is for all the residents in care homes for older people to have been care planned in this way by end of March 2019. A GP from this service is also attending Grassy Meadow Court on a weekly basis to undertake care planning in respect of health needs.
- **Hospital Discharge Grant pilot agreed for a three month period:** This is a non-means tested grant provided utilising flexibilities in the Disabled Facilities Grant Regulations. It is intended to cover adaptations such as the installation of a ramp and a basic stair lift as well as minor works such as home deep clean or fumigation, home or garden clearance and furniture removals to make a person's home habitable where these will demonstrably expedite a person's return home following a hospital admission.

21. The following milestones were not achieved:

- **Development and delivery of a provider engagement plan:** This will be developed during Q3.
- **Opening of Dementia Resource Centre at Grassy Meadow Court:** This actually took place on 25th October.

Successes and Achievements

22. Key successes and achievements for Q2 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 196 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 110 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 nearly 53% (187) 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** - 13 people aged 60 and over were assisted to stay in their own home through the provision of disabled facilities grants (DFGs) during Q2, which represented 54% of the grants provided. This has prevented the need to identify alternative housing options at a time when housing in short supply and compares to 9 older people being assisted in the same period in 2017/18.
- **Carers' Champions in GP Surgeries** - Carers' champions were identified in 35 of the 43 GP practices in Hillingdon's GP Confederation and the first training event was held on 27th September. The role of the Carer's Champion is to raise awareness of Carer-related issues within surgeries to promote the importance of identifying and addressing their needs.
- **Frailty Assessment Area within Frailty Unit** - People attending the A&E at the Hospital are screened for frailty, using a nationally recognised screening tool. This identifies people who would benefit from further in-depth assessment and rather than this happening in the A&E, patients are transferred to the Frailty Assessment Area within the Frailty Unit at THH where they receive a comprehensive assessment from doctors, nurses and therapists specialised in frailty. This service operates Monday to Friday.
- Patients may be discharged home on the same day, with appropriate input from the Rapid Response Team or Age UK and rapid follow up, if needed, at an outpatient clinic. Alternatively, patients may be admitted for a short stay (up to 72 hours) to the in-patient beds on the Frailty Unit or to a medical or care of the elderly ward at THH, dependent on their needs.

Frailty Defined

Frailty is related to people getting older. It describes how ageing makes some people vulnerable to sudden and dramatic changes in health triggered by seemingly small events such as a minor infection or a change in medication or environment. In medicine, frailty defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care. Older people with moderate to severe frailty will walk slowly, get exhausted easily and struggle to get out of a chair or climb stairs.

Key Issues for the Board's Attention

23. **Integrated Hospital Discharge Model** - The November meeting of the Accident and Emergency (A & E) Delivery Board considered a business case for the creation of an Integrated Discharge Service under a single management structure which would become the single point of access for the following two main pathways out of Hillingdon Hospital for people requiring

assistance to return home shown below. The decision about which pathway would be most appropriate for a person would result from a triage process undertaken by the Integrated Discharge Service.

- **Pathway 1** is for people whose needs can be met at home with rehabilitation or reablement. This pathway applies to approximately 18% of people being discharged from the Hospital. This pathway is managed either by the CNWL's Rapid Response Team or the Council's Reablement Team depending on the needs of the resident. Whether a person is referred to Rapid Response or Reablement is determined by triage undertaken by the Integrated Discharge Team. Care and support for up to 72 hours is provided by the Hospital Discharge Bridging Care Service to enable a person to be discharged from Hospital at the earliest opportunity once they are well enough to do so. This service is delivered by a private provider;
- **Pathway 2** is for people who cannot return home because they require a bed based service due to them having more complex needs, although these needs do not have to be met in a hospital setting. This pathway accounts for approximately 5% of people being discharged from the Hospital.

24. The A & E Delivery Board did not make a decision about the new model and its funding pending further discussions about the use of additional funding to support Social Care recently announced by the Government. These discussions will be informed by the detail of the grant conditions once published by the Ministry of Housing, Communities and Local Government.

25. **Michael Sobell House** - The latest position concerning Michael Sobell Hospice 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.

26. **Post-April 2019 BCF Plan** - Officers reported to the September Board meeting the expectation that the operational guidance for the next iteration of the BCF would follow the publication of the Adult Social Care Green Paper, with the understanding that this would coincide with the publication of the 10-year NHS Plan at the end of November. However, it would now appear that the publication of the Green Paper has been postponed further, which may lead to the operational guidance not being published until the New Year. It is understood from the Better Care Support Team that the guidance will mirror that for 2018/19. As previously reported to the Board, the intention is that the next iteration for the plan will be for one year only. Officers have secured support from the Better Care Support Team for Hillingdon to develop a three year plan as this would be more fitting with some of the proposed developments, e.g. integrated therapies for children and young people, care and support for people with learning disabilities, etc. These proposals will therefore be further developed for the Board's consideration in due course.

Financial Implications

27. The pooled budget is forecasting a pressure of £1,172k at the end of Q2, £1,062k of this pressure is within HCCG Services and £239k is within Social Care Services.

28. The LB Hillingdon Social Care forecast has increased by £110k since Q1. This increased pressure mainly relates to Scheme 5: Improving Care Market Management and Development and is from additional domiciliary care packages for clients. This pressure is being offset within

the overall Social Care budget.

29. HCCG's overspend largely relates to Scheme 5: *Improving Care Market Management and Development*, which is overspent by £1.055m. This is mainly attributed expenditure on domiciliary care for older people and younger adults with physical disabilities as well as nursing care home provision for frail elderly and people with palliative care needs. The overspend is balanced by underspends in other Programme areas.

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 2 2018	Variance as at Q2	Variance as at Q1	Movement from Q1
		£,000's	£,000's	£,000's	£,000's
Hillingdon CCG - Commissioned Services	26,770	27,832	1,062	0	1,062
LB Hillingdon - Commissioned Services	23,105	23,344	239	129	110
LB Hillingdon - Commissioned Capital Expenditure	4,174	4,174	0	0	0
Overall Totals	54,049	55,350	1,301	129	1,172

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

Consultation Carried Out or Required

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

Policy Overview Committee Comments

32. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

33. Corporate Finance has reviewed the report, noting that a net underspend of £239k is projected against the Council managed elements of the pooled Better Care Fund Budget, an adverse movement of £110k from Quarter 1. There are no direct financial implications associated with the recommendation that the Board note progress in delivery of the Better Care Fund plan.

Hillingdon Council Legal Comments

34. 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.

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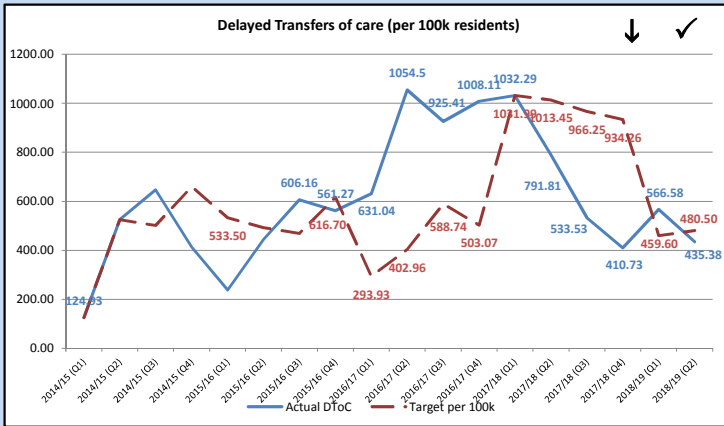
Better Care Fund

Period: 01/04/2018 to 30/09/2018
 Month Number: 6

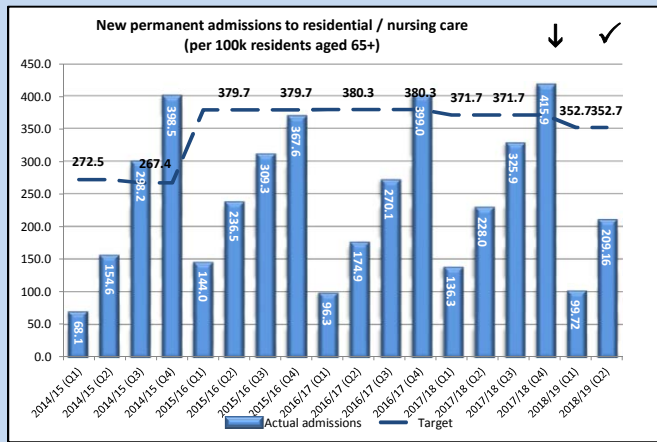
Appendix 1

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	2,925		
	Difference from Target	-39	+75	-2,850	-2,850



Key components of BCF funding 2018/19	Budget	Outturn	Variance
	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	26,770	27,832	1,062
LB Hillingdon - Commissioned Services	23,105	23,344	239
LB Hillingdon - Commissioned Capital Expenditure	4,174	4,174	0
Overall BCF Total funding	54,049	55,350	1,301



	To the end of period	Number (1/4ly)	Residents	Per 100k
	Baseline (2016/17)		8,364	235,788
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)		1,042	239,332	435.4
2018/19 (Q3)			239,332	0.0
2018/19 (Q4)			239,332	0.0
2018/19 (YTD)		2,398	239,332	1,002.0
Variance from YTD Target		-98	239,332	-40.7
2018/19 (Target)		4,991	239,332	2,085.4
Variance from Target		-2,593	239,332	-1,083.4

	To the end of period	Number (Cum)	Residents	Per 100k
	Baseline (2016/17)		161	40,354
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)		86	41,117	209.2
2018/19 (Q3)			41,117	0.0
2018/19 (Q4)			41,117	0.0
2018/19 (YTD Target)		72.5	41,117	176.3
Variance from YTD Target		+14	41,117	32.8
2018/19 (Target)		145	41,117	352.7
Variance from Target		-59	41,117	-143.5

ASCOF 2B	% of clients still at home 91 days after discharge	2017-18 (Target)	2017-18 (Q4)	2018-19 (Target)	2018-19 (Q2)
			88.0%	88.7%	88.0%
	Variance from Target	N/A	0.7%	N/A	7%

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CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE NOVEMBER 2018.

Relevant Board Member(s)	Dr Ian Goodman Councillor Philip Corthorne
Organisation	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
Report author	John Beckles Transformation Lead Emotional Well-being and Mental Health CYP
Papers with report	Appendix 1 - CYP MHEB LTP implementation plan Appendix 2 - Kooth Quarterly Report Appendix 3 - CNWL Performance data

1. HEADLINE INFORMATION

Summary	<p>This paper updates the Board on progress in implementing the Hillingdon Children and Young People’s Mental Health and Emotional Well-being Local Transformation Plan (CYPMH LTP).</p> <p>The Board agreed to delegate authority to approve the annual refresh of the (CYPMH LTP) for submission to NHSE on 31st October 2018, to the Chairman of the Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon. The plan was approved and submitted to NHSE for assurance. The plan will be published on the CCG/LA websites in January 2019.</p> <p>This paper provides an update on the continued engagement with Hillingdon schools in response recently published response to the consultation on the Green Paper e.g. Schools Mental Health Champions and mental health support in schools (Child wellbeing practitioners).</p> <p>Of particular note this quarter is the progress that has been made in establishing the new on –line Counselling Service KOOTH. The service provides increased access, prevention and early intervention for children and Young People in Hillingdon with emotional well-being and mental health issues.</p> <p>This paper also provides information on the increased access and current waiting times for Hillingdon children and Young People detailed in the performance reports from CCG and NHS Commissioned services and outlines the continued engagement and consultation with Hillingdon Young Healthwatch.</p>
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Contribution to plans and strategies

Previous Health and Wellbeing reports
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

National:

- 'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing' (2015)
- The Five Year Forward View For Mental Health – report from the independent Mental Health Taskforce to the NHS in England (February 2016)
- Implementing the Five Year Forward View for Mental Health (NHSE 2016)
- NHS ENGLAND specialised commissioning Children & Adolescent Mental Health Services (CAMHS) case for change (NHSE August 2016)
- 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 June 2018 Board Paper

Ward(s) affected

All

2. RECOMMENDATIONS

That the Health and Wellbeing Board notes the progress made:

1. in the approval and submission of the annual refresh of the Hillingdon Children and Young People's Mental Health and Emotional Well-being Local Transformation Plan to NHSE for assurance on 31 October 2018. The plan will be published in January 2019, when the assurance process is complete.
2. 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 progress made in establishing the new on-line counselling service KOOTH and the continued engagement of schools by the 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. The
3. in the sustained improvement in increased access for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from CCG and NHS commissioned services
4. in the continued engagement and consultation with Hillingdon Young Healthwatch and Children and Young People in developing local services.

3. 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 Emotional Well-being Mental Health Training Group

An Emotional Well-being / Mental Health Training group, a task and finish group, led by the CCG CYPMH transformation Project lead, is compiling a list of 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'. The compendium will be available to schools by March 2019.

4.2.1.2 The Well-being in Schools Mental Health Project

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.

In November 2018, The Well-being project developed a tool to ascertain the level of risk and resilience in vulnerable children in school. The tool is used to identify emerging emotional well-being and mental health issues and will be piloted in 22 Hillingdon schools with the aim of early identification of emotional well-being issue.

4.2.1.3 The Child Well-being Practitioner Service

The Child Well-being Practitioner Service has been fully operational from 15 August 2018, and has been accepting referrals via the CAMHS Gateway and the participating schools.

Currently the two Child Wellbeing Practitioners are delivering the intervention, consisting of 8 one to one CBT based Guided Self Help sessions, at six Hillingdon schools:

1. Haydon
2. Bishopshalt
3. Whitehall Infant
4. Ryefield Primary
5. Bishop Winnington Ingram CofE Primary
6. Ruislip Gardens Primary

The Hillingdon Children's Wellbeing Project has received 33 referrals of which 31 have been assessed and two have been booked for an assessment within the next two weeks. From all assessed 6 young people and primary school children's parents have decided that the intervention is not suited to their particular needs at this present time and they would not like to engage with the project.

Ten young people and parents of primary school children did not fulfil the referral criteria and were signposted to/ have been helped to access other services such as: School Counselling, Mentoring, CDC, Relate, Bereavement counselling and CAMHS.

All young people and parents of primary school children have completed Regular Outcome Measures at the start of the intervention and are tracking progress on the mental health wellbeing goals they have been working on. Progress is monitored throughout the intervention and so far all show an improvement of the symptoms, that they are receiving the intervention for, and progress on their mental health wellbeing goals.

4.2.1.4 Social Communication, Emotional Regulation and Transactional Support. (SCERTS).

The LBH inclusion team have been successful in their 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 The SCERTS Model is a research-based educational approach and multidisciplinary framework that directly addresses the core challenges faced by children and persons with ASD and related disabilities, and their families. SCERTS focuses on building competence in Social Communication, Emotional Regulation and Transactional Support. (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.

4.2.1.5 KOOOTH on Line Counselling

'Kooth' the online counselling, support and advice service for 11-19 year olds went live in the Borough on 9 July 2018. The service provides immediate access to support for children and young people with emerging emotional well-being and mental health issues. Monthly contract performance meetings are in place and the quarterly report is attached (Appendix 2)

Some of the main highlights from the quarterly report are:

- The service has provided counselling to 73 children and young people.
- 47% of service users are from the BME community.
- 75% of service users are girls; 25% are boys.
- Service had 245 logins over the quarter.
- 69% of contacts/logins are outside office hours (9-5pm).
- 100% would recommend the service to a friend.

The service is still relatively new and is being marketed with CYP and local schools as well as the GP localities and other agencies via the Thrive network across Hillingdon.

4.3 Thrive component: 'Getting Risk Support' and 'Getting More Help' Performance update

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. 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 not been achieved since the last report. In September 2018, this reduced to 77%. However, the target was met in October 2018.

The reason for the target was not achieved in September 2018, this was due to staffing and retention as Hillingdon lost 3 wte staff who left the service during the summer period and this impacted on the clinical capacity within the service.

This has been a challenge for the service in recent months as staff turnover has increased in Brent, Harrow and Hillingdon and this has impacted on the numbers of assessment and follow up slots available for individuals. The services are running with vacancies

CNWL has outlined an action plan to increase clinical capacity in the Hillingdon service by utilising the assistant psychology resource to support data entry, basic clinical interventions and

to free up the time of the higher banded clinicians to focus on face to face clinical work.

The vacancies have now been recruited to and it is expected that the service will meet the 18 week standard

The action plan and 18 week target will continue to be closely monitored and reviewed by the CCG at the monthly contract meeting with CNWL.

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.

The Eating Disorder service continues to perform well and has led to a reduction in the use of the Eating Disorder inpatient unit. 24% of the 163 children and young people seen by the service in Q2 are from Hillingdon.

As outlined in the CCG commissioning intentions and as part of the Thrive developments the 'core CAMHS' and The CAMHS Learning Disability service specifications are under review and new service specifications will be developed to improve early intervention, reduces waiting times and integration with local services and partner agencies.

Lavender Walk in- Patient Unit opened on 12 November 2018. This is a new NWL 12 bedded unit for 13-18 year olds based at South Kensington and Chelsea MHU. The service opened to patients on 12 November 2018. The service enhances the Urgent care pathway in that urgent care team will provide step up and step down from the ward. The ward also has day programme capacity which allows the team to keep the YP close to home and community. The NWL NMOC arrangements facilitated this development for NWL. This is the first time that NWL STP has had its own NHS beds.

The service sees children aged between 13 and 18 years old who are resident in the north west London boroughs (this includes Westminster, Kensington and Chelsea, Brent, Harrow, and Hillingdon, Hammersmith and Fulham, Ealing and Hounslow), although there may be rare cases of 12 year olds being admitted. The service is for children who may require detention under the Mental Health Act although the latter is not a pre-requisite. Children are seen with a primary diagnosis of mental illness and this does not exclude young people with a mild learning disability, drug and alcohol problems or those with social care problems as secondary needs. There are currently 2 Hillingdon children who are in patients at the unit.

4.4 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.

Hillingdon CCG submitted a business case to the London Region NHSE Team to have the prevalence figure corrected from 6,071(to 4,051) in August 2018, and the London Region NHSE Team accepted the business case in October 2018, and have reduced the prevalence figure to 4,051.

It is projected, based on the 4,051 prevalence figure and the Q2 2018/19 activity, that Hillingdon will achieve a 28.3% increased access in 2018/19 against the 32% target for 2018/19. The Hillingdon CCG recovery plan aims to increase access through the inclusion of LBH activity (LINK) and Kooth activity by a further 4% to achieve the 32% access target for 2018/19.

There have been technical problems for KOOTH to flow activity data to the mental health data set and NHSE have queried whether KOOTH activity data August 2018-October 2018 meets the clinical criteria required for 2 contacts. This decision is under review.

NHSE have agreed that the KOOTH activity data now meets the mental health data set criteria and will be accepted from November 2018 onwards. It is still expected that Hillingdon will meet the 32% increased access target despite the fact that KOOTH data will only be accepted from November 2018 (Appendix 2).

5.0 Young Healthwatch

To promote greater understanding and awareness of the work of the CCG and to continue to develop the relationship between the CCG and Young Healthwatch, a visit to the CCG offices at Boundary House was arranged on 25/10/18. Young Healthwatch met with Senior Leaders and representatives list from Hillingdon CCG. They were given information about their respective role in the CCG and how the CCG contributes towards meeting the health needs of the Hillingdon population.

Some of the key areas of discussion on 25/11/18, are outlined below:

- The need for Mental Health Champions in schools discussing emotional well-being and mental health issues with peers.
- The need for online counselling service Kooth and use of apps like NHS GO.
- The need for services in schools that are child focused and confidential that were more specialist, e.g., Place to Be Service in secondary schools.
- The need for more emotional wellbeing support at exam time for CYP.

The issues raised by the visit will be picked up at the next CCG Young Healthwatch meeting in December 2018/January 2019. Young Healthwatch will continue to be used in a consultative capacity to inform the developments in the integrated care system and the emerging plans to develop an early integrated response for CYP with emotional well-being issues in Hillingdon.

6.0 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.

7.0 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.

8.0 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.

9.0 BACKGROUND PAPERS

- Hillingdon CYP MHEB LTP implementation plan - Appendix 1
- Kooth Quarterly Report - Appendix 2
- CNWL Performance data - Appendix 3

ANNEX F: Hillingdon CCG**Local information and implementation plans for Hillingdon CCG and London Borough of Hillingdon****1.0 Hillingdon Local Needs Assessment**

Hillingdon is a diverse, prosperous borough in North West London bordered by Hertfordshire, Buckinghamshire, Hounslow, Ealing, and Harrow. Over the last few years there has been growth both in the number of births and the number of people moving into the Borough; alongside this residents are living longer. The official population estimates indicated that there were 309,300 residents in 2016, and forecasts suggest this will increase to 321,000 by 2021.

Approximately a third of the population in Hillingdon is aged 0-24 years, a greater proportion than in London or the whole of England. There are 80,300 children and young people (CYP) aged 0-19 estimated to live in Hillingdon in 2018, increasing to 92,900 by 2025, a **15.7% increase**. The largest increase will be in the 10-14 age band. There are estimated to be 15,400 children and young people aged 0-24 from Black ethnic groups in Hillingdon in 2018, increasing to 17,776 by 2025, a **15.4% increase**; it should be noted that national findings indicate that the prevalence of mental health disorders in BME CYP is relatively higher than that of White CYP. This expected growth has implications for the future demand and the planning of CYP MH and wellbeing services

The Joint Strategic needs assessment (2016) highlighted the following vulnerable groups of CYP in Hillingdon:

- Looked after Children
- Youth offenders
- Children with learning Disability
- Children not in Education or Training (NEET).

and Initial plans targeted support to these groups.

2.0 Reducing Inequality

Hillingdon embraced 'Thrive' a conceptual framework (figure1 below) that provides a starting point for designing services, and offers a consistent approach that aims to reduce health inequalities and to deliver the aims of 'Future in Mind'. 'Thrive' provides a way of focusing on the needs of the CYP ensuring an integrated, collaborative, and preventative approach; and responses/support focused on the needs of CYP and makes explicit the needs based offer to the family and CYP.

These principles will be used to continue to establish synergies with the Local Authority, partners and key stakeholders to deliver improved outcomes CYP in Hillingdon ensuring value for money (effective, efficient and economic) and making the best use of existing resources.

The Key deliverables of this refreshed plan are to:

- Remodel the current pathway to give easier access to low level early intervention support and further reduce waiting times to specialist treatment services by October 2019
- Develop a Single Point of Access/Referral to provide fast early intervention support By Feb 2020.
- Monitor the use of 'Kooth' (On-line counselling) and ensure it provides increased access to services for traditionally difficult to engage groups of young people e.g. BME Groups and young men by October 2019
- Monitor the performance of the community Eating Disorder, Perinatal and 24/7 crisis/intensive support services to ensure improved outcomes
- Reduce waiting times to treatment and Increase access to services by 35% of the estimated prevalence by 2020/21

3.0 Vision

In Hillingdon we want all children and young people to have the opportunity to Thrive, and develop the resilience and skills to make a successful transition to adult life. We recognise that positive emotional well-being and good mental health is a vital to success in this aspiration. The challenges young people face in Hillingdon are hugely varied; from emotional well-being issues to incredibly serious and debilitating mental health long-term conditions.

The approach sits within the aims of the Hillingdon Thrive Network and the wider strategic direction of the CCG and the Local Authority, with a shift towards proactive rather than reactive care, and with greater use of community support and resources to provide earlier and timelier support to children and young people.

4.0 Hillingdon and North West London Transformation Plan Priorities

Hillingdon is now in the fourth year of its five year Transformation Plan for Children and Young People's (CYP) Mental Health Services.

We have been working in collaboration with children, young people, their families and service providers to implement new models and support that address both the North West London (NW London) and Hillingdon priorities identified throughout the LTP, namely:

- Minimal Waiting Times
- Specialist Community Eating Disorder Service
- Vulnerable groups
- Redesigning the System
- Crisis and Urgent Care pathways (See Draft overarching NWL plan Appendix1)

Implementation of the transformation is supported by three enabling work streams :

- Supporting Co-production
- Workforce Development and Training
- Needs Assessment – completed 2016

Updates on the enabling work streams is included within the body of the report and a detailed investment plan attached as(Appendix 2) gives more detail of priorities and confirms financial investment .

The local assurance arrangements that monitor progress and performance and ensure the aims outlined in the Local Transformation Plan (LTP) are met is described below including the local governance arrangements in place and uses the Thrive segments to report progress .

5.0 October 2018 update

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.

5.1 Getting Advice - 'Building resilience to support communities (school and family) to prevent, support and intervene in mental health issues'

In Hillingdon there is evidence of the progress that has been made through the Hillingdon Thrive network in engaging with and supporting schools with CYP MH and wellbeing initiatives including:

5.1.1 Schools compendium

Building on mapping of provision and a survey completed in 2017 a task and finish group (Emotional Well-being & Mental Health Training group) has been established to design a compendium of available training materials for local schools ready for dissemination by February 2019. The compendium will provide teachers with advice and support on emotional wellbeing and mental health issues as well as a directory of what is available. The compendium will be made available on line and through the local offer 'Connect to Support'.

5.1.2 Mental Health Champions

The MHWB Champions Network meeting 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 an identified 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 to drive forward change in practice, policy, 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.

5.1.3 Sandwell Whole School Approach

The 'Sandwell Whole School Approach' pilot led by the Borough's Educational Psychology department and Public Health is running with a secondary School aiming to test the benefits of the approach and the potential to widen the offer to more schools. The evaluation of this pilot is due in April 2019.

5.1.4 Schools Wellbeing Practitioners

The local specialist provider Central North West London has successfully bid for funding for a one year pilot project to test the role and impact of 'Well-being practitioners in schools. This posts have been recruited to and the project is now underway due to complete in 2019. These posts support the implementation of CYPT – IAPT evidence based treatments and interventions .

There is a commitment to continue with the CWP project within CNWL, 2018/19 Central North West London have received notification for 2019/20 that they have been successful in our bid and will have a further 2 CWPs in post by January 2019 .CNWL have identified funding internally to support these roles and create a B5 post that will help with diversifying our CAMHS workforce. The CWP posts are supported by a Clinical Supervisor/Service Development Lead post .

5.1.5 ASD support

The LBH inclusion team have been awarded funding from the Department of Education (£200,000) to run an innovative educational model for working with children with autism spectrum disorder (ASD) and their families. The Social Communication/Emotional Regulation/Transactional Support (SCERTS) 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. The implementation plan is currently in development and will involve 35 schools in Hillingdon.

5.1.6 Parent to Parent Initiative

Hillingdon Thrive has overseen the development of a range of community based initiatives that provide early intervention and prevention as a response to specific local challenges. A Hillingdon parent, a member of the network, recently set up a group offering peer support for parents of children with ASD/ADHD. The group provides positive emotional well-being and emotional regulation for parents with children who suffer from ASD/ADHD. Feedback from group members is positive and the CCG will be

working with the group to evaluate the outcomes and benefits of the group and test the potential to roll out the model across the Borough during the remainder 2018/19.

5.2 Getting Help Focuses on health based interventions with clear treatment goals and set criteria to assess whether those aims had been achieved.

5.2.1 Kooth' On- Line Counselling Services

Hillingdon has taken an important step in developing Early intervention and prevention services by piloting the “Kooth” on line counselling service from July 2018 initially for a year. This service is an example of the use of “Digital” innovation and provides evidence based support and fast access to low level support or CYP. The service has been successfully used in several CCG’s across the country and has been shown to support specialist CYP MH (CAMHS services) by increasing access and providing early intervention. Following mobilisation monthly performance meetings to monitor the impact of the new service are planned to inform the future commissioning plans.

The CCG will continue to promote the “NHS Go” Health App and will be reviewing its Social media outlets with Young Health Watch in October 18.

5.2.2 Hillingdon CCG My Health programme

The CCG through the My Health programme has trained thirty college tutors to deliver an experiential programme of tutorials to 750 students that promotes positive mental health awareness, personal resilience and peer support. The programme will be evaluated against through a mixture of quantitative and qualitative measures spanning college, service and mental health domains. The college will be left with the legacy of embedded capacity to continue delivering the programme and Focuses on health based interventions with clear treatment goals and set criteria to assess whether those aims had been achieved. simply responding to emerging mental health needs more effectively.

5.2.3 ‘The Scrapbook Initiative’

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.

CYP referred to the School Nursing service for support on issues such as anxiety, bullying, low mood, friendship problems, weight issues, often have low self esteem. Using the idea of creating a ‘scrap book’ the young person is encouraged to work with the nurse, friends, family and teachers and identify positive elements about themselves which is turned into a written record. This can be used as a reminder to the young person of their strengths.

5.2.4 Single Point of Access

To improve the local early intervention and prevention service offer and in line with the Hillingdon Local CYP LTP approach of coproduction and integration, a workshop is being planned in September 2018, to design and develop a 'Hillingdon Single Point of Access/ Referral (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.

The workshop with the Local Authority and key stakeholders will also help to develop an integrated early intervention and prevention Hillingdon response that provides an improved offer to Hillingdon children and young people from the available resources.

5.2.5 Waiting Times

The CYP MH (Core CAMHS) service 18 week waiting list target (85% of referrals receive 2 interventions in 18 weeks) has been successfully achieved and maintained during Q1 of 2018/19. (See performance report appendix 4).

A review of the performance of the Core CAMHS team also notes a trend in the reduction of cases in Hillingdon on the waiting list in 2018/19 for treatment. This is a positive development and the aim is now to reduce the waiting times and increase the capacity of the service further by the development of early intervention services in 18/19

The service is currently under review by the CCG and a new service specification will be developed by April 2019, to ensure that the service continues to improve outcomes for children and is fit for purpose.

5.2.6 Increasing Access

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 4051 prevalence. This was due to a number of factors including a sudden drop in referrals in Q3& 4 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 (6071), was used by NHSE/Department of Health (DH) to calculate progress towards the access target.

Hillingdon CCG have submitted a proposal to have the prevalence figure corrected (to 4051). This proposal has now been agreed. It is therefore projected based on Q1 2018/19, activity that Hillingdon will achieve only 28.3% the 32% access target for 2018/19. As it has a robust recovery plan in place Additional activity commissioned via Kooth online counselling service and the inclusion of LBH counselling activity will increase access by a further 4% to achieve the 32% access target for 18/19.

5.4 Getting More Help Emphasis on intensive and extensive longer-term health based treatment.

As outlined in the NWL Transformation Plan Hillingdon recognised the need to expand the groups considered under the 'Vulnerable Groups' scope and focus on those with additional risk factors for poor mental health and emotional wellbeing including:

- Those in or at risk of contact with the Criminal Justice System
- Young carers
- Children who have been abused or neglected
- Children presenting in Crisis and admitted to Tier 4 Facility

5.4.1 Liaison & Diversion service - Health and Justice

The NHSE Health and Justice Collaborative Commissioning project aims to facilitate better integration between Children's and Young Peoples Mental Health and Emotional Wellbeing and the Youth Justice Service. Following the local needs assessment a CYP liaison and diversion officer was recruited and has been co-located at the YOS since April 2018. As a result, all young people arrested by the police are now screened for a range of potential issues including emotional wellbeing. Where potential needs are identified the CYP is being referred or sign posted to appropriate agencies. Based on the local needs assessment resources were also made available to provide training support to the YOS team around trauma, cognitive self-Change, Motivational Training, Mental Health and Autism awareness training. The needs assessment also identified a need for speech and language (SLT) training and support for the wider YOS team. A speech and language therapist (0.2wte) is co-located and working with the YOS team to improve the communication skills of this group of children which will contribute to reducing the potential for offensive behaviour. This work will be evaluated in February 2019.

Data for Q1 2018/19 confirmed:

CYP Liaison Apr-Jul 2018	
Number of CYP seen	55
Number of CYP screened (referred to other services)	37 (8%)
LD/education needs	50-60%

Hillingdon receives quarterly reports regarding re-offending rates and **our FTE** (in full) rates from the Youth Justice Board. The Youth Justice Plan objective currently is to achieve a general reduction in both areas. The CYP Project lead and Youth Justice Lead will be agreeing a target for reduction in Q4 based on nine months performance of the service.

5.4.2 Child Sexual Abuse Support Hubs

A NSPCC review of LTP published in September 2017 highlighted that many Transformation Plans overlooked the needs of children and young people who have been abused or neglected and by focusing primarily on acute interventions rather than prevention or early intervention missed an opportunity to improve their life chances. Hillingdon is including this group in our priorities and in our collaborative and integrated approach to early intervention going forward.

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

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

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

The three year commissioned service launched in August 2018 and sees all CYP who are referred to the service via local Safeguarding and MASH teams. The service will align with the medical assessment hubs that are being established across NW London.

Emotional Wellbeing practitioners will work closely with the medical team to ensure a multi-agency response to disclosure of abuse. Hub team members are forming close relationships with social care teams and the police to further streamline support and processes.

5.5 Getting Risk Support Often resource intensive and requiring considerable input, this level of support targets those children and young people for whom traditional health based care does not currently meet their needs.

5.5.1 Community Eating Disorders

The Eating Disorder service has performed exceptionally well in 18/19 and continues to meet the national Access and Waiting time targets for urgent and routine referrals. The total of 153 external referrals to the Eating Disorder service between 01/07/2016 and 30/06/2018. 40 were for Hillingdon CCG patients = 29%.

The service is well on track to achieve the national access and waiting time targets by 2020/1.

5.5.2 Urgent /Crisis 24/7 care

The new crisis support service was renamed the 'urgent care service' at the request of young people using the service. It became fully operational in January 2018 and extended the out of hours offer to provides 24/7 access to assessment and short term intensive support for CYP in Crisis.

The NW London pathway was reviewed by the Healthy London Partnershi in July 2018, and the service hub in Hillingdon was positively referenced:

'The Hillingdon CAMHS hub offer increased weekly appointments for young people and their families to support risk/crisis in attempt to avoid admission, and have worked with young people intensively to avoid admission'

'They empower families to share the responsibility with staff in keeping the young person safe at home and managing risk. The team have developed strategies and bespoke care plans that families can follow in the community. If an admission is needed the team work very closely with the Tier 4 service'

These new services continue to support the reduction in length of stay in NHSE (tier 4) bed based services and CYP being care for closer to home. Specialised Commissioning are reinvested savings in the NW London urgent care services to ensure CYP can return home quickly with appropriate support and then transfer safely to the local Specialist or Core CAMHS team .

5.5.3 New Models of Care (NMOC)

The NMOC partnership has enabled the system to make significant quality improvements; reducing LOS, bringing CYP closer to home and reducing the number of acute admissions; the savings will be reinvested into the 24/7 crisis service (renamed urgent care by CYP) increasing access to short term intensive support closer to home. The partnership has also increased the number of beds in London for CYP with MH issues, general adolescent beds are to open in November18, and LD beds in May 2019. These developments and the impact on community services will be discussed at the Thrive network meetings.

New Models of Care is a two year programme funded by NHSE. This is funded diverting funds from Specialised Commissioning to local provider organisations in a two year pilot. Longer term funding plans have not yet been specified by NHSE therefore substantive plans are difficult to determine at this stage.

5.5.4 Early Intervention Service

The Early Intervention Service (EIS) within the London Boroughs of Harrow and Hillingdon(H&H) works within the Community Mental Health services in Central and North West London NHS Foundation Trust (CNWL). It is a service that provides early detection, assessment and intervention for 14-35 year olds who are experiencing a first episode of psychosis. Its aim is to provide world class, evidence based treatments in order to reduce the impact of the disorder for the individual and their families.

The EIS will work closely with many services and agencies including Primary Care, Community Mental Health Teams (CMHT), Children & Adolescent Mental Health Services (CAMHS), Inpatient wards, Schools, Colleges and Universities to encourage early referral to ensure an early assessment of needs by the team.

The service works closely with the Core CAMHS team and children and young people are assessed by the CAMHS Consultant and referred directly to H&H EIS. CAMHS clients are monitored weekly during the H&H EIS MDT which is held weekly (every Wednesday). There are currently 11 Hillingdon CAMHS clients on the H&H EIS caseload at present.

The service is NICE compliant and meeting the national access and waiting time targets .

6.0 CYP MH and wellbeing Local Transformation Plan Implementation 2018/19.

As local system leaders the CCG and LBH continue to encourage collaboration and where appropriate integration across different sectors and services to support a 'holistic' approach to mental health and wellbeing and recognise and respond to the specific and additional mental health and emotional wellbeing support needs of particular groups of CYP.

In August 2018 Hillingdon Thrive Network reviewed and agreed the NW London priorities and identified particular areas to focus on over the next 12 months. These are incorporated in the implementation plan attached as Appendix 3 and include key milestones timescales. The plan contains a risk assessment, mitigation and sustainability plan.

6.1 Minimal Waiting Times

The CCG and LBH continue to monitor this objective via contract meetings and through wider system and stakeholder discussions. The planned remodelling of the current pathway, and extended access to online support and streamlining access to services will support the achievement of this priority area.

6.2 Community Eating Disorder Service

The performance of this service is outlined in the overarching NWL plan and will continue to be monitored to ensure improved outcomes for children and young people working with local practitioners to ensure they are able to identify CYP at risk.

6.3 Vulnerable groups

To ensure that vulnerable CYP receive the enhanced support they need performance of the following services will also be closely monitored and review of the service specifications will take place in 18/19.

- CYP MH specialist Learning Disability Service
- Urgent Care 24/7 support Service
- Liaison and Diversion Service – YOS Health and Justice
- NW London Child Sexual Abuse Hubs
- Core CAMHS
- Kooth – On line Counselling service

6.4 Redesigning the local pathways/System

The Hillingdon Thrive Network was established in January 2018 and has representatives from a range of local stakeholders including NHS providers, commissioners, Early Years, School Nursing, Specialist MH services, School inclusion team, schools, voluntary sector, parents and children and young people, and has been used in since its inception to identify strengths and weaknesses in the local system and support improvement.

The whole system of Emotional Well-being and mental Health care system in Hillingdon is represented by stakeholders across Health, Education, Local Authority and the Voluntary sector. In Hillingdon we have a range of services that contribute to meeting emotional and mental health and well-being of children and young people .

In relation to the Thrive model, these are services that are in the getting advice / getting help segments). Health visiting, school nursing, therapeutic work undertaken in early years (Five to Thrive), and voluntary sector provision targeted at providing early help and support for children and parents with suspected or diagnosed ASD. There are also targeted services for children with mild to moderate emotional disorders

The network noted the progress during 18/19, supported the proposed priorities and suggested particular areas to focus on in delivering the priorities:

- 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
- Co-ordination of 0- 5 services need to be enhanced in Hillingdon around attachment

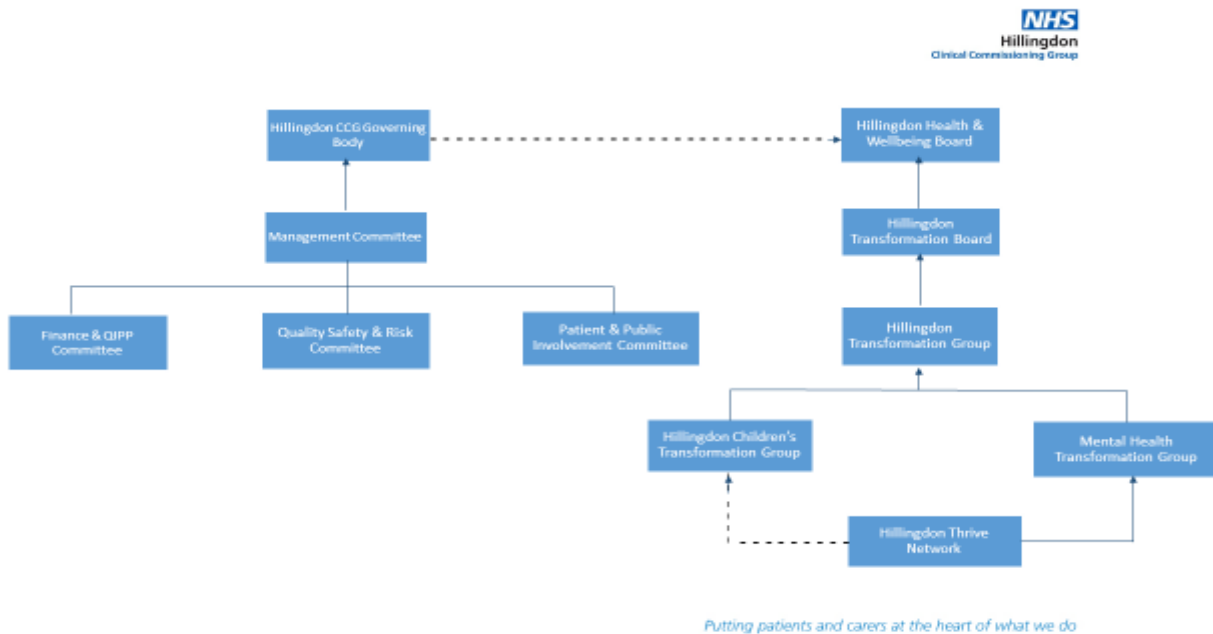
Additionally the CCG and Local Authority are reviewing Specialist CAMHS services with involvement of a group of children, young people and parents with experience of the services to discuss their ideas and priorities for how this intensive element fits within a proposed model of service that is fit for purpose in Hillingdon.

With the expansion of the integrated care system to include low level support the CCG is working with LBH to remodel and align early intervention and support .Redesign of

services in Hillingdon will aim to be in line with the broader NW London and local priorities and a workshop event is planned to progress this work in November 2018.

7.0 Governance

Improving CYPMH and emotional wellbeing is a priority of the Health & wellbeing Board, the Borough and the CCG. The HWB receives a quarterly update report outlining challenges and progress against key indicators and have welcomed the establishment of the Hillingdon Thrive Network as a mechanism for engaging with and supporting stakeholders working with CYP and implementing the local LTP. The CCG Chair and Managing Director are represented on the HWB along with local councillors. Within the CCGs performance is monitored via contract mechanisms and the quality, Safety, Risk committee receiving monthly programme updates. Management committee and governing body receive annual updates and endorse the annual refreshed plan.



8.0 Finance

8.1 Transformation Funding Allocation

Hillingdon approved the CYPMH Transformation funding plan shown below in 2015:

AREA	15/16	16/17	17/18	18/19	19/20
Training needs	30	10	10	10	10
Co-production	25	25	25	25	25
Community eating disorder	149700	149700	149700	149700	149700
Waiting times / early intervention	120000	140000	140000	140000	140000
LD autism	100000	100000	100000	100000	10000
Self-harm	100000	100000	100000	100000	10000
Total	504760	524760	524760	524760	524760
NHSe W List funding ***		64000	4000		
Total		588760	588760		

8.2 Total Local Investment

Year	HCCG £	LBH £	total
2015/16	1.8m	0.667m	2.467m
16/17	2.2m	0.668m	2.868m
17/18	2.2m	0.678m	2.878m
18/19	2.4m	0.698m	3.098m

The CCG has received additional investment for specific projects during the programme (table2)

AREA	16/17	17/18	18/19	19/20	20/21
NHSe W List funding	64000	64000			
CYP Liaison & Diversion		73000	75,000	73000	
CSA Hubs		125.600	*125,600	*120,800	*120,800

Table 2

*NB. Monies for the CSA hubs have only been received by the CCG for 17/18. The monies allocated by NHSE for the next 3 years 2018-2021, have not yet been received by the CCG although NHSE have provided written confirmation of funding.

8.3 Allocation 18/19

CCG	Eating Disorders 18/19	Transformation Plan 18/19
Hillingdon	£149,760	£374,863

The LTP refresh shows the annual investment in CYP mental health and wellbeing services from both the NHS and the Local Authority for the last four years. Services such as school nursing, health visiting, and schools offer emotional support within their core offer; this is not included within the investment

Hillingdon 2015- 2020 Transformation plan

In Hillingdon our plan is that CYP MH and wellbeing services will be part of an integrated care system which supports all CYP and their families, there will be easy early access to low level support which reduces demand on specialist Core camhs practitioners. This supports a reduction in treatment waiting times and increases access in venues wherever CYP wish to be seen.

Our aim is that by 2020 that we have done enough to reduce the demand for high cost and specialist interventions so that the current levels of funding can be reduced in these areas and re-diverted into sustaining the preventative and early intervention services that have been introduced. So that we continue to maximise the potential of children and young people.

Hillingdon Road Map
2015- 2020 Transformation plan



By 2020 we aim to have the following arrangements in place

- CYP MH and wellbeing services will be part of an integrated care system which supports all CYP and their families, there will be easy early access to low level support which reduces demand on specialist Core camhs practitioners. This supports a reduction in treatment waiting times and increases access in venues wherever CYP wish to be seen
- Increased Access for CYP of 35% to meet 35% national target by 2020.
- Improved care pathways for vulnerable children evidenced by reduced waiting times and an integrated single point of access.
- Children, young people and their families will receive a rapid response to their needs, have access to information and advice that is high quality and evidenced based. The support they receive will be flexible, person centred, convenient and promotes their recovery.
- Eating Disorder service in line with National Access and waiting Time Targets
- 24/7 urgent care service .
- Mental Health Champions in 50 Hillingdon Schools (25%). The schools mental health champion role is supporting policy and practice developments in schools supporting by HWB workers and specialist practitioners through the use of webinars, as well as face to face support.
- Inpatient stays for children and young people will be a last resort and will be as close to home as possible and will have the minimum possible length of
- The ASD pathway is fully implemented and the 'at risk of admission register' is embedded providing the opportunity for services to work together to reduce crisis and emergency admissions.
- The Hillingdon Thrive network is leading system discussions about health and wellbeing and facilitating learning across systems and organisations with a strong local CYP and family voice reflected in the developments.

Collaborative Commissioning

Hillingdon CCG through the NWL Commissioning Collaborative will work closely with Specialised Commissioning to determine how we put the following in place .

- Access to appropriate beds locally thus not having to travel long distances, face long waiting times, or disconnect from family and their local community
- Availability of services out of hours
- Support for young people when they return home after Specialised CAMHS admission
- Children's services to map neatly onto adult services affecting transition
- Consistent commissioning arrangements between community and Specialised CAMHS
- More multiagency support to help children and young people with mental health problems to stay in community and prevent hospital admission

The NWL local Sustainability and Transformation Partnership (STP) sets out a strong focus on keeping people well acknowledging that a local approach works best. Our NWL plans also include addressing the mental health of children and young people in Hillingdon. The STP will help drive a sustainable transformation in health and care outcomes between 2016 and 2021 for Hillingdon.

Our work in NWL on children's mental health improvements is supported by the strengthening of local relationships through the STP development and the shared understanding of priorities and action plans, and we have been able to align this local transformation plan with the broader ambition for NWL as set out by our STP.

Five Year Forward View

The 2018 Hillingdon transformation plan refresh continues to be updated to reflect new national priorities and in collaboration with NWL CCG's supports the key targets and deliverables arising from key NHS England policy guidance including Implementing the Five Year Forward View – One Year on:

To expand access to high-quality mental health evidenced-based treatments for at least 70,000 children and young people by 2020/21.

To increase access to at least 35% for those with diagnosable mental health conditions by 2020.

- To provide 24/7 urgent care
- To ensure that the Eating Disorder Service meets the national access and waiting time targets .
- To avoid inappropriate in-patient admissions, ensuring admissions are closer to home;
- Eliminate the admission of young people on adult wards and commission beds at a STP footprint.

This should also include a substantial reduction in the use of specialist in-patient beds for children and young people with eating disorders.

Place based commissioning

The Five year Forward view (DOH 2016) outlines that providers of services should work together to improve health and care for the populations they serve. This means organisations collaborating to manage the common resources available to them rather than each organisation adopting a 'fortress mentality' in which it acts to secure its own future regardless of the impact on others. Hillingdon has developed a local Thrive network as the mechanism to collaboratively manage local resources under the governance and leadership of the CCG Governing Board and the local Health and Well-being Board .

The Hillingdon plan will be published on the NWL Healthy Partnership website within the overarching NWL plan on 31/10/18. The plan will also be in an accessible format on the CCG and Local Authority websites on the 31/10/18

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Hillingdon

Kooth Quarter 2
2018/19 Report

 **CONFIDENTIAL**

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16. Monthly Look

Community Support

17. Ask Kooth, Live and Offline Forums
18. Monthly Look

Feedback

19. Chat Session and General Kooth Feedback

Signposting and Referrals

20. Agency Signposting

Worker Activity

21. Workers Hours

"I love being part of this community."

Insight and Summary

Kooth: Hillingdon

Welcome to the Kooth Report for Quarter 2 (July – September 2018) 2018-19.

We are pleased to report on activity for Q2 2018-19, which demonstrates how the service is embedding within the region and stabilising engagement via Kooth.

Significant highlights include:

- Q2 has seen 73 new registrations
- Q2 has seen 245 Logins, by 73 unique users with 70% returning
- Q2 has seen 69% of service users accessing Kooth out of office hours (office hours are defined as weekdays 9am – 5pm)
- New registrations who identified as BME represented 47% of service users in Q2
- Therapeutic alliance reports that 100% of service users would recommend Kooth to a friend in Q2
- There were no complaints or safeguarding issues raised during this reporting period.

Overall, the figures demonstrate a high level of client satisfaction, engagement with BME young people and out of office hours engagement.

Moving forward, a focus on engagement with young people in schools will greatly increase engagement with Kooth.

" I like talking on here the most as i get help and its anonymous. Also i feel so much better after talking to someone so I like Kooth. Thank you so much for the tips."

Quarterly Summary

New Registrations

Total



73

By Gender

Agender

Female

Male



2



50



21

BME

34 New Registrations identified as BME (47%)

By Age

Age	
11	1%
12	3%
13	7%
14	16%
15	12%
16	16%
17	19%
18	25%

Age calculated from date of registration.

Heard From Top 3

1	School	21%
2	Internet	18%
3	GP	16%

Logins

Logins

Total Logins

245

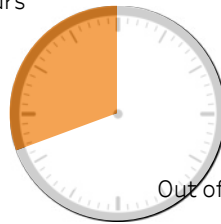
No YP

73



Out of Office Logins

Office Hours
31%

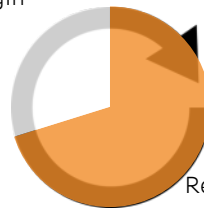


Out of Office Hours
69%

Note: Office Hours are weekdays 9am - 5pm

Returning Logins

New Login
30%



Returning Login
70%

% of logins by returning YP

Feedback

100%
would recommend this
service to a friend*

*Taken from End of Chat Session feedback. 10 responses from 7 Unique Young People.

Usage

Chat Sessions

Sessions

24

No YP

17



Messages

Messages

103

No YP

31



Articles

Views

173

No YP

20



Forums

Views

36

No YP

14



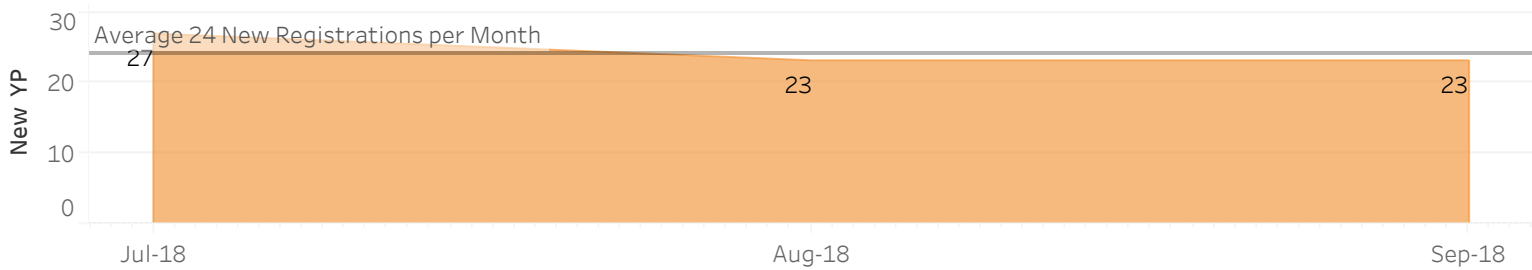
"Thank you so much I feel like my voice is being heard and it helps so much."

New Registrations: Demographics 1

Last Year - New Registrations per Month

Note: If above is empty then there is no data to show.

This Year - New Registrations per Month











Quarterly Statistics

Ethnicity of New Registrations

Category	Ethnicity	Q2
White	British	30
	Any other background	8
	Irish	1
Asian or Asian British	Indian	12
	Any other Asian background	4
	Pakistani	3
	Bangladeshi	2
Black or Black British	African	3
	Caribbean	2
Mixed	Any other background	4
	White and Asian	1
Other	Not stated	2
	Any other ethnic group	1

Gender of New Registrations

	Q2	Total
Agender	 2	 2
Female	 50	 50
Male	 21	 21
Total	 73	 73

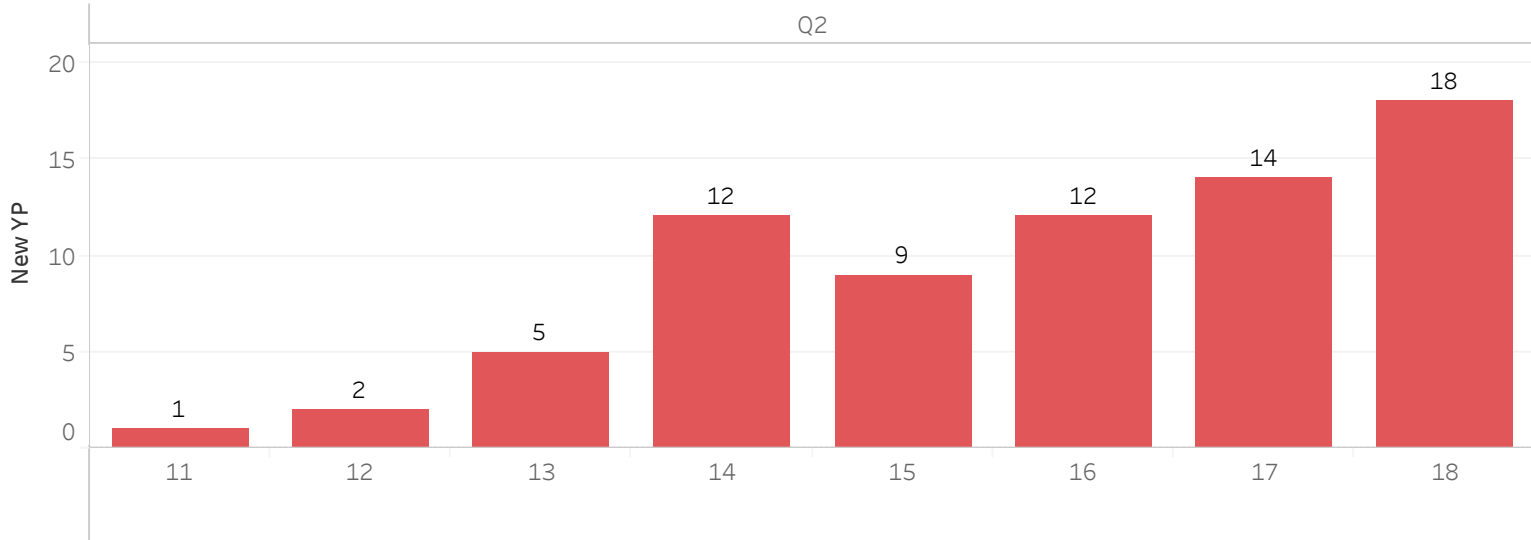
Percentage BME of New Registrations

	Q2	Total
BME	47%	47%

"I came to Kooth because I was going to kill myself and after that chat I felt loads better. I got the confidence to tell my mum about my self harm ...Thank you Kooth for being there for me."

New Registrations: Demographics 2

Age of New Registrations



Age calculated from date of registration

Where New Registrations heard of Kooth

	Q2	Total
School	15	15
Internet	13	13
GP	12	12
School or teacher	8	8
Instagram	7	7
Other	6	6
Friend	3	3
A and E	2	2
Parent	2	2
More than Mentors	1	1
Other Worker	1	1
Psychiatrist	1	1
Social worker	1	1
Youth service	1	1

New Registrations by Sub-location

SubLocation	Number of Registrations
Harefield	4
Heathrow Villages	1
Ickenham	3
None of the above	15
Northwood Northwood hills	6
Pinkwell	1
Ruislip, West or East or	8
Townfield	1
UXBRIDGE, North, South or	24
West drayton	5
Yeading or Barnfield or C	4
Yiewsley	1

"Honestly, without this place, I don't know how I would've got through the year! I guess online has its perks!"

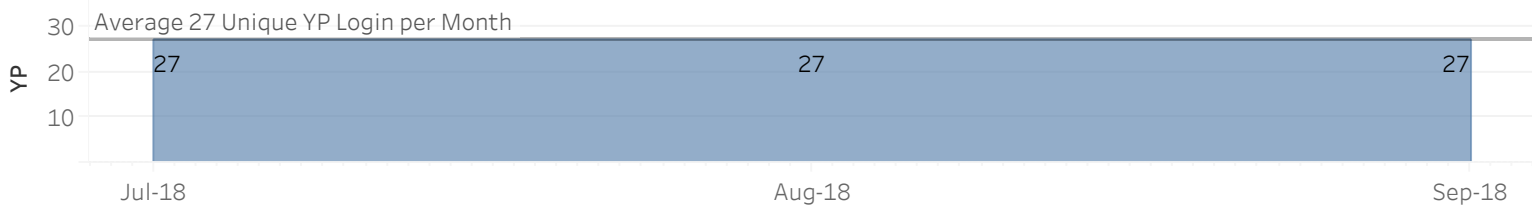
Logins: Monthly Look

Number of Unique Young People who Accessed Kooth per Month

Last year - Unique YP Logging in to Kooth per Month

Note: If above is empty then there is no data to show.

This Year - Unique YP Logging in to Kooth per Month

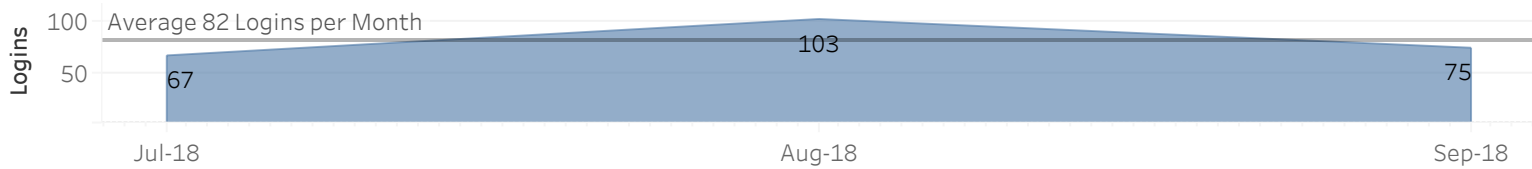


Total Number of Logins per Month

Last year - Number of Logins per Month

Note: If above is empty then there is no data to show.

This Year - Number of Logins per Month



Quarterly Statistics

Number of Logins by Gender

	Q2	Total
Agender	4	4
Female	168	168
Male	73	73
Grand Total	245	245

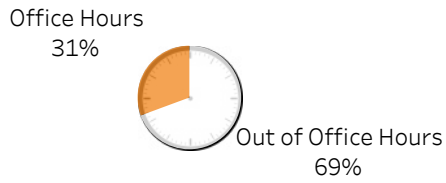
Unique YP Logging in by Gender

	Q2	Total
Agender	2	2
Female	50	50
Male	21	21
Grand Total	73	73

"I also like that with Kooth you can come and join in at a time that is convenient to you- especially as it's open until 10pm!!"

Logins: Time of Day

% Logins Outside of Office Hours (**Note** : Office hours are 9am - 5pm weekdays)



Q2

Logins by Time of Day

Time	Q2							Total
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
0 - 1					2	5		7
1 - 2				4	5			9
5 - 6			1					1
7 - 8				1				1
8 - 9						2		2
9 - 10	1		4	2		1		8
10 - 11		5	1	2		2	2	12
11 - 12	2		2			6	2	12
12 - 13	2	2	4		1		1	10
13 - 14	5	2		3	1			11
14 - 15	1	5	7		2	2	1	18
15 - 16	3	5	1	2	1	1		13
16 - 17	2	2		2	3	2		11
17 - 18	2	2	4	2	2		2	14
18 - 19	5	3	1	1		2	4	16
19 - 20	4	7	1	4	6		3	25
20 - 21	8		12	4	4	3	1	32
21 - 22	8	2	3	2	3	3	5	26
22 - 23			4	1		2	1	8
23 - 00		1		3	3	2		9
Total	43	36	45	33	33	33	22	245

"Like today, this live forum has been amazing and if I never get another opportunity to share my views I'll be glad this has been so great!!"

Logins: Time of Day (BME)

% of Logins Outside of Office Hours (**Note:** Office hours are 9am - 5pm weekdays)

Office Hours
29%



Out of Office Hours
71%

Q2

Logins by Time of Day

Time	Q2							Total
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
0 - 1						4		4
1 - 2				2	2			4
9 - 10			4					4
10 - 11		4	1	2				7
11 - 12	1		2			2	1	6
12 - 13	1		2					3
13 - 14		2		2	1			5
14 - 15		1	2		2			5
15 - 16		4	1		1			6
16 - 17	2	2						4
17 - 18	2	2	3	2				9
18 - 19	2	1	1	1		2	3	10
19 - 20	3	3	1	2	1		3	13
20 - 21	6		8	2	2	2	1	21
21 - 22	6	2	3			3	4	18
22 - 23				1		1	1	3
23 - 00		1			3	2		6
Total	23	22	28	14	12	16	13	128

"I just want to say, thank you so much! This website has helped me so much, and the person I was just talking to had made me feel so much better. Thanks"

Counselling: Chat

Chat counselling is an instant messaging service available to all young people registered on the site. Our counsellors are available to chat weekdays 12:00 to 22:00 and weekends 18:00 to 22:00. This can be for drop ins or for booked chats. Young people who require more structured counselling can also have a named counsellor, where chats will be booked.

The team work very closely to manage the chat queue with workers monitoring the queue and messaging young people who are waiting.

Number of Unique Young People Using Chat Counselling per Month

Last Year - Unique YP Using Chat Counselling

Note: If above is empty then there is no data to show.

This Year - Unique YP Using Chat Counselling



Number of Chat Counselling Sessions per Month

Last Year - Number of Chat Sessions

Note: If above is empty then there is no data to show.

This Year - Number of Chat Sessions



Quarterly Statistics

Average Chat Sessions per YP per Quarter

Q2	Total Average
1	1

Number of Chat Sessions by Gender

Gender	Q2	Total
Female	18	18
Male	6	6
Total	24	24

Unique YP Using Chat Counselling by Gender

Gender	Q2	Total
Female	13	13
Male	4	4
Total	17	17

"I'm feeling better than I was when we started... It's because ur an amazing counsellor. I've never opened up to anyone but my mum before."

Counselling: Message

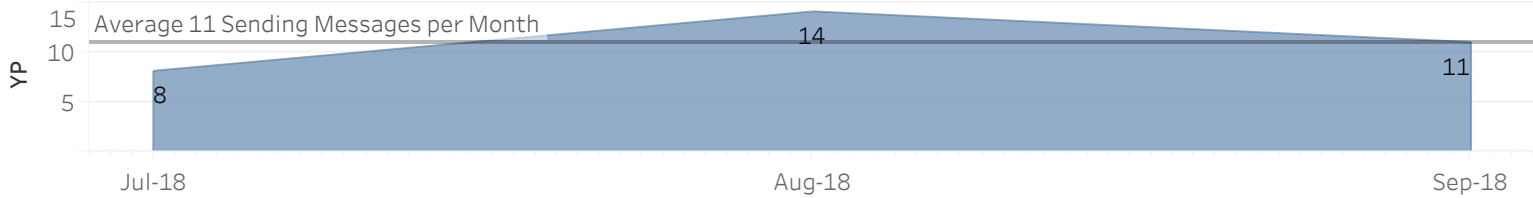
Young people are able to send and receive messages from Kooth workers anytime of the day. Young people send messages for a variety of reasons such as they are in crisis, they require some advice or they want someone to talk to. Messages can also be used as a tool to engage young people who are in crisis such as asking a young person to message back at a certain time the next day.

Number of Unique Young People Using Message Counselling per Month

Last Year - YP Using Message Counselling*

Note: If above is empty then there is no data to show.

This Year - YP Using Message Counselling*

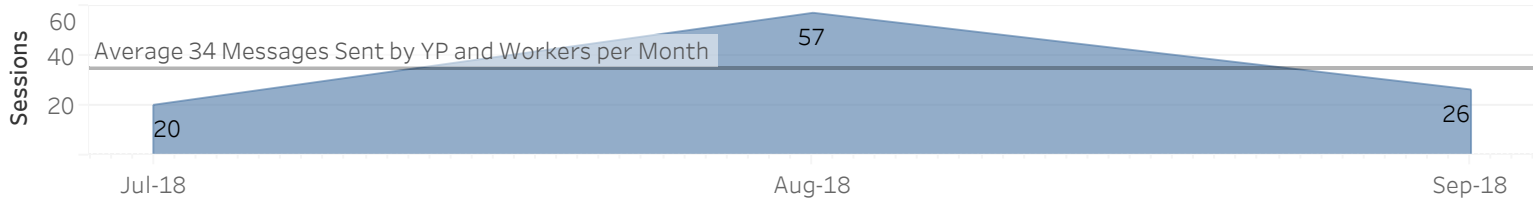


Number of Messages Sent and Received by YP per Month

Last Year - Number of Messages Sent and Received by YP

Note: If above is empty then there is no data to show.

This Year - Number of Messages Sent and Received by YP



Average Messages Sent and Received per YP per Quarter

Q2	Total Average
3	3

Total Messages Sent and Received by YP per Quarter

Gender	Q2	Total
Female	85	85
Male	18	18
Grand Total	103	103

Unique YP Using Message Counselling per Quarter*

Gender	Q2	Total
Female	26	26
Male	5	5
Grand Total	31	31

*Only includes the YP that have sent a message to a counsellor within the specified time period.

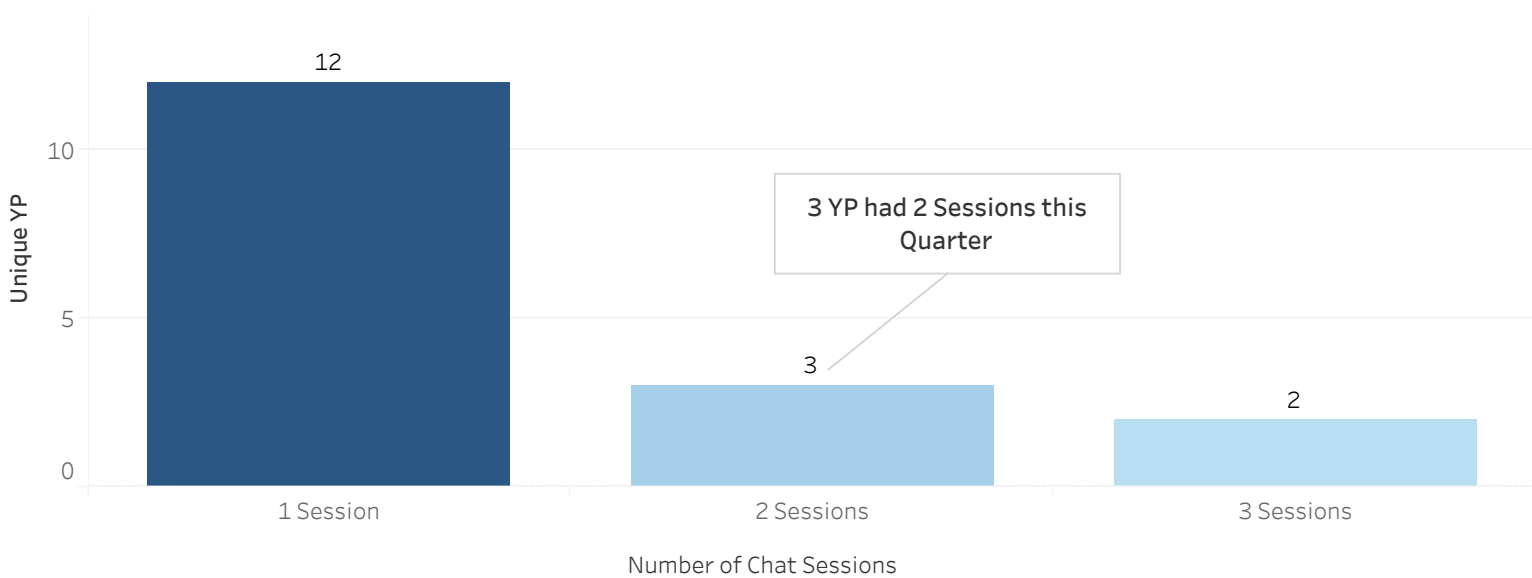
"A few months after talking to my online counsellor I got referred to a face to face Kooth counsellor too. I was doing so bad, self harming..but now 2 months (I think) clean from self harming."

Counselling: Quarter Chat and Message

This shows the number of chats and messages young people have had each in the quarter.

Number of Chat Sessions each YP had this Quarter

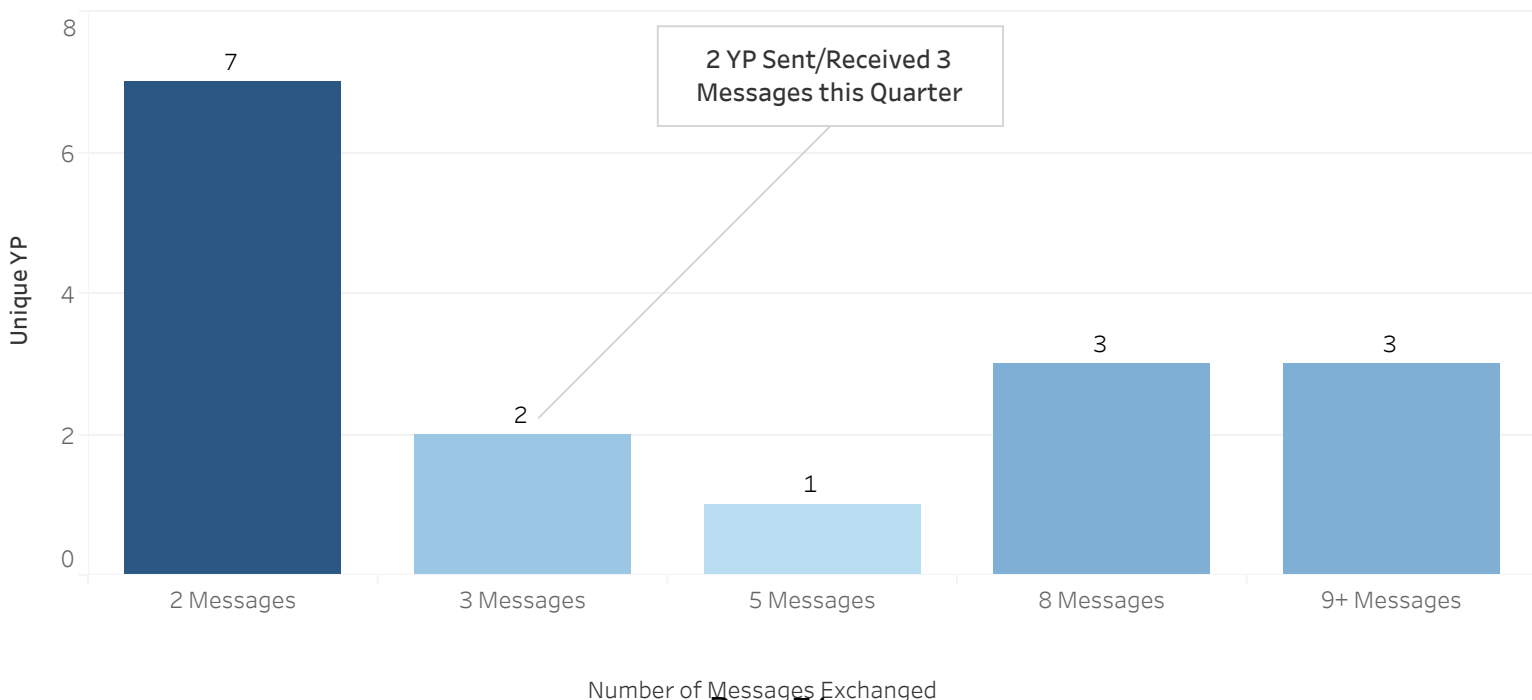
- The numbers on the horizontal or x axis are the number of chat sessions.
- The number above the bar is the number of YP who have had the x axis' amount of chat sessions.



The greatest number of chats a YP had this quarter was 3.

Number of Messages Exchanged by YP this Quarter

- The number on the horizontal or x axis are the number of messages sent and received.
- The number above the bar is the number of YP who have exchanged the x axis' amount of messages.



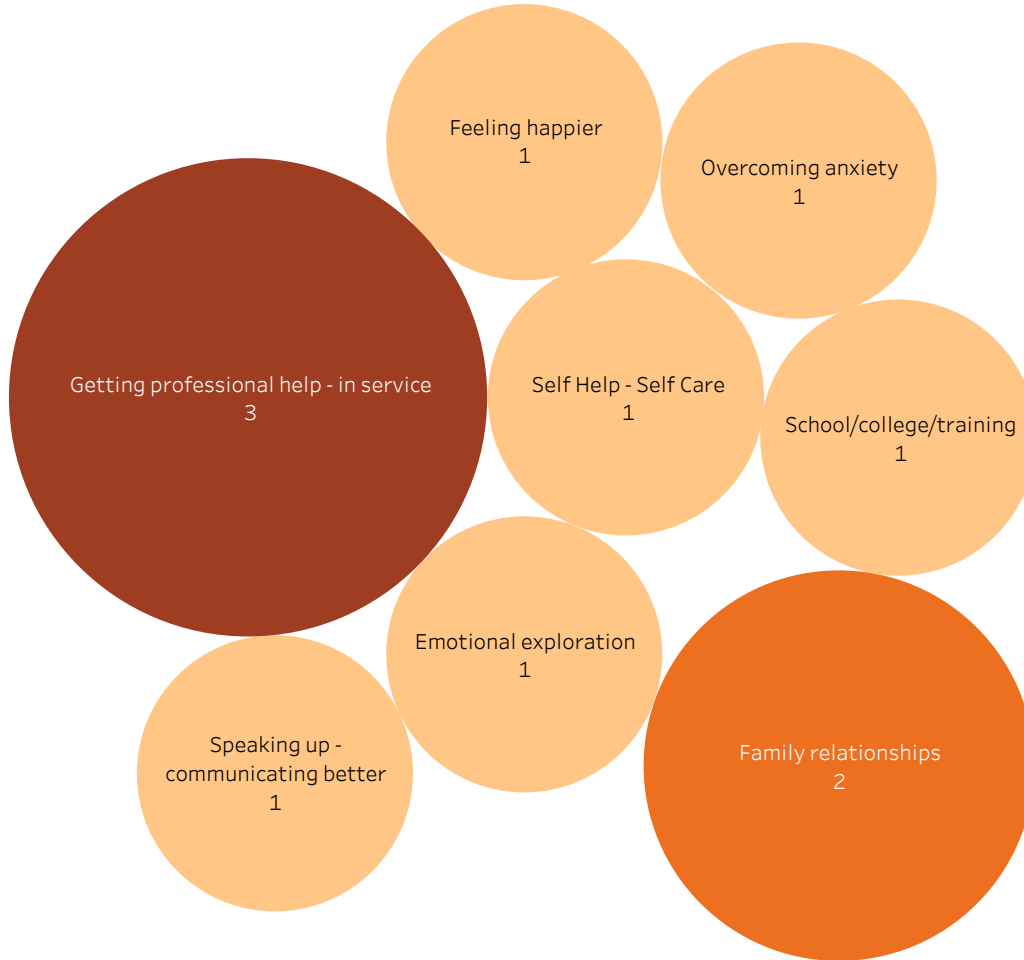
The greatest number of messages exchanged between a YP and workers in this quarter was 14.

"Thank you for taking your time to talk to me. Your really understanding and considering this is my first time i have used this, it is amazing."

Counselling: Goals

Goal Categories

This shows the number of YP with a goal in each category that has had activity within the quarter. Activity is classed as creation of a new goal or a change of score to an existing goal. YP can have more than one goal.



Number of Goals Created or Moved by Gender

Gender	Q2	
	Number of Goals	Unique YP
Agender	1	1
Female	9	4
Male	2	1
Total	12	6

The minimum value for a goal is 0 and the maximum is 10. All goals start with a score of 0 and the higher the score the more the Young Person feels like they are achieving that goal.

Goal movement analysis includes goals that have moved within the quarter only. The Average Goal Movement shows the average goal score difference from goal creation to the score at the end of the quarter.

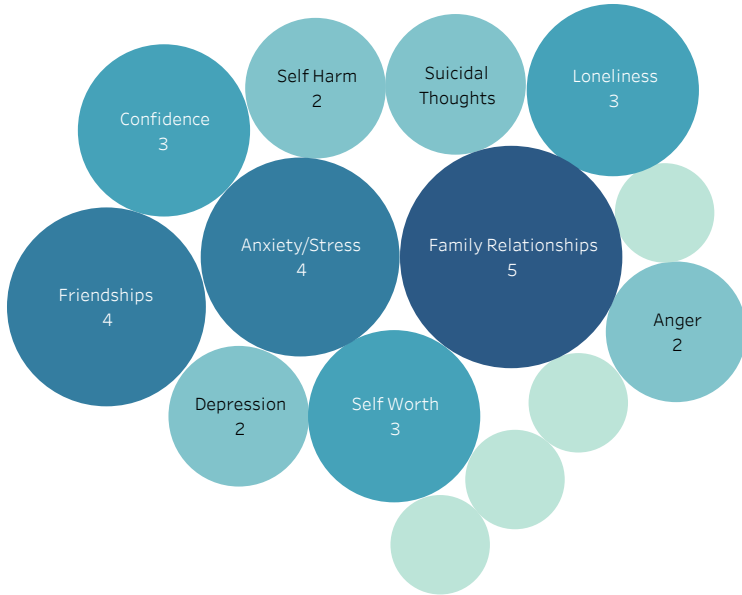
Number of Goals Moved	Number of YP with Moved Goals	Average Goal Movement
5	4	8.0

“You’re the reason I have my smile back”

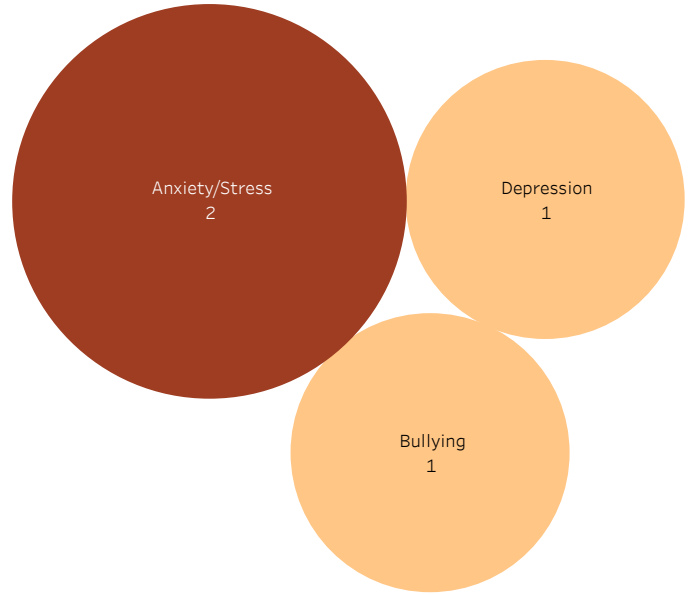
Counselling: Presenting Issues

Issues Presented During a Chat Session or Message

Issues Presented by Female YP



Issues Presented by Male YP



Issues Presented by Gender Fluid YP

Issues Presented by Agender YP

Top 10 Most Prominent Issues YP Presented

Q1

Q2

Q3

Q4

#	Element	YP
1	Anxiety/Stress	6
2	Family Relationships	5
3	Self Worth	3
4	Depression	3
5	Friendships	4
6	Confidence	3
7	Self Harm	2
8	Suicidal Thoughts	2
9	Loneliness	1
10	Sense of belonging	1

"I will try and be brave for sixth form and be optimistic and if I ever feel down I will just remember my end goal. Thanks for listening to me today it meant quite a lot to me."

Articles and Self Help Resources







We have dedicated Media Workers who moderate Ask Kooth, Articles and Live and Offline Forums. Every post is moderated before it goes live on the site. YP are able to submit articles, forum threads and also Ask Kooth questions. They can also post replies on all of these areas.

The Live Forums provide an online social and discussion space for its users on a range of differing themes. The YP that visit the site are able to drop in on pre-selected and pre-researched topic discussions that take place on a Monday, Wednesday and Friday night between 7:30pm and 9:00pm. Each night has a worker host directing the topic of discussion and a moderator, who will edit and publish each comment to ensure that the Live Forum is a safe and confidential place to be and that the discussion stays within the remits of the Kooth boundaries. The Live Forums are heavily YP orientated meaning that whilst a set schedule is in place, YP are able to voice their opinions on the topics, some of which have been specifically chosen by them. The Live forums are also archived, allowing the YP to revisit any topics of interest for tips and advice.

Most Viewed Articles

Title	Category	Number of Views
Anxiety	Hobbies & Interests	1
Broken hearted	Sex & Relationships	5
Anxiety	Mental Health	10
How school edited my life.	Education	3
Are you getting enough sleep?	Health & Wellbeing	3
Covering your scars!	Mental Health	3
What is Psychosis?	Mental Health	3
Panic Attacks	Mental Health	3
Mental health	Mental Health	3
Anorexia	Mental Health	2

Article Views and Unique YP

Gender	Views	Q2	No YP
Female	 154		 16
Male	 19		 4
Grand Total	 173	Page 77	 20

"Thank you so much , I definitely recommend this website!I can't thank you enough, my mood has completely changed!"

Articles: Monthly Look

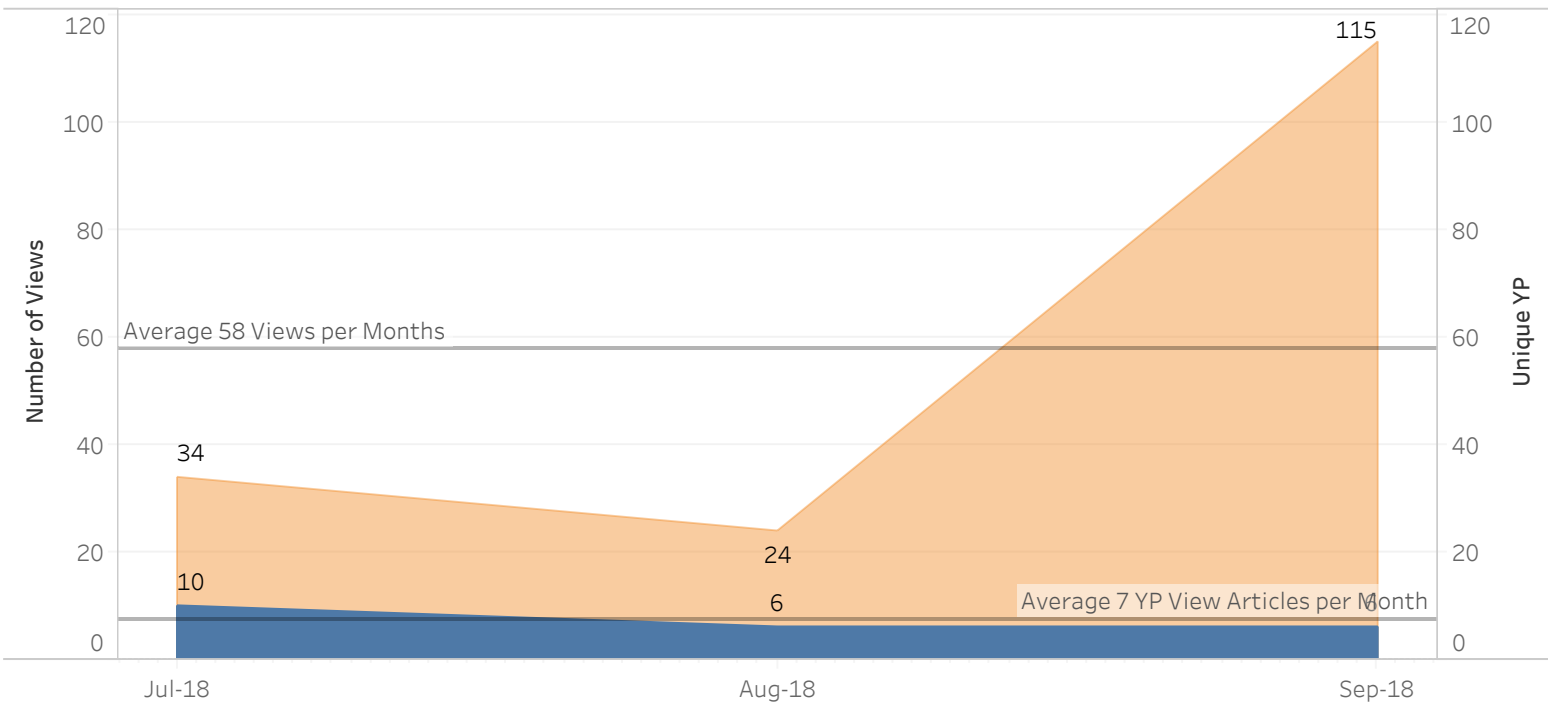
The graphs below show the number of YP who have accessing articles and the number of times articles have been clicked on per month last year and this year.

Last Year - Number of hits and unique YP accessing articles on Kooth

Key:

Note: If above is empty then there is no data to show.

This Year: Number of Views and Unique YP Accessing Articles per Month



Key:

No YP Views

“The team member I spoke to was really great and helped a lot. I ended up recommending the site to a few friends.”









Community Support: Ask Kooth, Live and Offline Forums

We have dedicated Media Workers who moderate Ask Kooth, Articles, and Live and Offline Forums. Every post is moderated before it goes live on the site. Young people are able to submit articles, forum threads and also Ask Kooth questions. They can also post replies on all these areas.

Most Viewed Forum

Confidence & Body Image	6
Dealing with Bullying	4
Back to School Worries	3
Kooth Book Club	2
Managing Anxiety	2
Not sad not happy just feel empty	2
The Planet: Great British Beach Clean (15th Sept)	2
Any anime watchers?	1
Aspirations & Predictions for the Future	1
Crazy bad mood swings.	1
Creative Writing	1
Have U Watched The Greatest Showman?	1
i have jabs in my next year should i be worried?	1
Kooth Summer Songs & Beach Books	1
LGBT: In the Media	1

Forum Thread Views and Unique YP Accessing Forums

Gender	Views	Q2	No YP
Agender	 2		 1
Female	 27		 10
Male	 7		 3
Total	 36	Page 79	 14

"A person from Kooth came to our school today and i thought i would try it out and it is actually a really helpful website and i can totally get what other people are saying."

Community Support: Monthly Look

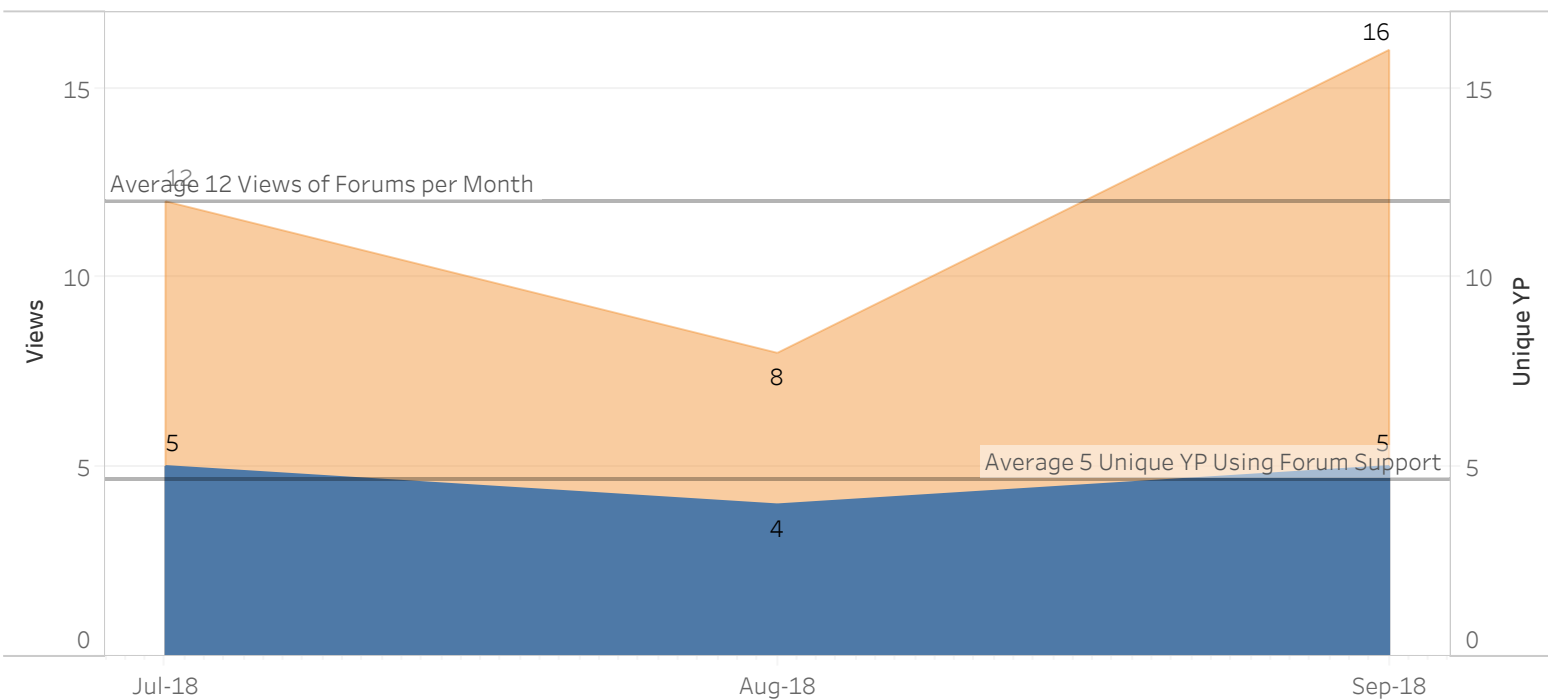
The graphs below show the number of YP who have used forum support and the number of times forums have been accessed on per month last year and this year.

Last Year - Number of Views and Unique YP Using Forum Support

Key:

Note: If above is empty then there is no data to show.

This Year - Number of Views and Unique YP Using Forum Support



Key:

■ No YP ■ Views

"Just wanted to let you know that things are looking up for me now, and I wanted to thank you massively for this. Also, I haven't self harmed for 4 days and I'm feeling very happy"

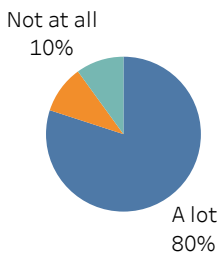
Feedback

End of session evaluation - session feedback is collated from completed questionnaires that appear at end of every chat session. The questions are focused on capturing the effectiveness of the therapeutic alliance. Research shows that young people are more likely to achieve positive outcomes when they score the intervention highly.

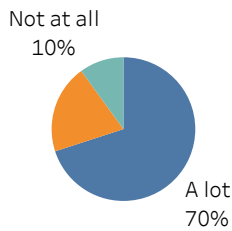
Chat Session Feedback: Therapeutic Alliance

This data is from 10 responses from 7 Unique Young People.

1) I felt heard, understood and respected



2) What we talked about was important to me



Session feedback

I felt heard, understood and respected

A LOT A LITTLE NOT AT ALL

What we talked about was important to me

A LOT A LITTLE NOT AT ALL

The person helping me was a good fit for me

A LOT A LITTLE NOT AT ALL

Overall, the session was right for me

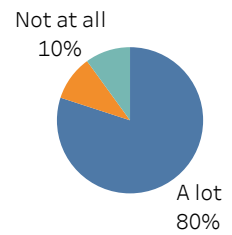
A LOT A LITTLE NOT AT ALL

I would recommend Kooth to a friend

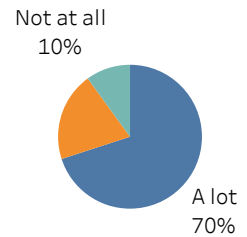
YES NO

SUBMIT

3) The person helping me was a good fit for me



4) Overall, the session was right for me



5) I would recommend Kooth to a friend

100% of responses would recommend Kooth to a friend



Kooth Feedback

Kooth Feedback is obtained via a questionnaire that appears on a young persons' homepage. Asking young people why they came to Kooth, if they found their visit helpful and if they would recommend the service to a friend offers valuable insight into the effectiveness of the service for those young people who choose not to access chat.

This data is from 39 responses from 32 unique Young People.

Why did you come to Kooth?

I had a problem



I wanted to look around



I wanted someone to talk to



I had a booked session

Would you recommend Kooth to a friend?



Did you get what you were looking for today?



"Thanks for your help It gave me a lot of courage and positive thoughts and good websites that I can use in the future."

Signposting and Referrals

If the below is empty this is because there have been no YP signposted or reported to work with other agencies within the quarter.

"...never thought i would come out the other side when we first started working together so to be where i am today is absolutely amazing .. you have made me the young lady that I am today."

Worker Hours

Here we measure the time taken to deliver the activities shown on previous pages. Seasonality and the lifecycle of a contract will have an impact on hours delivered in the quarter which should be considered when comparing actual hours to target.

Counselling hours are made up of the time taken to deliver chats, therapeutic messages and the required support such as time in casenotes and time spent on clinical governance and safeguarding.

For moderation hours we are now able to split moderation into dynamic moderation and static moderation. Dynamic moderation is defined as time taken to moderate comments, forums and article posts directly attributable to CYP in your area. Static moderation includes editing articles and other content that becomes part of the self-help and educational content of Kooth. Static content is now included within the platform subscription and only the time for dynamic moderation will appear in quarterly reports. This change will impact quarters following and including Q2 1617 as well as quarter-on-quarter comparisons.

Quarterly Total

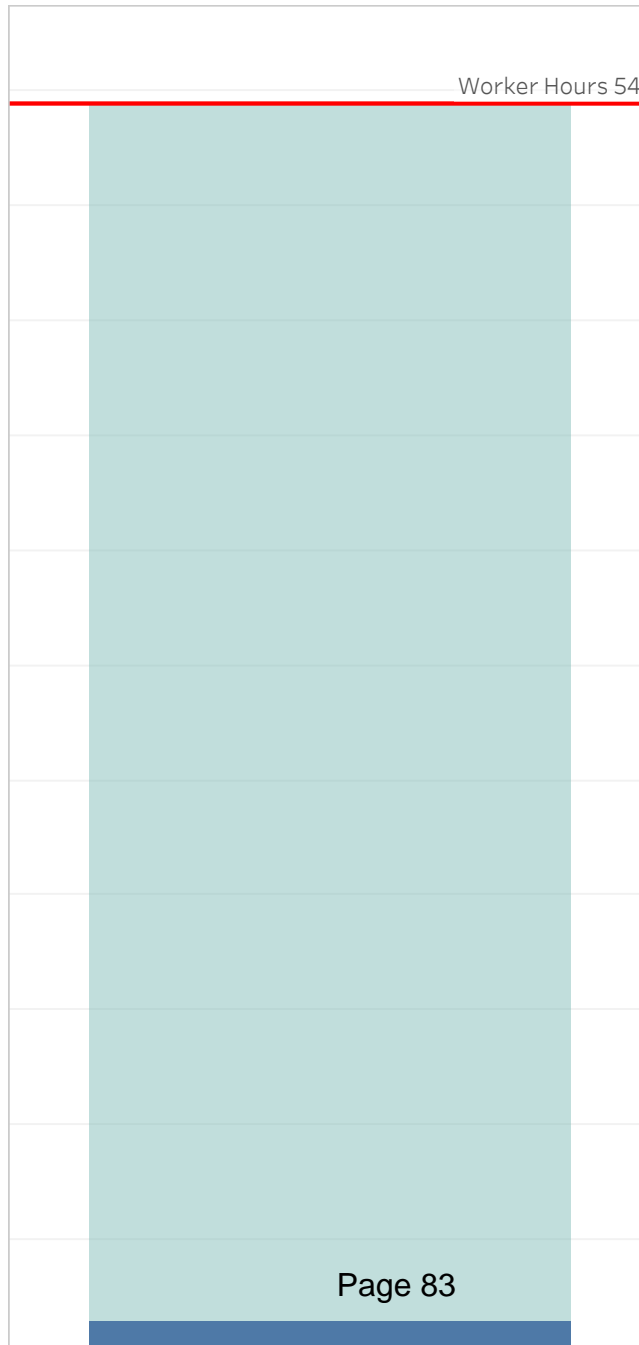
Key:

- Moderation Hours
- Worker hours

Q2

Total worker hours this quarter is made up of:

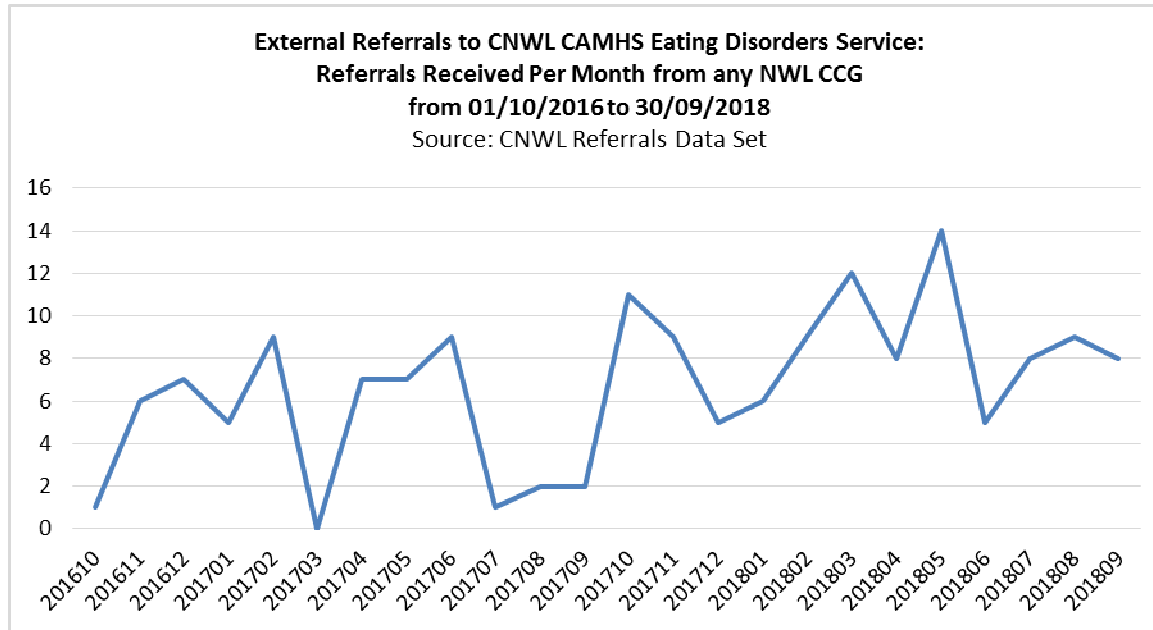
97% Counselling Hours
3% Moderation Hours



Worker Hours 54

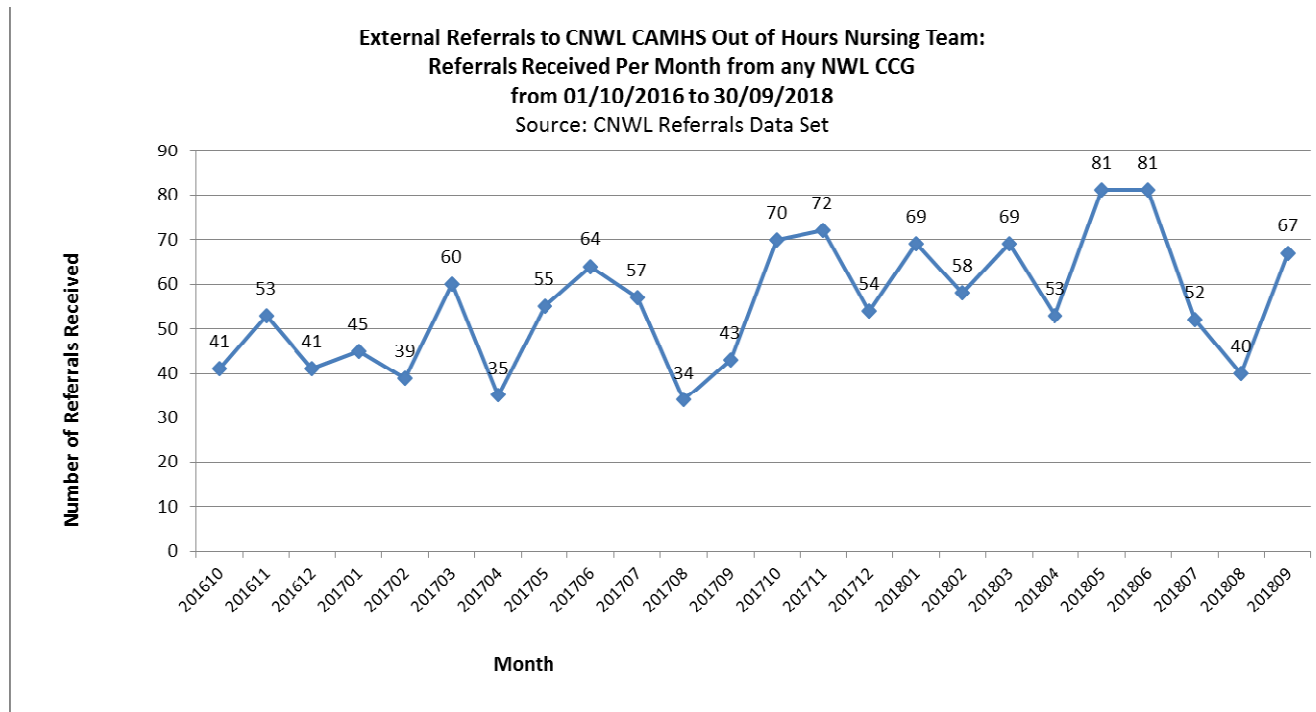
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NWL CNWL Eating disorders service – referrals received.



- Total of 163 external referrals between 01/10/2016 and 30/09/2018 of which 43 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



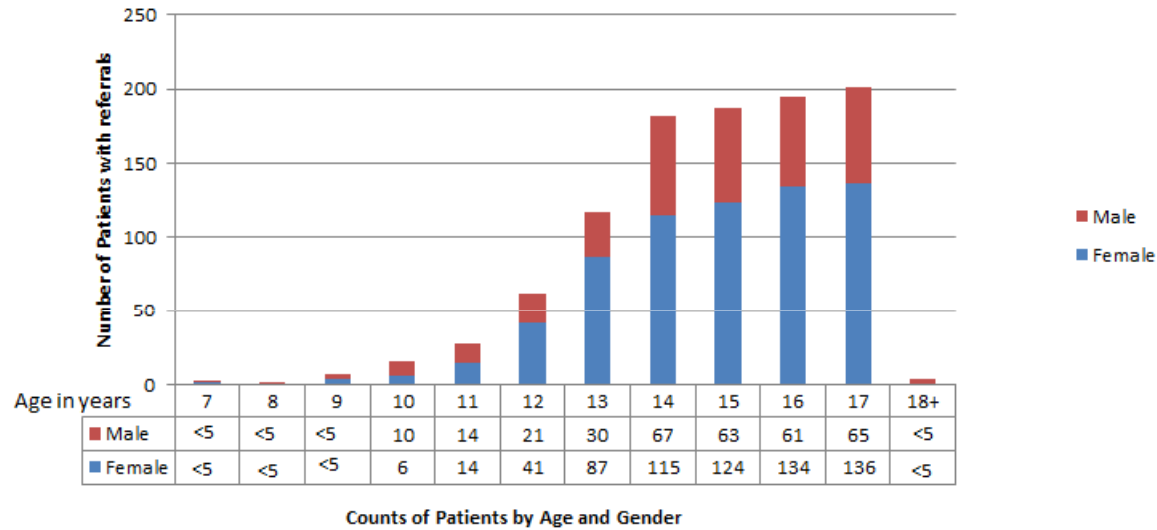
Referrals

- 1,333 external referrals were received by the CNWL CAMHS Out of Hours Nursing Team between 01/10/2016 and 30/09/2018.
- Of these, 282 were referrals for Hillingdon CCG patients.

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

Patients Referred by Age and Gender - CAMHS Out of Hours

Patients from any NWL CCG referred to CNWL CAMHS Out of Hours Nursing team between 01/10/2016 and 30/09/2018. (Only external referrals are included).

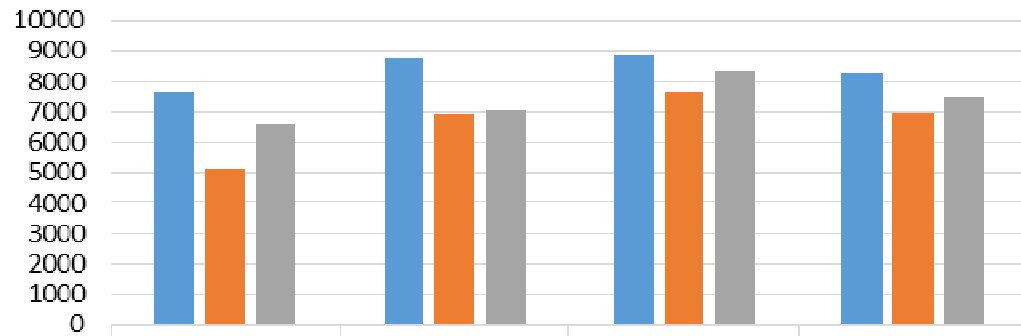


The data above supports targeting online and face to face counselling services for young people over the age of 11 years. Complimenting the existing face to face Hillingdon counselling services currently available. The new service will have a 'Hub' based in Hillingdon.

NB This chart and table only counts each patient once, even if they were referred multiple times between 01/10/2016 and 30/09/2018.

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

Source: CNWL Patient Level Activity Data



	1516 Outturn	1617 Outturn	1718 Outturn	1819 Forecast Outturn from M6
■ Brent CCG	7641	8757	8850	8298
■ Harrow CCG	5158	6935	7655	6982
■ Hillingdon CCG	6627	7063	8362	7518

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UPDATE: STRATEGIC ESTATE DEVELOPMENT

Relevant Board Member(s)	Dr Ian Goodman, Chair, Hillingdon CCG Cllr Philip Corthorne, London Borough of Hillingdon
Organisation	Hillingdon Clinical Commissioning Group
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 (September 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	External Services Select Committee
Ward(s) affected	All

2. RECOMMENDATION

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

3. HILLINGDON ESTATE STRATEGY - OVERVIEW

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

Health & Wellbeing

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

traditional Long Term Conditions (including both physical and mental health LTCs) and emergent categories of LTCs such as pain, frailty and social isolation.

- Our coordinated programme of work will bring together our existing plans for the BCF and our Health & Wellbeing Strategy (HWS) 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 Feb 19 Projected hub opening date February 2021.
Create an Out of Hospital Hub in Uxbridge and West Drayton	The CCG has completed an Options Appraisal that identifies a redevelopment of the CNWL Trust owned 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	The CCG, working in partnership with the Council, has been successful in securing circa 900m ² 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. The CCG has now commenced commercial negotiations with the developer with a target date of December 2018 for this to be concluded. Using Council housing projections the CCG has established a further requirement of circa 600 – 1,000 m ² of health care space in Hayes to	S106 agreed for TOVF Detailed design and commercial negotiations to be concluded December 2018

Project	Status	Indicative Timeline
	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.	
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. 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 was successful in securing funding to refurbish vacant space at the site into additional clinical accommodation, but the commencement of the works has been delayed while lease terms are being agreed between NHS Property Services and the practices.</p> <p>This is now urgent and there is a risk that funding will be lost if this milestone is not achieved.</p> <p>The project 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>NHS England due diligence completed Dec 17 and release of funding agreed</p> <p>Target date for project commencement January 2019</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 expected to inform practices if</p>	<p>Kincora Surgery Works underway and expected to now complete by March 2019</p> <p>Heathrow Medical Centre works complete.</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</p>

Project	Status	Indicative Timeline
	their schemes have support in principle at end of November.	<p>on site – Completion date March 2019.</p> <p>Acrefield Surgery Reconfiguration of ground floor works to commence upon approval of due diligence and completed by March 2019</p> <p>Wood Lane Medical Centre Infection control improvements to premises expected to be completed by Dec 2018</p> <p>Hillingdon Health Centre Infection control improvements to premises expected to be completed by Dec 2018</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
- 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 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 September 2018. The Council has received one further contribution since the last report to the Board in September, this has been added to Appendix 1 and is highlighted in bold. As at 30 September 2018, the Council holds a total of £1,240,470.62 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). Due to the short timescales for spending this contribution, Hillingdon CCG has requested that these funds are allocated towards an existing scheme to provide additional clinical space at St Martin's Medical Centre, Ruislip. Details of the works have now been submitted to the Council and a Cabinet Member report to request the formal allocation and release of the funds towards the scheme will be submitted to the Leader of the Council and the Cabinet Member for Finance, Property and Business Services in December 2018.

HILLINGDON COUNCIL FINANCIAL IMPLICATIONS

As at 30 September 2018, there is £2,823,567 of Social Services, Housing and Health s106 contributions available, of which £1,583,096 has been identified as contributions towards affordable housing. The remaining £1,240,471 is available to be utilised towards the provision of facilities for health and £562,891 of these contributions have no time limits attached to them.

Officers in conjunction with the CCG and NHSPS 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	165,631
Total	1,240,471

The remaining balance of £165,631 comprising four 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), £81,329 (ref H/70/40M) and £8,992 (H/73/420E) respectively.

The s106 contribution held at H/34/282F 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 ensure that the funds are used towards an eligible scheme before the spend deadline.

HILLINGDON COUNCIL LEGAL IMPLICATIONS

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

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

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

Any planning obligation must be relevant to planning and reasonable in all other respects.

The monies must not be used for any other purpose other than the purposes provided in the relevant Section 106 agreement. Where monies are not spent within the time limits prescribed in those agreements, such monies should be returned to the payee.

When the Council receives formal bids to release funds, each proposed scheme will need to be assessed and reported to the Leader and Cabinet Member for Finance, Property and Business Services in order for the monies to be released. As part of that process, the Council's Legal Services will review the proposal and the Section 106 agreement that secures the funding, to ensure that the Council is permitted to spend the Section 106 monies on each proposed scheme.

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

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CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid November 2018)
			AS AT 30/09/18	AS AT 30/09/18			
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. Spend deadline 2019. Due to short timescale to spend, funds now earmarked by HCCG towards an existing scheme to provide additional clinical space at St Martin's Medical Centre. Subject to Cabinet Member Approval.
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 November 2018)
			AS AT 30/09/18	AS AT 30/09/18			
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			
H/13/194E *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 November 2018)
			AS AT 30/09/18	AS AT 30/09/18			
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 November 2018)
			AS AT 30/09/18	AS AT 30/09/18			
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 November 2018)
			AS AT 30/09/18	AS AT 30/09/18			
H/73/420E	Townfield	The Kings Arms PH, Coldharbour Lane, Hayes 10954/APP/2011/1997	8,991.50	8,991.50	No time limits	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. No time limits.
To be determined			234,329.30	165,631.04			
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	1,510,127.12	1,240,470.62			

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HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Caroline Morison, Jonathan Tymms and Sarah Walker
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 constitutional vote and NW London collaborative working • Finance update • QIPP delivery • Discharge to assess • Support for care homes
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

The Health and Wellbeing Board to note this update.

3. INFORMATION

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

3.1 CCG constitutional vote and NW London collaborative working

On 19 October, the CCG membership voted on proposed amendments to the CCG constitution to establish a joint committee of NW London CCGs, permit electronic voting and to reduce the quoracy required for decision-making to 66% (from 75%). 80% of practices voted and all three amendments were passed.

The amended documents and supporting evidence of the process have been submitted to NHS England for ratification. It is hoped that this will have been agreed in time for the December meeting of the Joint Committee in order that it can move from shadow into decision-making form.

The NW London CCGs have recruited Paul Brown who joins us as Chief Financial Officer on 19 November, allowing for a handover period with Neil Ferrelly, who is retiring at the end of November. Juliet Brown has been appointed substantively as STP Director having acted in to the role for a number of months. We welcome Allan Wells as the new substantive Chair of the NW London CCGs who joins from previous roles in Waltham Forest.

From January, the CCG will move to a quarterly schedule of governing body meetings to align with the Joint Committee timetable. Joint Committee meetings are held in public at locations rotating through the 8 CCG areas as well as being live streamed.

3.2 Finance update

Overall at Month 6, 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 M06, with significant adverse variances within Acute and Continuing Care. These have been balanced by reporting a large FOT underspend on Prescribing which is based on the current YTD underspend continuing at same run rate for the remainder of the financial year.

The CCG's 2018/19 exit underlying position (ULP) at M06 is a £5m surplus (£6.9m plan), which represents a deterioration of £1.9m 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 (net).

The main areas of pressure include acute overspends (£0.6m YTD) in relation to RBH, Guys, and West Herts and Continuing Care (£0.9m YTD) in relation to Learning Disabilities, section 117s, Elderly Frail and Physical Disabilities. The Continuing Care pressures are partially offset by an anticipated underspend within Funded Nursing Care and Children's Complex Placements.

The overall Prescribing position is currently a YTD underspend £0.7m and FOT underspend £1.4m. The YTD and FOT position is reported based on the 2018/19 PPA profile.

Overall Position – Executive Summary Month 6 YTD and FOT

Table 1

PROGRAMME 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 QIPP Variance (£000)
Commissioning of Healthcare							
Acute Contracts	220,067	110,363	110,948	(585)	221,869	(1,802)	(743)
Acute/QIPP Risk Reserve	(2,984)	(304)	0	(304)	(2,669)	(315)	(315)
Other Acute Commissioning	12,848	6,103	6,174	(71)	13,071	(223)	0
Mental Health Commissioning	26,430	13,111	13,196	(85)	26,685	(255)	(130)
Continuing Care	24,666	12,251	13,129	(879)	26,489	(1,822)	(488)
Community	34,013	16,849	16,628	221	33,462	551	(138)
Prescribing	35,400	17,379	16,657	721	33,993	1,408	224
Primary Care	46,775	22,221	22,052	169	46,482	293	0
Sub-total	397,216	197,972	198,785	(813)	399,381	(2,165)	(1,591)
Corporate & Estates	4,899	2,410	2,129	281	4,382	517	0
TOTAL	402,115	200,382	200,914	(532)	403,763	(1,648)	(1,591)
Reserves & Contingency							
Contingency	1,862	889	0	889	0	1,862	0
2017/18 Balance Sheet Pressures	0	0	507	(507)	507	(507)	0
RESERVES Total:	1,862	889	507	382	507	1,354	0
Total 2018/19 Programme Budgets	403,977	201,271	201,421	(150)	404,270	(293)	(1,591)
Total Programme	403,977	201,271	201,421	(150)	404,270	(293)	(1,591)
RUNNING COSTS							
Running Costs	5,613	2,784	2,633	151	5,319	294	55
CCG Total Expenditure	409,590	204,055	204,055	0	409,589	0	(1,536)
In-Year Surplus/(Deficit)	179	89	0	89	0	179	0
MEMORANDUM NOTE							
Historic Surplus/(Deficit)	7,663	3,831	0	3,831	0	7,663	0
TOTAL	417,431	207,976	204,055	3,921	409,589	7,842	(1,536)

Month 6 Year to Date Position – Acute Contracts and Continuing Care

**Table 2
Acute Contracts**

	M6 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	1,204	1,305	(101)
Imperial College Healthcare NHS Trust	13,383	6,682	6,774	(92)
London North West Hospitals NHS Trust	18,378	9,186	9,342	(156)
Royal Brompton And Harefield NHS Foundation Trust	7,198	3,601	3,841	(241)
The Hillingdon Hospitals NHS Foundation Trust	143,545	72,138	71,427	711
Sub-total - In Sector SLAs	184,915	92,811	92,690	121
Sub-total - Out of Sector SLAs	33,368	16,664	17,223	(559)
Sub-total - Non NHS SLAs	1,784	888	1,035	(147)
Total - Acute SLAs	220,067	110,363	110,948	(585)
Sub-total - Acute/QIPP Risk Reserve	(2,984)	(304)	0	(304)
Total Acute Contracts & Acute Reserves	217,083	110,059	110,948	(889)

Continuing Care

	M6 Year to Date Position			
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EMI (Over 65) - Residential	2,530	1,265	1,241	24
Mental Health EMI (Over 65) - Domiciliary	339	170	101	69
Physical Disabilities (Under 65) - Residential	3,005	1,503	1,482	21
Physical Disabilities (Under 65) - Domiciliary	2,092	1,046	1,311	(265)
Elderly Frail (Over 65) - Residential	2,604	1,302	1,235	67
Elderly Frail (Over 65) - Domiciliary	296	148	410	(262)
Palliative Care - Residential	540	270	368	(98)
Palliative Care - Domiciliary	713	357	315	41
Sub-total - CHC Adult Fully Funded	12,120	6,060	6,462	(402)
Sub-total - Funded Nursing Care	3,095	1,548	1,359	188
Sub-total - CHC Children	2,398	1,199	1,096	103
Sub-total - CHC Other	1,669	752	1,047	(295)
Sub-total - CHC Learning Disabilities	5,384	2,692	3,165	(473)
Total - Continuing Care	24,666	12,251	13,129	(879)

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

Table 3
Acute Contracts

	M6 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	1,305	(101)	2,586	(175)	(1)
Imperial College Healthcare NHS Trust	6,774	(92)	13,469	(87)	(44)
London North West Hospitals NHS Trust	9,342	(156)	18,427	(49)	(145)
Royal Brompton And Harefield NHS Foundation Trust	3,841	(241)	7,640	(442)	(60)
The Hillingdon Hospitals NHS Foundation Trust	71,427	711	143,466	80	(569)
Sub-total - In Sector SLAs	92,690	121	185,588	(673)	(819)
Sub-total - Out of Sector SLAs	17,223	(559)	34,255	(886)	47
Sub-total - Non NHS SLAs	1,035	(147)	2,026	(242)	29
Total - Acute SLAs	110,948	(585)	221,869	(1,802)	(743)
Sub-total - Acute/QIPP Risk Reserve	0	(304)	(2,669)	(315)	(315)
Total Acute Contracts & Acute Reserves	110,948	(889)	219,200	(2,117)	(1,058)

Continuing Care

	M6 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 EMI (Over 65) - Residential	1,241	24	2,401	129	
Mental Health EMI (Over 65) - Domiciliary	101	69	224	115	
Physical Disabilities (Under 65) - Residential	1,482	21	2,929	76	
Physical Disabilities (Under 65) - Domiciliary	1,311	(265)	2,689	(597)	
Elderly Frail (Over 65) - Residential	1,235	67	2,637	(34)	
Elderly Frail (Over 65) - Domiciliary	410	(262)	873	(577)	
Palliative Care - Residential	368	(98)	822	(282)	
Palliative Care - Domiciliary	315	41	527	186	
Sub-total - CHC Adult Fully Funded	6,462	(402)	13,103	(983)	0
Sub-total - Funded Nursing Care	1,359	188	2,713	383	0
Sub-total - CHC Children	1,096	103	2,163	235	0
Sub-total - CHC Other	1,047	(295)	2,165	(496)	(340)
Sub-total - CHC Learning Disabilities	3,165	(473)	6,345	(961)	(148)
Total - Continuing Care	13,129	(879)	26,489	(1,822)	(488)

3.3 QIPP update

The 2018/19 QIPP target is £12.4m or 3% of the CCG allocation. The CCG is £1,139k behind target for M6, achieving £3,463k of £4,602 YTD plan or 75% delivery. A recovery plan has been developed which returns QIPP delivery to 90% by year end.

Planned care

Under-delivery for planned care relates to the following planned care schemes: MSK Pain Management, Gastroenterology, Neuro-Community, Ophthalmology, Hernia, RBHFT Activity Growth Mitigation and the Gynaecology CATs service.

MSK pain management: The CCG is working closely with the Community Persistent Pain Service and Hillingdon Health and Care Partners (more broadly for MSK services around the system) to deliver holistic improvement in service efficacy and quality. This has seen some early improvements to transformation delivery which are anticipated to continue.

Gastroenterology, neuro-community service, ophthalmology and gynaecology: Transformation in these services continue to be impacted by delays to recruitment and implementation of the new models of care. The CCG is working closely with partners to deliver go live dates from December/January. 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

Mental Health schemes are coming under significant pressure due to Section 117 and CHC growth in referrals and spend well over budget. Reviews of patients indicate that these are not always 'filling a service gap' but rather providing care that is currently commissioned, although at a more expensive rate. There is work to be done to improve understanding of how best to use Section 117s and CHC, for which the CCG has allocated senior resource and time for review.

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. A GP led review of AECU took place in August 2018; this highlighted that around two-thirds of patients seen in AECU are follow ups and 40% of patients presenting on these pathways could have been seen in primary/community care, indicating scope for expanding internal capacity. Additionally, winter funding has been allocated to THH of £1.6m (baseline) plus a further £389,000 toward extending AECU hours and as such capacity. There is also general pressure across NWL for unplanned care (A&E attendances and admissions).

3.4 Discharge to assess

Winter funding has been allocated to support the Discharge to Assess business case which streamlines discharge processes for those patients requiring additional support to leave hospital either back to their own homes (pathway 1) or to a residential setting (pathway 2). During October, the service has supported an average of 70 patients per week. Numbers of patients staying in hospital longer than 7 and 21 days have reduced between April and October by 37 and 21 respectively. The service has seen improved integrated working between hospital, community, adult social care, care agencies and residential providers. However, we continue to work on refining the processes and pathways to support further improvements.

Local authorities nationally have been allocated additional funding to support systems through the winter period. In Hillingdon, the allocation is just over £1m. The use of the funding must be agreed between health and social care and deliver a reduction in the numbers of medically optimised and delayed patients in the acute setting.

3.5 Support for care homes

Hillingdon is seeing an increase in the numbers of care beds in the Borough which will inevitably lead to greater demand on the healthcare system. Since April 2018, more than 80 additional beds have opened, either through new care facilities or extensions to current homes, an increase in the bed base of 6%. As part of our approach to managing demand in the Borough, in particular for unplanned healthcare services, the CCG is working jointly with partners to implement a range of measures with care home providers, these are set out below.

Training support

18 care homes (prioritised based on emergency admission and LAS activity) are in the process of receiving 'Recognising and Acting of Early Signs of Deterioration' (RASD) training delivered by local clinicians, which started in September. The training is designed to ensure care homes staff are alert to the early signs of deteriorating health and assess the most appropriate service to access for support.

'Stop the pressure' training has been undertaken in 15 nursing homes, to improve the number of pressure ulcer free days for residents, 12 out of 15 homes achieved 365 pressure ulcer free days by August 2018.

Falls Champion training was delivered in during Q3 of 2017/18 and has been repeated this year, concluding on 6 November 2018 with certificates to participants being presented by the Mayor. There has been a reduction in LAS falls related incidents in care homes comparing 2017/18 to 2018/19:

	April	May	June	July	August
2017/18	26	20	17	32	32
2018/19	24	16	16	16	24

Service developments

The existing GP care home service pilot (initially covering 6 prioritised care homes) has been extended from the end of October 2018. The service provides an urgent visiting service for 6 priority homes and will provide care planning onto the 'Coordinate My Care' care planning tool, on behalf of the GP the resident is registered with, for all care homes for older people with the aim for this to be completed by April 2019.

The well established CCG Care Home Pharmacist has continued to support care homes, with 6 homes and 267 residents having been visited and reviewed over the last 3 months. Focus for the visits have been on medication reviews, laxative use, hydration, nutrition, polypharmacy, waste reduction and policy and procedures within the home with regard to medicines management and optimisation.

The 'Red bag' scheme has been implemented in all care homes for adults. The scheme involves the allocation of a red bag to any care home resident taken to hospital. The bag contains both personal effects and information regarding medication and care planning in order to improve the quality of the transition in and out of the acute setting.

The 111 phone line now provides a '*6' option for care homes in order to direct callers straight to a clinician with the aim of providing the necessary support and advice to care home staff and reducing ambulance call outs and urgent care activity. The service has been live in Hillingdon since October 2018.

Whilst these are all very positive initiatives, we continue to see an increase in attendances, admissions and occupied bed days for care homes, driven in significant part by the increasing capacity in the Borough. The CCG will continue to work proactively with partners to support care home residents and staff.

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'S JOINT STRATEGIC NEEDS ASSESSMENT

Relevant Board Member(s)	Councillor Philip Corthorne Cabinet Member for Social Services, Housing, Health and Wellbeing
Organisation	London Borough of Hillingdon
Report author	Dan Kennedy, London Borough of Hillingdon
Papers with report	Appendix 1 - Hillingdon's Health Profile 2018 Appendix 2 - JSNA work plan 2018-2019

1. HEADLINE INFORMATION

Summary	<p>The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health needs of Hillingdon's residents used to inform commissioning plans to improve health and wellbeing. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local Health and Wellbeing Board.</p> <p>This paper provides an overview of the key health and wellbeing needs in Hillingdon from the JSNA for 2018, developments to the JSNA and then key priorities for the remainder of this financial year.</p>
Contribution to plans and strategies	The Joint Strategic Needs Assessment provides insight into the prevailing needs within Hillingdon and guides commissioning decisions across a broad range of areas to ensure services meet the needs of local residents.
Financial Cost	There are no direct financial implications arising from the recommendations set out within this report. The findings from the JSNA are considered in developing commissioning plans which will be presented to the Health and Wellbeing Board for consideration.
Ward(s) affected	All

2. RECOMMENDATION

That the Board:

- 1) **Note the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) for 2018.**
- 2) **Note and comment on the work to develop the JSNA and the key work priorities for 18/19 (as set out in appendix 2) which ensures that it remains a key source of local intelligence to underpin effective service planning.**

3. INFORMATION

Background to the Joint Strategic Needs Assessment (JSNA)

1. The Joint Strategic Needs Assessment is an assessment of the current and future health needs of the local community. The JSNA represents a key source of local intelligence which exists to underpin the work of local Health and Wellbeing Boards to develop local evidence-based priorities for commissioning to improve health and reduce inequalities. The JSNA is a requirement set out in legislation. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local Health and Wellbeing Board.
2. The JSNA in Hillingdon is informed by a range of data. This includes the demographics of the area, and needs of people of all ages including how needs vary for people at different ages; the needs of people with complex and multiple needs; and wider social, environmental and economic factors that impact on health and wellbeing.

Summary of Hillingdon's Joint Strategic Needs Assessment

3. When comparing Hillingdon to the England average, key headlines from the JSNA shows that:
 - Life expectancy for both men and women in Hillingdon is higher.
 - Hospital stays related to alcohol and self-harm are lower than England.
 - Infant mortality rates are lower
 - There are higher levels of breast feeding.
 - Levels of smoking at time of delivery are lower.
 - Smoking prevalence amongst routine and manual workers (a key challenging demographic) is better.
 - Lower levels of people killed or seriously injured on roads.
 - There are lower rates of excess winter deaths
 - Obesity levels at reception are better than the England average
4. However, as with all Boroughs, local analysis indicates some challenges to improve health and wellbeing. These include:
 - Low birth-weight of term babies
 - Higher rates of sexually transmitted infections and tuberculosis.
 - People diagnosed with diabetes in Hillingdon is higher than average.
 - The percentage of physically active adults is lower than England.
 - The number of children in Year 6 classified as obese is higher than England.
 - Cancer diagnoses at an early stage is slightly lower
 - Proportion of eligible adults being offered a health check is lower
 - Vaccination rates amongst children (MMR, PCV and Hib/Men C) is lower
 - Proportion of Hillingdon's five year olds with signs of tooth-decay is higher relative to England

5. The biggest cause of death in Hillingdon continues to be cardio-vascular disease (heart disease and stroke), cancer and respiratory diseases. Diabetes is a significant cause of illness (morbidity) and predisposes to other diseases e.g. heart disease and stroke, kidney disease and blindness. Cancer screening rates (breast, cervical and bowel) tends to be lower in Hillingdon relative to the national average.
6. Certain lifestyle factors will increase the risk of ill-health, including smoking, poor diet, lack of regular exercise and higher levels of alcohol consumption and/or binge drinking. The estimated 2016 prevalence of smoking in Hillingdon was 15.2%. This has now reduced to 11.6%, which is lower than the estimated proportions for England (14.9%).
7. Age and other related conditions also affect health and wellbeing. Many people aged 65 and over are diagnosed with one or more long term conditions, of whom over half are typically diagnosed with multiple long term conditions which increases dependency on care and support. Other conditions include learning disability and child and adult mental health, including dementia.
8. To improve health and wellbeing, commissioning plans should continue to focus on how to prevent ill-health, early identification of any long-term condition, early intervention to prevent harm from long term conditions and tackling risk factors.
9. The purpose of the JSNA is to not only provide an evidence base against key issues – but also prompt further action to address any gaps that are identified. To this end, it is important to draw reference to schemes of work that are ongoing to improve how Hillingdon performs against those issues listed in paragraph 5. This includes priorities under the borough's Joint Health and Wellbeing Strategy focussing on early intervention, prevention and self-care, work of the Safer Hillingdon Partnership to continue to keep crime levels low and extensive work undertaken by the Safeguarding Children's Board. These and other streams of work will ensure that for those areas that Hillingdon is an outlier – progress will be made to improve and monitor performance.

Hillingdon's JSNA workplan

10. There are a number of routinely available demographic, health and social care data sets which are used to update Hillingdon's JSNA. This includes data available from the NHS and the Office for National Statistics: mortality, birth rates and the prevalence of disease. These datasets available for local use and have been recently updated within the Hillingdon JSNA. Updates to the JSNA are shared with commissioners as they are produced.
11. During 2018/19 updates to the JSNA have included the demographic profile of the borough, including a more detailed profile at ward level to aid service planning and re-design. During the year, work has been also been undertaken on Oral Health, Breast Feeding, Sexual Health and a review of primary care contracts including smoking cessation and health checks.
12. In terms of the workplan for 2019/20, this is currently under development with discussions ongoing with the CCG. This is being done in tandem with agreeing the Core Offer.

Developing Hillingdon's JSNA

13. There has been considerable work undertaken to improve the usability of the JSNA as a tool to inform strategic planning, improve the look and feel of the JSNA and encourage its use across the council and wider partners;
- Rationalisation of pages – removing older data (anything older than 5 years old) and refreshing remaining pages.
 - Revised structure aligning JSNA with the broad categories in the annual health plan (children, adults, older people and health protection).
 - Move to factsheets – at-a-glance summaries of key metrics. Closer reference to Public Health Outcomes Framework ensuring greater focus on those areas where Hillingdon needs to improve performance.
 - Automation of the JSNA enabling future updates to be smoother and more efficient.
 - Easier navigability via the website.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

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

Consultation Carried Out or Required

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

Policy Overview Committee comments

None.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

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

Appendix 1

Hillingdon Health Profile 2018

The chart below shows how the health of people in Hillingdon compares with the rest of England. Hillingdon's results for each indicator are shown in a circle. The average rate for England is shown by a black line, which is always in the centre of the chart. A red circle means that this area is significantly worse than England for that indicator. It should be noted that some of the data in the table below will be a number of years old and will relate to the latest nationally available data.

Health summary for Hillingdon

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England average. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 - 16	n/a	80.8	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 - 16	n/a	83.8	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 - 16	1,851	303.7	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 - 16	426	72.5	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 - 16	745	126.5	136.8	195.3		99.1
	6 Suicide rate	2014 - 16	80	10.8	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 - 16	221	24.7	39.7	110.4		13.5
	8 Hospital stays for self-harm	2016/17	248	79.5	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	229	556.5	575.0	654.2		364.7
	10 Cancer diagnosed at early stage	2016	452	50.9	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	81.2	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	1,791	67.4	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 - 16/17	57	26.9	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	1,293	498.2	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	26,544	11.6	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	60.8	66.0	53.3		78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	55.2	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	80	15.5	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	241	6.3	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	3,334	85.2	74.5	37.9		96.7
	21 Infant mortality rate	2014 - 16	27	2.0	3.9	7.9		0.0
Inequalities	22 Obese children (aged 10-11)	2016/17	781	23.2	20.0	29.2		8.8
	23 Deprivation score (IMD 2015)	2015	n/a	18.1	21.8	42.0		5.0
Wider determinants of health	24 Smoking prevalence: routine and manual occupations	2017	n/a	17.8	25.7	48.7		5.1
	25 Children in low income families (under 16s)	2015	9,480	15.6	16.8	30.5		5.7
	26 GCSEs achieved	2015/16	1,853	60.1	57.8	44.8		78.7
	27 Employment rate (aged 16-64)	2016/17	147,600	74.2	74.4	59.8		88.5
	28 Statutory homelessness	2016/17	45	0.4	0.8			
	29 Violent crime (violence offences)	2016/17	6,289	21.1	20.0	42.2		5.7
	Health protection	30 Excess winter deaths	Aug 2013 - Jul 2016	200	11.1	17.9	30.3	
31 New sexually transmitted infections		2017	1,828	918.9	793.8	3,215.3		266.6
32 New cases of tuberculosis		2014 - 16	307	34.4	10.9	69.0		0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Indicator value types

1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion - % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

Regional* refers to the former government regions.

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

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

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Appendix 2 – Hillingdon’s Joint Strategic Needs Assessment – Work Plan (2018-19)

The following table summarises the key work plan activities that are being delivered this year that draw on and/or have feedback into Hillingdon’s JSNA. Taken together the schedule of routine updates and more substantive pieces of work listed below will help ensure the JSNA is responsive and informs the priorities within the Joint Health and Wellbeing Strategy.

Ref	Area of Development	Description	Timescale
1	Pharmaceutical Needs Assessment (PNA) 2018	Analysis of key health needs across the Borough and how pharmacy services are meeting these needs in specific localities.	Completed March 2018
2	Respiratory Needs Assessment	A new needs assessment to address gaps within respiratory of the local and wider population	Completed April 2018
3	NCMP Needs Assessment	A new needs assessment carried out to review obesity of children in the borough	Completed May 2018
4	Mortality Needs Assessment	Analysis of data from the Primary Care Mortality Database (PCMD)	Completed March 2018
5	Musculoskeletal Needs analysis	A review of unmet needs and gaps in delivering current services.	Completed September 2018
6	Health checks, smoking cessation and needle exchange	Providing performance data on NHS Health checks, smoking cessation and needle exchange programme to support commissioning.	Ongoing
7	Older Peoples Needs Assessment	A review of needs of older people in the borough	Completed July 2018
8	Locality/ward profiles	Provide a needs analysis of the population at locality/ward level	Completed March 2018
9	Published JSNAs	The following JSNAs were completed and published:	April – October 2018

Ref	Area of Development	Description	Timescale
		<ul style="list-style-type: none"> - Breastfeeding - Childhood immunisation - Children in need - Teenage conception - Fertility - Sexual health - Excessive winter deaths - Births - Healthy Life Expectancies 	
10	Cardiology review	Analysis of rates of intervention in Hillingdon and outcomes delivered	Pending March 2019 (annual update)
11	Diagnostics review	Review of current diagnostic services available in Hillingdon	Pending February 2019
12	Oral Health review	A requested review of the borough's performance on dental health needs	Ongoing November 2018
13	Teenage Pregnancy	Quarterly update of the borough's performance against national and regional targets	Ongoing November 2018
14	Drugs & Alcohol Health and Care Needs Assessment - Phase II	Review of needs assessment carried out in 2014	Pending February 2019

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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 1 - Mystery Shopping Report Appendix 2 - Patient Engagement at Mount Vernon Cancer Centre Report

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.

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

2. SUMMARY

- 2.1. The body of this report to The London Borough of Hillingdon's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Hillingdon in the delivery of its functions and activities for this period. It should be noted that a comprehensive report is presented by the Chief Executive Officer to the Directors/Trustees at the Healthwatch Hillingdon Board Meetings and is available to view on our website: (<http://healthwatchhillingdon.org.uk/index.php/publications>)

3. GOVERNANCE

3.1. Chief Executive Officer

Chief Executive Officer, Graham Hawkes, leaves the organisation on 30 November 2018 after 5 years at the organisation. The Healthwatch Hillingdon Board wish Graham the very best for the future and thank him for his enormous contribution to the organisation.

Whilst the organisation undergoes a recruitment process, Vice-Chair, Turkey Mahmoud, has stepped down from the Board to take up the role of CEO for the interim period.

4. OUTCOMES

Healthwatch Hillingdon wishes to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the second quarter of 2018-19.

4.1. Mystery Shopping Report

During May and June 2018, Healthwatch Hillingdon carried out a mystery shopping exercise to determine whether GP practices in Hillingdon were following legal guidance when registering a new patient.

With only 2 of the 42 practices contacted indicating that they would have actively registered the caller despite their circumstances, and an insistence from over 90% of practices that identification was required to register; Healthwatch Hillingdon have concluded that there is a high probability that GP practices are not following the guidance and therefore not meeting the regulatory terms of their General Medical Services contract.

The Mystery Shopping report, as appended, has been shared with the Hillingdon Clinical Commissioning Group and NHS England and outlines 4 recommended actions.

4.2. Young Healthwatch Hillingdon (YHWH)

In this quarter, the 28 Young Healthwatch Hillingdon members have attended four panel meetings, continued to build on their social media presence, delivered a summer programme of activity and held their Healthfest 2018 event.

The full detail of their activity is shown in Engagement (section 6) but we are pleased to note that they engaged with over 300 young people during the summer programme. Healthfest in particular was a vibrant event which was attended by 94 people. Feedback from attendees and all the organisations that provided information on the day has been very positive.

Members of Young Healthwatch are growing in confidence and we are really excited about expanding the membership in 2019.

4.3. National Healthwatch Award

Having previously advised Board Members of our shortlisting, we are proud to announce that we were the winner of a Healthwatch England Network Award 2018 for 'Improving Health and Care', for our work on discharge from hospital.

It is an excellent accolade and reflection of all the hard work our staff team, volunteers and Board have contributed to Healthwatch Hillingdon and the difference we make in our community.

4.4. Implementation of new low back pain and sciatica policy in Hillingdon

Following the implementation of the decision to decommission some spinal injections and acupuncture in June 2018, we have been working with the Hillingdon Clinical Commissioning Group and The Hillingdon Hospitals NHS Foundation Trust, to support patients who were having their treatment plan changed.

As you will see from the data shown in Enquiries 5.1, we have received a number of negative calls from patients about their experience of the change. We have compiled a draft report on these experiences, which is currently with stakeholders, to give them an opportunity to check the document for factual accuracy before publication.

4.5. Patient engagement at Mount Vernon Cancer Centre

Following the temporary relocation of inpatient services from The Michael Sobell Hospice to Wards 10 and 11 of the nearby Mount Vernon Cancer Centre, Healthwatch Hillingdon has worked with East and North Hertfordshire NHS Trust to speak to the patients on these wards to see how the change may have affected patient experience.

The result of this engagement is outlined in our brief report, as appended.

We found the patients we interviewed were receiving excellent, empathetic care and that the medical and emotional needs of the patients were being met.

We have made 2 suggestions for the Trust to consider: to look at reducing noise at night and to work in close partnership with the Michael Sobell Hospice Charity to provide patients with further support.

5. ENQUIRIES FROM THE PUBLIC

Healthwatch Hillingdon recorded 267 enquiries from the public this quarter. This saw 98 people's experiences being logged on our Customer Relationship Management database and 169 residents being the recipients of our information, advice, and signposting service.

5.1. Experiences

Overview

40% of the people who contacted us this quarter did so in relation to the withdrawal of funding for lower back pain treatments by the Hillingdon Clinical Commissioning Group in collaboration with the other 7 Clinical Commissioning Groups in North West London.

Healthwatch Hillingdon's contact details were included on the letter that was sent out to patients from the hospital, at the request of the Hillingdon Clinical Commissioning Group, to provide information and support to patients affected by the changes.

Table A shows that 92.5% of the feedback we received in relation to these changes was negative. We will publish a report on this in due course outlining the issues that people reported to us, along, with our recommendations.

Of the remainder of the feedback on other hospital services, 20 people rated their experience as negative and 12 positives.

Outside of hospital services, GPs remains the number one service residents report to us on. 9 experiences were captured this quarter, with 7 being negative. The reasons cited for

these were: the frustration of residents in being unable to access appointments; the quality of the care residents received; and not being able to register due to catchment areas, particularly for people on the borders of the Borough.

Table A

Hospital Services		Positive	Mixed	Neutral	Negative
Pain Management Clinics		-	3	-	37
Minor Injuries Unit		3	-	-	2
Accident & Emergency		2	-	-	2
Maternity		1	-	-	-
Care of the Elderly		-	-	-	1
Pharmacy		-	-	-	1
Ophthalmology		1	1	-	-
Orthopaedics		1	-	-	-
Cancer Services		1		-	2
Radiography		-	-	-	1
Neurology		-	-	-	1
Nutrition & dietetics		-	-	-	-
General Surgery		-	-	-	2
Haematology		1	-	-	-
Urgent Care Services		-	-	-	1
Mental Health Services		-	-	-	2
Patient Transport		-	-	-	2
Cardiology		1	-	-	1
End of life care		-	-	-	2
Outpatients		1	-	-	-
Social Services					
Care Home		-	-	-	4
Home Care		-	-	-	2
Primary Care Services					
GP		1	-	1	7
Dentist		-	-	-	1
Other Services					
Community Mental Health Team		-	-	-	4
Drug & Alcohol Services		-	-	-	1
CAMHS		-	-	-	1

Table B indicates the categories of key staff that patients have cited in their feedback to us and Table C highlights the top 5 themes that people have reported upon. It should be noted that some patients name more than one member of staff and supply more than one reason for the disappointment with their experience.

Table B

Key staff categories	Positive	Not positive
Doctors	2	6
Admin / Receptionist	4	4
All care professionals	6	2
Care/Support Workers	-	1
Nurses	-	1
Allied Care Professionals	-	1
Service Manager	-	1
N/A	-	40

In terms of themes, the main concerns this quarter were 'access to services and service closure' which relate to the decommissioning of acupuncture and lower back pain procedures (n=40). People also referenced quality of care (n=12) and the quality of the organisation in general (9); although feedback was mixed on the latter. In terms of staff attitudes, all the feedback received was negative (n=8), as was that for communication between staff and patients (n=2).

Table C

Key Themes	Number	Positive	Not positive	Mixed/Neutral
Access to services/Service Closure	40	0	37	3
Quality of care	12	3	8	1
Quality of organisation and staffing	9	4	5	0
Staff attitudes	8	0	8	0
Quality of treatment	6	4	2	0
Quality of appointment	4	4	0	0
Communication between staff and patients	2	0	2	0

Outcomes

We continue to provide support to residents in a variety of circumstances. An individual contacted us about the treatment their mother had received, following a stay in Hillingdon Hospital. The individual put in a complaint to the hospital but was told by them that they would not be able to release the findings of their investigation without the consent of the mother. However, the mother suffers from dementia so is unable to give consent, and the family do not have power of attorney. We contacted the CCG about this, and they told us that they would talk to the hospital about making a change to their policy.

In another case, Age UK contacted us about an individual who had recently settled into their new care home. The individual's family member attended an appointment with an occupational therapist who refused the individual a specialist type of wheelchair saying that they didn't fit the Clinical Commissioning Groups' criteria. As a result of Healthwatch Hillingdon contacting the Continuing Health Care team, they immediately responded to Age UK and are now supporting the care home resident and their family.

Another individual contacted us about their mother, who receives dialysis three times a week at Hammersmith hospital. She has other medical conditions, including heart failure. She is also under the care of mental health services. The GP has written a letter outlining the issues and the fact her mental health issues preclude her from travelling with others, therefore she needs a solo ambulance. The individual says they have not received any help from the hospital with this. We contacted the transport company and the hospital but, unfortunately, they failed to respond, which has resulted in the individual now having to make a formal complaint. We were able to provide the advocacy information the individual needed to get support with this.

5.2. Signposting Service

During this quarter we recorded a total of 169 enquiries from residents which resulted in us providing information, advice, signposting, or referral. 130 of these we would categorise as universal and 39 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. 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.

Of the people who contacted us about the decommissioning of pain relief procedures, nine asked for the contact details of where to complain, and we were able to signpost them to the CCG complaints service. We were also able to advise people on how to apply for an Individual Funding Request.

How did we assist?	Qty	%
Signpost to a health or care service	45	27%
Signpost to voluntary sector service	56	33%
Requesting information / advice	34	20%
Requesting help / assistance	4	2%
General Enquiry	30	18%

Signposted to?	Qty	%
Voluntary Sector other	30	18%
NHS - other	14	9%
GP	13	8%
CCG	13	8%
LBH Other	12	7%

Unknown	0	0%
Total	169	

POhWER	10	6%
CAB	9	6%

Outcomes

Our service continues to be able to point residents towards organisations that can provide them with the appropriate assistance for their needs.

For example, we heard from an individual who came in to give feedback on their historic experience of sexual abuse whilst an inpatient in mental health institutions. During this conversation, we were able to signpost the individual to several voluntary organisations that would provide them with support around their experiences, where they had previously not received any such information.

We also heard from an individual whose adult family member had solvent abuse issues and was finding it difficult to get help and were able to signpost them to appropriate organisations.

It is satisfying to note that from the feedback received via our in-house suggestion box during this quarter, our service has been rated as very good, with one customer saying: "Very professional, friendly service. Gave some useful signposting. Clearly explained confidentiality."

It was also through our signposting, information and advice service that concerns were raised by the public about the effects of the closure of the inpatient wards at Michael Sobell House in Northwood. This prompted our involvement in this issue and the engagement work at the Mount Vernon Cancer Centre.

5.3. Referring 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 and AVMA for advocacy support.

Advocacy Referrals	Qty
POhWER	10
AVMA	3
Total	13

6. ENGAGEMENT

During this quarter, Healthwatch Hillingdon directly engaged with 713 people through the course of its activities.

The engagement activities conducted by our Outreach and Volunteer Officer during this reporting period saw us directly engage with over 243 members of the public at 10 planned events across the Borough. The events we attended included:

- Uxbridge College Freshers' Fair
- Day of the Older Person

- REAP AGM
- Assembly for people with disabilities
- Afghan Women's Group
- Amigos Visual Impairment Group

Event	Attendance	Outcomes	Age Category				Communities of Interest
			Under 5s	6 - 21	22 - 65	Over 65	
Afghan Women's Group	12	x 12 people spoken to directly			12		General Public
Amigos visual impairment group	9	x 9 people spoken to			9		General Public
Hillingdon Leisure Complex	70	x 16 people spoken to			16		General Public
Day of the Older Person	250	x 53 people spoken to		4	19	30	General Public
Stall at Tesco Yiewsley	250	x 44 people spoken to			34	10	General Public
Freshers' Fair, Uxbridge College (Uxbridge Campus)	200	x 35 people spoken to		30	5		General Public
Freshers' Fair, Uxbridge College (Hayes Campus)	150	x 42 people spoken to		35	7		General Public
Brookfield Adult Learning Centre	65	x 6 people spoken to			6		General Public
Reap AGM	80	x 15 people spoken to			15		General Public
Hillingdon Sports and Leisure Complex	70	x 11 people spoken to			9	2	General Public

Total	1156	243		69	132	42	
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Below is a brief overview of our engagement at a few of the key events we participated in.

Brookfield Adult Learning Centre

We set up a stall at their open day in September. The open day was well attended by residents enrolling for new courses for the September term. We handed out our literature and signposted residents to other health and care services.

Whilst at Brookfield we spoke with Melanie Van de Velde, the tutor-coordinator for Wellbeing at Hillingdon Adult Learning. She is keen to work with Healthwatch and provide free wellbeing courses for volunteers and service users.

Afghan Women's Group

The group meet once a month at the Nestle Children's Centre in Hayes and welcome guest speakers to attend to talk about their services. We spoke to a group of 9 women, some of whom had children who attend the nursery.

The women shared their experiences of health services, which was positive overall. One issue, however, was that some of the women had found it difficult to book an interpreter for a GP appointment. With most women speaking English as a second language, having an interpreter to aid communication with the GP was considered vital.

Amigos Visual Impairment Group

The Amigos Visual Impairment Group meet at Christ Church in Uxbridge once a month. Our visit was unplanned, but the group lead was happy for us introduce ourselves and speak briefly to the group about Healthwatch. When we mentioned that Healthwatch Hillingdon were looking for volunteers to take part in a review of Hillingdon Hospital's signage, 4 members of the group put themselves forward and welcomed the review. There wasn't enough time to have any meaningful discussion about the group's experiences of services, so a revisit was planned for November.

Having met with 2 other visual impairment groups in previous quarters it will be interesting to see if we can pick up on any recurring themes.

Young Healthwatch Hillingdon (YHwH)

The 28 members of Young Healthwatch Hillingdon engaged with 330 young people during this quarter. They attended four panel meetings, continued to build on their social media presence, delivered a summer programme of activity and delivered Healthfest 2018.

Summer activity:

- Facilitated focus groups with 118 young people at two National Citizenship Service (NCS) events about what health concerns are important to young people and how YHwH should engage with young people. This feedback will inform YHwH from October onwards.

- Delivered a Healthy Lifestyle workshop with 45 children (aged 8 to 11) focusing on a quiz based around healthy eating and exercise.
- Delivered two Body Image and Self Esteem workshops with 48 young people (aged 11 to 14).
- Hosted a Body Image and Self Esteem stall in the Pavilions Shopping Centre where they engaged with 15 young people. One young man praised the volunteers for focusing on these issues publicly. He has experienced difficulties with eating disorders and greatly appreciated YHwH's efforts.
- Participated in a workshop with the Transformation Project Lead for Child and Adolescent Emotional Wellbeing and Mental Health at Hillingdon Clinical Commissioning Group, about the Children and Young People Mental Health Local Transformation Plan. They learned about the plan and provided feedback about the focus it should take moving forwards. This will inform the plan refresh, which is due in October. They aim to create a youth-friendly version of the plan, to make the information more accessible to young people.
- Participated in a workshop with Brook (a national charity providing advice, information, support and training for young people and professionals around sexual health, relationships and wellbeing). They took part in the Brook workshop around Body Image and Self Esteem and provided feedback that will help shape the workshop moving forwards.
- Facilitated a focus group with CAMHS service users and staff members about the Hillingdon Local Transformation Plan.

Healthfest 2018

Healthfest 2018 was held on Saturday 29 September and YHwH engaged 94 people at the event. YHwH worked incredibly hard in preparation for the event and took responsibility for all aspects including:

- Planning the format and content.
- Inviting stall holders.
- Creating posters and an EventBrite page to publicise the event and ensuring the event was regularly publicised on social media.
- Creating signage and decorations.
- Putting together the feedback survey.
- Writing the risk assessment.

At the event they all had individual responsibilities and it was amazing to watch the confidence of all members grow over the course of the day.

The grant that we received from Awards for All in November last year part funded the first year of YHwH and the funding report is due at the end of November. YHwH members are putting together a newsletter to submit with the report as supporting evidence, to give their perspective on the programme so far. Both the Awards for All funding report and the YHwH newsletter will be presented at a future board meeting. Hopefully some YHwH members will be able to attend to share information and their stories with our board.

Social Media

Below are our social media stats for the current period. Our top tweet reached a total of 7426 twitter users and our tweet impressions for the quarter totalled 19,035, meaning that for the months of July to September Twitter users saw our tweets almost 20,000 times.

Facebook likes, Post Reach and Post Engagement between July and September increased significantly over the same period, to 1468 in September.

Our Instagram growth has accelerated faster than our other social platforms and since the last reported period we had added 30 followers. The steady growth is a result of us posting more consistently and sharing engaging content.

Over the coming months we will be reviewing our content on twitter as well as other social media platforms.

	July	August	September
Twitter Followers	1228	1220	1220
Tweet Impressions	7426	7026	4583
Profile Visits	145	146	148
Facebook Likes	423	424	425
Facebook Post Reach	164	905	1468
Facebook Post Engagement	15	30	64

7. VOLUNTEERING

Healthwatch volunteers contributed a total of 689 hours volunteering hours to Healthwatch Hillingdon’s activities. Our volunteers were involved in engagement activities throughout July to September, including Uxbridge College’s Freshers Fair, the Day of the Older Person event at the Pavilions Shopping Centre and the Disability Assembly.

Typically, there is a concentration of events taking place in the months of August and September and we were very grateful to have had the support of such a great team of volunteers, who made it possible for us to take part.

In future months there will be a focus on recruiting more volunteers for our Ambassador role. This will increase our capacity to engage with more communities within Hillingdon. Our Young Healthwatch Hillingdon members contributed nearly 300 hours during their hectic summer schedule, with all 28 contributing to this total.

8. ENTER AND VIEW ACTIVITY

Patient Led Assessments of Care Environments (PLACE)

7 Healthwatch Hillingdon volunteer PLACE assessors visited both Hillingdon and Mount Vernon hospitals in September 2018 to carry out 2 days of assessment with staff and governors from the Trust. These were part of the continual programme to follow-up on the main PLACE assessment carried out earlier in the year.

9. FINANCIAL STATEMENT

To end of Quarter 2 (2018-2019)

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	79,000
Bought forward 2017/2018*	34,685
Additional income	-
Total income	113,685
Expenditure	
Operational costs	6,151
Staffing costs	59,499
Office costs	10,564
Total expenditure	76,214
Surplus to c/f	37,471

*Provisional, awaiting audited figure.

10. KEY PERFORMANCE INDICATORS

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), aligned to Healthwatch Hillingdon's strategic priorities and objectives, have been set for 2017-2019.

The following table provides a summary of our performance against these targets during Quarter 2.

KPI no.	Description	Relevant Strategic Priority	Monthly Target 2018-19	Q1			Q2			Q3			Q4			Accumulative Totals	
				2016-2017	2017-2018	2018-2019	2016-2017	2017-2018	2018-2019	2016-2017	2017-2018	2018-2019	2016-2017	2017-2018	2018-2019	Target	Actual
1	Hours contributed by volunteers	SP4	525	637	540	629	522	504	689	491	363		516	564		1050	1218
2	People directly engaged	SP1	330	434	220	444	270	675	713	634	2027		347	440		660	1157
		SP4															
3	New enquiries from the public	SP1	200	177	208	243	296	286	267	173	247		248	235		400	510
		SP5															
4	Referrals to complaints or advocacy services	SP5	N/A*	12	24	21	8	23	13	1	17		18	6		N/A*	34
Page 136	Commissioner / provider meetings	SP3	50	93	62	62	69	70	52	69	52		58	49		100	114
		SP4															
		SP5															
		SP7															
6	Consumer group meetings / events	SP1	15	16	26	19	15	23	18	15	13		22	31		30	37
		SP7															
7	Statutory reviews of service providers	SP5	N/A*	0	0	0	0	0	0	1	0		0	0		N/A*	0
		SP4															
8	Non-statutory reviews of service providers	SP5	N/A*	3	5	3	3	2	2	3	2		7	1		N/A*	5
		SP4															

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

Registering as a new patient at a GP practice in Hillingdon

Who we are

Healthwatch Hillingdon is an independent organisation set up to champion the views of local people. We speak up for our residents and put them at the heart of health and social care in Hillingdon.

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Background information

In 2016 Healthwatch Hillingdon received a number of complaints from residents who had been refused registration at GP practices, because they did not have photographic identification. As this is contrary to the regulatory terms of the General Medical Services contract, Healthwatch Hillingdon raised concerns at the Hillingdon Clinical Commissioning Group Primary Care Access Forum. As a result, Healthwatch Hillingdon worked with the Clinical Commissioning Group and the Forum to produce guidance for GP practices on registering new patients (Appendix A - information accurate when produced in 2016).

Context

Under the regulatory terms of the General Medical Services contract, practices must contractually register patients on application and can only turn them down if:

- the commissioner has agreed that they can close their list to new patients
- the patient lives outside the practice boundary
- they have other reasonable grounds

There is no requirement under the regulations for a patient to prove identity, address, immigration status, or give their NHS number to register, or receive an appointment. If a patient tells the practice their details, but cannot provide photographic identification, or proof of address, it cannot be considered as reasonable grounds to refuse registration.

Practices can have a policy in place to ask patients to provide identification, but they cannot insist on seeing it to register them. Seeing some form of ID will help to correctly match a patient to the NHS central patient registry and enable quicker access to any previous medical notes.

To meet equality laws, the I.D. Policy must be non-discriminatory. Under the terms of their primary medical services contracts, GP practices cannot refuse an application to join its list of NHS patients on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Further context:

- [Primary Medical Care Policy and Guidance Manual](#)
- [Leaflet for asylum seekers and refugees](#)
- [Leaflet for gypsy, traveller and Roma communities](#)
- [Leaflet for homeless patients](#)
- [Information for visitors from abroad about using the NHS](#)

A patient does not need to be “ordinarily resident” in the country to be eligible for NHS primary medical care -this only applies to secondary (hospital) care. In effect, therefore, anybody in England may register and consult with a GP without charge.

Where a GP refers a patient for secondary services (hospital or other community services) they should do so on clinical grounds alone; eligibility for free care will be assessed by the receiving organisation.

It is important to note that there is no set length of time that a patient must reside in the country in order to become eligible to receive NHS primary medical care services.

Therefore all asylum seekers and refugees, students, people on work visas and those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if those visitors are not eligible for secondary care (hospital care) services.

The length of time that a patient is intending to reside in an area dictates whether a patient is registered as a temporary or permanent patient. Patients should be offered the option of registering as a temporary resident if they are resident in the practice area for more than 24 hours but less than 3 months.

Mystery Shopping Exercise

During May and June 2018, Healthwatch Hillingdon carried out a mystery shopping exercise to determine whether, when registering new patients, GP practices in Hillingdon were following the guidance produced in 2016.

Methodology

There are 46 GP practices in the London Borough of Hillingdon. Healthwatch Hillingdon contacted each practice by telephone during the core contract hours of 8am and 6.30pm.

Where the call remained unanswered on the first occasion, a second and final attempt was made to contact the practice.

We asked the same questions to each practice:

- 1) I am new to the area and would like to register with a GP. How do I register?
- 2) Is there anything I need to bring with me, or that you need to see?

Supplementary question if required: What if I do not have any of these?

- 3) Is there any other information I need to know?

Calls were made by a trained volunteer member of the Healthwatch Assessor team.

Outcome

We spoke with 42 GP practices. On all occasions the questions were answered by the person who picked up the telephone.

The remaining practices were either engaged, or they were closed and there was an answerphone message advising patients of whom to contact.

The majority of practices asked for the caller's address before answering questions to check that they were in the practice's boundary area.

Responses

How do I register?

41 practices advised the need to complete forms.

36 specifically mentioned the need to call in to collect a registration form(s), or pack, to complete. Some said this could be done in the surgery, but the majority said to take the form home to complete and return.

3 also advised that information was available on their website and indicated that you could download the registration forms; 1 saying you could complete a GMS1 form online but would need to bring into the surgery.

2 said that they would also need to take 2 blood pressure readings at registration.

Is there anything I need to bring with me, or you need to see?

2 practices said there was no need to bring in anything to register.

40 asked for proof of identification.

36 wanted to see both photo ID and proof of address. 2 asking for 2 proofs of photo ID and 2 asking for 2 proofs of address.

4 only required proof of address.

2 practices asked for proof of NHS number in addition.

30 specifically mentioned passport; 17 driving license; 18 birth certificate; 6 other photo ID; and 2 marriage certificate.

Examples given for proof of address included tenancy agreement, utility bill or bank statement. 2 stated it must be within the last 3 months.

And, if I do not have any of these?

Our mystery shopper explained during their conversation that they were only just moving to the area and didn't have a bill or statement of the address, they did not have a passport, nor drive.

Most practices indicated that they really did need photo ID and proof of address. Some practices said they would accept one or the other, or suggest alternatives such as other photo ID, tenancy agreement or birth certificate. When pushed, 2 practices said 'we can probably sort something out'.

Of the 40 practices who originally asked for identification, not one advised the caller that they would be able to register without identification.

Is there any other information I need to know?

With the exception of 1 practice, who advised they were open on a Saturday morning, all practices advised there was no further information needed.

Conclusion

With only 2 of the 42 practices contacted indicating that they would have actively registered the caller despite their circumstances, and an insistence from over 90% of practices that identification was required to register; Healthwatch Hillingdon have concluded that there is a high probability that GP practices are not following the guidance produced in 2016 and therefore not meeting the regulatory terms of their General Medical Services contract.

‘If a patient cannot produce any supporting documentation but states that they reside within the practice boundary then practices should accept the registration’

Our mystery shopper was not in a position where they were refused registration as a result of not having identification. However, from the conversations held Healthwatch Hillingdon feel that if the caller had presented at any of these 40 practices to register without identification, the majority of practices would have refused the caller registration and asked them to return at a time that they could provide the required identification.

Healthwatch Hillingdon are not in sight of the registration policies that practices have put in place to ask for patient ID. With the default position in the General Medical Services contract being ‘practices must register without identification’ we would question, from the evidence we have collected, whether current policies reflect the contract requirements. This would also bring into question whether policies are non-discriminatory and meet the Equality Act 2010.

Recommendations

As a result of this mystery shopping exercise, Healthwatch Hillingdon would recommend that NHS Hillingdon Clinical Commissioning Group and NHS England consider the following actions:

- 1) Advise GP practices of their legal responsibilities when registering a patient under the General Medical Services Contract, by:
 - a. writing to GP practices to outline their responsibilities
 - b. raising through locality meetings and practice managers forums
 - c. reviewing and reissuing the registration guidance sent to practices in 2016
- 2) Seek assurance from GP practices that their registration policy meets the General Medical Services Contract and Equality Act 2010; and if necessary ask GP practices to submit their policy for audit.
- 3) Suggest GP practices review their policies, to ensure that when a person is unable to provide ID (such as our mystery shopper) that there is a process written into the policy that enables staff to meet the legal responsibility to register a person without ID.
- 4) Suggest that GP practices revise the information given to patients at registration.

For example:

“We aim to provide the highest quality healthcare. You are not required to provide ID at registration, but it will help us to transfer your notes from your previous doctor as quickly as possible. By knowing your current medication and medical history our doctors will be better placed to provide continuity of care and treat you according to your needs.”

Anyone who is in the UK may receive NHS primary medical services at a GP practice. There is no set length of time that a patient must reside in the UK in order to become eligible to receive NHS primary care services.

Flow Chart to be used in conjunction with the
"Patient Registration Standard Operating Principles for Primary Medical Care (General Practice)"

Determine if applicant lives in GP practice catchment area

Inner Boundary: Anyone residing within GP practice catchment area is entitled to apply to register for primary care medical services

Outer boundary (where a GP practice has one): If clinically & practically appropriate, GP practice can decide to register applicants residing in their outer boundary without any obligation to provide home visits or services out hours



Proof of Residence or Personal Identification (ID)

There is no regulatory requirement for applicants to prove identity, address, and immigration status or to provide NHS number to register & it is not the role of general practice to establish identity of applicant. If it is GP practice's policy to ask applicant at registration to provide some form of ID &/or proof of residence to assist allocating their NHS number, then it must ask this from all patients. Examples below are not exhaustive:

- Council tax bill / Utility bill (gas, electricity)
- TV licence
- Phone bill stating address
- Driving Licence (with address)
- Credit card/Bank statement/Bank card
- Rent book or tenancy
- Pension book / benefit book
- Home Insurance Policy
- Home Office permit to stay
- Documentation from reputable source e.g. letter from HM Revenue & Customs, voluntary organisation, refuge, University, College Hall of Residence, Healthwatch

GP practice cannot insist on seeing photo ID as this could be discriminatory

Reasonable grounds to not register

- Applicant does not reside within GP practice catchment area
- On a case by case basis: Applicant previously removed from GP practice list following breakdown of GP/patient relationship. However, where possible resolution should always be sought.

Refusal must not relate to applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. It is not acceptable to refuse to register an applicant because they are registered with another local practice. Where GP practice refuses to register applicant, they must record name, date & reason & write within 14 days to applicant explaining why they have been refused

Patients who cannot provide documentation (when it is GP practice's policy to ask for it)

Some applicants stating that they reside within GP practice catchment area will be legitimately unable to provide ID or proof of address & this would not be considered reasonable grounds to refuse registration or withhold appointments.

Examples below are not exhaustive:

- People fleeing domestic violence staying with friends or family
- People living on boat, in unstable accommodation or street homeless
- People working in exploitative situations whose employer has taken documents
- People who have submitted documents to Home Office as part of an application
- People trafficked in to the UK who had documents taken
- Children born in the UK to parents without documentation

Register as emergency or immediately necessary

Treatment if applicant resides within GP practice catchment area for less than 24 hours

Temporary resident

Overseas visitor - a resident, or at the time of registration are intending to be resident, in GP practice catchment area for more than 24 hours but less than 3 months. Overseas visitors, whether lawfully in the UK are also eligible to register with a GP practice.

REGISTER PATIENT

Hospital Care Is Chargeable to Overseas Visitors

Patient Engagement at Mount Vernon Cancer Centre

11 October 2018

Introduction

Who we are

Healthwatch Hillingdon is an independent 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.

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Background Information

In June 2018, the inpatient services that were being provided by East and North Hertfordshire NHS Trust, in The Michael Sobell Hospice, were relocated to the nearby Mount Vernon Cancer Centre.

This interim measure remains in place whilst the NHS and other partners consider the options for palliative care provision, for the north of Hillingdon and the surrounding area.

As a result of this change, Healthwatch Hillingdon approached East and North Hertfordshire Trust and asked if they could speak to the patients on these wards, to see how the change may have affected patient experience.

We would like to sincerely thank the patients and their family who spoke to us, and East and North Hertfordshire Trust for giving us the opportunity to visit wards 10 and 11.

Mount Vernon Cancer Centre

The Centre is a highly specialised cancer centre providing technical treatments and patient care in non-surgical oncology. The Centre has specialist cancer consultants, who are supported by a team of doctors in their outpatient clinics and on the wards. Nurses deliver chemotherapy treatments and radiographers deliver radiotherapy treatments all supported by teams of physicists, administration staff and engineers.

Hospice Care

The aim of hospice care is to improve the lives of people who have an incurable illness.

Hospices provide care for people from the point at which their illness is diagnosed as terminal to the end of their life, however long that may be.

That doesn't mean hospice care needs to be continuous. People sometimes like to take a break from hospice care if their condition has become stable and they are feeling well.

Hospice care places a high value on dignity, respect and the wishes of the person who is ill. It aims to look after all their medical, emotional, social, practical, psychological, and spiritual needs, and the needs of the person's family and carers. Looking after all these aspects is often referred to as "holistic care".

Care also extends to those who are close to the patient, as well as into the bereavement period after the patient has died. (NHS.UK)

Engagement

Our Aim

To gather the experience of palliative and cancer patient care on the hospital ward setting, and how this may differ from hospice care.

Our Methodology

We visited Wards 10 and 11 of the Mount Vernon Cancer Centre and spoke to some of the current patients. We asked them three questions as part of that conversation, to gain an understanding of the care being received by these patients.

The questions were:

1. What are the positive things about your care?
2. What could be done to improve the service?
3. If there was one thing that would improve care for you personally, what would it be?

Our Visit

The Deputy Head of Nursing met us at the start of our visit giving us the context and background of how wards 10 and 11 became the place of care for the re-location of patients from the Michael Sobel hospice.

They explained how initially all the staff had transferred across with the patients but over time many had left. She explained how the building of Michael Sobel House was in terrible disrepair with some patients having to be regularly moved when it rained as the ceilings leaked in several places despite repeated repairs. They advised that none of the patients who had moved from the hospice were currently on wards 10 and 11.

On the day we visited, the Ward Sister showed us to patients who were able to speak with us. There were 25 inpatients but due to treatments taking place and those with confusion, we were able to speak with 8 patients. We also spoke to the family of an end of life patient.

Our conversations

Patient 1 - age 87 from L.B. Hillingdon. Very bright and articulate. A palliative care patient in ward 10 for 2 weeks to date. Patient 1 was on the open ward.

Response to questions:

- (1) “Everyone is very helpful, they are marvellous, even the cleaners are all kind and friendly”
- (2) “I can’t think of anything that would improve the care, the food is good even.
- (3) “My own TV would be good. There is a sitting room with a big TV, but I would like to have my own one like they have in Hillingdon [hospital]. I would like an ice cream parlour”

During the conversation they explained how they had been a teaching assistant for many years at a school after they had raised their own family. They seemed happy and contented. When asked about their pain they explained that their condition was being managed very well on the ward and they were happy. Patient 1 was expecting to go home in the next day or so.

Patient 2 - age 47 from Hertfordshire. Despite high doses of morphine they were articulate and engaging but clearly very unwell. Patient 2 is a palliative care patient with oesophageal, liver and lung cancer and is hoping to go to the Peace Hospice in the next day or two. They were in a side room where they had been for a week.

Response to questions:

- (1) “The staff are lovely, the care is great”
- (2) “The wi-fi is terrible here, that’s the only thing I would change”
- (3) “I would like to look out on gardens and a better view”

During our conversation Patient 2 told us that they had been in the Peace Hospice before. When I asked what the difference was between the hospice and ward 10 they said they were much the same, although the hospice probably had a greater breakfast choice, not that they wanted to eat anything now. They told us they had three children under 14. Their spouse didn’t drive so the family hadn’t been to see them for some time, but they explained that was partly their wish as they didn’t want the family to see them so thin and poorly. They did say that the family were coming tomorrow as they ‘selfishly’ wanted to see them.

They told us they had been a tree surgeon and when asked told us their favourite tree was a cypress tree, as they are 'majestic'. They said they had tried to interest their children in trees, but they only liked food related interests. They told us about their career in the military and their cancer journey and how now they just wanted to go to the hospice to die. We asked why they wanted to go to the hospice again. They just said that they thought it would be more relaxing. We asked how it would be more relaxing and they just laughed and said all they do is just lie on the bed, so it probably couldn't be any more relaxing, but thought it might give more individualised care. They couldn't say what form this would take.

They said they were very happy with the care received on ward 10, and that their pain was managed well, but they were just very tired. They thanked us for our time.

Patient 3 - age 69 from L.B. Hillingdon. A palliative care patient on the open ward with primary stomach cancer. Patient 3 had been there for 3 days.

Patient 3 has had cancer for 10 years but explained to us that they had been given 2 months to live now.

Response to questions:

- (1) "They look after you very well, you don't want for anything, you don't have to worry about anything. If you want anything, they are there. The staff here are wonderful. I was in Hillingdon [hospital] and had terrible diarrhoea and sickness and they couldn't stop it for days, and then I came here, and they fixed it in a day"
- (2) "The day centre needs a lot of improvement, they give you a Caesar salad or a sandwich, I want something hot, so I take a cuppa soup when I have to go there. They were going to have a BBQ, but it got cancelled, which is such a shame. It used to be so good there, my Mum died there, and they used to give them sherry when they wanted it. Here is good, although they seem to have stopped the hot drinks at 8/9pm and you need a hot drink to go to sleep, so that could be improved"
- (3) "Individual TVs would be good as there's nothing to do, and fans, they need more fans"

Patient 3 was due to go home. They were happy and said their condition and pain had been managed well. They couldn't speak more highly of the staff.

Patient 4 - age 47, a palliative care patient from Harrow with a brain tumour. They had been in a side room for 4 weeks. When we interviewed them, they were with their spouse who had been taking care of the home and their two children.

Response to questions:

- (1) "The pain is managed well here. They are all very nice and I am pleased with the care"

(2) “Sometimes the bell rings late at night, other patients and I can hear it and it goes on for a long time, that’s annoying”

(3) “I have a TV in my side room but it’s not working”

Patient 4 was pleased with the care they had received but was anxious and so we didn’t stay with them long. They were excited and apprehensive about going home. They were looking forward to their own bed.

Patient 5 - aged 55 non-palliative. Patient 5 is from Maidstone and is on ward 11 for treatment for their vulva cancer. They were diagnosed with cancer in August 2017 and has since had radiotherapy.

(1) “Everyone is so lovely, they couldn’t be kinder. The food is good.”

(2) “I can’t think of anything”

(3) “Oh, they should maybe have a rule on the use of mobile phones as last night a lady down the end was on their phone talking loudly for 2 hours which got on all our nerves.”

Patient 5 chatted about how they had been a few times to their GP when they had discovered a pea shaped lump in their vulva. It had been dismissed as a harmless cyst without any investigation. The tumour has now broken out and the cancer is in their lymph nodes. They feel angry that precious time has been wasted. They now want to make it to their 21-year-old daughter’s wedding in 2020. They said they would be happy, if necessary, to come back to the Mount Vernon Cancer Centre, as the care has been excellent.

Patient 6 - aged 52 from L.B. Hillingdon Harefield on ward 10.

Patient 6 has been in for 4 days. They have throat, jaw, chest and lung cancer and has been living with cancer for 6-8 years. They were hoping to go home today or tomorrow. In the last day a large swelling has appeared on their left jaw.

Response to questions:

(1) “I can’t find any fault with this place, they are all great. They do anything they can to make it better for you. They manage my pain well, I only ever get slight pain. I’m on morphine and paracetamol and it works”

(2) “I need to take my machine home with us [nebulizer] but I’ve been told they aren’t free any more and I have to pay for it, I’m not happy about that”

(3) “Personal TVs would be good. A machine was bleeping last night that drove us mad and the orderly was down the end asleep! So, they didn’t do anything about it.”

Patient 6 seemed very contented. They said they felt well, and well cared for. They were happy reading and doing their puzzles. They said the food looked good, but they couldn't eat now anyway. They said they would recommend the hospital to anyone.

Patient 7 - age 80 from Sussex. Patient 7 has been living with prostate cancer for 12 years and was on ward 11 for Brachy treatment. They had been in the hospital for 3 days.

Response to questions:

- (1) "Conditions here are marvellous, the care is great. Everyone is very professional, kind and just how you would want them to be."
- (2) "The plug sockets are up high so can be difficult to reach"
- (3) "Can't think of anything that would be better, it's been great"

Patient 7 seemed very well, very articulate and was full of praise for the care they had received.

Patient 8 - age 49 palliative care/end of life from Hertfordshire.

Patient 8 was heavily sedated in a side room when we approached a family member who was sat with them. Almost immediately the rest of the family came into the room to maintain their round the clock vigil. They explained that the care had been excellent. They had been in the room since last Sunday (5 days).

Response to questions:

- (1) "The care has been excellent. The staff are all really kind"
- (2) "Patient 8 keeps slipping down the bed and I [patient's brother] have to keep putting my arm as a barrier so that they can push their feet against it to move into a more comfortable position."
- (3) "It's lovely here but we want a homelier environment for him, somewhere where they can get personalised care".

Patient 8's sister-in-law explained that they had been told by a hospice that they could give them drugs that a hospital couldn't give them and therefore they were going to move Patient 8 into the Peace Hospice in Watford, as soon as a bed was free.

Post engagement review

After speaking with the patients, we met again with the Deputy Head of Nursing at the Centre to discuss the areas patients and their families had raised.

It was explained that it is a myth that hospices can give different drugs from a hospital.

They said they hadn't met a patient yet that was opting to die on ward 10 or 11. All patients were given an explanation about their options and each patient is asked about

their preferred place of death. Around 60% say home, 20% a hospice and 20% a nursing home.

Supplementary care was available. Referrals are made to the Lynda Jackson Macmillan Centre, for support with pre-bereavement and psychological counselling, and therapists attend patients for Reiki, relaxation techniques and other complimentary therapies.

We asked about hot drinks at night. This was a surprise, as it is normal practice for nurses to give patients their medication, settle them in bed and provide give them a drink.

We discussed the issue raised by Patient 6 about their 'machine' and the Deputy Head of Nursing said they would get back to us.

[The day after our visit they contacted us to advise that the machine referenced by Patient 6 was a nebuliser, which patients do have to pay for themselves. However, the Head and Neck Cancer Macmillan Team had used their charity funds to pay for Patient 6's nebuliser and their nurse specialist was organising this for them.]

The Deputy Head of Nursing also thought it was a good idea to have sponge filled supports available for patients to help them to push themselves up on their beds.

They also said how anxious the staff were, to have their dedication and commitment questioned, amidst all the politics and bad press that they unjustifiably seemed to be getting, following the closure of the hospice.

Summary

Our researcher found the Mount Vernon Cancer Centre environment to be clean, spacious, respectful, and bright. All the patients they spoke to were happy on the ward. Patients were very pleased with the management of their symptoms, they were comfortable, and were receiving excellent care - that was being delivered with kindness and empathy.

When asked about how their experience could be improved, patients mainly gave personal reasons, such as wanting garden views, a hot drink before bed, the use of individual TVs and a desire for an ice cream parlour. None of the points raised by patients related to their treatment, or care.

Patients also mentioned some areas relating to the care environment. These included, wi-fi connectivity, a TV not working, and more fans required. There was also a specific reference by 3 patients of being disturbed at night, by ringing bells, bleeping machines, and other distractions.

Most of these issues require individual attention. Healthwatch Hillingdon would however ask the Trust to consider what action could be taken to address the reduction of noise at night. As a possible solution, we refer the Trust to the NHS quality improvement projects that have already achieved positive outcomes with this issue.

<https://improvement.nhs.uk/resources/reducing-noise-at-night-on-a-hospital-ward/>

Conclusion

Experience of palliative and cancer patient care on the hospital ward setting

Our engagement and the conversations we have had has fully assured Healthwatch Hillingdon that the patients on ward 10 and 11 are receiving excellent, empathetic care and that the medical, and emotional needs of the patients we interviewed are being met.

How this may differ from hospice care.

During our research, we met 1 patient and family members of a patient who had chosen to go to the Peace Hospice to live out the last days of their life. These individuals said that for them the ward setting is not as homely as a hospice, and that they believe the care they would receive in a hospice would be more personalised.

We have seen every effort taken by the Cancer Centre to make patients as comfortable as possible, but this is a hospital setting and the ward configuration makes it difficult to make it completely homely.

Healthwatch Hillingdon feel that there is an opportunity to be explored, that would offer patients a more personalised service. The Michael Sobell Hospice Charity is committed to supporting patients in the inpatient unit during the relocation to its temporary setting. The Trust could look at working in collaboration with the Charity, to provide tailored, personal, support to patients; which could offer things like ice cream, foam cushions, and ear-plugs for sleeping.

This in itself does not make Mount Vernon Cancer Centre a hospice setting, but it would enhance the current excellent patient experience we have been told about, by providing inpatients, at a difficult time, with a more holistic service, whilst efforts are being made to fully restore inpatient hospice care in the north of the borough.

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

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	

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