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Health and Wellbeing Board

Date: **TUESDAY, 5 MARCH 2019**

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 4 December 2018	1 - 10
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)

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Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

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

Minutes

HEALTH AND WELLBEING BOARD

4 December 2018

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

	Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and Martin Goddard (In place of Douglas Mills), and Dr Ian Goodman and Mr Turkay Mahmoud. **Statutory Non Voting Board Members Present**: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health **Co-opted Board Members Present:** Maria O'Brien - Central and North West London NHS Foundation Trust (substitute) Nick Hunt - Royal Brompton and Harefield NHS Foundation Trust (substitute) Sarah Tedford - The Hillingdon Hospitals NHS Foundation Trust Caroline Morison - Hillingdon Clinical Commissioning Group (substitute) Dan Kennedy - LBH Deputy Director Housing, Environment, Education, Performance, Health and Wellbeing **LBH Officers Present**: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships) and Nikki O'Halloran (Democratic Services Manager) **Press & Public: 1**
29.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis, Douglas Mills (Councillor Martin Goddard was present as his substitute) and Ray Puddifoot, and Ms Lynn Hill (Mr Turkay Mahmoud was present as her substitute), Mr Mark Easton (Ms Caroline Morison was present as his substitute), Ms Robyn Doran (Ms Maria O'Brien was present as her substitute) and Mr Bob Bell (Mr Nick Hunt was present as his substitute).
30.	**TO APPROVE THE MINUTES OF THE MEETING ON 25 SEPTEMBER 2018** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 25 September 2018 be agreed as a correct record.**
31.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* It was confirmed that Agenda Items 1 to 14 would be considered in public. Agenda Items 15 and 16 would be considered in private.

	The Chairman welcomed Ms Sarah Tedford to the meeting and noted that she would provide the Board with a verbal update in relation to Agenda Item 12: CQC Inspection – THH Recovery Planning.
32.	**HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021** *(Agenda Item 5)* The Chairman advised that the report set out the financial position across health and social care and that it would be important to consider the wider views of the NHS regarding the improvements resulting from The Hillingdon Hospitals NHS Foundation Trust's CQC report. It was noted that the Better Care Fund report being considered at this meeting included a breakdown of Hillingdon's performance in reducing delays to transferring care (DTOC). Although the target of 4,991 was likely to be achieved, and perhaps be exceeded, a severe winter could impact on this performance. A business case had been produced to consider long term funding of the bridging care commissioned to support this performance and realise the benefits of early discharge. New data had been issued from the National Child Measurement Programme showing that the proportion of overweight children in Hillingdon at reception year was lower than the London and England averages. At year six, however, the proportion was below the London average but higher than the England average. The prevalence of underweight children in Hillingdon was higher than in London and England. This data would be used to help inform plans for early intervention, prevention and self-care in the Joint Strategic Needs Assessment. The Board was aware that there had been a reduction of £0.63 per £1 in Government funding to local authorities. Although the Government's proposals for future funding of adult social care in the Green Paper and its links to the NHS long term plan were anticipated to be published "later this year", the Health and Care Secretary had announced "winter pressure" additional adult social care funding to support admission prevention and accelerate discharge. In addition, a further £650m nationally had been made available to tackle immediate challenges in respect of social care. In Hillingdon, this equated to approximately £2.8m. Overall this meant that the Council's grant funding from central Government for 2019/20 would now be a net cash reduction of £4.1m on 2018/19 rather than the previously planned net cash reduction of £6.9m. Specific to social care, the Corporate Director for Social Care added that the Council had a £2m full year effect pressure over this year which was inflation in the care market beyond what had been planned for. The Corporate Director of Social Care explained that he had set out how the local authority proposed to apply the additional funding to support winter pressures within the context of the local care market, as was specified in the determination and that this had been shared with the Chief Operating Officer of Hillingdon Hospital, the Managing Director of Hillingdon CCG and the Deputy Chief Operating Officer of CNWL and a subsequent discussion had been undertaken. The Corporate Director of Social Care advised that stabilising care provision in the Borough was the most critical feature across the whole system, ensuring that there was care available at the end of the various pathways in order that those pathways were freed up, thereby avoiding referrals onto higher costs health services. It also supported there being suitable provision available for people when they left hospital. In addition, the one off nature of the social care winter funding meant that sustainability was important across the system beyond this period. The Council's view was, therefore,

	that the most beneficial use of the winter funding money to the overall system would be to support care provision as the final destination of care. The Managing Director of Hillingdon CCG stated that it was difficult to argue with that, but that the system would want assurance of the benefits it would see. The Council provided assurance that investment in the end destination of the system (direct care) in this way, supported the ability of adult social care to meet the requirements of the grant determination and in the broader narrative, including having social care services on standby to mobilise as and when the acute clinical pathways were sufficiently in place to deliver against planned and agreed integrated discharge arrangements including, for example, the availability of appropriate social care services seven days a week and the increased availability of reablement to support admission avoidance and discharge. It was noted that Hillingdon Clinical Commissioning Group (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 would be developed as part of the core offer delivery plan and it was proposed that the current Memorandum of Understanding be reviewed for 2019/20 and brought back to the Board in the New Year. **RESOLVED: That the Health and Wellbeing Board:** **1. considered the issues raised at 3.2 of the report setting out live and urgent issues in the Hillingdon health and care economy.** **2. noted the performance issues contained at Appendix 1 of the report.**
33.	**BETTER CARE FUND: PERFORMANCE REPORT** *(Agenda Item 6)* Despite having a challenging delayed transfers of care (DTOC) target, the outturn for the year was looking positive, subject to the severity of the winter. Although this had been helped by Discharge to Assess (D2A), concern was expressed that failing to meet the stretching target could result in a direction on how to use money rather than a reduction. It was anticipated that the NHS 10 year plan and Green Paper would be published by 21 December 2018. The opening of Grassy Meadow Court in October 2018 had started to have an impact on reducing permanent placements into residential care. It was hoped that this would also impact on the number of short-term placements that converted to long-term placements. It was noted that the emergency admissions target was not on target. Figures for the total number of emergency admissions in previous financial years reflected the impact that the junior doctors' strike had had in reducing the number of admissions. It was thought that lessons learnt from the strike action had prompted new ways of working, such as extended consultation hours. Oversight was also now in place as a matter of course to ensure that only the most appropriate patients were admitted as emergencies. Challenges still existed around the 28 day target which would be consulted on in the New Year. The number of emergency admissions was increasing which put pressure on staff. It was agreed that, in future, information be provided in relation to the number of ED attendances as well as the length of stay for those patients that were admitted. Ms Tedford also agreed to provide the Board with further information in relation to seven day working. Length of stay in hospital appeared to provide a mixed picture. Whilst the length of

stay for an emergency admission was lower in Hillingdon Hospital than in most other hospitals, this had increased during the period when work had been undertaken on A&E but had since reduced again. Although the length of stay for planned admissions was longer than elsewhere, this was mitigated by the direct consultant access (particularly in paediatrics) which reduced the impact on the overall picture. It was suggested that identifying the complexity and the demographics of the population would provide a clearer picture. The Medical Director at The Hillingdon Hospitals NHS Foundation Trust had been in communication with the Council and it was anticipated that more detail would be reported back to the Board at a future meeting.

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

34. **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING** *(Agenda Item 7)*

It was noted that the report contained a significant amount of information. Progress had been made with regard to the KOOTH online counselling service which targeted young people that would not normally access traditional face-to-face services. It had provided a good demographic mix and everyone that had used the KOOTH service, predominantly those aged 14-18, would recommend it to their peers.

Further improvements had been made in relation to THRIVE, with plans to extend innovations within schools. A more positive picture had been produced over the last year with regard to children and young people's mental health with the 18 week target being met in this quarter. However, it would be important to maintain the momentum, through initiatives such as a single point of access, as it was anticipated that there would be a 15.9% increase in this group.

Concern was expressed regarding the effectiveness of the preventative offer and whether gaps remained in the service provision. It was noted that the 18 week wait was a very long time and the Board queried whether this length of time meant that individuals' mental health deteriorated to such an extent that they were beyond preventative and outreach support. Dr Goodman acknowledged that this did seem like a long time but advised that there was a significant variation in the conditions supported which could range from eating disorders to self harm. He noted that most of the issues were generally picked up through schools rather than through a medical process but that more could be done to publicise the services on offer (which was a slow process). Central and North West London NHS Foundation Trust had been putting more resources in place but there had been a challenge regarding recruitment. It was suggested that consideration be given to managing resources differently as the 18 week wait was less than ideal.

Although schools welcomed support, only half of the referrals made to the Child Wellbeing Practitioner Service had proceeded. Consideration would need to be given as to whether this system was targeting appropriately or whether the expectations of the education system were too high. Dr Goodman confirmed that this would be investigated and feedback would be provided.

It was noted that there had been a push recently to reduce the 18 week waiting time to four weeks but that consideration was being given to what this would mean in practice. There were still issues with regard to children and young people being stuck in the system which prevented new referrals and this would also need to be investigated. The Board was advised that the waiting list was regularly reviewed and triaged weekly to ensure that other services were offered where needed but it was confirmed that

	more action needed to be undertaken with regard to preventative measures. **RESOLVED: That the Health and Wellbeing Board noted 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 Wellbeing 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.** **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.**
35.	**UPDATE: STRATEGIC ESTATE DEVELOPMENT** *(Agenda Item 8)* The outline business case for the Out of Hospital Hub was being developed and work was being undertaken with NHS Property Services (NHS PS) to refine the design in order to obtain planning consent. Although the report stated that the target date for the outline business case was February 2019, Dr Goodman advised that, following recent discussions with NHS PS, this would now be May 2019. It was thought that the slippage had been caused as a result of more detailed discussions taking place earlier in the process to then speed things up later. However, the slippage raised had alarm bells and it would be important to ensure that timescales were controlled to avoid any further delays in meeting the projected Hub opening in February 2021. Concern was expressed that the hubs were taking too long to plan, develop and open. Whilst NHS PS had previously been the source of delays, it was thought that the organisation was now keen to mitigate damage to its reputation by completing projects successfully. It was noted that two Hub sites had been identified: one in the North of the Borough and one in the South. There had been good traction with NHS PS in relation to the site in the North and the site in the South did not involve NHS PS. Effort would need to be focussed on the services that would be delivered from the Hub through an integrated service delivery model. It was thought that the sooner groups were set up to deliver the buildings, the better. Discussions would need to be undertaken with partners in order to move this project forward. **RESOLVED: That the Health and Wellbeing Board noted the progress being made towards the delivery of the CCGs strategic estates plans.**
36.	**HILLINGDON CCG UPDATE** *(Agenda Item 9)* On 19 October 2018, the Clinical Commissioning Group (CCG) membership had voted on and agreed amendments to the CCG constitution to establish a joint committee of NW London CCGs, permit electronic voting and reduce the quorum for meetings. It was anticipated that these changes would be ratified by NHS England on 13 December 2018 in time for the December 2018 meeting of the Joint Committee where it would be

	able to move from shadow form to decision-making form. Hillingdon CCG continued to experience financial challenges with significant adverse variances within acute and continuing care. Processes had been put in place to try to control these variances. It was also noted that Hillingdon CCG was £1,139k behind its QIPP target for month 6 of 2018/2019. Winter funding had been allocated to support Discharge to Assess to streamline the discharge process for those patients that required additional support to leave hospital. To support this work, Hillingdon CCG had been working with partners to implement a range of measures with care home providers, for example, training around pressure ulcers and falls. In addition, the GP care home service pilot had been extended from the end of October 2018 to April 2019. This pilot had provided an urgent visiting service for identified care homes as well as care planning onto the 'Coordinate My Care' care planning tool. The care homes that had been included in the pilot had been those that had had the highest proportion of emergency admissions. The success of the pilot could be gauged through the subsequent reductions in the number of emergency admissions from these homes. It was noted that information on the progress of the pilot would be fed back to the Primary Care Board in January 2019. With regard to end of life care, it was anticipated that the single point of access work would provide a positive message. The Council's External Services Select Committee had looked at the closure of Michael Sobell Hospice inpatient unit at its meeting on 30 October 2018 and would be looking at what action would now be taken at a further meeting on 11 December 2018. Although information had been provided to the Committee at its first meeting, it felt as though there was more information that had not been shared. To move forwards, estate would be needed to put beds in. In the meantime, Hillingdon CCG had a spot purchasing arrangement in place for beds at the Peace Hospice (this had been the same arrangement that had been in place with Michael Sobell Hospice). The focus needed to be on having an appropriate clinical model in place to care for people at the end of their lives. As a long term solution, it was not satisfactory for patients at end of life to be cared for on hospital wards and further work needed to be undertaken to determine how palliative care should be delivered in future. Clarity would need to be sought from East and North Hertfordshire NHS Trust as to the organisation's intention regarding the building as this lack of clarity was preventing Hillingdon CCG from putting short term plans in place. **RESOLVED: That the Health and Wellbeing Board noted the update.**
37.	**HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT** *(Agenda Item 10)* The Joint Strategic Needs Assessment (JSNA) was an assessment of the current and future health needs of Hillingdon's residents and was used to inform commissioning plans to improve health and wellbeing. The report highlighted issues such as obesity and air quality and the areas of development identified in the Work Plan provided an update on progress against these issues. With regard to tuberculosis (TB), it was noted that Hillingdon had the sixth highest prevalence in London. TB vaccinations were commissioned by Public Health England (PHE) and NHS England (NHSE) and delivered in maternity units. However, as well as a national supply problem with the vaccinations, a top up service had not been

	available to immunise babies that had not previously been given the vaccination. Whilst progress had been made with regard to the top up, it would be important to capitalise on the momentum. Ms Tedford would investigate what action was being taken by The Hillingdon Hospitals NHS Foundation Trust (THH) in relation to this issue and report back. Consideration was given to how the right messages were directed to the right people. Whilst the data included in the report was useful, it provided Borough averages and therefore did not illustrate where there were inequalities across Hillingdon. Further detail would be needed to enable partners to know where to focus their resources. A considerable amount of work had been 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. This had included joining analytics and informatics to bring data together and make it more relevant. Work was also underway to embed health planning in small neighbourhoods so that local issues could be addressed. The JSNA had helped to highlight issues that partners could then progress. **RESOLVED: That the Health and Wellbeing Board:** **1. noted the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) for 2018.** **2. noted and commented on the work to develop the JSNA and the key work priorities for 2018/19 (as set out in Appendix 2 of the report) which ensured that it remained a key source of local intelligence to underpin effective service planning.** **3. received an update from THH in relation to work around TB vaccination top ups.**
38.	**HEALTHWATCH HILLINGDON UPDATE** *(Agenda Item 11)* It was noted that Mr Graham Hawkes had now left Healthwatch Hillingdon (HH) and the organisation was in the process of recruiting a new Chief Executive Officer. It was hoped that the appointment would be made by the end of December 2018. HH had received some very positive feedback from its young people in relation to CAMHS but there had not yet been any hard data collected. A report on lower back pain had been produced in draft and it was anticipated that this would be included on the agenda for the next Health and Wellbeing Board meeting. The report had highlighted the lack of public awareness of the service changes. Whilst HH had received positive feedback about the care provided to patients that had been moved from the Michael Sobell Hospice inpatient unit to Wards 10 and 11 at Mount Vernon Hospital, it was unclear whether this positivity would continue if the situation continued for too long. HH had undertaken a mystery shopping exercise in May and June 2018 to determine whether GP practices in Hillingdon were following legal guidance when registering a new patient. As only 2 of the 42 practices in the Borough were adhering to the legal guidance, practices needed to be reminded of their responsibilities. HH would be following up on its findings within 12 months. Young Healthwatch Hillingdon (YHwH) had attended four panel meetings, continued to build on their social media presence, had delivered a summer programme of activity and had held the Healthfest 2018 event. Most of the work undertaken by YHwH was

	undertaken during school holidays. HH was using these young people's knowledge about issues to best effect and offered them training to support them in their role. Recruitment for additional young people to join YHwH would be undertaken next year. **RESOLVED: That the Health and Wellbeing Board noted the report received. Commitment**
39.	**CQC INSPECTION - THH RECOVERY PLANNING** *(Agenda Item 12)* Ms Sarah Tedford, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), apologised that there was no report to support this item. She noted that the CQC inspection report had rated Hillingdon Hospital as 'Requires improvement' with urgent, emergency care and surgical rated as 'Inadequate'. An improvement plan had been established, strong governance measures were being put in place and staff and management were aware of the requirements. Of the 'Must do' and 'Should do' actions, a number of immediate changes had been made such as patient flows through the hospital. A&E building work had also been completed and new models of care implemented. Improvements had been made to Emergency Department practices but further work was needed regarding patient flows elsewhere in the hospital. It was noted that THH had seen more patients in November 2018 than it had ever seen before. Hunter Health had been working with THH to look at how the Trust managed patient handover from the London Ambulance Service (LAS). Improvements had been made and THH had moved from the worst to the second best performing Trust in London. The Board was advised that THH was awaiting the external 'Well led' report and it was anticipated that there would be a follow-up CQC inspection by July 2019. The Board was aware of the challenges faced by the Trust with regard to estate and it was hoped that these would be addressed through robust planning. A further written report on THH's recovery planning would be provided at the Health and Wellbeing Board's next meeting. **RESOLVED: That:** **1. the Health and Wellbeing Board noted the verbal update; and** **2. an update report on THH's recovery planning be provided at the meeting on 5 March 2019.**
40.	**HILLINGDON HEALTH AND CARE PARTNERS - DELIVERING HILLINGDON'S INTEGRATED CARE SYSTEM** *(Agenda Item 13)* From a Council perspective, the key questions would be in relation to how outcomes could be improved and what tangible cost benefits could be realised. Mr Keith Spencer was commended for his efforts as working with organisations that had different governance arrangements would have been a significant challenge and consideration would have needed to be given to the destabilisation effects of any action taken. Consideration would also need to be given to ensuring that 'management speak' was not included in future reports to the Health and Wellbeing Board. The report had clearly and succinctly set out the work that had been undertaken over the last few years to agree a model that worked financially as well as setting out the priorities. These priorities had been identified as being the pathways that would have the biggest impact on unplanned care. Further work was now needed to move these forward and shift from reactive to preventative measures (CNWL had been involved in some of these models of care). This work would also need to be tied into local activity

	and Government contracts. As working across multiple organisations was a complex process, it was all the more challenging to ensure that Hillingdon was carved out as a separate entity. That said, staff were enthused about the loss of geographical boundaries as it meant that they would be able to do what was right for each patient. Concern was expressed that the report appeared to be a management document. It was agreed that further consideration would be given to delivering Hillingdon's Integrated Care System (ICS) at the Board's next meeting on 5 March 2019. It was noted that many ICSs across the country included the local council. As such, Dr Goodman suggested that it would be a positive step to establish when and/or how the Council would join as a partner. Concern was expressed that ICS appeared to have a lack of financial robustness (running at a deficit) and lack of clarity with regard to what it was setting out to deliver which made it a potentially risky proposition. That said, the Council had aligned its own activity to that of Hillingdon Health and Care Partners to optimise available opportunities and continued to have a significant investment in the Better Care Fund which underpinned this work. It was likely that the status quo would remain until more detailed discussions were undertaken with the Council and adequate assurances given. **RESOLVED: That the Health and Wellbeing Board reviewed and commented on the Hillingdon Health and Care approach, emerging model of care and work plan for 2018/19.**
41.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 14)* Consideration was given to the Health and Wellbeing Board's planner. It was agreed that the following information be included in reports that were scheduled for the meeting on 5 March 2019: • Update on the work undertaken by Hillingdon Clinical Commissioning Group in conjunction with the Public Health team to evaluate the impact of its commissioning programme. • Review of the HCCG/LBH Core Offer, Memorandum of Understanding 2019/20. • Update on My Health as it developed. • Delivering Hillingdon's Integrated Care System - Update • Update on action being taken by The Hillingdon Hospitals NHS Foundation Trust (THH) in relation to the Tuberculosis top-up programme. • Update on the number of ED attendances as well as the length of stay for those patients that were admitted. • Update from THH on seven day working. **RESOLVED: That the Health and Wellbeing Board agreed the 2018/2019 Board Planner, as amended.**
42.	**TO APPROVE PART II MINUTES OF THE MEETING ON 25 SEPTEMBER 2018** *(Agenda Item 15)* **RESOLVED: That the confidential minutes of the meeting on 25 September 2018 be agreed as a correct record.**
43.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 16)*

	There were no issues raised in relation to this item.
	The meeting, which commenced at 2.30 pm, closed at 3.55 pm.

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

HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2018-2021

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **considers the issues raised at 3.2. below setting out live and urgent issues in the Hillingdon health and care economy.**
2. **notes the performance issues contained at Appendix 1.**

3. INFORMATION

Background Information

3.1. Performance and Programme management of the Joint Strategy

The Board agreed and published Hillingdon's Joint Health and Wellbeing Strategy in December 2017. Since then the Transformation Group has supported the Transformation Board in monitoring progress against the 10 priorities and 6 enabling priorities identified in the strategy.

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. The NHS Long Term Plan

As part of the NHS's 70th birthday celebrations, the NHS was allocated an extra £20 billion annually by 2023 and tasked with producing a ten year plan. On 7th January the NHS published its Long Term Plan for health. The Plan provides a blueprint for the NHS's priorities and ambitions over the next years. It focuses on building an NHS fit for the future by:

- Enabling everyone to get the best start in life
- Helping communities to live well
- Helping people to age well.

The plan has implications for the way health; social care and public health are delivered. The NHS long term plan ambitions for improving patient care can be grouped into five broad categories namely:

i. Health and Care transformation: Transforming the system through the creation of Integrated Care Systems (ICS) by April 2021. Through the formation of ICSs, the NHS hopes to encourage more collaboration between GPs, their teams and community services.

ii. Investing in prevention and tackling health inequalities: The plan says that the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

iii. Creating a workforce that meets demand: Plan refers to a rise in investment in the NHS workforce, with the aim of increasing recruiting and training more professionals. This will include thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships.

iv. Making better use of data and digital technology: Invest in making available better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

v. Getting the most out of taxpayers' investment in the NHS: Working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for less money, and reduce spend on administration.

The Long Term Plan also confirms that 2019/20 will be a transition year, during which the health system will be expected to produce a longer five year plan, which is expected to be in place for the Autumn. Related to this, it is not clear how the additional funding, including transformation funding, will flow, although it has been confirmed that around two thirds of additional investment will go into community and primary care.

The Long Term Plan recognises that investment in social care and public health are vital if the Plan is to fulfil its ambitions. The Adult Social Care Green Paper is still awaited, and at this stage is expected in the coming few months.

In November 2018 the Secretary of State for Health and Social Care published a vision for prevention, which included a commitment to bring forward a prevention Green Paper during the first half of 2019.

Notwithstanding the importance of resolving the financial sustainability of those areas where local government is critical, there are elements of the Plan where boroughs are clearly central to making progress.

Those areas include:

i. **The creation of Integrated Care Systems (ICS) by 2021 (local plans by April 2019)**: As reported elsewhere on today's agenda Hillingdon Health and Care Partners are moving apace to develop the Hillingdon ICS.

   Hillingdon Council has stated its commitment to working collaboratively with health partners to deliver improvements for residents. It has, however, expressed concerns regarding the underlying financial viability of the health system based on the starting deficit position and the need for robust business case to show how the ICS will become sustainable.

ii. The Board may wish to consider progress and whether, given the LTP expectation that Councils will be core partners in ICSs, we have the right conditions in place to develop the ICS in partnership.

iii. Blending (Pooling) health and care budgets and the BCF: The Long-term plan acknowledges the dependencies between social care and health and the need to have a well functioning social care sector. The plan also commits to support local approaches to blending health and social care budgets where councils and CCGs agree. Again elsewhere on today's agenda, under BCF update, the Board may wish to consider the approach taken in delivering Hillingdon's Better Care Fund plan and its strategic direction.

iv. Public health and prevention: As many of the preventative services delivered by local authorities are closely linked to NHS care, and in many cases are provided by NHS, the Government and the NHS are considering whether there is a stronger role for the NHS in commissioning sexual health services, health visitors and school nurses, and what best future commissioning arrangements might therefore be. In addition, in November 2018 Government published a vision for prevention, which included a commitment to bring forward a prevention Green Paper during the first half of 2019. We await further detail but on the face of it the LTP and promised green paper accords well with our approach so far to early intervention, prevention and self care and development of key projects such as My Health and a concerted focus on childhood obesity (see paper on today's agenda).

v. Mental health support for children and young people: Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges, building on the support already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023. These school and college-based services will be supervised by NHS children and young people mental health staff and

will provide specific extra capacity for early intervention and ongoing help. Again this development should reinforce good work undertaken in Hillingdon under the Thrive model in engaging schools and reducing delays in accessing CAMHs services.

vi. **Workforce:** The plan puts forward several proposals regarding the workforce. Including the publication of a workforce implementation plan, to be released later in 2019. NHS Improvement, HEE and NHS England will establish a national workforce group to ensure that such agreed workforce actions are delivered quickly.

3.2.3. End of Life (EOL)

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

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). However, ENH NHST remains unable to accept non-cancer palliative patient referrals, impacting access for this cohort of patients.

There continue to be staffing issues as well as issues relating to the 24/7 MSH telephone helpline for NHS staff to access consultant input across Hillingdon, East and North Hertfordshire, Harrow and Herts Valley. Hillingdon palliative consultants have however worked with colleagues to ensure cover for Hillingdon clinicians.

Hillingdon CCG with associate CCGs has raised a formal concern with ENH NHST regarding the service and prolonged issues. ENH NHST has provided verbal assurance on service sustainability, quality and use of interim locums. The CCG is monitoring the situation closely and a further formal meeting is planned in February 2019.

HCCG is working closely with our local consultants and Hillingdon Health and Care Partners (HHCP) in considering practical options for reinstating the service in light of the prolonged service issues at ENH NHST.

Additionally, Hillingdon CCG intends to participate in engaging residents and patients on EOL care this year. Over the next 12 months HCCG will be working to ensure continued access to specialist palliative care and to retain the MSH service. 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 remains to ensure residents in the north of the borough have access to the necessary level of support from end of life services.

3.2.4. Health Based Places of Safety (HBPoS) Review

Work is still continuing on developing a final model for reconfiguring S136 provision. The expected options appraisal resulted in the three site model scoring highest in the scoring

exercise, the site configuration of Hillingdon (Riverside), Hounslow (Lakeside) and RBKC (St Charles). The NWL Mental Health Likeminded team ran a series of workshops in November and December.

There has been further consideration around funding agreement. If the work is to meet implementation timescales there is a need to move to business case stage, with a target to complete the case and approval stages no later than May 2019. It is still 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 30 September 2019.

There is significant opposition to the proposals from across local government. Whilst the NHS has led many events there had been no consideration of the impact of changes on finances and resources required by local authorities. There is also concern that when new venues become overloaded there will be a significant burden on A&E departments.

Hillingdon's Health and Wellbeing Board will wish to consider, on behalf of the whole health and care system, what response to the proposals it may wish to make.

3.2.5. Air Quality Action Plan

The Hillingdon Air Quality Action plan is being issued for public consultation shortly. This will be focused on reducing on reducing emissions and raising awareness of the issues surrounding poor air quality. Action will include reducing emissions from developments and buildings, awareness raising campaigns, promoting cleaner transport and promoting the AirText pollution alert system, a free service to all residents warning of approaching pollution episodes.

Poor air quality is thought to contribute to a sizable proportion of acute exacerbations of asthma and COPD as well as up to 90 deaths in Hillingdon annually. The Government's new air quality plan places greater emphasis on local authorities to tackle air pollution through a combination of planning and transport policies.

There are areas in the borough which are predicted to be above the air quality limits for annual mean nitrogen dioxide. These areas are mainly in the south of the borough close to Heathrow Airport, around the major road network traversing the borough (M4, A312, A40) and in our towns where traffic tends to be slow moving and congested. The Council remains vehemently opposed to airport expansion at Heathrow and has directly challenged assumptions of the impact of another runway on air quality in surrounding areas.

The conclusions of the consultation will be considered by the Council's cabinet, planned for April and the plan will then be published.

3.2.6. Public Health

The Chief Executive of Public Health England (PHE), Duncan Selbie visited Hillingdon on 14 January. He fed back that he saw Hillingdon as a well run authority with strong governance. He was encouraging regarding the opportunity for system leadership from the Council to drive Hillingdon's integrated care system. He also identified Childhood Obesity as the most significant Public Health issue facing Hillingdon (see paper on today's agenda).

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.

Policy Overview Committee comments

None at this stage.

6. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and confirms that there are no direct financial implications arising from the report recommendations.

Hillingdon Council Legal comments

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

Appendix 1

Delivery Area, Transformation Programme and Progress Update – February 2019
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 to guide action planning.** • **The Hillingdon Air Quality Action plan is being issued for public consultation, the conclusions of which are due to come to Hillingdon's Cabinet in April 2019.** • **The Hillingdon Suicide Prevention action plan has promoted information and referral contacts for residents and identified training available for front line staff. The Group has reviewed issues around Hillingdon's train stations with partners.** • **The Health Help Now app, is now `live' in Hillingdon: https://www.healthiernorthwestlondon.nhs.uk/digitalhealth/apps/healthhelpnowapp A Communications plan has been developed and implemented to publicise the new app.** • **H4ALL is developing a support service for High Intensity Users of emergency services. This is a move away from the medicalised model of care and the function is focusing on coaching and personalised support to address peoples' needs.** • **The CCG are working with P3 to explore and develop an Early Intervention Navigator model bringing together both statutory and community support. This will look at expanding personalised emotional and wellbeing support for Children & Young people in Hillingdon.** • **The CCG's MyHealth team has developed a number of programmes with patients who have Long-Term Conditions to enable them to self-care and navigate services. The current programmes include `Health Heart and Chronic Obstructive Pulmonary Disease (COPD). New programmes in the co-production phase, include: 'Back, Neck and Knee Pain' for adult chronic pain and a school-based intervention for childhood obesity. In addition, a proposal to embed the patient activation measure (PAM), that describes the knowledge, skills and confidence a person has in managing their own health into primary care was agreed at the Early Intervention, Prevention and Self Care working group.**

Delivery Area, Transformation Programme and Progress Update – February 2019
T7. <u>Integrated care for Children and Young People</u> • ***Paediatric Integrated Clinics*** **- from April to December 2018 a total of 748 Children & Young People (CYP) were seen in a joint GP / Paediatrician clinic and a total of 49 GPs have taken part in the scheme. The fourth rotation of the Paediatric Integrated Clinics is underway. The feedback from families and staff continues to be positive. Options for the future development of the clinics are being explored e.g. clinics for CYP with complex needs.** • ***Paediatric Community Phlebotomy Service*** **- a phased roll out of the Paediatric Community Phlebotomy service commenced in December. Full service capacity for non-urgent bloods for CYP aged 2 – 18 years is expected from 1st March 2019.** • ***Children's Integrated Therapies*** **- pending approval by LBH cabinet and HCCG Governing body a single tender award will be made to CNWL to provide a new service model with effect from 1 August 2019, coinciding with the new school year.** • ***Transition of CYP to adult services*** **- preliminary work to identify a cohort of young people aged 15-17 years with complex needs is underway. A six-month Transition nurse pilot scheme is planned from 1 April. The remit will include case-management and development of transition pathways to better prepare and support CYP transitioning to adult services.**
T2. <u>New Primary Care Model of Care</u> • **A key goal for primary care transformation is to Implement a new fully integrated 24/7 neighbourhood-based model of health and social care built from the registered GP list. This will be which is based on the best available evidence, with an emphasis on prevention that will create the capacity and capability, in both primary and community care alternatives, to deliver the right care and support in or close to peoples' homes rather than in hospital.** • **The new model of care for Hillingdon proposes a range of approaches to support the health and wellbeing of the 85% of the local population without chronic health needs, and intensive, highly integrated approaches for the 15% of the population with chronic health needs who are most at risk of a hospital intervention or long-term care. The vision builds on the view that people with complex or unstable long-term conditions benefit most from high quality, integrated multi-disciplinary care and support which is provided as close to their home environment as possible.** • **There are three locality based extended GP access hubs operating from 6.30am to 8pm during weekdays and from 8am to 8pm at weekends. As of August 2018, the Confederation now operates a 12 hour 8am to 8pm bank holiday service. December 2018 data show there were 71% of patients who attended their appointment of which 90% of appointments were booked. GP Did Not Attend (DNA) rates were the highest on Saturday, reported as 20%. Nurse appointments have increased to 89% being booked with 69% utilisation. The Confederation continues to work on improving utilisation of slots and to reduce DNA rates.** • **A comprehensive review of the Primary Care Contracts has been completed, so that for 2019-20, we have an outcome based contract encompassing all service specifications that are aligned to the CCG's strategic objectives and provide value for money.**

Delivery Area, Transformation Programme and Progress Update – February 2019

DA2 Eliminating unwarranted variation and improving LTC management

T4. <u>Integrated Support for People with Long Term Conditions</u>

- ***Respiratory*** **- a new Consultant for Respiratory Medicine will join THH in February and will implement a programme of virtual clinics for patients with Chronic Obstructive Pulmonary Disease (COPD).**
- ***Diabetes*** **- a new programme for Structured Education in Type 2 Diabetes for Hillingdon was launched in December 2018; the MyDESMOND (Diabetes Education and Self - Management for New and Ongoing Diabetes) education package. This is an on-line training tool 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. Virtual Clinics for diabetes patients have commenced and are being implemented across all GP practices.**
- ***Accreditation*** **- QISMET Accreditation for MyHealth has now been approved and patients referred to the programme will form part of the reporting process.**
- ***NWL Programmes*** **- Hillingdon CCG is making good progress in all four NWL projects (Structured Education, Improving the three NICE Treatment Targets, rollout of the improved foot-care pathway and NDPP (National Diabetes Prevention Programme)) through effective engagement with our practices and service providers. The promotion of NDPP programme and Non-diabetic hyperglycaemia (NDH) register is improving and reported to NWL Transformation Board.**
- ***Heart Failure*** **- CNWL and Hillingdon hospital have collaborated to transfer 120 Heart Failure patients from hospital clinics to community clinics to manage their condition nearer to home.**
- ***Atrial Fibrillation*** **- 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.**
- ***Prevention*** **- Hillingdon offers early diagnosis and prevention of stroke through managing Atrial Fibrillation, Hypertension and Heart Failure in Primary Care.**

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T5. Transforming Care for People with Cancer

- ***Cancer survivorship*** **– The first meeting was held in January with providers and commissioners to scope current access to psychological support services e.g. IAPT for cancer patients. There was also strong interest to develop a Cancer MyHealth Programme, for patients discharged from hospital to primary care. This would act as a bridging service for patients between primary and secondary care. A mapping exercise is being carried out in January led by the CCG's Communication & Engagement Team to ascertain the services/resources available for patients across Hillingdon. This work will be shared with patients and any gaps in provision can inform the new MyHealth Programme. The second Cancer Survivorship meeting is taking place in early March.**
- ***Low Dose CT Pilot (Lung Cancer Detection)*** **– This is a national pilot and Hillingdon and Hammersmith & Fulham CCGs in NWL are involved as they have been identified as having higher rates of smoking and prevalence of lung cancer. The work is led by RM Partners and funding in place until end of March 2019. Eight GP practices have participated in the project and patients are assessed in primary care to ascertain if they are at high risk of lung cancer. Those that are high risk are referred for a scan. Patients who have the scan and are identified as having COPD are able to be referred to the CCG's MyHealth Programme. RM Partner leads will present their findings at the CCG Organisational Development Seminar Meeting on 13th February and to gain feedback from members to inform the evaluation and Phase 2 of the programme.**
- ***Cervical Screening*** **- It was `Jo's Cervical Cancer Trust' Prevention Week from 21-27 January. This feeds into the CCG screening programme to increase uptake levels of cervical screening in Hillingdon. NHS England are using text reminders for patients and work in progress to aim for 100% coverage of GP practices. Locality managers have worked with NHS England to engage with GP practices to sign up to the text messaging service. The CCG Communication and Engagement is also Team is working with local Somalian and Asian BAME communities to increase uptake.**
- ***Bowel Cancer 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 a London-based charity funded by Royal Marsden Partners (RMP). LINKS who have undertaken similar projects in breast and bowel screening. On average they have improved screening rates by 5-10% where they have worked previously. Letter and Communications has been circulated to GP Practices at the end of January to increase uptake of bowel screening using Faecal Occult Blood (FOB) test. NWL CCGs are working together to plan for the introduction of the new NICE approved Faecal Immunochemical Test that will commence from 1 April 2019.**
- ***Transformation Funding*** **– NWL CCG's Primary Care Cancer Board submitted a number of primary care bids to access Cancer Transformation Funds in December 2018. Notification of outcomes of the bid process is due in March.**

Delivery Area, Transformation Programme and Progress Update – February 2019
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 to date.**
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 • ***Learning Disabilities*** **- The CCG undertook a Learning Disability consultation in 2018. The review highlighted a number of areas for improvement. This work is being progressed jointly by the CCG and the Local Authority. Managers are meeting in February to discuss developing more robust arrangements to deliver pathway improvement.** • ***CYP*** **- 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. The plan is currently being assured by NHSE and will be available to the general public in February 2019.** • ***CYP*** **- A full report on CYP emotional well-being and Mental Health was submitted to the Health and Well-being Board in December 2018.** • ***THRIVE*** **- 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. The Network is currently working on the design and development of an Early Intervention and prevention model for emotional well-being mental and physical health. This year has seen increased engagement with local schools to in line with the requirements set out in the government Green Paper.** • ***CAMHS*** **- The CCG has commissioned KOOTH on Line Counselling service for children and Young People aged 11-19, in Hillingdon and for students at Harrow and Uxbridge College. The Service started on 9th July 2018. The service has increased the number of children that it sees from 30 in Q1/Q2 2018 to 70 children per month by Q3 2018, this number is expected to rise in 19/20. This service provides fast access, earlier intervention and support for children with emotional and well-being issues. Consideration is being given to extend provision of well-being services to support young people up to the age of 25.** • ***CAMHS*** **- Hillingdon CCG has been successful in bidding for non-recurrent waiting list monies from NHSE of £45k. These monies will be used to reduce the CAMHS waiting list for 90 children by 31st May 2019.**
DA5 Ensuring we have safe, high quality, sustainable acute services

Delivery Area, Transformation Programme and Progress Update – February 2019

T10. <u>Transformation in Local Services</u>

- ***Musculoskeletal*** **- HCCG are working with HHCP to deliver a pilot to transform MSK services and deliver an integrated service 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 outcomes of this pilot are currently being evaluated by the CCG.**
- ***Ophthalmology*** **- The CCG is working local partners to redesign our Ophthalmology services during 2019/20.**
- ***Dermatology*** **- 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 integrated with the North West London Outpatient Transformation programme pathways (see below), the first wave of which started on 2 January 2019.**
- ***The NWL Transformation Outpatient Demand Management Programme*** **– involves the introduction of standardised referral pathways in primary care in addition to clinical triage of referrals. This will support patients to access the right care first time and reduce variation across NW London. This commenced in January and is initially focusing on the following specialities: gynaecology; dermatology; MSK; gastroenterology and cardiology.**
- ***Neurology*** **- 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.**
- ***Gastroenterology*** **- An Irritable Bowel Syndrome/Irritable Bowel Disease CNS post has been recruited to. The service aims to start in April 2019.**
- **S*urgery* – Hernia Repair is 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 February 2019.**

Delivery Area, Transformation Programme and Progress Update – February 2019

T8. Integration across Urgent & Emergency Care Services

- **The High Intensity Users Service is now in progress and a case worker has been recruited. The service will target the 50 most intensive users of A & E and London Ambulance Service through a health coaching approach proactively supporting people to address the underlying causes of their frequent requirement for unscheduled care.**
- **The re-location of the Urgent Care Centre (UCC) purpose built unit as part of the THH rebuild is planned to open in October 2019. To support the UTC until the opening, two additional consultation rooms have been opened to see and stream patients.**
- **The NWL NHS 111 procurement is being taken forward with the establishment of the NHS 111 Procurement Board. A market event has been planned for early March 2019. The newly procured integrated NHS 111 service is planned to commence in April 2020. 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 UCC or extended access hubs. There is a new work-stream currently underway to enable 111 to have electronic access to book two appointments per day directly into each the GP practices.**
- **The Rapid Access Medical Unit (RAMC) went live in January 2019 and is based at the front of the new Ambulatory Emergency Care Unit (AECU) in Hillingdon Hospital. The UCC is referring patients to specialties through RAMU.**
- **New pathways have been implemented in the community and primary care to support those patients who may have previously require a follow up appointment at the AECU. This has enabled additional slots to be utilised for patient first attendances.**
- **The London Ambulance Service crews have been shadowing the Rapid Response team to understand the scope of practice and implement the new falls pathway for non-injured fallers, and reduce the need for the elderly fallers to be transferred and admitted to hospital.**
- **Winter funding has been made available to support the end of life winter resilience and assure capacity over the winter period to any unexpected change in acute specialist inpatient hospice care by ENH Trust and Michael Sobell House Inpatient Unit at Mount Vernon.**

Delivery Area, Transformation Programme and Progress Update – February 2019
Enablers
E1. <u>Developing the Digital Environment for the Future</u> **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 in line with national targets.** • **GP WiFi for Patients and Guests to all GP Practices within Hillingdon infrastructure has been deployed to over 99% of Practices and the IT team are working with them to develop the service further and realise associate benefits in particular with staff mobility across the patch.** • **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 install a fit for purpose and cost effective fibre circuits across all Practices within Hillingdon. The IT team are planning to have this completed for all practice by end of summer 2019.** **Hillingdon CCG will in 2019/20 develop specification for procuring a digital solution to optimise workflow. This will include e-consultation, online digital triage with the aim to reduce administrative burden for GP practice and in turn support the development of emerging neighbourhood service.**

Delivery Area, Transformation Programme and Progress Update – February 2019

E2. Creating the Workforce for the Future
Transition Academy Update

The Workforce Programme continues to provide the four programmes of: student placements, education and training, recruitment (Transition Academy) and admin development (practice capacity). In particular:

- **Clinical Correspondence and Signposting programmes are seeing results in practices reducing the number of letters to GPs; and the voluntary sector becoming more involved with practice staff, and therefore patients. Practice Managers and administrators continue to come to bespoke training and share best practice in peer learning groups.**
- **The 2018-19 student placements are currently: nine pre-registration nurses (bringing the total to 58); three physician associates (total 13) and four Independent Prescribing Pharmacists (IPP) trainees (total 9). Four new trainers have finished the course in the south of the borough and we await the approval of three new training practices in that area as a result. Six new trainers are currently on the course, three from new practices in the south of the borough.**
- **The Transition Academy has funded bursaries to practices to recruit four new nurses to train up as GP Practice Nurses (GPN) through the Bucks University transition course. This brings the total GPN transition numbers to 15, part of the 29 nurses recruited or retained through the Transition Academy.**
- **The Transition Academy has also helped secure the retention of six of the nine ST3 GPs who completed the Hillingdon Vocational Training Scheme last year. The six GPs are in regular Hillingdon practice work. The other 3 ST3s left London on completion of the scheme. This bring the total of GPs retained from ST3 or returned to work in Hillingdon to 20. Over the past three years, 50% of the ST3s have stayed and worked in Hillingdon.**
- **The Confederation pharmacists provide eight of the new practice-based pharmacists in Hillingdon, with the Transition Academy assisting a further eight mostly IPPs into GP practices. Five of these were trained up as IPPs on placements in our practices.**
- **Finally, six receptionist apprentices have completed their business administration apprenticeships and remain employed in their training practices. Along with a rolling programme of Masterclasses and CPPD training for GP practice staff and beyond, these are the programme outcomes up to January 2019.**

The CCG is also linked into the work of NWL CCGs and their strategic plans: *North West London Sustainability and Transformation Plan (STP) Workforce Transformation Strategy 2017 – 2022.*
https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/nwl_stp_workforce_strategy_2017-2022_0.pdf

Delivery Area, Transformation Programme and Progress Update – February 2019
E3. <u>Delivering our Strategic Estates Priorities</u> **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. <u>Delivery of our Statutory Targets</u> **Hillingdon CCG has a robust performance management structure in place to monitor providers' performance against our statutory national targets.** **In addition, 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 achievement of the:** • **A&E four hour target** • **18 weeks Referral to Treatment Target for elective care** • **Cancer waiting times** • **London Ambulance Response Times** **This section also includes performance in key indicators for mental health and community services. Detailed information on underachieving indicators including recovery plans and mitigating actions are reviewed and monitored.** **NHS England has a statutory duty to undertake an annual assessment of CCGs through the Improvement Assessment Framework (IAF). HCCG also internally monitors and has action plans in place in relation to the IAF that also includes a number of the statutory targets. Hillingdon CCG was rated `Good' by NHSE England in the 2017/18 annual CCG's assessment.**

E5. Medicines optimisation

- ***Care Homes*** **- there is pharmacist support to Care Homes to optimise medicines and streamline processes to reduce unplanned admissions.**
- ***Medicines optimisation*** **- rollout of GP practice level specialised pharmaceutical support for medicines reviews and diabetes and asthma clinics supporting medicines optimisation.**
- ***Long-term conditions*** **- 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. These pilots are now in the second cycle. Focus on patient education related to medicines for LTCs via various portals e.g. Health videos. As part of the Respiratory Clinical Working Group Inhaler videos My Health website link was developed – available on link:**
  http://www.myhealthhillingdon.nhs.uk/inhaler-videos/
- ***Repeat Prescriptions*** **- 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 and non-adherence to treatment regimens and over-ordering.**
- ***Inappropriate usage of*** **antibiotics - 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.**
- ***Audits:***
  - **An audit on Trimethoprim prescribing for over 70 year olds was carried out between July 2018 – November 2018 by the Medicines Management Team Pharmacy Technician to assess and promote appropriate antibiotic prescribing in accordance with existing local/PHE guidelines and reduce the inappropriate antibiotic prescribing for UTI in primary care. The audit was undertaken in 15 of the highest prescribing surgeries in the borough. The results were shared with the respective practices on completion, to support clinicians in promoting quality improvements by reviewing antimicrobial prescribing within practice.**
  - **An audit on broad spectrum antibiotic prescribing has been sent to practices for completion in February 2019. The aim of this audit is to demonstrate adherence to HPA issued guidance and reduce prescribing of broad spectrum antibiotics which have been associated in community-acquired C. difficile & MRSA infections.**
  - **The Medicines Management Pharmacy Technician has undertaken audits on the appropriateness of vitamin and mineral prescribing, and prescribing of emollients according to *NHSE guidance: Guidance on conditions for which over the counter items should not routinely be prescribed in primary care.* This was undertaken in 2 practices per locality where the spend was highest.**

Delivery Area, Transformation Programme and Progress Update – February 2019

E6. <u>Redefining the Provider Market</u>

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 design, develop and plan the delivery of population health and person-centred care models.

The proposed changes in service delivery are ambitious and reflect the 5-year vision for health & care for adults in Hillingdon. However, the health and social care economy has agreed to phase and prioritise the implementation of the model of care to focus on those components which will best address deteriorating performance in the urgent care system. In particular, prioritising improvements in the quality of care for those people who are most at risk and as a result, reduce non-elective admissions (NEL) - unplanned hospital admissions.

An Integrated Business Case has been developed which lays the foundation for whole systems integration. Achieving the initial savings through the reduction in non-elective admissions is critical to enabling realignment of investment in pro-active and preventative services in the future, however through better co-ordination of existing services we can ensure that the benefits can start to be realised.

The focus in 18/19 has therefore been on five priority areas each of which has been clearly defined including specifying clear objectives, milestones, deliverables and anticipated delivery dates:

- **Neighbourhood Development - `Local Neighbourhood Teams' comprised of integrated multi-disciplinary teams led by general practice as the basic delivery unit of integrated care.**

Work has been undertaken to confirm the scope of this pivotal work-stream which includes:

- **Primary Care at Scale**
- **Weekday Visiting (GP Confederation)**
- **Wrap around services**

Active Case Management:

- **CCT Development**
- **High Intensity User Service**
- **Care Home Development**
- **End of life care**
- **Integrated MSK pathway**

Intermediate Tier - encompassing:

- **GP & Community based crisis response (physical and mental health)**
- **Integrated Discharge**
- **Falls *(also a cross-cutting work-stream spanning both Neighbourhood development and Intermediate Tier)***
- **Frailty *(overall frailty pathway)***

During 2019/20 onwards we will be using delivery of the five priority areas as an approach and vehicle to deliver the CCG's 2019-21 Commissioning Intentions. To enable the delivery of the proposed integrated model of care, Hillingdon CCG has stated its intention to move into a new contractual, delivery and performance model in order to allow resources to be joined up. The coproduction of the whole system transformation work with stakeholders, i.e. patients, carers and front-line staff, will continue to inform Phase 2 of the programme. This will include an ongoing focus on working with Local Neighbourhood Teams and stakeholders on further developing and refining the new model of care to meet the needs of the local population.

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BETTER CARE FUND: PERFORMANCE REPORT (OCTOBER - DECEMBER 2018)

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

HEADLINE INFORMATION

Summary	This report provides the Board with the six performance report on the delivery of the 2017/19 Better Care Fund plan. It is the third 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 £54,288k for 2018/19 as at month 9.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

a) **notes the progress in delivering the plan during the Q3 2018/19 review period;**
b) **agrees the proposed approach for the 2019/20 BCF plan (paragraphs 25 and 26); and**
c) **agrees to delegate approval of the 2019/20 BCF plan submission to officers in consultation with the Chairman of the Board, the Chairman of the Hillingdon Clinical Commissioning Group's Governing Body and the Chairman of Healthwatch Hillingdon, subject to the assumptions set out in paragraphs 25 and 26.**

INFORMATION

1. This is the sixth 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 third report on the delivery of the second year of the plan, 2018/19 and updates the Board on the position to 8th February 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 October to December 2018.

National Metrics

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

4. **Emergency admissions target (also known as non-elective admissions): O*n track*** - There were 8,523 emergency admissions of people aged 65 and over during the April to December 2018 period. On a straight line projection this would suggest an outturn for 2018/19 of 11,364 against a ceiling for the year of 11,400. This would actually suggest an outturn below the ceiling for 2018/19.

5. Table 1 below shows the position from 2015/16 with the projected outturn for 2018/19.

Table 1: Emergency Admissions 65 + Population 2016/17 - 2018/19	
Financial Year	**Total Number of Emergency Admissions**
2015/16	10,406
2016/17	10,252
2017/18	11,267
2018/19	11,364*

**Projected*

6. **Delayed transfers of care (DTOCS): *Not on track*** - Table 2 below shows that there were 3,996 delayed days in the period April to December 2018. On a straight line projection this would suggest an outturn for 2018/19 of 337 delayed days above the ceiling for the year.

Table 2: DTOC Performance April - December 2018						
Delay Source	**Acute**	**Non-acute**	**TOTAL**	**2018/19 Ceiling (Delayed Days)**	**Projection**	**Variance**
NHS	1,850	1,281	**3,131**	3,289	4,175	886
Social Care	467	314	**781**	1,392	1,041	-351
Both NHS & Social Care	0	84	**84**	310	112	-198
TOTAL	**2,317**	**1,679**	**3,996**	**4,991**	**5,328**	**337**

7. During the review period 36% (1,453) of delayed days were attributed to difficulties in securing care home placements. 70% (1,023) of these delayed days related to difficulties in securing nursing care home places. These difficulties are associated with meeting the needs of people with the more challenging behaviours and are often combined with complex family

dynamics, e.g. conflict within families about how best to meet the needs of their parent.

8. Table 3 provides the Board with a summary of DTOC activity over the lifetime of the BCF, i.e. 2015 to 2018. The Board may wish to note that the considerable increase in 2016/17 resulted from a combination of under-reporting in 2015/16 and a reflection of the national picture. Since 2016/17 there has been a significant reduction in the number of delayed days and the projected outturn for 2018/19 suggests that performance will be reasonably close to what was an exacting target set for Hillingdon by NHSE. The Board may wish to note that this is mainly attributable to the nearly 50% reduction in the number of non-acute delayed days, which is mainly mental health. For CNWL, which accounts for 61% of the non-acute activity, there has been a 64% reduction in the number of delayed days on the same period in 2017/18, i.e. 1,030 delayed days compared to 2,227. This highlights significant improvements in the management of the discharge process for people admitted to inpatient mental health beds. There has also been a 62% reduction in delays attributable to social care during the review period in comparison with the same period in 2017/18, i.e. 781 delayed days compared to 1,642.

Table 3: DTOC PERFORMANCE 2015 - 2019

Year	Target (Delayed Days)	Outturn	Variance
2015/16	4,790	4,196	-594
2016/17	4,117	8,364	4,247
2017/18	9,338	6,542	-2,796
2018/19	4,991	5,328*	337*

*Projection

8. Officers understand from the NHSE Better Care Support Team that the target for 2019/20 may be retained at the 2018/19 level where this has not been achieved. Confirmation of this is expected to be included in the 2019/20 policy framework and publication is awaited.

9. **Permanent admissions to care homes target: *Not on track*** - There were 139 permanent admissions to care homes in the period April to December 2018, which would suggest an outturn of 185 for the year against a ceiling of 145. 73% (102) 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.

10. The Board may wish to note that since its opening in October 2018 Grassy Meadow Court has provided an alternative to a care home admission for 8 older people. It has also been possible for 8 older people to move out of care homes into the more independent environment of extra care housing. The Board may also wish to note that the total number of older people living in permanent placements in care homes at 31st December 2018 was 426 (227 in nursing care homes and 199 in residential).

11. Table 4 below shows the number of permanent admissions to care homes between 2015 and 2018.

Table 4: Permanent Admissions to Care Homes 65+ 2015 - 2019			
Year	**Target**	**Outturn**	**Variance**
2015/16	150	145	-5
2016/17	150	161	11
2017/18	150	162	12
2018/19	145	185*	40

*Projection

Scheme Specific Metric Progress

12. 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

13. ***Falls-related Admissions*: Not on track** - There 682 falls-related emergency admissions during the review period. On a straight line projection this would suggest an outturn for 2018/19 of 909 admissions, which is close to the ceiling of 880 falls-related admissions. Table 5 shows the Board the number of falls-related admissions over the 2015 to 2018 period. Projections suggest that the methodology for setting a reduction target for 2019/20 needs to be given more thought, as the practice has been to correlate the increase with that of the 75 and over population.

Table 5: Falls-related Admissions 2015 - 2018	
Year	**Admissions**
2015/16	764
2016/17	816
2017/18	868
2018/19	909*

**Projection*

Scheme 2: An integrated approach to supporting Carers

14. ***Carers' assessments*: On track** - There were 734 Carers' assessments undertaken during the review period. If this level of activity continues throughout the year then this could result in 979 assessments being undertaken against a target of 983. Assessments include those undertaken by the Council and by Hillingdon Carers.

15. ***Carers in receipt of respite or other Carer services*:** During the review period 290 carers were provided with respite or another carer service at a cost of £412.3k. This compares to 240 carers being supported at a cost of £376.6k 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 contract with Hillingdon Carers is included in the spend for the quarter but the carers supported by Hillingdon Carers are not included in the total number of Carers.

Scheme 4: Integrated hospital discharge

16. ***Seven day working: Not on track*** - Table 6 below illustrates performance against seven day metrics at Hillingdon Hospital. This shows an improvement in weekend discharges within the surgery department compared to the 2017/18 outturn position but a reduction in performance for the other seven day metrics.

Table 6: Hillingdon Hospital Discharges before Midday and at Weekends

Item	2017/18 Baseline	2018/19 Target	April - Dec 2018/19 Outturn
Medicine Directorate, inc A & E			
Discharges before midday	20.4%	33%	18.6%
Weekend discharges	17%	65%*	15.9%
Surgery Directorate			
Discharges before midday	19%	33%	18.5%
Weekend discharges	15.9%	65%*	18.1%

** Percentage of weekday discharges*

17. The following provides the Board with an update on addressing the infrastructure obstacles to the delivery of seven day working:

- Consultant cover to sign off discharges: Criteria-led discharge is being rolled out in wards across the Hospital. This enables staff at junior sister grade and above to make discharge decisions after having completed appropriate training. This will help to expedite timely discharges when implemented across the Hospital.
- Hospital Discharge Coordinators availability at weekends: Consultation is currently in progress about the possibility of changing terms and conditions to support seven day working.
- Pharmacy availability: Funding for additional weekend pharmacy provision has been agreed and the Hospital is in the process of recruiting.
- Rapid Response cover for weekend triage and assessment: There is currently no funding available to support additional Rapid Response provision at weekends, but health and care partners are exploring how existing resources can be remodelled to provide necessary supporting capacity.

18. 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 as outlined in paragraph 18 above.

Scheme 5: Improving care market management and development

19. ***Emergency admissions from care homes*: Not on track** - There were 606 emergency admissions from care homes during the review period. On a straight line projection this would suggest an outturn for the year of 808 admissions against a ceiling for the year of 788. Table 7 below shows the comparative position between 2015 and 2018.

Table 7: Emergency Admissions from Care Homes 2015 - 2019

Year	Outturn
2015/16	838
2016/17	788
2017/18	776
2018/19	808*

*Projected

20. Although the projection suggests that the target may not be achieved there are a number of factors that need to be taken into consideration in order to see this in its proper context and these include:

- 2018/19 has seen an expansion of the care home bed base by 77 beds, 32 of which are nursing beds;
- Admissions to hospitals from care homes were primarily from the larger nursing homes, i.e. those with 60 + beds;
- Care home managers are required by their employers to abide by company imposed operating procedures that are often risk averse;
- Staff turnover, recruitment difficulties and change of manager are factors that cause care homes to be more risk averse and during Q2 13 homes experienced a change of manager; and
- Some care home residents will have needs for which treatment in hospital is the most appropriate setting.

21. Partners continue to support care homes with the necessary interventions where this is appropriate to prevent hospital admissions that are avoidable.

Key Milestone Delivery Progress

22. The following key milestones for Q3 in the agreed plan that were delivered were:

- *Opening of Dementia Resource Centre at Grassy Meadow Court extra care housing scheme:* In addition to advice, information and support to people with dementia and their carers to help them to live well with dementia and remain independent for as long as possible, this will provide therapeutic interventions such as:

- life story work;
- musical activities, i.e. *'Singing for the Brain sessions'* and exercise to music;
- painting and craft work;
- gardening;
- cooking;
- discussion groups.

- *Implementing multi-disciplinary support service for care homes and extra care schemes:* This entails a range of support from appropriate health professionals and the development of anticipatory care plans with the intention of preventing hospital admissions that are avoidable.

- *Exploring feasibility of the Council being included within NHS nursing home any qualified provider (AQP) framework and benefits of doing so*: Discussions between the Council and the NHS London Procurement Partnership that undertakes procurement activity on behalf of NHS organisations in London have clarified that it is not possible for this mechanism to meet the Council's demand for nursing home placements. The Council and the CCG will explore options for taking an integrated approach to ensuring sufficient supply to meet local need.

- *Implementing Hospital Discharge Grant using DFG flexibilities*: The pilot 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. This started in November 2018 and has expedited the discharge of 5 older people with complex needs from Hillingdon Hospital.

23. The following milestone is still in progress but has not yet been fully achieved:

- *Develop a prevention strategy, including approach to delivering health checks*: The early intervention, prevention and self care working group has made good progress with a programme to review our approaches across partners. This covers a number of projects and is set out in the Joint Health and Wellbeing Strategy performance update on Board's agenda; and

- A new approach to delivering NHS health checks with GPs, is also being established.

Successes and Achievements

24. Key successes and achievements for Q3 can be summarised as follows:

- ***Discharge to Assess (D2A)***: Target of achieving 65 discharges per week via D2A pathways was achieved in November.

- ***Discharge process improvements***: Discharge letters about D2A process were implemented across wards to support the standard discharge booklet funded through BCF Small Grants. This means that more people admitted to Hillingdon Hospital are better informed at a much earlier stage about what is likely to happen to them and reduces the scope for disputes at point of discharge that can lead to people staying in a

hospital bed longer than medically necessary.

- ***Training for care home staff****:* Falls champion training was completed leading to 46 staff from care homes receiving a falls champion certificate. Recognising and acting on signs of deterioration training was also delivered to staff in targeted care homes.

Key Issues for the Board's Attention

25. ***Hospital Discharge Model*****:** Funding for an extension of the Bridging Care Service contract commissioned by the Council on behalf of HCCG has been agreed.

26. ***Post-April 2019 BCF Plan***: The latest information from NHSE's Better care Support Team and London ADASS suggests that the policy framework and statutory guidance for the next iteration of the BCF plan may well have been published by the time of the next Board meeting. It has been confirmed that there will be a one year plan for 2019/20 and that details concerning the post-April 2020 requirements will be published in the autumn of 2019 following the 2021/24 Spending Review announcement. It is understood that this will coincide with publication of the outcomes of the Government's review of the BCF that is currently in progress.

27. At the Board's December meeting officers proposed the development of a three year plan but it is now suggested, in view of the above, that the ambition for 2019/20 be limited to meeting the requirements for the single year plan. In accordance with what is understood about likely requirements for 2019/20, it is proposed the next iteration of plan will include an update on the existing six schemes and the addition of a seventh scheme to incorporate integrated therapies for children and young people that was referred to in the BCF update reports to the Board in September and December 2018. The current six schemes are:

Scheme 1: Early intervention and prevention
Scheme 2: An integrated approach to supporting Carers
Scheme 3: Better care at end of life
Scheme 4: Integrated hospital discharge
Scheme 5: Improving care market management and development
Scheme 6: Living well with dementia

28. This pragmatic approach would enable partners to focus attention during 2019/20 on the development of a longer-term plan to meet the health and care needs of Hillingdon's residents, which would then put partners in a good position to meet the Government's post-April 2020 requirements. This would also reflect requirements concerning the implementation of the NHS Long Term Plan.

29. It is likely that there will be a six week period in which to complete and submit the 2019/20 plan. Board approval of the submitted plan will be one of the national requirements that will have to be satisfied in order to secure formal approval by NHSE, which will technically be required to enable the funding within the BCF to be spent. On the basis that the assumptions about the requirements for the 2019/20 plan described above are correct, the Board is asked to delegate approval authority to the Chairman, the Chairman of HCCG's Governing Body and Chairman of Healthwatch Hillingdon. Should these assumptions not be correct then the Chairman could direct that approval be considered by the next full meeting of the Board.

30. ***Extra Care Housing and GP Registration***: The opening of the Grassy Meadow Court (88

flats) and Park View Court (60 flats) extra care housing schemes presents pressures on the local GP practices that have these schemes within their catchment area at a time when all practices are stretched. The Council is working collaboratively with local practices, the GP Confederation, HCCG and NHSE to ensure that tenants are able to register with a local GP whilst avoiding this additional demand falling on one or two practices near the respective schemes.

Financial Implications

31. The total value of the BCF section 75 in 2018/19 has increased by £239k following approval of a recommendation to the Leader of the Council and Cabinet Member for Social Care, Housing, Health and Wellbeing under delegated authority to reflect the cost of the Hospital Discharge Bridging Care Service. The variation was also agreed by the CCG's Governing Body in November 2018.

32. Table 8 below summarises the 2018/19 financial position to the end of M9.

Table 8: BCF Financial Summary 2018/19

Key Components of BCF Pooled Funding (revenue unless classified as Capital)	Approved Pooled Budget 2018/19	Revisions to Budget	Revised Budget 2018/19	Forecast Outturn at 31/12/18	Variance as at Q3	Variance as at Q2	Movement from Q2
	£,000's	*£,000's*	*£,000's*	*£,000's*	*£,000's*	*£,000's*	*£,000's*
Hillingdon CCG - Commissioned Services	26,770	239	27,009	27,913	904	1,062	(158)
LB Hillingdon - Commissioned Services	23,105	0	23,105	23,529	424	239	184
LB Hillingdon - Commissioned Capital Expenditure	4,174	0	4,174		0	0	0
Overall Totals	**54,049**	**239**	**54,288**	**55,616**	**1,328**	**1,301**	**26**

33. There is a net increase in forecast against the overall BCF of £26k. The forecast for the CCG is an overall pressure of £904k. This has improved by £158k since Quarter 2 and this largely relates to Scheme 5 (*Integrated Approach to Market Management and Development*) where there has been a reduction in forecast spend for Palliative Care Services.

34. The forecast for the Council is an overall pressure of £424k and increase in pressure of £184k since Quarter 3. This increase largely relates to Schemes 4 (*Integrated Hospital Discharge*) and 5 where the forecast for care home placements has increased.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

36. ***Approach to 2019/20 plan*** - This will ensure compliance with national requirements and avoid the unnecessary commitment of resources at a time of considerable uncertainty about future obligations.

37. ***2019/20 plan approval arrangements*** - Proportionate approval arrangements that involve partners will be in place to enable nationally set timescales to be achieved in the event that they are considered reasonable by the Board.

Consultation Carried Out or Required

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

Policy Overview Committee Comments

39. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

40. Corporate Finance has reviewed the report, noting that a net overspend of £424k is projected against the Council managed elements of the pooled Better Care Fund Budget an adverse movement of £184k from Q2. 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

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

BACKGROUND PAPERS

Appendix 1) BCF Metrics Scorecard.

Better Care Fund

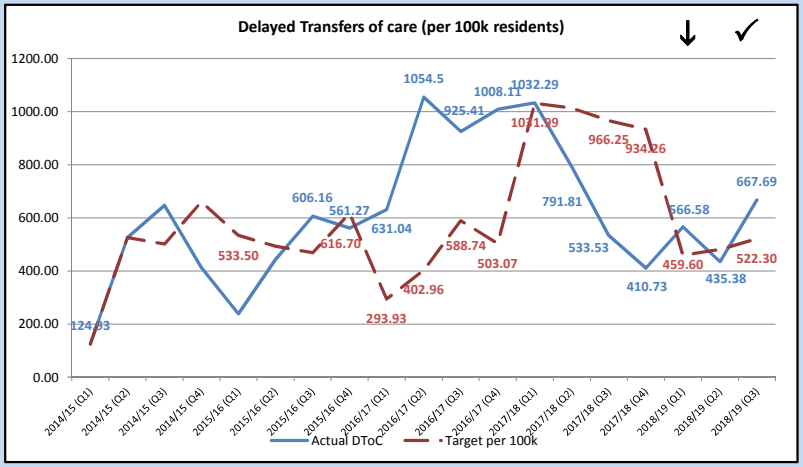
Period: 01/04/2018 to 31/12/2018
Month Number: 9

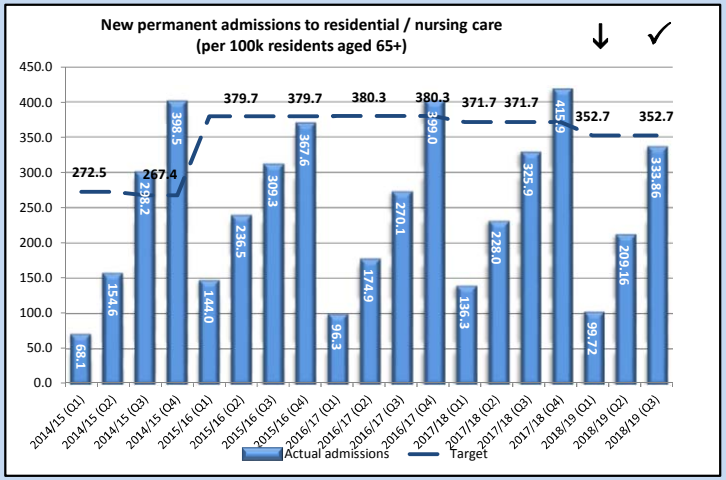
Appendix 1

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	2,787	
	Difference from Target	-39	+75	-63	-2,850

Key components of BCF funding 2018/19	Budget	Outturn	Variance
	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	27,009	27,913	904
LB Hillingdon - Commissioned Services	23,105	23,529	424
LB Hillingdon - Commissioned Capital Expenditure	4,174	4,174	0
Overall BCF Total funding	54,288	55,616	1,328





Delayed Transfers of Care (There is a 1 month time lag on the availability of the data)	To the end of period	Number (1/4ly)	Residents	Per 100k
	Baseline (2016/17)	8,364	235,788	3,547.3
	2017/18 (Q1)	2,434	235,788	1,032.3
	2017/18 (Q2)	1,867	235,788	791.8
	2017/18 (Q3)	1,258	235,788	533.5
	2017/18 (Q4)	983	239,332	410.7
	2017/18 (Full Year)	6,542	239,332	2,733.4
	2017/18 (Target)	9,337	239,332	3,901.3
	Variance from Target	-2,795	239,332	-1,167.8
	2018/19 (Q1)	1,356	239,332	566.6
	2018/19 (Q2)	1,042	239,332	435.4
	2018/19 (Q3)	1,598	239,332	667.7
	2018/19 (Q4)		239,332	0.0
	2018/19 (YTD)	3,996	239,332	1,669.6
	Variance from YTD Target	+253	239,332	105.6
	2018/19 (Target)	4,991	239,332	2,085.4
	Variance from Target	-995	239,332	-415.7

Permanent admisisons to Residential / Nursing care (residents aged 65+)	To the end of period	Number (Cum)	Residents	Per 100k
	Baseline (2016/17)	161	40,354	399.0
	2017/18 (Q1)	55	40,354	136.3
	2017/18 (Q2)	92	40,354	228.0
	2017/18 (Q3)	134	40,354	332.1
	2017/18 (Q4)	170	41,117	413.5
	2017/18 (Target)	150	41,117	364.8
	Variance from Target	+20	41,117	48.6
	2018/19 (Q1)	41	41,117	99.7
	2018/19 (Q2)	86	41,117	209.2
	2018/19 (Q3)	139	41,117	338.1
	2018/19 (Q4)		41,117	0.0
	2018/19 (YTD Target)	108.75	41,117	264.5
	Variance from YTD Target	-23	41,117	-55.3
	2018/19 (Target)	145	41,117	352.7
	Variance from Target	-6	41,117	-14.6

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CHILD OBESITY IN HILLINGDON

Relevant Board Member(s)	Councillor Phillip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Health Integration and Voluntary Sector Partnerships
Papers with report	None

1. HEADLINE INFORMATION

Summary	This report to the Health and Wellbeing Board sets out the approach taken to date to address childhood obesity in Hillingdon and assesses the need and issues locally. The Board is invited to agree further action across partners to review the effectiveness of interventions and to make proposals for further actions required to impact on issues in Hillingdon**.**
Contribution to plans and strategies	Hillingdon's Joint Health and Wellbeing Strategy
Financial Cost	There are no direct financial costs arising from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board agrees the actions set out under next steps below and instructs officers to bring back an updated delivery plan to the next meeting.

3. INFORMATION

Background

At its last meeting in December 2018, the Board heard how the latest data from the National Child Measurement Programme was indicating that numbers of children in Hillingdon who were obese were increasing especially between their arrival at reception and school year 6.

Hillingdon also welcomed the Chief Executive of Public Health England, Duncan Selbie, to the Borough on 14 January 2019. He noted that most of the indicators in the public health outcomes framework for Hillingdon are the same or better than the London and England average. The notable exception being the high number of overweight 10 to 11 year olds, and he urged an approach that uses all means at the Council's disposal to tackle this. Officers were, therefore, asked to review the position, existing actions and come back to the Board with proposals.

Child Obesity in Hillingdon

Overweight and obesity are defined as an abnormal or excessive accumulation of body fat that presents a risk to health. The common measure is the Body Mass Index (BMI) which is the person's weight in kilograms divided by the square of the person's height. This measure is used in the National Child Measurement Programme (NCMP) which measures the height and weight of children in Reception class (ages 4 to 5) and Year 6 (ages 10 to 11), to assess overweight and obesity levels in children within primary schools.

London as a whole has high levels of child obesity compared to the rest of the country. Over 38 per cent of London's 10-11 year olds are overweight or obese compared to 34 per cent nationally.

Hillingdon NCMP results (2017/18) show that one in every five (21.3%) children is overweight or obese when starting school in Reception year at age 4-5. By Year 6, age 11, more than one in every three (37.7%) children in Hillingdon is measured as overweight or obese. Previous analysis of the 2016/17 results showed in more detail the proportions and actual numbers of Hillingdon children affected by overweight and obesity:

Reception Year (children age 4-5 years)

- 20.5% (818 children) were either overweight or obese;
- 9.3% (370 children) were obese; and
- 2.23% (89 children) were severely obese.

Year 6 (children age 10-11 years)

- 38% (1,281 children) were either overweight or obese;
- 23.2% (781 children) were obese; and
- 4.74% (160 children) were severely obese.

The rate of increase in overweight (including obese) during a child's primary school years, from Reception to Year 6, is higher in Hillingdon than London or England (2010/11 to 2016/17). For example, in 2010/11 in Hillingdon, 22.2% of Reception year children were overweight (including obese). The proportion for this same group of children when they reached Year 6 in 2016/17 was 38.0%, a difference of 15.8% points. This difference is higher than the London (+15.0% points) or England (+11.6% points) figures for the same cohort.

In 2018, the Government strategy *Childhood obesity: a plan for action, Chapter 2* noted that:

> "The burden of childhood obesity is being felt the hardest in more deprived areas with children growing up in low income households more than twice as likely to be obese than those in higher income households. Children from black and minority ethnic families are also more likely than children from white families to be overweight or obese and this inequality gap is increasing".

Analysis of Hillingdon data for 2016/17 confirms that children living in the more 'deprived' areas of Hillingdon (according to the standard definitions) are more likely to be overweight or obese.

The prevalence of overweight and obesity among Year 6 children (age 10-11) was higher for most ethnic backgrounds in Hillingdon than it was for England, with the largest differences among children from Black Other, Indian, White & Black Caribbean and Asian Other

backgrounds.

The Hillingdon prevalence for children in Year 6 who were overweight (including obese) was above England (2014/15 to 2016/17); there were therefore only 9 (of 22) Hillingdon wards where the proportion of overweight (including obese) children was below England.

The adverse effects of obesity

The adverse impacts of obesity are well-documented. It increases the risk of heart disease, stroke, Type 2 diabetes, non-alcoholic fatty liver disease, mental health disorders and some cancers in adults.

In children, obesity is associated with a wide variety of health problems, including poor psychological and emotional health, breathing difficulties, increased risk of fractures, hypertension, high cholesterol, early markers of cardiovascular disease, gallstones, glucose intolerance and insulin resistance, Type 2 diabetes, sleep apnoea, asthma, skin conditions, menstrual abnormalities, impaired balance and orthopaedic problems.

Many children who are overweight or obese experience bullying, social isolation and low self-esteem linked to their weight. Such children are less likely to be physically active. Obesity is also associated with poor academic performance and a lower quality of life experienced by the child. Until recently, many of the above health conditions had only been found in adults; now they are extremely prevalent in obese children. Although most of the physical health conditions associated with childhood obesity are preventable and can disappear when a child or adolescent reaches a healthy weight, some continue to have negative consequences throughout adulthood. Obese children are more likely to become obese adults and have a higher risk of suffering with illnesses, disability and premature mortality.

National and regional approaches to tackling obesity

The Government published *Childhood Obesity - a plan for action* in 2016. The plan announced three initiatives aimed at reducing the sugar content of food and drinks and improving the food environment in public sector buildings:

- The Soft Drinks Industry Levy - the revenue from the levy to be invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children.
- All sectors of the food and drinks industry challenged to reduce overall sugar across a range of products that contribute to children's sugar intake by at least 20% by 2020, including a 5% reduction in year one. Achievable through reduction of sugar levels in products, reducing portion size or shifting purchasing towards lower sugar alternatives.
- Every public sector setting, from leisure centres to hospitals, should have a food environment designed so the easy choices are also the healthy ones. Local authorities were to be encouraged to adopt the Government Buying Standards for Food and Catering standards, which include nutrition standards which require providers to offer the smallest available snack sizes and the smallest confectionery portion sizes; limit the size and availability of sugar drinks; conduct menu analysis and provide menus with calorie content and allergen labelling. The standards should apply to all food provision but particularly to leisure centre vending machines.

An update to the Government's Action Plan was issued in 2018. '*Childhood obesity: a plan for action, Chapter 2*' set a national ambition to "halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030." The updated plan included a series of proposals aimed at limiting the sale and promotion of unhealthy food:

- Proposals to consult on legislation to end the sale of energy drinks to children - the consultation has now closed and is under consideration;
- In response to evidence that, on average, overweight and obese children are consuming up to 500 extra calories per day from not just sugary foods, the Government challenged food and drink companies - manufacturers, retailers, restaurants and takeaways - to reduce by 20% the calories in a range of everyday foods consumed by children by 2024;
- Proposals to consult on introducing a 9pm watershed on TV advertising of High Fat, Sugar and Salt products and similar protection for children viewing adverts online, with the aim of limiting children's exposure to HFSS advertising and driving further reformulation;
- A proposed ban on price promotions, such as buy one get one free and multi-buy offers or unlimited refills of unhealthy foods and drinks in the retail and out of home sector through legislation; and
- A proposed ban on the promotion of unhealthy food and drink by location (at checkouts, the end of aisles and store entrances) in the retail and out of home sector through legislation.

The Action Plan noted that "the scale of the challenge means that Government, the food and drink industry, the NHS, local authorities, schools and families all need to play their part in helping to tackle childhood obesity and be ambitious in doing so." The following proposed measures were aimed at reducing sugar and improving nutrition standards in schools and other public sector organisations, and at increasing physical activity during the school day:

- An update of the School Food Standards to reduce sugar consumption, with detailed guidance to caterers and schools.
- Consult on strengthening the nutrition standards in the Government Buying Standards for Food and Catering Services, to bring them into line with the latest scientific dietary advice.
- Review how the least active children are being engaged in physical activity in and around the school day and promote a national ambition for every primary school to adopt an active mile initiative, such as the 'Daily Mile'.

The Mayor of London has also established a Child Obesity Taskforce and has announced measures aimed at improving London's food environment. These include: introducing advertising restrictions across Transport for London's advertising estate to reduce exposure to advertisements for foods and non-alcoholic drinks which are high in fat, sugar and salt; supporting new and existing hot food takeaways to make simple, healthy improvements to their food; proposals to restrict new hot food takeaways opening within 400 metres of schools; and supporting the creation of 'health super zones' around schools, particularly in deprived areas.

NHS England has reduced or eliminated the sale of sugary drinks in hospitals across its estate, including by retailers operating in hospital premises. This follows a move in 2017 to remove 'super-sized' chocolates and snacks from hospital outlets.

Tackling obesity in local areas

It is acknowledged that there is no single, obvious solution to reverse the trend towards excess weight in children. So far, no country has succeeded in reversing obesity trends. The central Government approach emphasises the need for consistent action at the national and local level: "long-term, sustainable change will only be achieved through the active engagement of schools, communities, families and individuals".

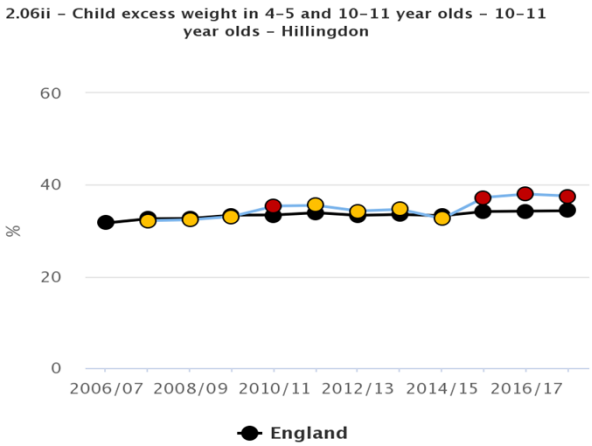
The Government has suggested that local authorities use their powers to "limit the opening of additional fast food outlets close to schools and in areas of over-concentration; prioritise active travel in transport plans and deliver walking and cycling infrastructure through Local Cycling and Walking Infrastructure Plans; ensure access to quality green space to promote physical activity. They can also offer professional training, parenting support, social marketing campaigns and weight management services. They can partner with leisure and sport facilities to offer accessible physical activity opportunities."

Hillingdon

Hillingdon already provides a great deal to enable people to lead healthy lives, and there is already a lot being done by the Council, the NHS and other partners to encourage physical activity and to offer support to children and families who are identified as being an unhealthy weight.

The trend in child obesity remains a matter of concern. The figure and table below show that the levels of overweight including obesity in Hillingdon are continuing to rise and that the numbers of children affected are also increasing. Demographic and social changes suggest that the problem will continue to escalate unless a broad range of actions are taken to address the rising levels of obesity.

Prevalence of overweight including obesity in children aged 10-11



Year	%	Number
2007/08	32.2	852
2008/09	32.4	913
2009/10	33.1	938
2010/11	35.4	1017
2011/12	35.5	1018
2012/13	34.3	971
2013/14	34.6	1076
2014/15	32.6	1003
2015/16	37.2	1227
2016/17	38.0	1281
2017/18	37.6	1314

Prevention and wellbeing is a key strand of Hillingdon's Joint Health and Wellbeing Strategy 2018-21. Within the strategy, we have identified the need to provide a healthy start in life for children and young people, beginning with the health of mothers, promoting breastfeeding and physical activity and reducing child obesity.

The table below sets out some activity currently in place to support residents and help reduce child obesity:

	Existing Local actions
Physical environment	Hillingdon has 200+ **green spaces** covering 1,800 acres with 50 parks or open spaces designated with the Green Flag quality mark. There is ongoing investment in upgrading footpaths and canal towpaths to encourage walking and cycling and investment in outdoor recreation and events to promote health and physical activity
Pre-conception, maternity and early years	THH, CNWL have achieved Level 2 of the UNICEF 'Baby Friendly' accreditation which ensures staff are able to advise parents and parents to be on the importance of breastfeeding, infant nutrition and weaning. Children's Centres are about to commence the accreditation process. All pregnant women receive advice on healthy weight, with additional weight management support for women who are obese. Children's Centres provide a variety of sessions which focus on nutrition and physical activity.
Journeys by foot or bike	Planning for **active travel** focusses on measures to encourage walking and cycling to school and ensuring accessibility for all across the Borough. There is **cycle training** for children alongside **school travel planning** and promotion of walking to school.
Child weight management	Parents of all children who are measured as overweight or obese are sent information and are invited to attend the MEND programme which offers obesity treatment for children and young people aged 5-7 and 7-13. A recent change in the letters sent to parents with results from the child measurement programme (which follow a national standard) has increased demand for the MEND programme, which is currently oversubscribed.
Supporting people to be active	Improvements to children's playgrounds and equipment. Family use of Hillingdon outdoor gyms has been encouraged by instructor-led sessions. In 2018, many sports clubs offered free taster sessions to encourage more participation in sport by younger people. Hillingdon participates in the London Youth Games, the annual mini-marathon, and promotes outdoor play activities through children's centres.
Access to healthy food	Current and proposed Government interventions (such as sugary drinks tax) and initiatives with industry to reduce high fat sugar and salt in foods. Supply side controls via advertising restrictions and proximity to schools.
Schools	62 Hillingdon schools are registered with the Healthy Schools London programme which encourages a healthy diet and physical activity. Participation in the 'Daily Mile' and other initiatives is the responsibility of individual schools. Roll out of water drinking fountains to schools and in other public areas.

Next Steps

It is clear that in Hillingdon there is a lot available and going on to support people to stay fit and healthy. We have a wealth of good quality parks and green spaces and state of the art leisure

centres. We have physical activity programmes including several that are targeted at those most in need such as the MEND programme. Our maternity and early years support is in place and providing children and their families with a good start in life.

However, despite all this positive work, the outcome indicators on child obesity are still moving in the wrong direction and seem intractable. Obesity is a national (if not international) phenomenon and many of the powers to intervene, such as supply side controls on unhealthy foods, would naturally fall to national Government. The challenge for a local obesity plan is to identify which interventions offer greatest return on investment and are the most effective in reaching those that need help. Overall, we need to establish the very best starts in life for all young people and their families, through breastfeeding and then healthy eating, good nutrition and exercise, and in doing so "sow the seeds" of positive behaviour throughout childhood and into adulthood.

It is proposed, therefore, that under the support of our Early Intervention, Self Help and Prevention Working Group, we develop a child obesity delivery plan which:

- Reviews effectiveness of interventions in terms of take up, throughput, outputs and outcomes so as to see what is working and where there may be gaps.
- Explore routes to support families more though pathways, wellbeing services and social prescribing referrals.
- Identify gaps in current provision and make proposals for change.

It is proposed that officers be instructed to work with partners and to bring a fuller plan be bought back to the next Board for agreement.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

Activity to reduce levels of Child Obesity will benefit residents

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and confirms that there are no financial implications arising from the report recommendations.

Hillingdon Council Legal comments

All necessary legal implications are contained within the body of the report

6. BACKGROUND PAPERS

None.

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CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE

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 - CNWL Performance data

1. HEADLINE INFORMATION

Summary	This paper updates the Board on progress in assuring the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (CYPMH LTP) 2018- 2019. The Board agreed to delegate authority to approve the annual refresh of the (CYPMH LTP) for submission to NHSE on 31 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 is in the second stage of assurance by NHSE and it is expected that the plan will be published and available to the public in March 2019. This paper provides an update on the continued engagement with Hillingdon schools in response recently published response to the Government Green Paper. Schools' Mental Health Champions and mental health support in schools (Child wellbeing practitioners). Of particular note this quarter is the continued progress that has been made in establishing the new online counselling service KOOTH. The service provides increased access, prevention and early intervention for children and young people in Hillingdon with emotional wellbeing and mental health issues. The report also outlines the current performance of the CNWL core CAMHS against the 18 week waiting time target. To support this work, Hillingdon CCG has had a bid for £45,000 for waiting list monies accepted by NHSE. The monies will be

	used to provide additional clinical resource to remove 90 children from the current waiting list by 31 May 2019. The CCG and NHS Commissioned Services have been successful in applying for a participation Takeover Bid to fund the continued engagement and consultation with Hillingdon Young Healthwatch to co-produce transition and emotional well-being and mental health services.
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 2018-2019 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 and 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.
Ward(s) affected	All

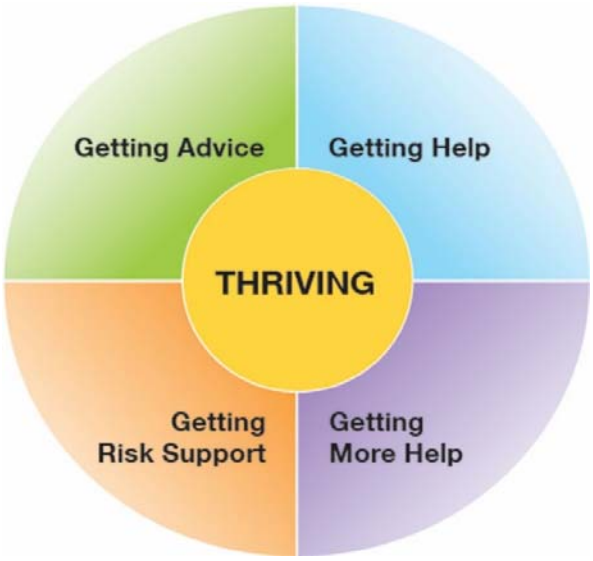
RECOMMENDATIONS

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 Wellbeing Local Transformation Plan to NHSE for assurance on 31 October 2018. The plan will be published in March 2019 when the NHSE 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 online counselling service KOOTH which has increased access to emotional wellbeing and mental health services for children in Hillingdon in this quarter.**

3. **in the continued engagement of schools via the Thrive Network and by the wellbeing and Mental Health project in schools, which is developing a model of best practice, improving links with locality CAMHS and developing a compendium of resources to support all schools in the Borough.**
4. **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. The CCG plans to reduce the Hillingdon waiting times for access to CAMHS by successfully obtaining non-recurrent waiting list monies from NHSE to remove 90 children from the Hillingdon CAMHS waiting list by May 2019.**
5. **in the continued engagement and consultation with Hillingdon Young Healthwatch in developing local services and their involvement with the CCG as part of the Takeover Bid in developing the model for transition to adult services and the new early intervention and prevention model for emotional wellbeing and mental health.**

3.0 The THRIVE model Figure 1.



The Thrive domains:
Getting Advice: a CYP/Family have issues and need advice and support
Getting Help: the CYP/Family have a Mental Health issue that is likely to be helped with a goal focused intervention working with a professional
Getting More Help: the support required is a multi-agency intervention
Risk Support: CYP with a high risk but for various reasons there is not a goal focused intervention that is thought likely to help but the CYP needs to be kept safe.

4.0 THRIVE

4.1 Given the Board's formal adoption of the Thrive framework, the progress within this report is framed within the four Thrive domains. This provides 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). Progress has been made against the four domains of the THRIVE model and as agreed in the Local Transformation Plan. Achievements of note are:

4.2 Thrive Components - Getting Advice and Getting Help

4.2.1 Engagement with Schools

A number of working groups listed below 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 Wellbeing Mental Health Training Group

An Emotional Wellbeing / Mental Health Training group, a task and finish group, led by the CCG CYPMH Transformation Project lead, is compiling a list of mental health (MH) and emotional wellbeing/resilience training programmes currently operating in schools, aiming to design a compendium for the use of local schools by February 2019. This will provide teachers with advice and support on emotional wellbeing and mental health issues as well as a directory of what is available. The resource will support all schools, particularly those in deprived areas that may require additional support. The compendium will be made available online and through the local offer 'Connect to Support'. The compendium will be available to schools by March 2019. The 22 schools are currently working with the CCG and locality CAMHS to improve the level of referrals from schools into core CAMHS and provide a better understanding for schools of the eligibility criteria for CAMHS.

4.2.1.2 The Wellbeing in Schools Mental Health Project

The 'Wellbeing and Mental Health in schools project' launched at the end of the summer term in 2018, with an event co facilitated by the Council's 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.

The key updates are outlined below

- All School Wellbeing Champions have disseminated the Young Minds training to all teaching and support staff in their schools.
- All Champions have been part of developing and using the Risk Register and identifying vulnerability through the Pyramid of Need - increasing awareness and support planning for CYP who are at risk of experiencing emotional or social delay or mental health difficulties.
- All Champions have now been trained in emotion coaching - enabling them to retrain and embed emotion coaching strategies and interactions in daily practice.

4.2.1.3 The Child Wellbeing Practitioner Service

The Child Wellbeing 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. Rye field Primary
5. Bishop Winning ton 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.

This model provides fast early intervention for children and young people in schools and uses a CBT evidence based approach. NICE guidance recommends that most children need 6-8 sessions to see significant improvement in their emotional wellbeing and mental health.

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. This pilot will be fully evaluated in 2019 and emerging findings are positive. The model is used by many schools across London and has the potential to be scaled up across other schools in Hillingdon.

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

The Council's 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.

All 35 schools are actively engaged in the programme and both the initial launch and 2 day specialist training has taken place. The commitment, energy and engagement of the school leadership to date it is expected that the SCERTS for Learning project will support the Council's aims of limiting exclusions, raising attainment and increasing progress for CYP with SEND with ultimately enabling each CYP to reach their full potential.

4.2.1.5 KOOTH 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 wellbeing and mental health issues. Monthly contract performance meetings are in place and some significant highlights from the Q3 2018 report include:

- Q3 has seen 252 new registrations compared to 73 in Q2.
- Q3 has seen 806 logins compared to 245 in Q2, by 260 young people compared to 73 in Q2 with 69% returning.

- Q3 has seen 75% of service users accessing KOOTH out of office hours compared to 69% in Q2 (office hours are defined as weekdays 9am-5pm).
- New registrations who identified as BME represented 47% of service users in Q3.
- Therapeutic alliance reports that 97% of service users would recommend KOOTH to a friend in Q3.
- To address the seasonal impact of the festive winter holiday period, KOOTH produced a seasonal e-poster campaign to highlight KOOTH being open over this period, including public holidays.
- There were no complaints or safeguarding issues raised during this reporting period.
- 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.

It is expected that the referrals to the service will rise in future quarters and that this service will be part of the emerging strategy for the integrated service model for early intervention and prevention for children and young people in Hillingdon.

4.2.1.6 Early Intervention and Prevention

The Hillingdon voluntary sector organisation P3, in partnership with the CCG and the Council, have submitted a bid to the Department of Health and wellbeing fund. This funding will support young people in Hillingdon to thrive in transition to adulthood. The plan is to expand the P3 Navigator Hub in Yiewsley into "Navigator Plus" - wellbeing early intervention hub for young people 13-25. Offering instant access, cross sector wellbeing and mental health support for children and young people in one place.

The Model:

The offer:

- Coaching - individual, asset based - developing resilience and improving wellbeing.
- Wellbeing activities - devolved budget - needs led wellbeing and physical activities.

- Weekly Supervised Peer Support - Healthwatch Hillingdon – delivery from hub.
- Weekly CAMHS - Children's Wellbeing Practitioner on site
- Talking Therapies - monthly on site - CNWL.
- Schools Sessions - wellbeing awareness, follow up one to one support.
- Youth Centres - outreach increase access/reach and awareness.
- Parenting Support - monthly group by CAMHS - parents with a child with anxiety. Volunteer development for wider peer led parenting groups.
- Existing advice provision already running support for areas that impact mental health, e.g. Housing/income.

4.3 Thrive component: 'Getting Risk Support' and 'Getting More Help' Performance update (Appendix 1)

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

This section provides an update on progress in Hillingdon CAMHS services meeting the contract target to treat 85% of children within 18 weeks of referral. The performance of the team is outlined in the performance report from CNWL (Appendix 1).

In order to meet the waiting time target, the service has adopted the following approach to improve and increase productivity through:

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

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% and improved to 83% in October 2018. In this quarter, the service has narrowly missed the target and in December 2018, Hillingdon CCG performance was 82.9%.

Hillingdon Performance in December 2018 was 82.9%, missing the 85% target with a total of three CYPs who waited longer than 18 weeks for treatment. Staff were unable to contact one of the young people, despite several attempts. In addition, one patient was a breach because of the appointments being recorded incorrectly on the clinical system. The young person had in fact been seen. One young person did not attend their booked appointment, which was within the 18 week target timeframe.

The CNWL action plan (Appendix 1) and performance against the 18 week target will continue to be closely monitored and reviewed by the CCG at the monthly contract meeting with CNWL.

The CCG has been successful in applying for NHSE waiting list monies £45,000. The monies have been used to appoint 2 wte Band 7 Practitioners who will be using Cognitive Behavioural

Therapy approaches to clear 90 children from the current Hillingdon CAMHS waiting list by 31 May 2019. NHSE will require monthly reports on performance in this area.

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 3, 2018/19. However, this is still under the 80% monthly target. An exception report has been raised and CNWL will have to improve performance as part of a service improvement plan within the 2019/20 contract arrangements.

The CAMHS Learning Disability and Core CAMHS service specifications are under review and new service specifications and service development plans will be implemented to improve early intervention, reduce waiting times and provide improved integration with local services and partner agencies in the 2019/20 contract.

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. 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 Council activity (LINK) and KOOTH activity by a further 4% to achieve the 32% access target for 2018/19.

In the last quarter, there were technical problems for KOOTH to flow activity data to the mental health data set and NHSE which have now been resolved and the service is now seeing an additional 70 children per month. NHSE have agreed that the KOOTH data now meets the mental health data set criteria and has been accepted from November 2018 onwards. It is expected that Hillingdon will now meet the 32% target for 2018/19 and the 34% increased access target for 2019/20.

5.0 Young Healthwatch

The CCG continues to work closely with Young Healthwatch. The CCG has followed up the Healthwatch visit to Hillingdon CCG in October 2018, with further meetings with representatives at the Local Thrive network. There are plans, as part of the Takeover Challenge, to involve Healthwatch in the co-production and redesign of the model to support the transition of children and young people to adult service and the model to provide early intervention and prevention for children with emotional wellbeing and mental health issues.

The Takeover Challenge is a scheme run by NHS England that puts children and young people into real-life decision-making positions in organisations. Children gain a valuable insight and gain experience of a workplace, while organisations benefit from a fresh perspective on their

work. Thousands of children have taken part – stepping into the shoes of a wide range of adult jobs including everything from MPs, mayors, TV presenters and teachers to chief executives, business leaders and Government officials.

In December 2018, Hillingdon CCG made a successful bid for Takeover Bid funds. The monies will be used to work with Hillingdon Healthwatch to redesign and review a model to better support children and young people who transition to adult services and provide early intervention and prevention for children with emotional wellbeing and mental health issues.

In April 2019, Young Healthwatch will be leading the Hillingdon stakeholder workshop to develop transition services for children and young people 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.

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

- Appendix 1 - CNWL performance data

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Appendix 1

North West London (NWL) CAMHS

December 2018 update

Background

This paper provides an update on progress in the Brent Harrow and Hillingdon CAMHS services meeting the contract target to treat 85% of children within 18 weeks of referral.

In order to meet the waiting time target the service has adopted the following approach to improve and increase productivity through:

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

1. Increasing capacity

The service has sought to increase capacity through recruitment of additional staff in a combination of over recruitment and use of agency CAMHS workers. The skill mix in the teams has been widened to include the use of Assistant Psychologists to support data entry, basic clinical interventions and to free up higher banded clinicians to focus on face to face clinical work. Work is ongoing in job planning expectations for both medical and non-medical staff. Clear expectations for numbers of assessments per week and follow-up appointments have been set. This has been a challenge for the service in recent months in that there have been vacancies in the teams due to staff turnover and failed efforts on a number of occasions to recruit permanent staff. Capacity has decreased in Harrow and Brent CAMHS impacting on the numbers of assessment and follow up slots available for individuals. Agency staff have been recruited who are assessing CYP. In addition Harrow CAMHS are dealing with a bulk of over 40 delayed referrals which came into the service via HEROS. Hillingdon CAMHS have audited agreed job plans and clarified expected activity which is beginning to impact on the RTT. The other services are due to complete their reviews. However, it is noted that referrals and the acceptance rate of referrals is increasing. This month was also impacted upon by Christmas and New Year leave in the services.

The service line will monitor and undertake a review to understand trends in February 2019.

2. Care Pathways promoting throughput

The expected treatment care pathways are now live in the service. There is no further update here.

Starting point of treatment

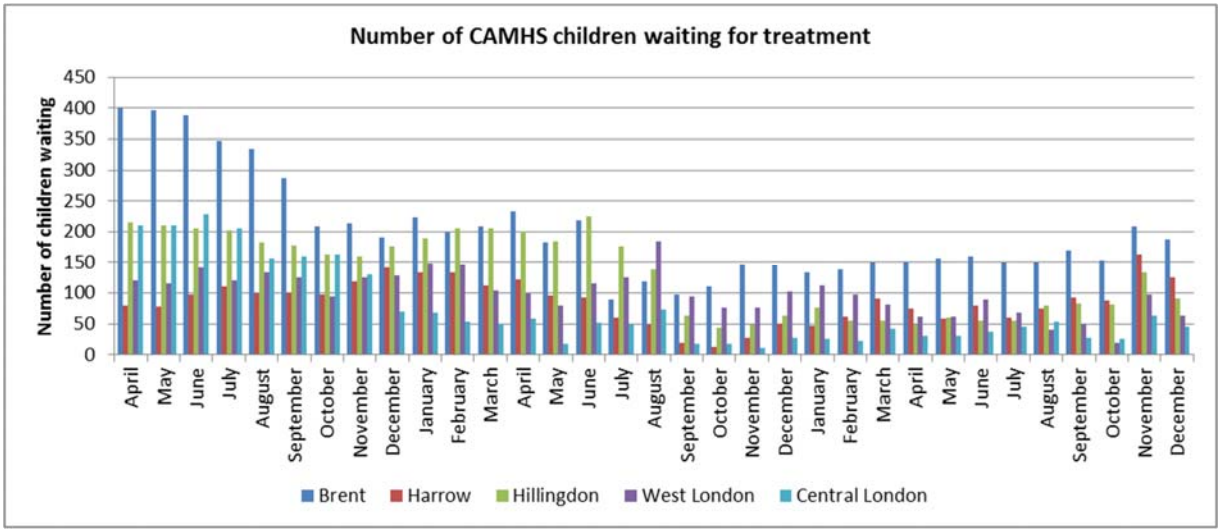
The issue of the use of telephone or SKYPE contacts to 'stop the clock' on waits has been raised. Learning from other Trusts who have used this type of contact, the service has developed a methodology for ensuring this is done in a clinically appropriate way. This new process is intended to improve referral to treatment (RTT) waiting times and engagement in treatment.

Appendix 1

The Service Director has actively reminded staff around this to support perfomance against RTT. In order to ensure that families take up appointments and do not DNA first appointments, learning from across the service has been shared in regards to reminders in the form of locally sent text messages or clinicians calling patients.This is additional work for the staff and the service is exploring the automated text process once mental health services move to SystmOne clinical system.

Overview of Current performance against KPIs

There has been a reduction in the numbers of children and young people waiting for treatment. The below is a graph showing improvement on numbers of children waiting:



Description	Target	Brent	Harrow	Hillingdon	West London	Central London
% CAMHS patients receiving treatment within 18 weeks from referral	85%	82%	59%	83%	100%	100%

Brent Performance in December was 82.1%, missing the target by just one patient, and with a total of five patients who waited longer than 18 weeks for treatment.

Performance was reduced due to increased demand and ongoing staff vacancies in key areas, including LD team, compounded by staff leave over the holiday period, resulting in fewer assessment appointments being offered.

Harrow Performance in November was 59.1% with 9 patients waiting longer than 18 weeks for treatment. As mentioned previously this was an expected drop in performance due to a large number of delayed referrals received recently from the HEROS service.

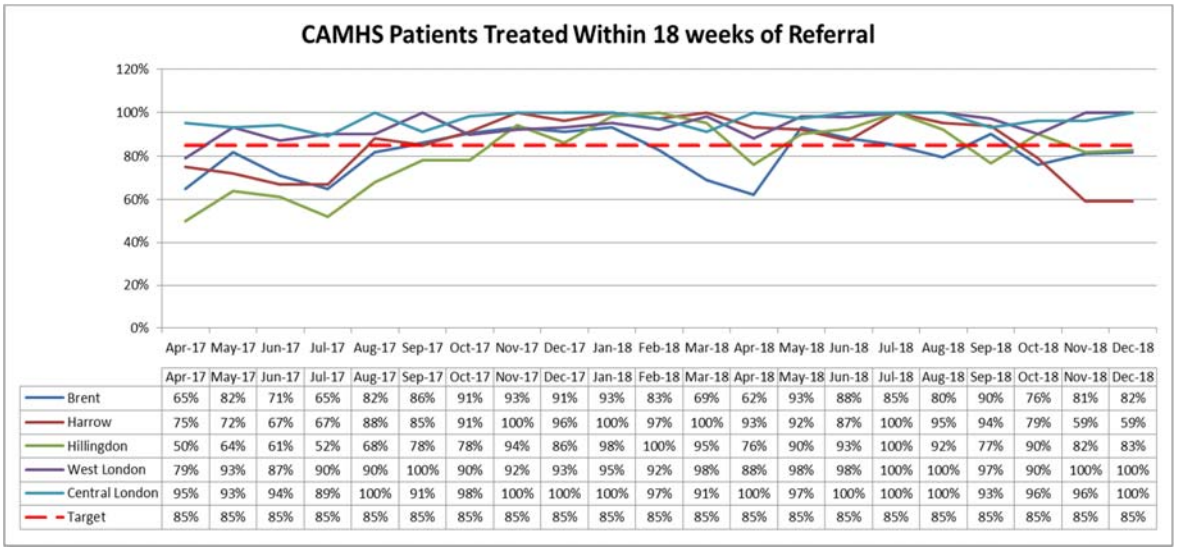
The staffing gap in Harrow CAMHS due to vacancies is another factor which has contributed to the reduction of capacity within the team for providing assessment and treatment within the target timeframe of 18 weeks. The failure to recruit agency staff has also been escalated to Service Director. A recovery trajectory is being developed.

Appendix 1

Hillingdon Performance in December was 82.9%, missing the target by just one patient, and with a total of three CYPs who waited longer than 18 weeks for treatment.

Staff were unable to contact one of the YP despite several attempts. In addition one patient was a breach because of the appointments being recorded incorrectly on the clinical system. The YP had in fact been seen.
One YP did not attend their booked appointment, which was within the 18 week target timeframe, and there was also a gap in recruitment and allocation to another case manager after their case manager left.

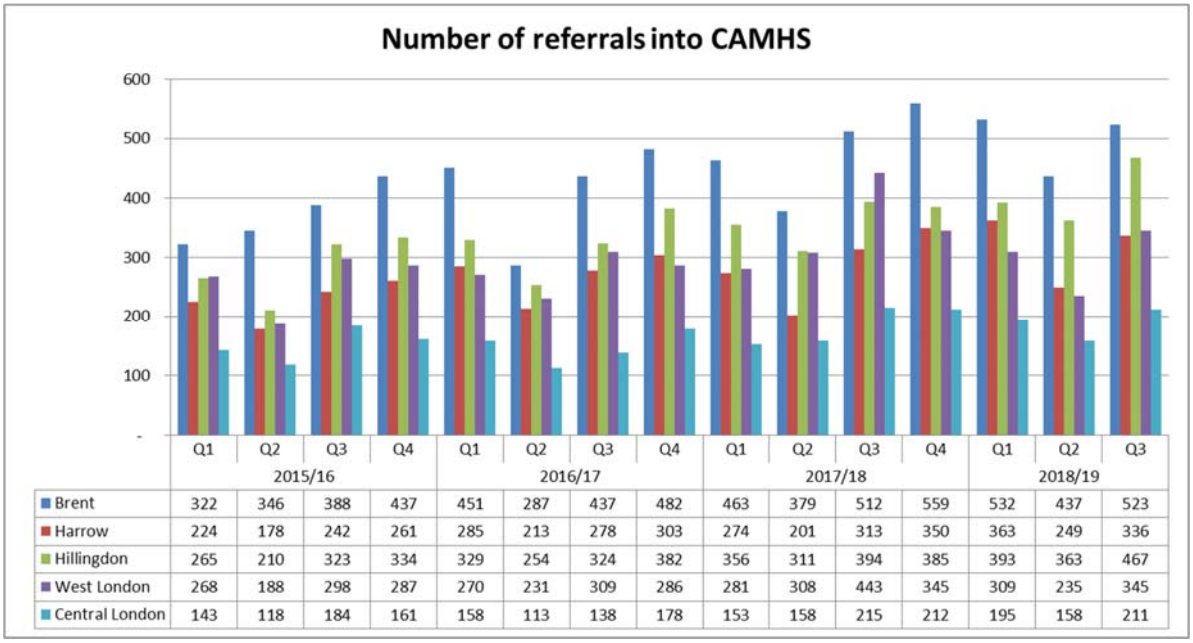
Below is a graph showing performance against the target since April 2016 to date.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Brent	65%	82%	71%	65%	82%	86%	91%	93%	91%	93%	83%	69%	62%	93%	88%	85%	80%	90%	76%	81%	82%
Harrow	75%	72%	67%	67%	88%	85%	91%	100%	96%	100%	97%	100%	93%	92%	87%	100%	95%	94%	79%	59%	59%
Hillingdon	50%	64%	61%	52%	68%	78%	78%	94%	86%	98%	100%	95%	76%	90%	93%	100%	92%	77%	90%	82%	83%
West London	79%	93%	87%	90%	90%	100%	90%	92%	93%	95%	92%	98%	88%	98%	98%	100%	100%	97%	90%	100%	100%
Central London	95%	93%	94%	89%	100%	91%	98%	100%	100%	100%	97%	91%	100%	97%	100%	100%	100%	93%	96%	96%	100%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

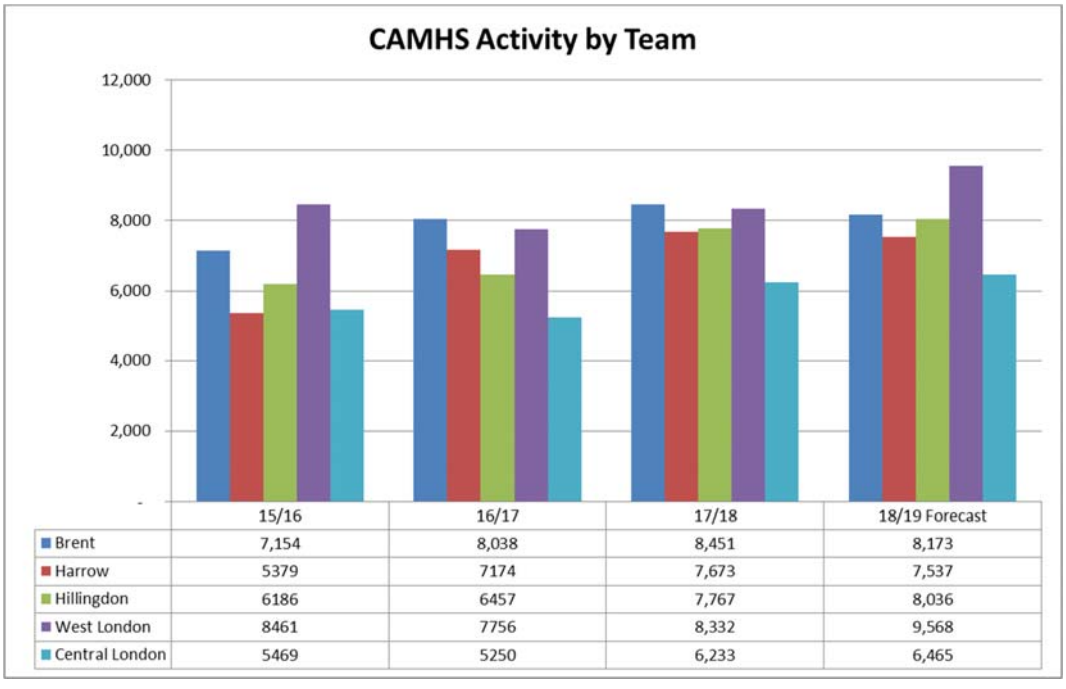
A detailed borough by borough breakdown of performance against this trajectory can be found in appendices one through to three.

Appendix 1



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	2015/16				2016/17				2017/18				2018/19		
Brent	322	346	388	437	451	287	437	482	463	379	512	559	532	437	523
Harrow	224	178	242	261	285	213	278	303	274	201	313	350	363	249	336
Hillingdon	265	210	323	334	329	254	324	382	356	311	394	385	393	363	467
West London	268	188	298	287	270	231	309	286	281	308	443	345	309	235	345
Central London	143	118	184	161	158	113	138	178	153	158	215	212	195	158	211

The below graph shows an increase in face to face (F2F) contacts over a period of time. There is a need to audit this activity data given the position with waiting times in order to understand more which cases are being seen for over a long period of time. Clinical leads have been tasked to look at this.



	15/16	16/17	17/18	18/19 Forecast
Brent	7,154	8,038	8,451	8,173
Harrow	5379	7174	7,673	7,537
Hillingdon	6186	6457	7,767	8,036
West London	8461	7756	8,332	9,568
Central London	5469	5250	6,233	6,465

Appendix 1

Recruitment and retention

During the last year the service has been changing the skill mix to help with engagement, participation and perfomance. However retention of appropriately skilled staff remains an issue across the service line.

The service is also planning a focussed recruitment day for CAMHS in early 2019 where all disciplines including doctors will be targeted.

A CAMHS workforce planning workshop at STP level is also being arranged and CNWL will take part in this.

Action Plan

Data Quality	Increase numbers of super users in services Additional retraining for locum and new staff New risk JADE to SystemOne change in 2019	Service is moving to SystmOne in January 2019 which will have some impact on data quality. Ongoing review. Training of staff on new system. Business continuity plans
Clinical Model and business rules	Refresh JADE business rules against new intervention model ie CYP are seen within 2 weeks of initial ax for a session that enhances motivation to engage and make use of appropriate self help strategies or signpost elsewhere.	Completed and hasl informed roll out to SystemOne Gateway review June 2018 Completed. Planned change to Gateway model to be rolled out across all 5 teams
Complete pathway work and implement	Refresh Clincal Effectiveness group work plan	Pathways have been made easily accessible through shared folders in teams Learning from Hillingdon reviews shared with other teams. Monitor in Ops meeting
Roll out of 6 session review	Agreement to audit the compliance against the new delivery model by the leadership	Ongoing
Team leadership	Complete team management restructure in order to ensure effective implementation of the transformation if the service	Away day with managers and borough clinical leads has taken place. Joint work ongoing and being supported by Clinical and Service Director

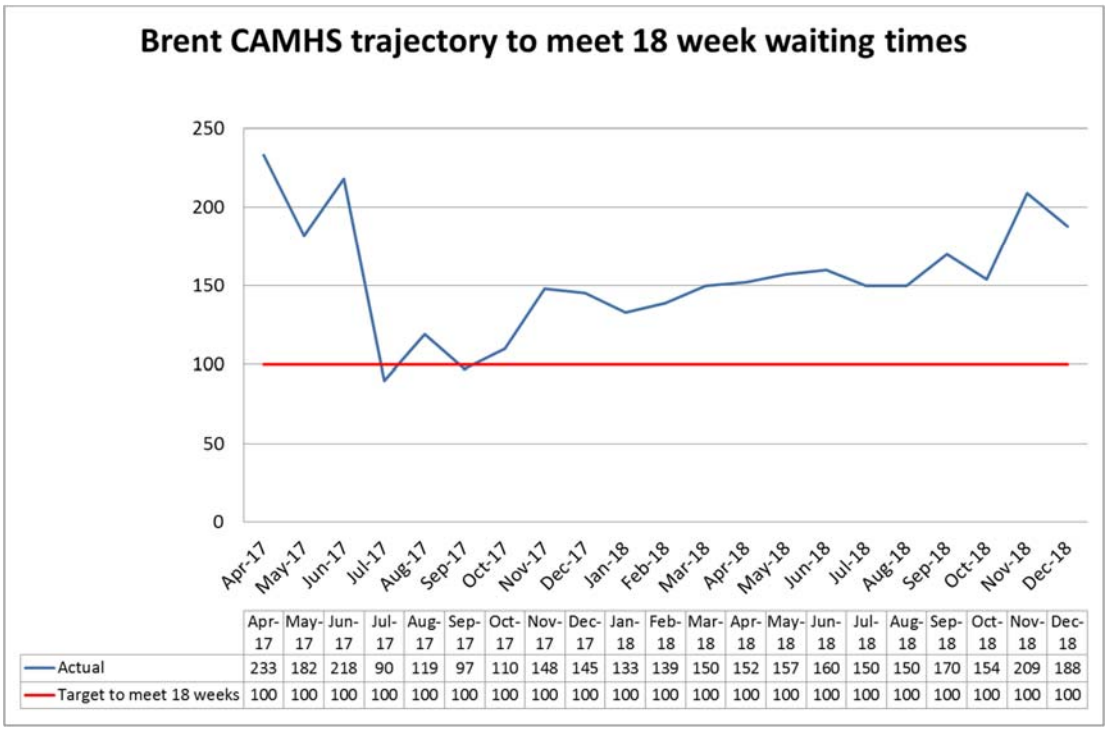
Appendix 1

		through topic based transformation workshops
Job Planning	Following assessment of capacity roll out of job planning for non psychiatric staff in order to increase team productivity Audit of job plans and capacity to take place	Ongoing and review through appraisal and supervision. July 2018. Leads now revisiting expectations with staff

Appendix 1

Appendix 1 – Brent CCG

The progress Brent had made had slowed due to staff turnover. A plan is in place to recover by the end of June 2018. This is being monitored on a weekly basis.



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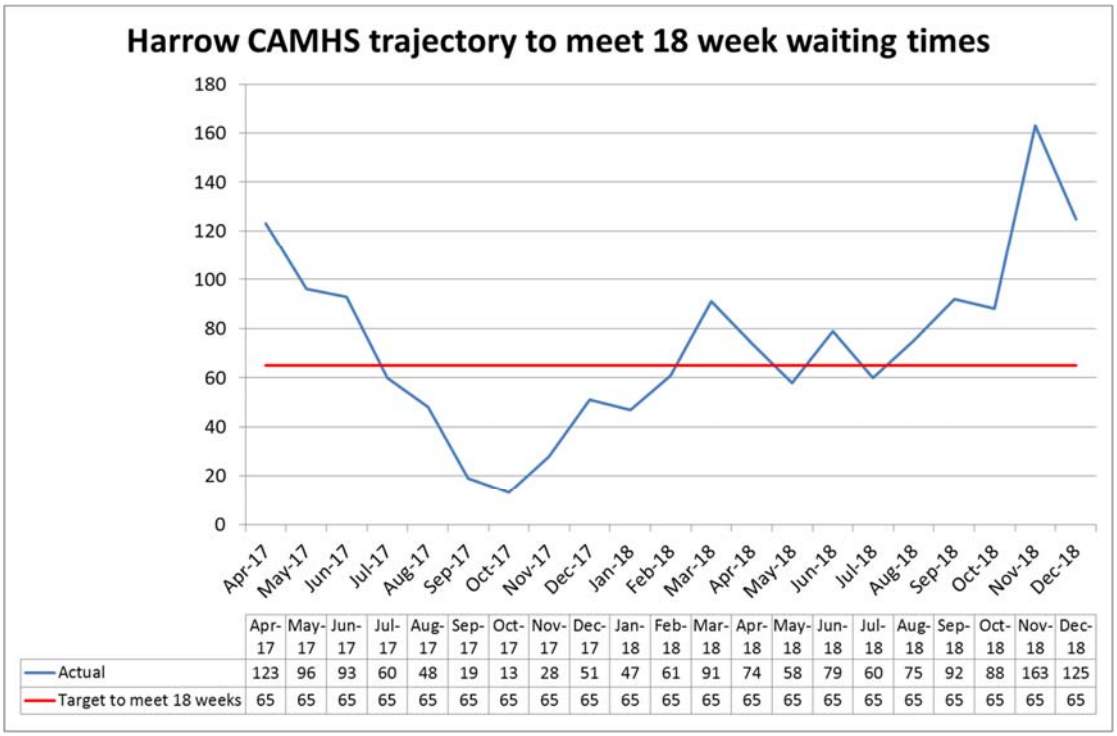
Actual	233	182	218	90	119	97	110	148	145	133	139	150	152	157	160	150	150	170	154	209	188
Target to meet 18 weeks	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Appendix 1

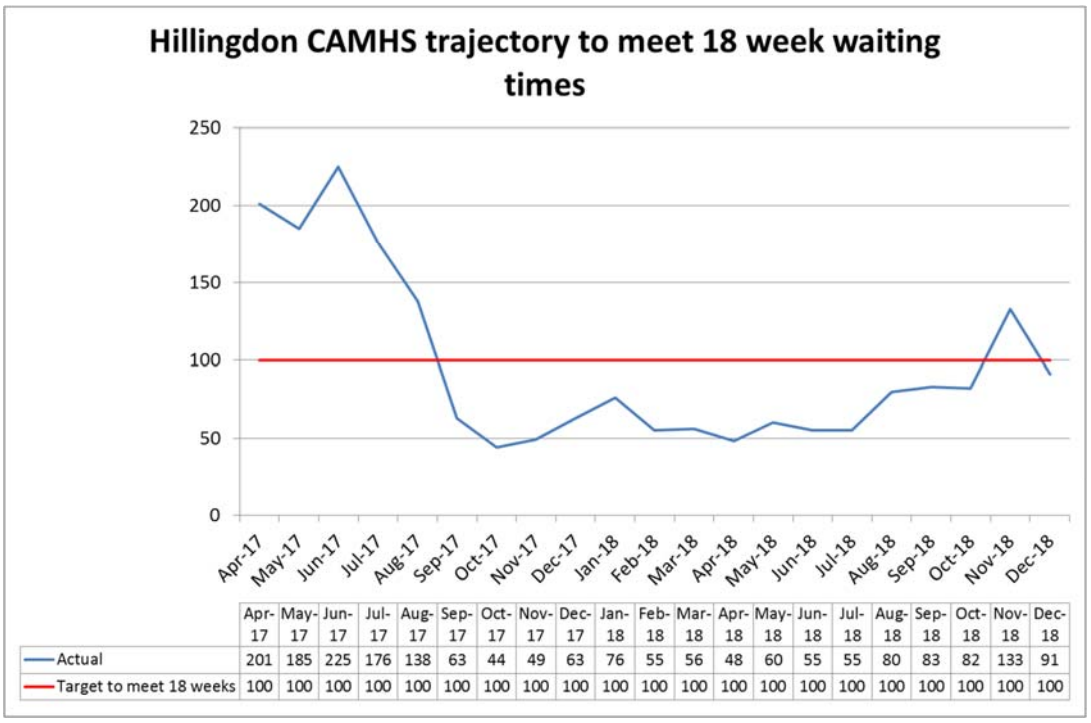
Appendix 2 – Harrow CCG



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Actual	123	96	93	60	48	19	13	28	51	47	61	91	74	58	79	60	75	92	88	163	125
Target to meet 18 weeks	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65

Appendix 1

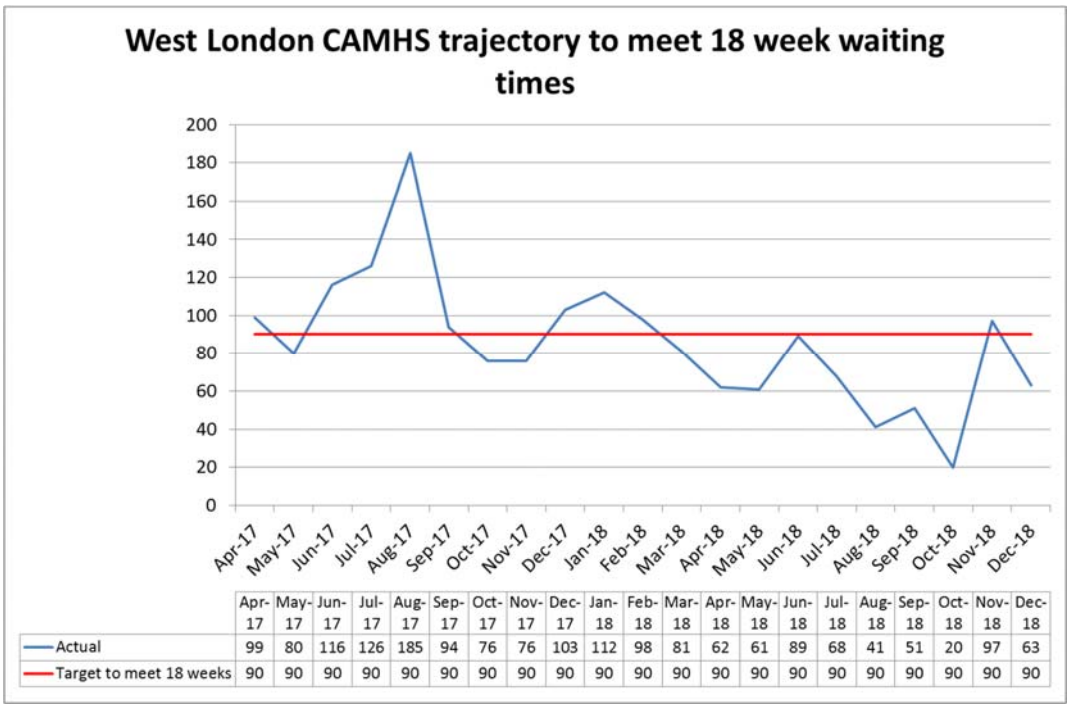
Appendix 3 – Hillingdon CCG Update



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Actual	201	185	225	176	138	63	44	49	63	76	55	56	48	60	55	55	80	83	82	133	91
Target to meet 18 weeks	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Appendix 1

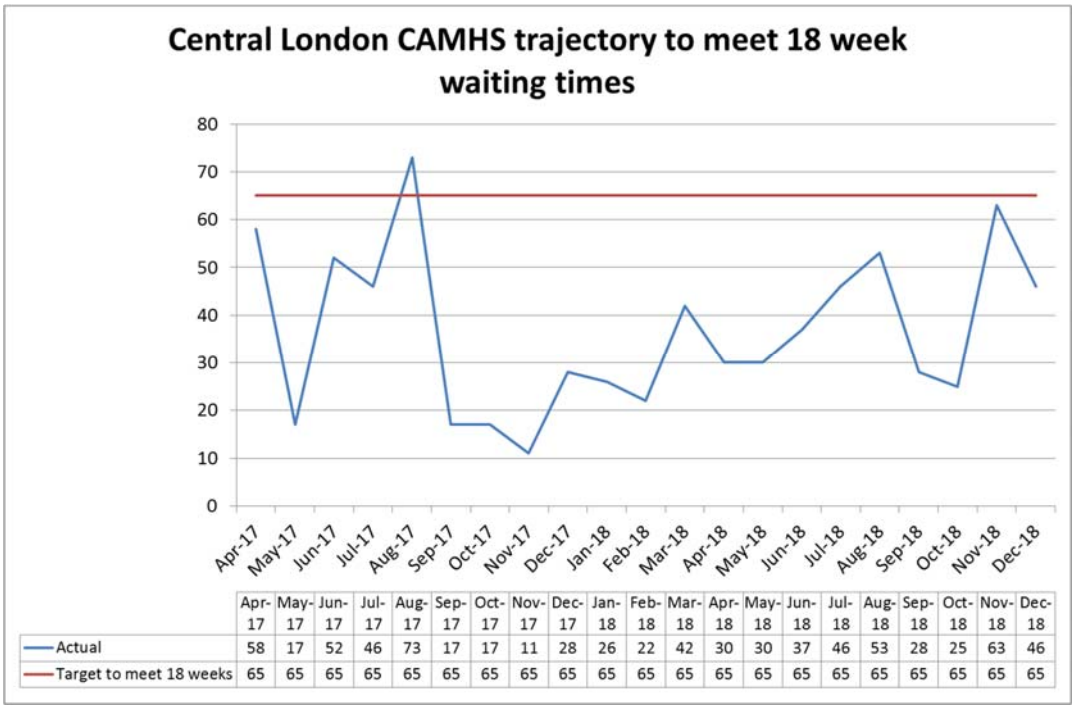
Appendix 4 – West London CCG Update



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Actual	99	80	116	126	185	94	76	76	103	112	98	81	62	61	89	68	41	51	20	97	63
Target to meet 18 weeks	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90

Appendix 1

Appendix 5 – Central London CCG Update



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Actual	58	17	52	46	73	17	17	11	28	26	22	42	30	30	37	46	53	28	25	63	46
Target to meet 18 weeks	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65

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UPDATE: STRATEGIC ESTATE DEVELOPMENT

Relevant Board Member(s)	Dr Ian Goodman, Chair, Hillingdon CCG Councillor Philip Corthorne
Organisation	Hillingdon Clinical Commissioning Group London Borough of Hillingdon
Report author	Simon Harwood, Strategic Estates Consultant, Hillingdon CCG Nicola Wyatt, S106 Monitoring & Implementation Officer, Residents Services Directorate, London Borough of Hillingdon
Papers with report	Appendix 1: Section 106 Healthcare Facilities Contributions (Dec 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 and Wellbeing Strategy, Out of Hospital Strategy, Strategic Service Delivery Plan.
Financial Cost	To be identified as part of the business case for each individual project.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	All

2. RECOMMENDATION

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

3. HILLINGDON ESTATE STRATEGY - OVERVIEW

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

Health and Wellbeing

- Working collaboratively across health, social care and public health we will improve outcomes and reduce inequalities for our population with a focus on those with both traditional Long Term Conditions (including both physical and mental health LTCs) and

emergent categories of LTCs such as pain, frailty and social isolation.
- Our coordinated programme of work will bring together our existing plans for the BCF and our Health and Wellbeing Strategy (HWBS) and engage our whole community to create a resilient population and assist people to remain independent with better quality of life for longer.

Care and 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 and Efficiency

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

Key Drivers and Challenges

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

<u>Key points emerging from the Strategic Estates Plan</u>

- The need to progress the aims of the Out of Hospital strategy. Focussing investment in locations which support 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 NHS Foundation 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	Two concurrent work streams have begun marking the commencement of the delivery phase of this project for a combined redevelopment of the Northwood & Pinner Community Hospital and Northwood Health Centre sites: 1. GP Selection: The formal CCG approval route for the selection of practices to move into the new hub has been agreed. Local practices have been briefed ahead of formal expressions of interest being invited in February 2019. 2. Scheme Design: NHSPS has replaced the project team and met with planners and heritage officers to revisit the scheme design. These two work streams will allow the selected GPs to engage on detailed design over the summer to feed into the OBC drafted in the autumn.	GP selection process complete: June 2019 Target date for outline business case: November 2019 Projected hub opening date: December 2021
Create an Out of Hospital Hub in Uxbridge and West Drayton	The same two work streams have been initiated for the redevelopment of the Uxbridge Health Centre. Local GPs have been engaged ahead of the formal expressions of interest process. An informal meeting with planners has been arranged for late February to help the QTS project team finalise the scheme design. The project timing is then as per the Hillingdon North hub (above).	GP selection process complete: June 2019 Target date for outline business case: November 2019 Projected hub opening date: December 2021
Building capacity for Hayes and Harlington	Heads of Terms have been substantially agreed for the new health facility in The Old Vinyl Factory (TOVF) development, with a target date of March 2019 for this to be concluded. Using Council housing projections, the CCG has	S106 agreed for TOVF Heads of Terms to be completed March 2019

Project	Status	Indicative Timeline
	established a further requirement of circa 600-1,000 m^2 of health care space in Hayes to accommodate the new population. A new health centre is still being considered as part of the community infrastructure provision on the former Nestle Factory Canteen building. Building surveys are currently being carried out to determine the future size and configuration.	
New premises for Shakespeare Medical Centre and Yeading Court Surgery	Following a detailed design exercise, a refined set of Heads of Terms have been agreed between the two practices and Council for the relocation of the practices to new premises on the redeveloped former Woodside Day Centre site. The CCG will be approving a refreshed Outline Business Case in early March 2019 to enable the practices to complete Agreements for Lease without further delay.	Agreements for lease signed by the two practices in March 2019 Target date for project completion: 2021
Yiewsley Health Centre	Lease terms have finally been agreed between the practices and NHS Property Services. The funding deadline has been extended enabling the project to commence. The contract price is being reviewed ahead of contract signature. The project will convert vacant space at the site into additional clinical accommodation, creating 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's planning team.	Extension secured for grant funding Lease terms agreed Target date for project commencement: March 2019
Heathrow Villages provision	A site has been secured in Harmondsworth for a potential new health facility. The CCG is preparing a feasibility study for an assessment of affordability.	Feasibility study complete by end of March 2019
Improving Access to Primary Care	The CCG continues to review the quality and capacity of primary care premises across the Borough. A primary care strategy has been developed and was approved by the CCG in November 2017. Thirteen GP practices have received NHS funding to invest in improving practice premises. The total amount of investment made totals £2.7 million and will benefit more than 70,000 patients. The CCG completed the preliminary approval process for 2019/20 Improvement Grant funding in	**Kincora Surgery** - Works almost complete to create an additional 4 consulting rooms with scheme on plan to complete by end of March 2019 **St Martin's Medical Centre** - Works to complete the extension of the premises are nearing

Project	Status	Indicative Timeline
	July. NHS England is now expected to inform practices if their schemes have support in principle in March. The delay has been due to NHSE London waiting for National to agree the budgets. There are 11 Hillingdon schemes awaiting approval with a total works value of £1.6m. If these schemes are approved, they will result in improved infection control and DDA compliant premises and provide for an additional seven consulting rooms across the Borough. Infection control works at Mountwood Surgery has received early approval to complete works by end of March and the practice has already completed and had their due diligence approved.	completion. S106 funding has been received to support the practice's 34% financial contribution of the £750,000 scheme **Acrefield Surgery** - Due diligence completed and approved by NHSE with works having started and due to complete by end of March 2019 **Wood Lane Medical Centre** - Infection control improvements to premises now to be completed by March 2019. Delays due to lowest bidder contractor being unable to start works as early as expected

FINANCIAL IMPLICATIONS

The NWL Strategic Outline Case Part 1 (SoC1) to deliver the Shaping a 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 31 December 2018. The Council has not received any further contribution since the last report to the Board in December. As at 31 December 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 of February 2019. 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. A Cabinet Member report to request the formal allocation and release of the funds towards the scheme was submitted to the Leader of the Council and the Cabinet Member for Finance, Property and Business Services in December, and received Cabinet Member approval (Cabinet Member Decision 20/12/2018). The funds have now been transferred to HCCG to be used towards the agreed scheme in line with the current Service Level Agreement.

HILLINGDON COUNCIL FINANCIAL IMPLICATIONS

As at 31 December 2018, there is £2,908,567 of Social Services, Housing and Health s106 contributions available, of which £1,668,096 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. This contribution has now been transferred to Hillingdon CCG in early February 2019.

HILLINGDON COUNCIL LEGAL IMPLICATIONS

Monies paid to the Council pursuant to a Section 106 agreement can only be used for the purpose specified in the particular agreement. The Council's procedures require the release of Section 106 monies to be approved by the Leader and Cabinet Member for Finance, Property and Business Services. All reports submitted under this procedure include legal advice to ensure that the release of funds is authorised by the Section 106 agreement.

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CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2019)
			AS AT 31/12/18	AS AT 31/12/18			
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 faciities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/36/299D *94	Cavendish	161 Elliot Ave (fmr Southbourne Day Centre), Ruislip. 66033/APP/2009/1060	9,001.79	9,001.79	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of of a health facility caused by the development.
H/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. **Funds allocated towards St Martin's Medical Centre scheme (Cabinet Member Decision 20/12/2018). Funds transferred to HCCG Febuary 2019.**
H/48/331E *107	Eastcote	216 Field End Road, Eastcote 6331/APP/2010/2411	4,320.40	4,320.40	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2019)
			AS AT 31/12/18	AS AT 31/12/18			
H/51/205H *110	Eastcote	Former RAF Eastcote (Pembroke Park), Lime Grove, Ruislip 10189/APP/2014/3354 & 3359/3358 & 3360	17,374.27	17,374.27	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/54/343D *112	Harefield	Royal Quay, Coppermill Lock, Harefield. 43159?APP/2013/1094	17,600.54	17,600.54	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/53/346D *113	Northwood	42-46 Ducks Hill Road, Northwood 49987/APP/2013/1451	8,434.88	8,434.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/63/385D *129	Northwood Hills	Frank Welch Court, High Meadow Close, Pinner. 186/APP/2013/2958	10,195.29	10,195.29	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend.
H/57/351D *	Northwood	103,105 & 107 Ducks Hill Road, Northwood 64345/APP/2014/1044	6,212.88	6,212.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
Total "earmarked " towards North Hub			**140,483.58**	**140,483.58**			
H13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Ux/WD Hub	Funds received towards the provision of healthcare facilities in the Borough. No time limits.
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilites and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/39/304C *97	Yeading	Fmr Tasman House, 111 Maple Road, Hayes 38097/APP/2012/3168	6,448.10	6,448.10	2020 (Aug)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/55/347D *114	North Uxbridge	Honeycroft Day Centre, Honeycroft Hill, Uxbridge 6046/APP/2013/1834	12,162.78	12,162.78	2022 (May)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to spent/committed within 7 years of receipt (May 2022).

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2019)
			AS AT 31/12/18	AS AT 31/12/18			
H/47/329E *106	Townfield	Land at Pronto Industrial Estate, 585-591 Uxbridge Road, Hayes 4404/APP/2013/1650	14,066.23	14,066.23	2024 (July)	Ux/WD Hub	Funds received the cost of providing healthcare facilites within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.
H/49/283B *108	Uxbridge North	Former RAF Uxbridge, Hillingdon Road, Uxbridge 585/APP/2009/2752	624,507.94	447,149.63	2024 (Aug)	Ux/WD Hub	Funds to be used towards the provison of healthcare facilities serving the development in line with the Council's S106 Planning Obligations SPD 2008. Funds to be spent within 10 years of receipt. £177,358 from this contribution is allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015). £177,358 transferred to HCCG July 2015.
H/58/348B	North Uxbridge	Lancaster & Hermitage centre, Lancaster Road, Uxbridge 68164/APP/2011/2711	7,587.72	7,587.72	No time limits	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/64/387E *136	Uxbridge North	Norwich Union House, 1-2 Bakers Road, Uxbridge. 8218/APP/2011/1853	15,518.40	15,518.40	2023 (Sept)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt.
Total "earmarked" towards Uxbridge/West Drayton Hub			**697,951.28**	**520,592.97**			
H/42/242G *100	West Drayton	West Drayton Garden Village off Porters Way West Drayton. 5107/APP/2009/2348	337,574.00	337,574.00	No time limits	New Yiewsley HC	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . Earmarked towards the provision of a new heath centre facility in the Yiewsley/West Drayton area, subject to request for formal allocation.
H/50/333F *109	Yiewsley	39,High Street, Yiewsley 24485/APP/2013/138	12,444.41	12,444.41	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Earmarked towards the provision of a new health centre facility in the Yiewsley area, subject to formal allocation.
H/59/356E *120	Yiewsley	Packet Boat House, Packet Boat Lane, Cowley 20545/APP/2012/2848	14,997.03	14,997.03	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2019)
			AS AT 31/12/18	AS AT 31/12/18			
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.
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 facilites in the Authorities Area. No time limits. £1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval. Confirmation received from NHS PS to confirm that the scheme is still valid. £1,800 allocated towards Pine Medical Centre improvements (Cabinet Member Decision 29/05/2015).
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

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2019)
			AS AT 31/12/18	AS AT 31/12/18			
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 facilites and services to meet increased patient or user numbers or, new health services at the local level; any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt (April 2024). 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).
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 (HCCG)
Report author	Caroline Morison; Rebecca Whitworth; Melanie Foody; Joe Nguyen - HCCG
Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: • North West London (NWL) Health and Care Partnership refresh • Finance update • QIPP delivery • Wood Report: Child Death Overview Panel
Contribution to plans and strategies	The items above relate to the HCCG's: • 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 and Scrutiny Committee	External Services Select Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes the 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 NW London Health and Care Partnership

The North West London Sustainability and Transformation Plan (STP) was published in October 2016. It set out how health and care organisations would work together to improve care and services for people across North West London (NWL). In Hillingdon, the locally articulated priorities have been incorporated into our joint Health and Wellbeing Strategy.

Good progress has been made in many areas, but with the publication of the Long Term Plan and the new clinical strategy being developed for London, it feels right that we refresh our strategy. A midpoint review of our 5 year plan gives us an opportunity to 'take stock and refresh' where needed, so as to ensure we continue to prioritise the right areas.

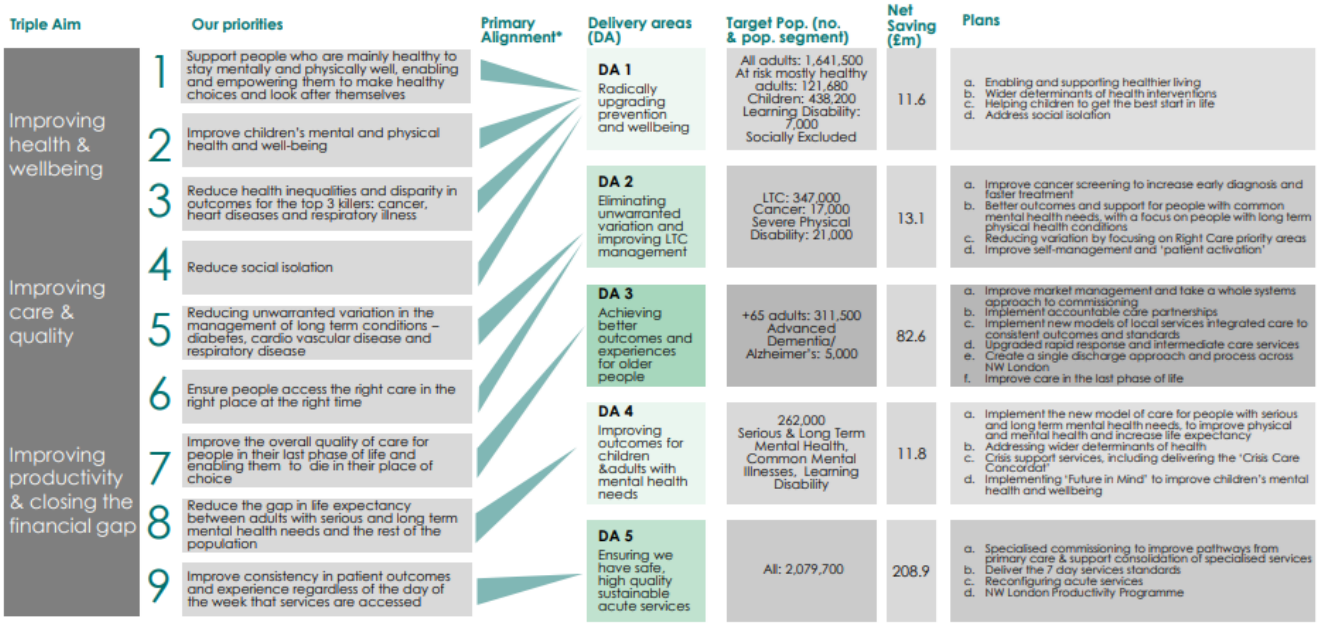
The refresh includes:

- reviewing existing priority areas and proposing new priority areas in light of national strategy and priorities, and active engagement with our communities and clinicians;
- reviewing existing programmes of work and identifying key programmes that will deliver above;
- working with our NW London 'Clinical and Quality Leadership Group' to articulate a clear set of outcomes; and
- building on our existing governance process to ensure it remains timely and facilitative – programme area governance will be established (where it is not already meeting).

The intention is to share a final version of the refresh with partners via the North West London Health and Care Partnership's governance process in March 2019.

Progress to date

Our 2016 NW London Sustainability and Transformation Plan vision was for everyone to have the opportunity to 'be well and live well' and the proposed models of care would see patients take more control and be supported by an integrated system proactively managing care in areas as close to people's homes as possible. The vision and models of care were further defined into the following 9 priorities and were delivered within 5 Delivery Areas.



** Many of our emerging priorities will map across to several delivery areas. But we have sought to highlight where the main focus of these Delivery Areas are in this diagram*

Good progress has been made in many of the above areas, including: demonstrating how we can successfully work as a health and care system to improve residents' care and experience; increased use of digital technology to enable people to find the right services for their health needs as well as helping people with long-term conditions manage their care better; and availability of GP appointments seven days a week, 8am-8pm. Additionally: over 3,000 people have been discharged from hospital through Homefirst, reducing the time they have needed to be in hospital; a 24/7 single point of access for adults in a mental health crisis has been successfully launched; and active work with care homes to improve training for staff and enable more residents to be cared for at home; as well as the redesign of outpatient services in a number of key specialities. This work has provided a better experience for patients and improved cost effectiveness for the system. These, and a range of other programmes, provide a strong springboard on which to build going forward.

Our refreshed plan

The *refreshed* vision for NW London, '*create one integrated health and care system working together to maximise benefits to residents and staff',* embodies the '*live well, be well, age well'* principles. It is to be underpinned by three aims which will be delivered through seven Interconnected Areas and five enablers. Intelligence which has been used to inform the refresh and the proposed priority areas has been forthcoming from senior health and care partners across NW London, clinical, managerial and lay member representative leads working on existing priority programmes of work, colleagues working to support enabler functions such as estates, IT and workforce and national intelligence including Rightcare. The following is a summary plan:

The next few pages detail the emerging priority programmes for each of the seven Interconnected Areas.

Proposed Priority Programmes for the *Refreshed* NW London Health andCare Partnership Plan to 2020/21

Interconnected Area	Aim	*Proposed* priority programmes and projects
1) Healthy communities and prevention	**Aim:** to support people to support themselves and others, to live full and active lives in their community	**1.1) Promoting Self Care** **1.1a) Digital Self-Care** - *improving access* **1.1b) Personalised self-care** - *increased and personalised use of Patient Activation Measurement (PAM)* **1.1c) Social Prescribing** - *easier access and vibrant communities* **1.2) Promoting Healthy Lifestyles** **1.2a) Childhood Obesity** – *increased healthier choices* **1.2b) Alcohol Misuse** – *adopting best care management*
2) Maternity, children and young people (CYP)	**Aim:** to develop our Health and Care System offer for Children and Young People which looks beyond illness **Aim:** to improve safety, continuity and personalisation of maternity care	**2.1) Children and Young People (CYP)** **2.1a) Dental -** *improving dental care* **2.1b) Asthma Children with Long Term Conditions –** *adopt best care across NWL* **2.1c) Complex Care needs of Children** – *improving what matters to CYP* **2.1d) Starting well and staying well -** *promoting a better start in life* **2.2) Maternity 'Better Births'** **2.2a) Personalised care and choice** – *improving women-centre care and choice* **2.2b) Continuity of carer** – *increasing continuity of maternity team* **2.2c) Safer care –** *increasing quality and safety of care* **2.2d) Starting well and staying well -** *Improving links with CYP programme to work jointly on prevention initiatives which focus on first 1000 days of life , (includes a focus for Neonatology)*

Interconnected Area	Aim	*Proposed* priority **programmes** and projects
3) Primary, social and community care	**Aim:** to improve community based care so as to support people closer to home and prevent deterioration in their health and wellbeing	**3.1) Supporting *Primary Care* at Scale** Projects will increase investment and support for GPs and their teams to provide more access, proactive and co-ordinated care for their local communities **3.2) Supporting people with *Frailty*** Projects will develop and deliver proactive and co-ordinated health and social care services supporting people with Frailty in their own homes, communities and in and out of hospital **3.3) Supporting people with *Dementia*** Project will develop and deliver proactive and co-ordinated health and social care services supporting people with Dementia in their own homes, communities and in and out of hospital **3.4) Supporting people in *Last Phase of Life*** Projects will make sure health and care staff are aware of and respect people's wishes during their last phase of life **3.5) Supporting people with *Diabetes*** **3.6) Supporting people with *Muscular/skeletal conditions*** **3.7 Supporting People with *Coronary Vascular Disease*** Projects will seek to identify and support people with increasing needs and work to prevent deterioration in conditions

Interconnected Area	Aim	*Proposed* priority **programmes** and projects
4) Urgent and emergency care	**Aim:** to ensure Urgent and Emergency care is delivering the right care in the right place (i.e. home, community or hospital) first time	**4.1) People find the right service in a crisis** **4.1a) New model of Integrated Urgent care inc 111 online** - *improve access, efficiency and increase public confidence* **4.1b) Older people supported in crisis –** *improving Multi-Disciplinary Teams, pathways and quality* **4.1c) Enhance alternative pathways and demand management –** *improve ways of working and quality of care* **4.2) Patients admitted to hospital only when need it** **4.2a) Enhanced front door pathways inc. Frailty, Ambulatory Emergency Care (AEC) and streaming/redirection** – *improving Multi-Disciplinary Teams , pathways and quality* **4,2b) Standardise Urgent Treatment Centre service provision** – *improved and consistent high quality* ***4.2c)* Ambulance handovers** - *adopt best practice* **4.3) Patients go home as soon as they are fit to leave** ***4.3a* improving patient journey and collaborative care** – *adopt best practice* ***4.3b* Specialist support services 7days a week** *-improved continuity and quality* ***4.3c* Discharge to assess** – *improved Multi-Disciplinary Teams ways of working*
5) Mental Health	**Aim:** to improve outcomes for children and adults with mental health, learning disability and autism needs, and enable them to live well through timely access to community based and high quality of care no matter where they live.	**5.1) Prevention and Early Intervention** **5.1a) *Common Mental Health Needs*** – *improve access and quality of care* ***5.1b) Early Intervention Psychosis -*** *improve access and quality of care* **5.2) Focused Interventions for targeted populations** **5.2a) *Adults with Serious and Long Term Mental Health Needs -*** *improve access and quality of care* **5.2b) *Learning Disability and Autism -*** *improve access and quality of care* ***5.2c) Children and Young People's Mental Health Needs -*** *improve access and quality of care*

Interconnected Area	Aim	*Proposed* priority **programmes** and projects
6) Cancer	**Aim:** to enhance screening and on-going Multi-Disciplinary Team care which enables people to live as independently as possible with, and beyond, cancer	**6.1) Cancer '*early identification*'** **6.1a) Increasing earlier diagnosis and improving 1, 5 and 10 year survival rates –** *improving earlier identification and diagnosis of stages 1 and 2 cancers and patient centred care management* **6.2) Cancer '*rapid treatment*'** **6.2a) Collaboration of service delivery -** *advancing pathway co-ordination with continued investment in quicker, clinical pathways* **6.2b) Improving productivity through efficient diagnostic utilisation and workforce initiatives –** *Delivering unified care with our network of providers and specialists* **6.3) Cancer '*living with and beyond*'** **6.3a) Realising and embedding Quality of Life standard for our populations –** *improving survival rates and universal long-term outcomes*
7) Hospital care	**Aim:** to implement good quality, sustainable acute care in the most appropriate places as close to people's home as possible **Aim:** for NHS Providers to work together to improve value and patient experience whilst increasing quality and reducing costs	**7.1) SaHF Implementation and Assurance** **7.1a) Overseeing implementation of SaHF out of hospital reconfiguration.** Ensure out of hospital reconfiguration (including hubs) is implemented according to the approved Strategic Outline Case 1 (SOC1) plans and deliver the associated benefits **7.1b) Overseeing implementation of SaHF acute hospital reconfiguration.** Ensure that the acute hospital reconfiguration in outer NW London is implemented according to Strategic Outline Case 1 plans and deliver the associated benefits Develop, support and assure strategic developments for inner NW London Strategic Outline Case 2 (SOC2) **7.1c) Regulator assurance** Manage relationships with regulators to ensure business cases for Shaping a Healthier Future (SaHF) delivery are best placed to be approved **7.2) NHS providers *working together*** **7.2a) Outpatients Transformation** – *right place, right time and right information* **7.2b) Radiology Network** – *image sharing* **7.2c) Workforce** – *increasing the value* **7.2d) Procurement Alliance** – *smartly buying together*

The seven Interconnected Areas have identified some high level priority programmes of work in conjunction with discussions with colleagues across NW London. These include; local authority, clinical, managerial and lay member representatives. Engagement in the refresh is ongoing.

3.2 Finance update

Overall, at Month 9, 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's financial position remains extremely tight at M09, with significant adverse variances within Acute and Continuing Care. These have been balanced by releasing the contingency reserve and underspends within Primary Care and Prescribing.

The CCG's 2018/19 exit underlying position (ULP) at M09 is a £3.4m surplus (£6.9m plan), which represents a deterioration of £3.5m 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 (£3m YTD) in relation to Royal Brompton and Harefield, Chelsea and Westminster, Imperial, Barts and the London, Guys and St Thomas', and West Herts and Continuing Care (£1.9m 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 of £1m and Forecast Outturn (FOT) underspend of £1.4m. The YTD and FOT position is reported based on the 2018/19 PPA profile.

The overall Primary Care position is currently a YTD underspend £1.1m and FOT underspend £1.7m which is largely in relation to underspends within delegated budgets.

Overall Position – Executive Summary Month 9 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	165,730	168,030	(2,300)	222,425	(2,358)	(315)
Acute/QIPP Risk Reserve	(2,984)	(696)	0	(696)	(1,688)	(1,296)	(892)
Other Acute Commissioning	13,624	9,525	9,469	56	13,636	(12)	0
Mental Health Commissioning	26,581	19,815	19,955	(140)	26,888	(307)	(61)
Continuing Care	24,702	18,449	20,350	(1,900)	27,080	(2,378)	(620)
Community	34,078	25,516	25,021	495	33,399	679	(116)
Prescribing	35,400	26,462	25,413	1,049	34,036	1,364	464
Primary Care	46,773	33,891	32,775	1,116	45,058	1,715	0
Sub-total	**398,241**	**298,692**	**301,013**	**(2,320)**	**400,834**	**(2,593)**	**(1,539)**
Corporate & Estates	4,899	3,615	3,211	405	4,378	521	0
TOTAL	**403,140**	**302,308**	**304,223**	**(1,915)**	**405,212**	**(2,073)**	**(1,539)**
Reserves & Contingency							
Contingency	1,859	1,742	0	1,742	0	1,859	0
2017/18 Balance Sheet Pressures	0	0	166	(166)	166	(166)	0
RESERVES Total:	**1,859**	**1,742**	**166**	**1,575**	**166**	**1,693**	**0**
Total 2018/19 Programme Budgets	**404,999**	**304,050**	**304,389**	**(340)**	**405,379**	**(380)**	**(1,539)**
Total Programme	**404,999**	**304,050**	**304,389**	**(340)**	**405,379**	**(380)**	**(1,539)**
RUNNING COSTS							
Running Costs	**5,613**	**4,173**	**3,833**	**340**	**5,233**	**380**	**111**
CCG Total Expenditure	**410,612**	**308,223**	**308,222**	**0**	**410,612**	**0**	**(1,428)**
In-Year Surplus/(Deficit)	**179**	**134**	**0**	**134**	**0**	**179**	**0**
MEMORANDUM NOTE							
Historic Surplus/(Deficit)	**7,663**	**5,747**	**0**	**5,747**	**0**	**7,663**	**0**
TOTAL	**418,454**	**314,104**	**308,222**	**5,882**	**410,612**	**7,842**	**(1,428)**

Month 9 Year to Date Position – Acute Contracts and Continuing Care

Table 2

Acute Contracts

		Month 9 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	1,813	2,074	(262)
Imperial College Healthcare NHS Trust	13,383	10,061	10,512	(450)
London North West Hospitals NHS Trust	18,378	13,827	13,770	57
Royal Brompton And Harefield NHS Foundation Trust	7,198	5,415	5,936	(521)
The Hillingdon Hospitals NHS Foundation Trust	143,545	108,223	108,315	(91)
Sub-total - In Sector SLAs	**184,915**	**139,340**	**140,607**	**(1,267)**
Sub-total - Out of Sector SLAs	**33,368**	**25,051**	**25,825**	**(774)**
Sub-total - Non NHS SLAs	**1,784**	**1,340**	**1,598**	**(259)**
Total - Acute SLAs	**220,067**	**165,730**	**168,030**	**(2,300)**
Sub-total - Acute/QIPP Risk Reserve	**(2,984)**	**(696)**	**0**	**(696)**
Total Acute Contracts & Acute Reserves	**217,082**	**165,034**	**168,030**	**(2,996)**

Continuing Care

		Month 9 Position		
	Final Budgets (£000)	YTD Budget (£000)	YTD Actual (£000)	Variance Sur/(deficit) (£000)
Mental Health EMI (Over 65) - Residential	2,530	1,898	1,829	69
Mental Health EMI (Over 65) - Domiciliary	339	255	168	86
Physical Disabilities (Under 65) - Residential	3,005	2,254	2,328	(74)
Physical Disabilities (Under 65) - Domiciliary	2,092	1,569	2,126	(557)
Elderly Frail (Over 65) - Residential	2,604	1,953	2,008	(55)
Elderly Frail (Over 65) - Domiciliary	296	222	616	(394)
Palliative Care - Residential	540	405	489	(84)
Palliative Care - Domiciliary	713	535	425	110
Sub-total - CHC Adult Fully Funded	**12,120**	**9,090**	**9,989**	**(900)**
Sub-total - Funded Nursing Care	**3,095**	**2,322**	**1,982**	**339**
Sub-total - CHC Children	**2,398**	**1,798**	**1,718**	**80**
Sub-total - CHC Other	**1,669**	**1,174**	**1,863**	**(688)**
Sub-total - CHC Learning Disabilities	**5,420**	**4,065**	**4,797**	**(731)**
Total - Continuing Care	**24,702**	**18,449**	**20,350**	**(1,900)**

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

Table 3

Acute Contracts

	Month 9 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	2,074	(262)	2,655	(243)	(1)
Imperial College Healthcare NHS Trust	10,512	(450)	13,969	(587)	(170)
London North West Hospitals NHS Trust	13,770	57	18,132	246	(394)
Royal Brompton And Harefield NHS Foundation Trust	5,936	(521)	7,904	(707)	(70)
The Hillingdon Hospitals NHS Foundation Trust	108,315	(91)	143,541	4	162
Sub-total - In Sector SLAs	**140,607**	**(1,267)**	**186,201**	**(1,286)**	**(472)**
Sub-total - Out of Sector SLAs	**25,825**	**(774)**	**34,093**	**(725)**	**128**
Sub-total - Non NHS SLAs	**1,598**	**(259)**	**2,130**	**(346)**	**29**
Total - Acute SLAs	**168,030**	**(2,300)**	**222,425**	**(2,358)**	**(315)**
Sub-total - Acute/QIPP Risk Reserve	**0**	**(696)**	**(1,688)**	**(1,296)**	**(892)**
Total Acute Contracts & Acute Reserves	**168,030**	**(2,996)**	**220,737**	**(3,654)**	**(1,207)**

Continuing Care

	Month 9 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	1,829	69	2,332	198	
Mental Health EMI (Over 65) - Domiciliary	168	86	233	107	
Physical Disabilities (Under 65) - Residential	2,328	(74)	3,104	(99)	
Physical Disabilities (Under 65) - Domiciliary	2,126	(557)	2,809	(716)	
Elderly Frail (Over 65) - Residential	2,008	(55)	2,732	(129)	
Elderly Frail (Over 65) - Domiciliary	616	(394)	836	(540)	
Palliative Care - Residential	489	(84)	581	(41)	
Palliative Care - Domiciliary	425	110	628	85	
Sub-total - CHC Adult Fully Funded	**9,989**	**(900)**	**13,255**	**(1,135)**	**0**
Sub-total - Funded Nursing Care	**1,982**	**339**	**2,573**	**523**	**0**
Sub-total - CHC Children	**1,718**	**80**	**2,255**	**143**	**0**
Sub-total - CHC Other	**1,863**	**(688)**	**2,633**	**(964)**	**(455)**
Sub-total - CHC Learning Disabilities	**4,797**	**(731)**	**6,365**	**(945)**	**(165)**
Total - Continuing Care	**20,350**	**(1,900)**	**27,080**	**(2,378)**	**(620)**

3.3 QIPP update

The 2018/19 QIPP target is £12.4m, or 3% of the CCG allocation. The CCG is £1,406k behind target for M9, achieving £7,033k of £8,440k YTD plan or 83% delivery. A recovery plan has been developed which returns QIPP delivery to 90% by year end.

There has been slippage against some of our programmes in the following areas: Planned Care, Mental Health, Older People and End of Life (EoL).

Planned care

Gastroenterology, neuro-community service:
One of the key objectives related to transformation in these planned care services is for specific activity and health conditions to be managed in a community setting and for some of the clinics to be run by Clinical Nurse Specialists. The delays in transformation in these areas relate to recruitment of nursing staffing. However, the following Clinical Nurse Specialist (CNS) posts have now been appointed into: Community Parkinson's, Community Epilepsy and Irritable Bowel Syndrome/Irritable Bowel Disease. These schemes will continue into 2019/20.

Ophthalmology and gynaecology
The Gynaecology community Clinical Assessment and Treatment Service (CATS) has not delivered the planned levels of activity to shift activity out of hospital into the community service. The CCG is undertaking a review of the service model which is linked into the NWL Out-patient Transformation Programme that has commenced in 2019.

For Ophthalmology, the CCG is also working with partners to review and develop the service in a similar way to the Integrated MSK service with a single point of access that will triage patients to the most appropriate point of care first time.

Follow-up Variation THH contract
The schemes relates to reducing variation in terms of number of follow-ups in specific specialities to bring in line with national average. There has been some partial delivery and more work will continue in 2019/20 to refresh the benchmarking ratios data.

Community hernia repair service
The community Hernia service did not commence in August 2018 as planned due to challenges finding a GP host practice to deliver the service. This has now been secured and the service will commence in February 2019.

Mental health

Mental Health schemes relating to Section 117 continue to place a significant cost pressure for the HCCG due to increase in referral numbers with spend over budget.

Complex care
For complex cases work (Section 117 and CHC), the CCG has used additional senior resource seconded into role for six months that commenced on 15 October 2018. The review has identified strategic opportunities and operational actions to improve the quality of care and generate efficacies. A series of deep dive meetings have been established to inform Phase 2 of the work.

HCCG has commissioned support from a consultancy, Unified Health Care, who are scoping potential benefits from CCG CHC standard cases for Q4 and to inform our work in 2019/20.

We are drafting a new Hillingdon s117 policy that details entry and exit arrangements into s117 aftercare and incorporates a new cost sharing tool to determine the funding split for all s117 cases. We are working with the Council to complete an audit of 20 cases to inform the choice of a tool that is fair and ensures both parties are operating in line with national policy.

Older people

Older People transformation schemes relate to the work of the Care Connection Team (CCT) and Accountable Care Partnership (ACP). Both QIPP schemes are based on admission avoidance scheme for patients over 65 years.

More recent analysis of CCT work has showed the positive impact they have made to reduce A&E and Non-Elective (NEL) activity for the patients on their caseload. In addition, an evaluation of the impact of the CCT work is been undertaken by Hillingdon Health Care Partners that will be shared with HCCG in late February 2019 that will inform future development of the service.

The ACP scheme relates to a reduction in activity for North East London (NEL) at West Herts and London North West (LNWHT) and providers working more efficiently across the system to reduce activity in other local trusts through the better management of older people in their usual place of residence and in the community. The refreshed plan is to further understand the overall increase in NEL across all ages and providers. A deep dive of those GP practices with high NEL activity at the former provider trusts is underway. The analysis will be shared with ACP colleagues and clinicians to understand the types of patients accessing these services and how we can bring them into our commissioned ACP pathways.

End of Life

The EoL programme has been slow to commence due to challenges in recruiting posts for the Palliative Overnight Sitters Service (PONS) for the Single Point of Access (SPA). However, recruitment has now been successful, the SPA went live on 11 September 2018 and is receiving referrals.

3.4 Child Death Overview Panel

In 2016, the Wood Review of local safeguarding children boards recommended changes to the way the Child Death Overview Panel (CDOP) function is delivered so that the panels cover larger areas where trends and patterns can be assessed and learning disseminated across a wider area.

Currently, across North West London (NWL), there are 6 Child Death Overview Panels (CDOPs) to oversee the review of child death across the 8 NWL boroughs. A successful bid for funding to the Department for Education (DfE) was made by Harrow on behalf of the 8 boroughs and NWL is now an Early Adopter Site for developing new arrangements. Our bid was based upon the following key objectives across NWL:

- Rationalising the Child Death Overview Panel (CDOP) process across eight local authority/eight CCG areas in line with the updated guidance.
- Implementation of eCDOP - a secure web-based record keeping system - we (Hillingdon) are using eCDOP - first meeting held mid-February.
- Development of an agreed Child Death Rapid Response process and support structure.
- Development of the key worker function for families in response to child death.

The project is currently being mobilised with a view to having the new models agreed in February in order to begin mobilisation across the CCGs prior to April 2019. The proposal for Hillingdon is to work together across Ealing, Hillingdon and Hounslow which will provide a more appropriate scale for reviewing trends as well as aligning with the police configuration for West London.

Next steps to deliver the changes include:

- Consultation undertaken on 4 Models - closed 12 February 2019.
- Models designed are based on statutory requirements and responsibilities of CDR partners and using a best-fit approach for NWL. Models include costs.
- Hillingdon's preferred model matches the Police Borough Command Unit (Ealing, Hillingdon, Hounslow) and local hospitals. The outcomes (learning, themes, etc) of the work will then feed into the NWL forum.
- Further engagement planned following results of the consultation and prior to proposed model approval from the NWL CCGs and local authorities.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

NIL.

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HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Lynn Hill, Chair
Organisation	Healthwatch Hillingdon
Report author	Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Appendix 1: Wayfinding and Signage Report - The Hillingdon Hospital

HEADLINE INFORMATION

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

RECOMMENDATION

That the Health and Wellbeing Board notes the report received.

1. INFORMATION

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

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

2. SUMMARY

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

at the Healthwatch Hillingdon Board meetings and is available to view on the website: (http://healthwatchhillingdon.org.uk/index.php/publications).

3. GOVERNANCE

3.1. Chief Executive Officer

Chief Executive Officer (CEO), Graham Hawkes, left Healthwatch Hillingdon on 30 November 2018. The interim CEO, Turkay Mahmoud, has commenced the recruitment process for a new CEO. Following an unsuccessful recruitment in December, a further advert has gone out to recruit. Shortlisting was planned for 11 February 2019 with interviews taking place on 16 February 2019.

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 third quarter of 2018-19.

4.1. Young Healthwatch Hillingdon (YHwH)

In this quarter, YHwH took part in a workshop about body image and self-esteem by Brook - the national sexual health charity for under 25s. We took part in the workshop and then gave our feedback to help ensure that it is relevant to young people and is up to date as well as interesting! We suggested new videos and campaigns on this topic to be added to the workshop and Brook took the feedback on board and found it useful. We also took part in another one of Brook's workshops, about Healthy Relationships. These workshops were another way for YHwH to make the voices of young people heard about health services provided for them.

YHwH wanted to find out how decisions made by Hillingdon Clinical Commissioning Group (HCCG) affected young people in our community. We asked for a tour and question and answer session with the heads of departments within the organisation to get a picture of what it does, how they choose which areas to invest in and how they could improve services provided for young people. The CCG voiced how important it is for the views of young people to have equal representation and how much they would benefit from receiving feedback from YHwH, on behalf of young people, about services they provide for young people already. YHwH received an insight into the world of the CCG and were happy to discover the immense amount of hard work and determination that the organisation puts in, in order to contribute to Hillingdon and, ultimately, improve services for young people.

4.2 Young Healthwatch Hillingdon Presentation

Due to the expansion and excellent work of our YHwH, we have been invited to present at a London event organised by London Funders for their Children and Young People Network Group. The event will focus on, 'How funders can ensure that they support organisations to consult and involve C&YP in a meaningful way'.

4.3 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. The draft report is still being agreed with stakeholders to give them an opportunity to check the document for factual accuracy before publication.

4.4 Local Elective Access Policy

Healthwatch volunteers have been reviewing the Hillingdon Hospital Trust's patient friendly version of their Local Elective Access Policy. Volunteers (also patients of THH) considered the document and fed back their comments to Healthwatch. The Hillingdon Hospital said they will make changes to the document accordingly and produce an updated version.

5. ENQUIRIES FROM THE PUBLIC

Healthwatch Hillingdon recorded 215 enquiries from the public this quarter. This saw 45 people's experiences being logged on our Customer Relationship Management database and 170 residents being the recipients of our information, advice and signposting service.

5.1. Experiences

Overview

Table A illustrates that feedback for hospital services this quarter was fairly balanced between positive and negative experiences, although slightly more negative (52%). The hospital service that people reported most on was Accident and Emergency, with people's experiences overall in terms of the Quality of Care; Quality of Staffing; Quality of treatment; Service delivery, organisation and staffing being more positive (12%) than negative (10%).

Outside of hospital services, GPs were again the number one service residents gave feedback on. Seven experiences were captured this quarter, all being negative. The reasons cited for these were: residents feeling their GP is not listening to their concerns, nor providing them with information; issues around prescriptions; and waiting times to get an appointment. People also reported on negative experiences with dental surgeries. In terms of 'Other Services' (Community Mental Health Team, Drug & Alcohol Services, CAMHS), we recorded five experiences, all of which were negative. Issues here were around access to services, with waiting times for referrals/appointments being cited.

Table A

Hospital Services		Positive	Mixed	Neutral	Negative
Pain Management Clinics		0	1	0	1
Minor Injuries Unit		0	0	0	1
Accident & Emergency		4	0	0	3
Maternity		1	0	0	1
Care of the Elderly		0	1	0	1

Hospital Services		Positive	Mixed	Neutral	Negative
Paramedics		1	0	0	0
Ophthalmology		1	0	0	0
Interpreters		0	0	0	1
Cancer Services		1	0	0	1
Radiography		0	0	0	1
Neurology		0	0	1	1
Acute Services		0	0	0	1
General Surgery		2	0	0	0
Orthopaedics		0	0	0	1
Gastroenterology		0	0	0	1
Cardiology		1	0	0	0
Outpatients		1	0	0	0
Social Services					
Care Home		0	0	0	1
Home Care		0	0	0	1
Primary Care Services					
GP		0	0	0	7
Dentist		0	0	0	2
Other Services					
Community Mental Health Team		0	0	0	3
Drug & Alcohol Services		0	0	0	1
CAMHS		0	0	0	1

Table B indicates the categories of key staff that patients have listed 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. Doctors still received the highest negative feedback.

Table B

Key staff categories	Positive	Not positive	Mixed/Neutral
Doctors	2	6	1
Admin / Receptionist	-	3	1
All care professionals	2	1	-
Care/Support Workers	-	1	-
Nurses	3	2	-
Allied Care Professionals	1	-	1
Paramedics	1	-	-
Maternity	1	-	-

In terms of themes, the main concerns this quarter were the quality of care and treatment people received, and the delivery of the service itself. Staff attitudes featured highly in residents' negative experiences, relating to communication and information provided.

Table C

Key Themes	Positive	Not positive	Mixed/Neutral
Access to services	1	3	1
Quality of care	6	5	-
Service delivery, organisation and staffing	1	3	1
Staff attitudes	-	4	1
Quality of treatment	-	6	1
Quality of appointment	1	1	-
Communication between staff and patients	-	5	-

5.2 Healthwatch Support

Residents continue to seek support from us in a variety of circumstances.

- One individual contacted us for advice when the care home where their father resides told the family that their father needed a hospital bed, and that the family had to provide it. The individual wanted to know whether they should have to do this; particularly given the fact that the care home already had a spare hospital bed in another room but said they would not be able to move it to their father's room. We gave the individual information on how a local authority needs assessment works, and how individuals can be assessed if their needs change, including whilst in a care home, plus what happens if someone is assessed as needing nursing care. We also gave them information on what you can expect from a good care home, and details of how to complain should they wish to. Healthwatch was able to advise the individual that if their father's needs have been deemed to have changed, social services should be contacted about carrying out a new care needs assessment. We informed the individual that we would make some enquiries regarding the hospital bed issue. The individual subsequently called back to say that social services had contacted them to inform them that they would be supplying a bed for their father to use in the home. The social worker also suggested that it might be more appropriate for their father to be moved to a nursing home. The individual was grateful to Healthwatch Hillingdon for making them aware of the needs assessment process.
- In another case, we were contacted by a worker at the charity organisation DeafPLUS, that provides support to dumb/deaf and hard of hearing individuals, to raise concerns on behalf of a resident of Hillingdon who has had bad experiences on several occasions with the hospital's interpreter agency which, they say, isn't acceptable or appropriate for deaf/hard of hearing individuals, due to the fact they aren't specialised in those areas. We contacted the CCG, who advised us that they will follow it up through their quality route with the Hillingdon Hospitals NHS Foundation Trust and request assurance on any actions that have been taken as a result of the feedback and complaints received, along with how the hospital ensure they fulfil their equality duties with particular respect to deaf and hard of hearing patients.
- Our service continues to point residents towards organisations that can provide them with information, advice and appropriate assistance for their needs. For example, we were contacted by an 88-year-old individual who had been told by their GP that they had been referred to the community matron service and therefore "cannot contact the GP again, or speak to a doctor". The individual was concerned by this, as they did not understand the reasons why they are now under the care of the community matron particularly if it meant they were no longer able to see a GP. Healthwatch was able to explain to the individual that community matrons are part of the Care Connection Team to help manage patients' long-term health conditions, but the individual is still able to

contact a GP when necessary. To help them further understand how this works, we gave the individual contact details for the Care Connection Team and some printed information about the service.

- We also helped an individual in their late 80s who underwent knee replacement surgery at Nuffield Orthopaedic Hospital. Their GP said they cannot authorise hospital transport to take them to their follow up appointment because the hospital is too far and outside the GP's catchment. The individual has had to book a taxi for the appointment which will cost £160. We were able to help by signposting the patient to the Healthcare Travel Cost Scheme, to see if the individual might be able to recoup the cost.

5.3 Signposting Service

During this quarter, we recorded a total of 170 enquiries from residents which resulted in us providing information, advice, signposting or referral. 128 of these we would categorise as universal and 42 as a result of advising individuals following a complaint, or concern.

We signpost individuals 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.

How did we assist?	Qty	%		**Signposted to?**	Qty	%
Signpost to a health or care service	58	34%		Voluntary Sector other	24	18%
Signpost to voluntary sector service	42	25%		NHS - other	14	9%
Requesting information / advice	44	26%		Mental Health	11	8%
Requesting help / assistance	1	1%		NHSE	10	8%
General Enquiry	25	15%		Hospital	10	7%
Unknown	0	0%		Social Services	9	6%
Total	170			CAB	9	6%

6. 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 (see table below).

Advocacy Referrals	Qty
POhWER	16
AVMA	2
Total	**18**

7. ENGAGEMENT

During this quarter, Healthwatch Hillingdon directly engaged with 427 people through the course of its activities. Our Outreach and Volunteer Officer directly engaged with 248 members of the public at 10 engagement events across Hillingdon. We held information stalls at the Older People's Assembly, Yiewsley Library, Hillingdon Carers AGM and Hayes Muslim Centre. We also listened to residents' views and experiences of health and care services at the Amigos Visual Impairment Group, Each counselling group and Yiewsley Library.

In addition to the above, we engaged with approximately 1,906 C&YP at three schools with our Mental Health and Well Being Life Skills programme. Many of these were involved through surveys and campaigns led by students of the schools and supported by our Community Engagement Officer (C&YP).

Event	Attendance	Outcomes	Age Category				Communities of Interest
			Under 5s	6 - 21	22 - 65	Over 65	
Hillingdon Leisure Centre	14	X 14 people spoken to			11	3	General Public
Information stall – Ruislip Manor Library	27	X 27 people spoken to X 2 feedback forms collected			1	26	General Public
Each counselling group	7	X 7 people spoken to			7		General Public
Hillingdon Carers AGM	90	X 15 people spoken to			8	7	General Public
Assembly for older people	80	X 6 people spoken to			1	5	General Public
Information Stall – Yiewsley Library	15	X 3 people spoken to			3		General Public
Amigo's Visual Impairment Group	9	Group feedback (9 people)			7	2	General Public
Yiewsley Library Conversational English Group	15	X 3 spoken to			1	2	General Public
Hayes Muslim Centre	700	X 150 people spoken to X 2 feedback forms collected			120	30	General Public
Hillingdon Carers Leisure Complex	100	X 14 people spoken to			12	2	General Public
Total	**1057**	**248**			**171**	**77**	

Key highlights:

Hayes Muslim Centre

In November 2018, we were invited to the Hayes Muslim Centre in Hayes Town to engage with worshippers attending the Mosque. After several attempts to make contact the Centre, we were delighted to have the opportunity to connect with them. We set up a stand in the foyer area and spoke to worshippers after they had finished prayers. We spoke to approximately 150 people and handed out dozens of Healthwatch Hillingdon leaflets. We also signposted individuals to other services, including a gentleman who sought advice on making a complaint against his daughter's orthodontist. The day proved extremely productive for us and the founder of the Centre has asked us to return and speak at their women's coffee morning.

Amigos Visual Impairment Group

We previously visited the Amigos Visual Impairment Group in September to gauge their interest in taking part in a 'Wayfinding' and signage review at The Hillingdon Hospital. We revisited the group in November by invitation to listen to their experiences of accessing health and care services.

The group were very open and willingly shared views and experiences. One individual in the group recounted an experience he had at his dentist. He told us that when he arrived for an appointment, the receptionist directed him to the treatment room but forgot to mention that there was a step ahead of him. As a result, he tripped and hurt himself.

Overall, it was felt by the group that where frontline staff had an awareness of their disability, the experience they received was positive. They suggested that all frontline staff undertake disability awareness training as part of their role.

Wayfinding and Signage Review at Hillingdon Hospital

As a result of the feedback shared with us by the above group regarding the challenges they faced when navigating their way around the hospital, a wayfinding/signage review was carried out at Hillingdon Hospital on 22 October 2018.

The review was undertaken by a group of 7 acute sighted/impaired and blind volunteers from Hillingdon Visual Impairment Reading Group and the Amigos Visual Impairment Group. The volunteers were split into 3 groups, two led by Healthwatch Hillingdon staff members and the third by a representative of The Hillingdon Hospital. The volunteers were then asked to find their way around the hospital using the signs located around the hospital as a guide.

The findings were welcomed by the Assistant Director of the Hillingdon Hospital NHS Foundation Trust, who has taken action to get the signage improved. However, there have been technical issues which have prevented the replacement of signage, but we are assured it will be done as soon as these issues are resolved.

Assistance is key for visitors with very little or no sight and this will be supported going forward by volunteers in the Trust's volunteer service, which is being re-launched. Volunteer roles are being advertised, one role being a 'Meet, Greet and Guide' role.

With the support of three students from the Globe Academy, we are creating audio files so that the report can be accessible to the wider community through our website.

8. VOLUNTEERING

Volunteers contributed 729 volunteering hours this quarter. It is pleasing to note that this is the third consecutive increase in volunteer hours.

Over the coming months we plan to focus more of our efforts on recruiting volunteers to our engagement roles and will be holding a series of recruitment events across the Borough to recruit volunteers to fill these roles.

Social Media

We have seen a steady increase in twitter followers between October and December which is really positive when you compare it to the previous quarter. Facebook Likes have risen to 435, the largest increase we have had in any previous quarter. This tells us that people are interacting positively to our Facebook posts.

	October	November	December
Twitter Followers	1225	1234	1238
Twitter Impressions	3837	3499	2166
Profile Visits	177	98	433
Facebook Likes	425	433	435
Facebook Post Reach	1536	939	990
Facebook Post Engagement	115	28	78

9. FINANCIAL STATEMENT

To end of Quarter 3 (2018-2019)

Income	**£**
Funding received from local authority to deliver local Healthwatch statutory activities	118, 500
Bought forward 2017/2018*	34, 685
Additional income	-
Total income	153,185
Expenditure	
Operational costs	7, 850
Staffing costs	88, 913
Office costs	14, 895
Total expenditure	111, 658
Surplus to c/f	*41, 527

*Provisional, awaiting audited figure. The figure also includes contingencies (£20,000 for office rent and staff redundancies)

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 3.

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	**729**	516	564		1050	**1218**
2	People directly engaged	SP1 SP4	330	434	220	**444**	270	675	**713**	634	2027	**427**	347	440		660	**1157**
3	New enquiries from the public	SP1 SP5	200	177	208	**243**	296	286	**267**	173	247	**215**	248	235		400	**510**
4	Referrals to complaints or advocacy services	SP5	N/A*	12	24	**21**	8	23	**13**	1	17	**18**	18	6		N/A*	**34**
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	93	62	**62**	69	70	**52**	69	52	**52**	58	49		100	**114**
6	Consumer group meetings / events	SP1 SP7	15	16	26	**19**	15	23	**18**	15	13	**14**	22	31		30	**37**
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	**0**	**0**	0	0	**0**	1	0	**0**	0	0		N/A*	**0**
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	3	**5**	**3**	3	2	**2**	3	2	**2**	7	1		N/A*	**5**

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

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The Hillingdon Hospitals NHS Foundation Trust

healthwatch Hillingdon

Appendix 1

Wayfinding and signage at The Hillingdon Hospital

A review by local visual impairment groups

October 2018

Contents

Background

The Visual Impairment (VIP) Audio Book Group and Amigos Visual Impairment Group are groups for people with visual impairments who meet monthly in central Uxbridge.

Healthwatch Hillingdon met with the VIP Audio Book Group in March 2018 to gain insight into some of the barriers they faced when accessing health and social care services.

The Uxbridge VIP Audio Book Group were very candid about their experience of health and social care services. One of the main concerns raised by the group was poor signage at The Hillingdon Hospital. This was an issue that seems to cause many in the group a great deal of frustration and for some people, stress.

They told us that inadequate signage meant that navigating the hospital alone was a real challenge and a lack of reception desk in outpatients meant that there was no one to direct or guide patients when they arrived for an appointment.

Finding the haematology department was also far from easy. The location meant that unless accompanied it was just too difficult to find on your own.

Healthwatch Hillingdon works closely with The Hillingdon Hospitals NHS Foundation Trust and regularly tells them about the experiences we hear from the public about the services provided at Hillingdon and Mount Vernon Hospitals. Healthwatch Hillingdon reported the issues raised by the VIP Audio Book Group with the Experience and Engagement Group at the Trust.

As a result, the Assistant Director of Facilities contacted Healthwatch Hillingdon and invited the visual impairment group to carry out a review of the wayfinding and signage at the Hillingdon Hospital.

Overview

The 'wayfinding and signage' audit was arranged in advance for 10 am, Monday 22nd October 2018. Healthwatch Hillingdon contacted the lead for the VIP Audio Book Group and it was suggested that members of the Amigos Visual Impairment Group were also invited to attend.

On the day, 8 members of the groups attended. They included 5 people with acute sight impairments, a sighted companion who gives support, and 2 blind members with their guide dogs. These were joined by a Facilities Officer from the hospital, 2 staff from Healthwatch Hillingdon and 3 members of Young Healthwatch Hillingdon.

Attendees gathered in a reserved area of the restaurant and, following a briefing, split into 3 groups. Each group comprised of a 'staff' member, Young Healthwatch representative and individuals with visual impairment. Each group was given the task to find specific areas of the hospital using the signage currently in place. The member of 'staff' and young person were asked to observe the experience of the visually impaired person and make notes.

After the audit, the groups made their way back to the Choices restaurant to feedback on their experiences and give general feedback on their own experiences of the hospital.

Feedback

The groups found this to be a very useful exercise. It provided lots of information and some excellent ideas on how they felt the hospital's signage could be improved for them, and for other visitors to the hospital.

One of the real positives for everybody as they walked around, was the large amount of staff that had approached the groups to ask if they could help in any way. The members were really pleased and appreciative of this.

One of the striking things recognised by the sighted members of the group was the real difficulties you face when you have an acute visual impairment. For somebody who is blind, or with a sight impairment, it is almost impossible to find your way around the hospital without assistance.

The suggestions made by group members during the reviews ranged from changing individual signs, to adding a voice to the lift. These are all captured in detail in the notes from the review exercises, which are outlined from page 6 of this report. The following are a summary of the suggestions made and other feedback provided by group members:

- All 3 groups came up with the same idea of having coloured lines on the floor to help the sight impaired to be more independent and improve wayfinding for all visitors. We explored this further and the consensus was that there should not be lots of lines, as that would be confusing. The lines should only be for certain areas like blood tests, x-ray and outpatients, from specific points.

  For example: if there was a line on the lower ground floor from the lifts and the stairs which went to the blood tests department, reception could instruct people to go to the lift, or take the stairs, and follow the blue line. This would also save staff time as the sight impaired could go independently and a staff member would not be needed to go with them.
- In a similar way, having colour-coded footprints on the floor for key departments would mean not having to look around for signs and make wayfinding easier.
- The fire exit signs are large, visible and easy to read; however, they just need to be lowered so that they are at eye level.
- Font size on signs is a problem. The larger signs located next to the lifts are hard to read as the font size is far too small. It was impossible to read the tiny 4-inch square signs found on some of the walls.
- Signs at ceiling height are not seen by someone with a sight impairment. It was explained that because they must focus on where they are going, they do not look up. The signs are also too high to read even if seen, as you cannot get close enough to them.
- It would be great if there were talking lifts to tell you which floor you are on and which departments are on each floor. The buttons in the lifts should also have braille on them, so that a floor can be selected without waiting for someone to ask you.
- Signs are difficult to read so braille markings on them would help.

- 2 groups reported that catering staff had pushed passed them without taking regard for the individual's impairment.
- Members felt all people with sight impairment should be advised in their appointment letters to go to the main reception if they need assistance during their appointment.
- If you have an appointment before 8am, there is no receptionist to guide you. Early appointments were challenging. You would have to rely on patients (also waiting) to get directions as receptionists are not on duty until 9am.
- Volunteer helpers providing a meet and great service would be helpful for patients with sensory, learning, and physical disabilities, when they attend appointments. Especially when attending an appointment before 9am.

  A few members mentioned that there was already a volunteer at Mount Vernon Hospital who asked you when you arrived if you needed any help.
- It would be useful to place a large help button in the hospital entrance linked to a two-way speaker that patients could press to ask for assistance. This could also work on the main reception when not manned.
- One of the group advised that they were helped to go to audiology for their appointment, but had to wait nearly an hour after the appointment for somebody to come from PALS to help them get back to reception.
- A group member said that they had asked for their appointment letters to be printed in a larger font but had been told that the hospital couldn't do that.

N.B. The Assistant Director of Facilities took an action to speak to the appointments department. This was done on the next day and it was explained that the Trust are in the process of amending this and transferring the letters over to Xerox. There had unfortunately been a technical fault on the Trust's side that they are currently working on resolving, however, no timeline could be given.

Recommendations

1. Action plan

The suggestions made by the groups, outlined in the 'Review Experience', should be considered and an action plan raised to incorporate the work that can be undertaken.

2. Wayfinding lines on the floor

The feasibility of having coloured lines on the floor, as an aid to wayfaring, should be considered by the Trust for the following areas:

a) From main entrance reception to blood tests (or from lower ground lifts and stairs)

b) Main outpatient entrance to x-ray

c) Main outpatient entrance to outpatient clinics

The reconfiguration of A&E is already underway, and a new reception area is being planned at the outpatient entrance. There is an opportunity to look at the possibility of introducing coloured lines on the floor as part of the new design. This could also incorporate a line to A&E and the Urgent Treatment Centre from the main outpatient entrance.

Response

In response to the recommendations made in this report, the Assistant Director of Facilities at The Hillingdon Hospitals NHS Foundation Trust, said:

"Working in partnership with Healthwatch Hillingdon and both the VIP Audio Book Group and Amigos Visual Impairment Group has provided the Trust with a valuable and unique insight into the problems facing some of our service users, on a daily basis, in reading our signs and finding their way around the hospital site.

"It's easy to implement general wayfinding and signage guidelines and assume that every need is catered for. It's important that we know when those needs are not being met for every part of our patient population, so that we can both understand the impact and act to improve things.

"The findings of the review and the suggestions of the members has provided us with some very useful ideas about how we can make those improvements and make a difference. The Trust intends to do what it can to implement those as soon as possible."

Review Experience

Group 1: included 3 people with acute sight impairment

1. **From Choices restaurant to main reception by lift**

There were no signs facing you as you walked from the restaurant to indicate where the lifts were. We eventually found a sign on the right-hand wall telling us to turn right.

Suggestion: It would be useful to have a sign on the wall facing you, or on the space above the corridor by the stairs as you exit the Choices restaurant.

We went into the lift and as the sight-impaired members had been to the hospital before they knew to ask for the ground floor. We went up a floor and walked around to reception without any problems.

At reception we spoke to a lady who advised that if a sight impaired person comes to reception they will find someone to take them to where they need to go.

2. <u>From reception to blood tests</u>

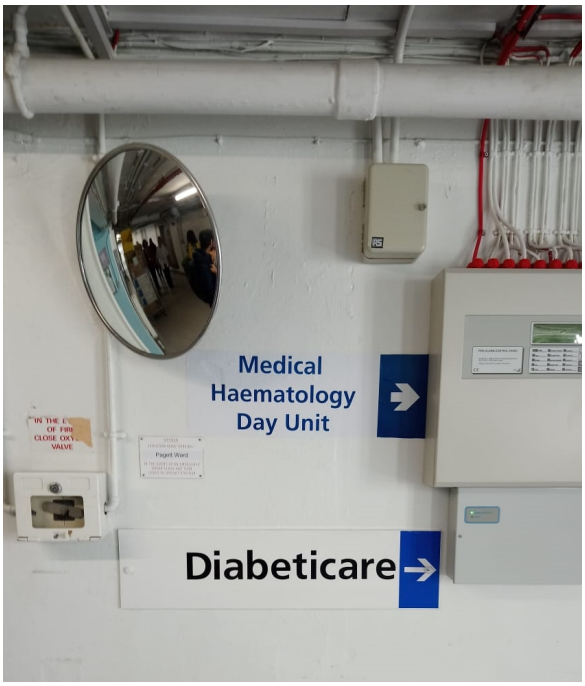
The lady at reception pointed us in the direction of the stairs. At the stairs there is a large sign listing many hospital departments. We found blood tests on the list and followed the arrow down the stairs.

As we travelled down the stairs other people were impatiently pushing past. N and G said this happens all the time. Nobody has the patience to wait.

At the bottom of the stairs we found the sign to blood tests and walked down the corridor. As we walked down this corridor 2 members of catering staff came by pushing trollies. Both barged passed without recognising they were pushing past 3 people with white sticks.

There is a large sign at ceiling level directing you left at the end of the corridor. This was missed by those with sight impairment. They explained they are looking down at their feet as they walked to ensure they do not trip over anything and would not look that far up. They also said that at that height it would be a blur and hard to see.

Suggestion: A sign at normal eye level at the end of the corridor would be helpful.



With severe sight impairment an individual must go very close to a sign to be able to read it. As we walked down the corridor towards blood tests, to ensure we were going in the right direction we had to stop at every sign to read it.

The sight impaired volunteers liked that the signs were all the same, so they could be recognised as a sign from a distance and go up close to read it. They felt it might be useful to have the departments listed in alphabetical order.

They said it would be easier to find if there was a line to follow. One volunteer said, "It would be really good if we could get a coloured line to the blood tests like the one at Moorfields Hospital." At Moorfields there is a green line from the station to the hospital, which is invaluable in helping to get there.

Suggestion: have a specific coloured line on the floor directing people to blood tests.

At blood tests our volunteers walked passed the entrance. They had passed the ceiling sign without seeing it. The blood test department was extremely busy, so we only spent a few moments there. We did notice there is another ceiling sign which advises people to follow the footsteps marked on the floor. There were no footprints on the floor. A staff member commented that they had been taken away because no one used them.

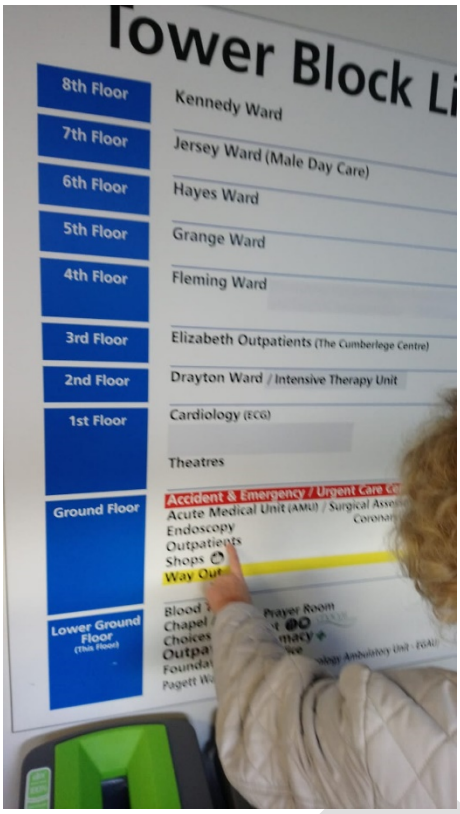
During our walk to blood tests, whilst we were looking at signs and appearing confused, we were approached by several members of staff asking if they could help.

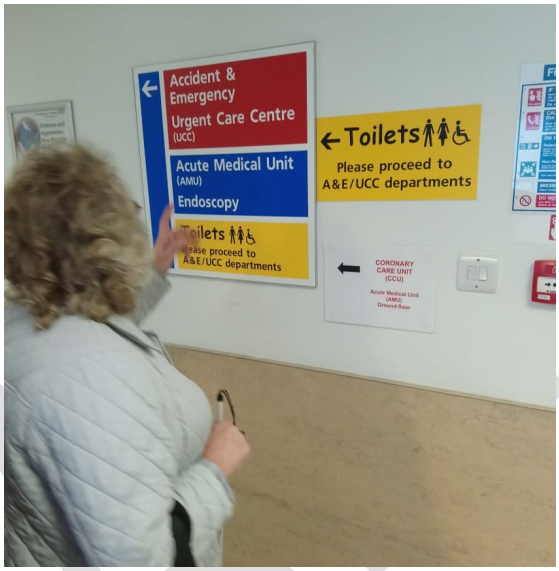
3. From blood tests to x-ray

Having been to blood tests, we were now going to try to find the x-ray department.

Our sight impaired volunteers decided to retrace their steps back to the lifts to look for a sign to x-ray. At the lifts there were no signs to x-ray, so they decided to look for a sign for outpatients as they assumed x-ray cannot be that far from outpatients. They found outpatients on the sign at the lift but there were no direction arrows, so they did not know which way to go.

Suggestion: Add direction arrows to the lift sign on the ground and lower ground floors.





Having been told the way to go we proceeded to the first junction point with a choice to go left or right. The sign did not mention outpatients, or x-ray, and again they did not know which way to go.

Suggestion: Add direction to outpatients above the existing sign.

On turning to our left, we saw a sign for the x-ray department on a door. Unfortunately, this was locked, and we were advised by a staff member that this was for inpatient x-rays and could only be entered by staff via a key pad.

Suggestion: As staff would already be aware that this is the entrance by the key pad entry, remove the sign to avoid confusion.

Next to the door was a large sign for Accident & Emergency and X-ray so our group followed these along the corridor until they came to x-rays. There was lots of activity here and members of the group with sight impairment became agitated and confused, as lots of people moved around. We led the group into A&E and explained that the signs they had been following were for x-ray in the accident and emergency department and not outpatients. They said that was very confusing for them.

Suggestion: If emergency x-ray is only accessed through A&E, is there a necessity to have signs to it from a distance? To avoid confusion, it would be better to remove all signs, other than those in close proximity.

We found another sign on the wall for outpatients and started to follow that. It took us into the corridor next to the building works in A&E and the group immediately commented that is was very dark and that this made it even harder to see. Those with sight impairment said that with the little sight they have, which mainly picks out blurred shapes, this is really affected by the light available.

At outpatients we found a large sign at the entrance which drew the attention of our sight impaired members. They looked closely for x-ray on the sign but could not find it. The sign for x-ray was on the far wall behind the main sign. This could not be seen by the sight impaired members.

Suggestion: It would be good to add x-ray to the main sign at the entrance.

It was also noted that there were only 2 direction arrows on this sign.

Suggestion: It would be good to add direction arrows for the departments on the main sign at the entrance.

Once aware of the direction of x-ray we walked towards it, but again due to the sign for x-ray being at ceiling level this was missed by the sight impaired.

Suggestion: A coloured line on the floor directing people from the entrance to x-ray would be helpful.

Throughout our walk from blood tests to x-ray we were again approached by several members of staff asking if they could assist us.

4. X-ray to toilets

We immediately found a large sign for the toilets, which directed us down the stairs. At the foot of the stairs was another sign but this did not tell you which way to go.

Suggestion: Add direction to the toilets to this sign.

A staff member asked us if they could help and told us the toilets were along the corridor. We walked along the corridor and the group commented on how well lit the corridor was. They were looking for signs as we walked but could not find any. The toilets were at the end of the long corridor and again as the sign for the toilets was at ceiling height they walked passed them. There were signs on the wall of the recess to the toilets and both toilet doors, but these were missed by the sight impaired.

Suggestion: A few signs along the corridor could be useful. Especially where other corridors join, because if you were coming down one of the side corridors there is nothing directing you.

Group 2: Included 1 blind person and a person with acute sight impairment

The group chose to navigate their way to 3 areas in the hospital: blood tests, x-ray and outpatients - reception 6.

1. Choices restaurant to reception 6

Our starting point for the audit was the lower ground floor next to the Choices restaurant. Before setting off, we spent some time taking in our surroundings and looking around for signs for reception 6 and directions to the lifts.

It might have been because we all looked a little lost, but it wasn't long before we were approached by 2 hospital staff who kindly asked us where we wanted to go. When we explained that we wanted to make our way to reception 6, they looked a little

puzzled and suggested we ask the porter who was walking past us for assistance. The porter was kind enough to escort us to the lift and up to reception 6.

We observed for signs along the way and spotted signs on the walls and in the lift and on exiting the lift, but we couldn't find any with reception 6 on it. Without an escort it would have been difficult to know whether to turn left or right.

On asking our volunteers what they would have done at this point, they said they would have kept asking until they had found someone who could help to direct them.

It wasn't until we started to make our way down the corridor leading to reception 6 that we spotted signs along the walls for it. This may have been because they were not obvious to see, or because there just weren't any.

When we arrived at reception 6, a lovely nurse approached us and asked if we needed any help. We explained to her what we were doing, and she suggested that the hospital could perhaps consider installing information buttons/points throughout the hospital, big enough for someone with a sight impairment to see and which could be used to call for help if someone needed directions. Our group were concerned that they would be difficult to find, as you would need to know where they were located. It would also be impossible for a blind person to locate a button.

On a difficulty scale from 1-5, J rated this exercise 3 out of 5 and C as 5 out of 5.

Suggestion: There needs to be more signage, particularly in the lift and on exiting the lift. There was nothing to show us which floor we need to exit and on exiting the lift no signs or arrows to tell us whether to turn left or right. A talking lift would have at least let us know we were on the right floor.

Reception 6 to blood tests

We all agreed that next we would try to find our way to blood tests. There were no signs from reception 6, so we asked the nurse for directions. She advised us to ask for directions at the main reception on the ground floor, which seemed a bit long winded.

We made our way to the lifts and the signage boards outside and inside the lift displayed which floor blood tests were located on. There were more signs for blood tests than we had found for reception 6 - they were dotted along the corridors and on the ceilings. We were able to follow the signs all the way to blood tests. There was also a very large sign positioned just outside of the blood test area.

On a scale of 1-5 both C and J rated the level of difficulty a 4. C, who is blind and uses a guide dog, would have needed to ask for help as the signs would not have helped her to find her way. However, she felt that having lifts which at least tell you which department is on a particular floor may have helped somewhat. J, who is partially sighted, also struggled with the signs. They were easy to spot for those with normal vision, but J felt that the font size used on the signs placed on the walls was small and too difficult to read. She would practically have to have her nose to them before she would be able to see them and the ones above eye level were impossible to see as it is difficult to look up and walk at the same time, especially if you are using a white stick to help guide you.

Suggestion: For someone with normal sight the signs are there and relatively easy to follow. But for someone who is partially sighted the signs are too difficult to read because the font size is too small. Bigger signs and perhaps with Braille markings would have helped.

2. Blood tests to x-ray

We agreed that our final visit would be to the x-ray department. We were mindful of the time at this point because we only had 10 minutes before we had to make our way back to the Choices restaurant for a debrief. Unfortunately, C and their companion were unable to continue so J, a Young Healthwatch member, and Healthwatch staff went on without them. We found our way to the lifts and a porter asked us if we needed help. We told him we wanted to go to x-ray and he gave us directions. Once again we looked for signage to the x-ray department and between us we couldn't find any. We looked for signs in the lift and on exiting the lift but there were none. We continued to follow the directions given to us by the porter, but it wasn't long before we realised we were on the wrong floor. A patient who was there for an appointment asked us where we wanted to go and kindly gave us directions. At this point, mindful of the time and feeling a little frustrated, we decided to stop and make our way back to the Choices restaurant.

Group 3: 1 blind person and a person with acute sight impairment

1. Elderly day hospital entrance to the hearing aid centre

The glass corridor was not busy at this point but when we reached the junction of the annex corridor leading to the main hospital or paediatrics it became a little confusing to work out which way to go. Because of how the junction is laid out, it is difficult to have an eye height sign, as there is an exterior door on one side. There is also a pillar obstructing the view of the second doorway leading out to the hearing aid centre, partially covering the sign.

Suggestion: Speak to the signage company to ask if they have any further ideas on how to make this clearer.

2. Hearing aid centre to blood test department

B explained that the different levels of lighting along this corridor made it difficult for him to locate the signs. The corridor was very busy, and we noted that there were catering staff moving along the corridor with large trolleys on wheels without taking into account that there were sight-impaired patients in the corridor. Due to these staff trying to move around the patients, this made them feel disorientated and the guide dog also became slightly unnerved.

There are chairs placed outside the blood tests department, where a large group of patients were waiting outside the entrance in the corridor, which obscured the signage. The current signs are at eye level flush against the walls along the whole length of the corridor.

Suggestion: Improve lighting above the signs. Speak to the management team of patient dining and train staff in awareness of visually impaired patients.

3. Blood tests to x-ray department

The lady with the guide dog wished to take the stairs. We asked her to do what she would usually do to find her way to the department. She made her way to the main reception from the lower ground floor from memory. Before she reached the front of the queue, a member of staff stopped and asked her where she wanted to go and offered to take her there.

On the whole, the staff we encountered were all very helpful and the group wished for us to express this in our report.

We continued to the x-ray department, walking around the corridor past the management corridor and physiotherapy, where we stopped at the orthopaedics entrance. This caused a little confusion, as it is a hectic, flowing area, with the coffee shop, entrance hall, patient transport and stairs all very busy. We continued past the stairs into the main hall of the outpatients' entrance.

Although there is signage in place, Group 3 experienced the same problems as Group 1 regarding one sign being blocked on the wall behind. This was resolved quite quickly as the Young Healthwatch member noticed the sign and we walked to the department in question without further hitches.

4. Toilet facilities

During the whole of our walk, we asked the group if they would be able to find the toilet facilities from where we were: at elderly day care; outside the blood tests department; at the bottom of the stairs lower ground floor; outside main reception; and along the corridor leading from the management offices to the orthopaedic reception 1. The lady with the guide dog said that she would always find her way to the only toilet in the building that she is familiar with. Her guide dog knows how to get there from the main entrance. The others agreed that toilet signage appeared very good and the black on yellow signs helped this stand out. B stated that he can see black on white, or black on yellow, depending again on the lighting.

MEMORANDUM OF UNDERSTANDING BETWEEN HILLINGDON CCG AND LB HILLINGDON 2019-2021

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Residents Services
Papers with report	Appendix 1 - Draft Memorandum of understanding

1. HEADLINE INFORMATION

Summary	This report presents an updated Memorandum of Understanding between the Hillingdon CCG and Hillingdon Council. It is presented to the Board for agreement as the Health and Wellbeing Board is stated as the governing body for the agreement.
Contribution to plans and strategies	This Memorandum of Understanding sets out how HCCG and the London Borough of Hillingdon (LBH) will work together in developing joint approaches to health and social care in Hillingdon and includes setting out a process for agreement of Public Health activities offered to support commissioning by HCCG.
Financial Cost	There are no new financial implications arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board agrees the draft Memorandum of Understanding.

3. INFORMATION

Supporting Information

The Council and Hillingdon CCG have agreed to set out how they will work together including on sharing public health advice through a Memorandum of Understanding (MoU). A draft of this is attached at Appendix 1.

The Health and Social Care Act 2012 establishes a duty that local authorities should provide specialist public health expertise and advice to NHS commissioners to support them on

delivering their objectives to improve the health of their population. This is sometimes referred to as the "Core Offer" from the Council to the CCG.

The Board first agreed a similar MoU in 2013 and this has been updated once since. The current MoU was time limited to run to March 2019 so is due an update.

The draft at Appendix 1 offers largely presentational changes and updates based on developments such as STPs since the first MoU was agreed.

The MoU sets out how an annual work plan will be agreed between HCCG and the Council defining which activities are to be prioritised between partners and to form part of the Council's Public Health business plan.

Financial Implications

Whilst this report does not have direct financial implications, the MoU establishes a framework, consistent with the 2012 Act, for agreeing priority actions, which in turn will have resource implications. Discussions regarding the annual "core offer" work plan will need to take into account available resources.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

Effective working between HCCG and the Council should have a positive indirect effect on residents and communities.

Consultation Carried Out or Required

The MoU has been discussed between the parties concerned, no wider consultation has been considered necessary.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

TBC

Hillingdon Council Legal comments

TBC

6. BACKGROUND PAPERS

Appendix 1 - Draft MoU

Appendix 1

MEMORANDUM OF UNDERSTANDING (MoU) between **LONDON BOROUGH of HILLINGDON** and **HILLINGDON CLINICAL COMMISSIONING GROUP**

2019-2022

Contents

Acronyms

HCCG Hillingdon Clinical Commissioning Group

COPD Chronic Obstructive Pulmonary Disease

CQUIN Commissioning for Quality and Innovation Payment

DPH Director of Public Health

HNA Health Needs Assessment

IFR Individual Funding Request

JSNA Joint Strategic Needs Assessment

KPI Key Performance Indicator

MOU Memorandum of Understanding

QIPP Quality, Innovation, Productivity and Prevention

CAMHS Child and adolescent mental health services

LBH London Borough of Hillingdon

HPH Hillingdon Public Health

STP Sustainability and Transformation Plan

1. Aims

This document sets out the principles of how the London Borough of Hillingdon (the Council) and Hillingdon Clinical Commissioning Group (CCG) will work together to ensure improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and other services. Through the provision of specialist Public Health (PH) expertise and advice, fulfilment of PH and CCG roles and responsibilities and mutual partnership working, ensuring that:

A. Health improvement, healthcare services and health protection commissioned by Hillingdon CCG:

- are evidence - based and clinically effective
- are safe and of good quality
- are cost effective
- reduce health inequalities
- meet the needs of the local population
- provide value for money
- maximise individual and population health outcomes

B. Public Health principles of equity, empowerment, effectiveness, evidence-based practice, fairness and inclusiveness are enshrined in CCG strategic approaches.

2. Context

The Health and Social Care Act (2012) (the Act) establishes arrangements in England for health protection, health improvement and for commissioning health services. Section 12 of the Act transfers statutory responsibility for public health to Local Authorities.

2.1 Commissioning:

Clinical Commissioning Groups (CCGs) are the main local commissioners of NHS services and the Act gives them a duty to continuously improve the effectiveness, safety and quality of services. The Act also stipulates that, as part of their statutory responsibility for public health, Local Authorities are responsible for providing healthcare public health advice to CCGs, which includes supporting health commissioning. CCGs are also required to seek approval from Health and Wellbeing Boards for their Commissioning Strategies. Good population health outcomes, including reducing health inequalities, rely not only on health protection and health improvement but on the quality and accessibility of healthcare services provided by the NHS. Healthcare public health advice (the third domain of public health) is critical in giving NHS commissioning a population focus. With the transfer of local leadership of public health to local authorities it is critical that NHS commissioning continues to benefit from public health advice so that the NHS can make the maximum impact on population health.

2.2 Health Improvement:

With the advent of the NHS Long Term Plan (NHS England, 2019), there is a greater emphasis on the NHS to acknowledge the role of prevention and the need to reduce health inequalities and for the NHS to play a greater part in initiatives to improve the health of the population. This will involve primary, secondary and tertiary prevention as well as advocating work on the wider determinants of health. The Long Term Plan also identifies a new service model intended to lead to more integrated health and care services.

2.3 Health Protection:

Under the Act, local authorities (LA) must appoint Directors of Public Health (DPH) who have local responsibilities in respect of health protection, in conjunction with Public Health England. These include preventing and responding to outbreaks of communicable disease, planning for and mitigating the effects of environmental hazards, and NHS resilience. The Act gives the CCG a duty to ensure that they are properly prepared to deal with relevant emergencies.

The Council has established arrangements for the discharge of its statutory public health functions, through integrating public health alongside existing functions and focussed on supporting its vision of putting its residents first. Local Public Health involvement in health protection has changed with the creation of Public Health England, who now has the responsibility of responding to health protection incidents such as outbreaks. However, there are still areas of health protection which fall under the domain of HPH team that relate to the work of the HCCG such as HCAI, wider emergency response, community safety and environmental health.

3. Purpose

The purpose of this Memorandum of Understanding (MOU) is to agree a framework for relationships between the Council and the Clinical Commissioning Group (CCG), outlining the expectations and responsibilities of each party and the principles and ways of working. It will be accompanied by an agreed CCG-Council public health work-plan for each year.

It is agreed as follows:

3.1 Principles and Values

The Council and the CCG will:

- Work in partnership to achieve agreed outcomes and ensure that a productive and constructive relationship continues to be developed and maintained.
- Recognise and respect each other's roles in improving the health of the population
- Support each other in finding the most efficient ways to deliver project requirements.
- Use the content and terms of this MoU to help in resolving any conflicts that arise in the working relationship.
- Be responsive to each other's needs during the year, within the flexibility of a planned programme of work.
- Owe each other a duty of confidentiality regarding business sensitive issues.

3.2 Objectives

The Council and the CCG will work together:

- To deliver improvements in the health of the borough's population, through disease prevention, health protection and commissioning health services;
- To maintain performance information on national and locally agreed outcome measures and priorities;
- To ensure that local commissioning fully reflects the population perspective;
- To implement a mutually agreed joint work plan to meet the needs of residents and deliver commissioning and public health priorities for the local population.

3.3 Governance and Accountability

- The Hillingdon Health and Wellbeing Board will be the governing body for this agreement.
- The DPH or nominated representative will attend the Clinical Commissioning Group Governing Body, as a non-voting member, to provide public health advice, support and challenge to commissioning discussions and decision-making.
- The DPH or nominated representative may attend other CCG committees, if requested.
- CCG clinical directors, through the Health and Wellbeing Board, will provide clinical input to partnership strategies and priority setting.
- There will be one named public health consultant to act as the key relationship manager to the CCG.
- The CCG will designate a clinical director to be the lead for population health.
- The work-plan will be developed by negotiation and be based on agreed priorities drawn from the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and healthcare commissioning plans.

4. Population Healthcare / Health Services

The "core offer" provided by the Public Health team to the CCG is defined and limited by the work-plan which is mutually agreed and consistent with the needs of the CCG and capacity and other public health priorities of the Council. The work-plan will be agreed annually and is likely to cover such things as:

- Lead production of the joint strategic needs assessment (JSNA) and other supporting needs analysis.
- Lead the development of, and professional support for, the Health and Wellbeing Board (HWB) and Joint Health and Wellbeing Strategy.
- Provide specialist, objective public health advice to the CCG in its strategic, commissioning and decision-making processes.
- Assess the health needs of the local population, through use and interpretation of the data and other sources, and analysis of how the needs can best be met using evidence - based interventions.
- Support actions within the commissioning cycle to prioritise and reduce health inequalities and better meet the needs of vulnerable/ excluded communities, for example including use of health equity audit; health impact assessments, geo-demographic profiling, etc.
- Support the clinical effectiveness and quality functions of the CCG, including input into

assessing the evidence in commissioning decisions, e.g. NICE or other national guidance, critical appraisal and evidence review.
- Support the CCG in its work in developing health care strategies, evidence based care pathways, service specifications and quality indicators to monitor and improve patient outcomes.
- Provide specialist advice to support QIPP which includes quality and efficiency drives and care pathway design.
- Provide specialist advice based on surveillance of epidemiological and demographic data regarding the health needs of the local population.
- Design monitoring and evaluation frameworks to assess services for the impact of commissioning policies; support collection and interpretation of the results
- Assist in the process for setting priorities or making decisions about best use of scarce resources, for example through decision-making frameworks, benchmarking/ 'comparative effectiveness' approaches linked to population need.
- Support the CCG in the achievement of NHS Outcomes Framework indicators, particularly as regards action on Domain One – preventing people from dying prematurely, and in support of its contribution to the Public Health Outcomes Framework.
- Support the development of public health skills for CCG staff.
- Promote and facilitate joint working with the Council and wider partners to maximise health gain through integrated commissioning practice and service design.

The CCG will:

- Seek specialist public health advice to ensure that prioritisation and decision making processes are robust and based on population need, evidence of effectiveness and cost effectiveness.
- Work with the Council to develop its public health commissioning intentions in line with the Health and Wellbeing priorities, as informed by the JSNA.
- Utilise specialist public health skills to identify and understand high risk and/or under- served populations in order to target services at greatest population need and towards a reduction of health inequalities.
- Utilise specialist public health skills to support development of its commissioning strategies, pathways and service improvement plans.
- Contribute intelligence and capacity to the production of the JSNA, including through data-sharing agreements.
- Ensure necessary arrangements are in place to enable the Council to deliver the core public health offer and facilitate joint working, including sponsorship arrangements for NHS mail and Athens, accommodation/hot-desking, etc.
- Mediate an agreement between the Council and NHS England to ensure clear communication and full access to required NHS data for the delivery of the Council's public health functions.

5. Health Improvement

The Council will:

- Support primary care to deliver health improvements (appropriate to its provider healthcare responsibilities) e.g. by offering training opportunities for staff and through targeted health behaviour change programmes and services.
- Commission health improvement services with the intention of supporting the CCG in its role of

improving health and addressing health inequalities.
- Lead health improvement partnership working between the CCG, local partners and residents, to integrate and optimise local efforts for health improvement and disease prevention.
- Embed agreed health improvement programmes into front-line clinical services, with the aim of improving outcomes for patients and reducing demand.
- Maintain and refresh metrics, as necessary, to allow the progress and outcomes of preventive measures to be monitored, particularly as they relate to delivery of key NHS and Council strategies.

The CCG will:

- Contribute to the development of the Joint Health and Wellbeing Strategy and supporting strategies and action plans to improve health and reduce health inequalities.
- Encourage constituent practices to maximise their contribution to disease prevention – e.g. by taking every opportunity to encourage uptake of screening opportunities.
- Encourage constituent practices to maximise their contribution to health improvement – e.g. by taking every opportunity to address smoking, alcohol, and obesity in their patients and by optimising management of long term conditions.
- Ensure primary and secondary prevention are included within all commissioned pathways.
- Commission to reduce health inequalities and inequity of access to services.
- Support and contribute to locally driven public health campaigns.

6. Health Protection

The Council will:

- Assure that local strategic plans are in place for responding to the full range of potential emergencies – e.g. pandemic flu or major incidents.
- Assure that the CCG has access to these plans and an opportunity to be involved in any exercises.
- Cascade advice from Public Health England to the clinical community and any other necessary route on health protection and infection control issues.
- Keep the CCG and other local partners apprised of local and national health protection arrangements as details are made available by Public Health England.

The CCG will:

- Ensure Public Health consultants and analysts have access to health care data (ie. SUS, HES and GP data) to facilitate effective delivery of public health programmes and responsibilities related to healthcare public health (eg. Pathway design, service evaluation and redesign) and prevention programmes (eg. Health Checks, Smoking Cessation, Chlamydia Screening), within current Information Governance rules.
- Familiarise themselves with strategic plans for responding to emergencies.
- Participate in emergency planning exercises when requested to do so.
- Ensure that provider contracts include appropriate business continuity arrangements
- Ensure that constituent practices have business continuity plans in place to cover action in the event of the most likely emergencies.

- Ensure that providers have and test business continuity plans and emergency response plans covering a range of contingencies.
- Assist with coordination of the response to emergencies, through local command and control arrangements.
- Encourage constituent practices to maximise their contribution to health protection, e.g. by taking every opportunity to promote the uptake of and providing immunisations.

7. Performance

- The Council and the CCG will work together to deliver their public health outcomes.
- The Council will support the CCG in achievement of non-public health outcome indicators, where possible.
- The CCG will support achievement of PH outcome indicators, where possible, through support and challenge to member practices, as well as through commissioning health services.
- The CCG and the Council will co-operate on achieving performance outcomes in the NHS and the Public Health Outcomes Frameworks.
- The CCG and the Council will work together to monitor and produce performance reports to the Health and Wellbeing Board based on the Joint Health and Wellbeing Strategy.
- The work-plan will include agreed key performance indicators for each work-stream/project by which progress will be monitored and both parties held to account.

8. Monitoring and Review

Joint accountability for the monitoring of this MOU will lie with the Director of Public Health and the Chief Operating Officer of Hillingdon CCG. The effectiveness of the MOU will be jointly monitored on an on-going basis at a schedule to be agreed between the parties.

9. Term of the Agreement

This agreement commences on 1st April 2019 and when signed by both parties and will continue until 31st March 2022.

Signature:

Name: Dr Ian Goodman
Position: Hillingdon CCG Chairman
Organisation: Hillingdon Clinical Commissioning Group
Date:

Signature:

Name: Cllr Philip Corthorne
Position: Cabinet Member for Social Services, Housing, Health and Wellbeing
Organisation: London Borough of Hillingdon
Date:

Signature:

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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 2019/2020

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 2019/2020 Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2019/2020, 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 2019/2020 were considered and ratified by Council at its meeting on 17 January 2019 as part of the authority's Programme of Meetings for the new municipal year. The dates and report deadlines for the 2019/2020 meetings have been attached to this report as Appendix 1.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

NIL.

APPENDIX 1

BOARD PLANNER 2019/2020

25 June 2019 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 7 June 2019 **Agenda Published:** 17 June 2019
	Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings*	HCCG	
	Hillingdon CCG Operating Plan	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	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	

24 Sept 2019 2.30pm Committee Room 6	**Business / Reports**	**Lead**	**Timings**
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 6 September 2019 **Agenda Published:** 16 September 2019
	Hillingdon's Joint Health and Wellbeing Strategy 2018-2021 (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	HCCG Commissioning Intentions 2019/2020	HCCG	
	Healthwatch Hillingdon Update (SI) - *including Annual Report*	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Local Safeguarding Children Board (LSCB) Annual Report	LBH	
	Safeguarding Adults Partnership Board (SAPB) Annual Report	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	

3 Dec 2019 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 15 November 2019 **Agenda Published** 25 November 2019
	Hillingdon's Joint Health & Wellbeing Strategy 2018-2021 (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Hillingdon's Joint Strategic Needs Assessment	LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	PART II - Update: Strategic Estate Development (SI)	HCCG	

3 Mar 2020 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	**Report deadline:** 3pm Friday 14 February 2020 **Agenda Published:** 24 February 2020
	Hillingdon's Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (SI) - *to include update on Financial Recovery Plan / QIPP Programme savings update*	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	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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