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Health and Wellbeing Board

Date: **TUESDAY, 25 JUNE 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

Published: Monday, 17 June 2019

Contact: Nikki O'Halloran
Tel: 01895 250472
Email: nohalloran@hillingdon.gov.uk

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Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

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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 5 March 2019 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

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Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

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17	To approve PART II minutes of the meeting on 3 March 2019	225 - 226
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Minutes

HEALTH AND WELLBEING BOARD

5 March 2019

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 Richard Lewis, and Dr Ian Goodman and Ms Lynn Hill **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) Sarah Crowther – Hillingdon Clinical Commissioning Group 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)
44.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillors Jonathan Bianco, Keith Burrows, Douglas Mills and Ray Puddifoot, Mr Mark Easton (Ms Caroline Morison was present as his substitute), Mr Bob Bell (Mr Nick Hunt was present as his substitute) and Ms Robyn Doran (Ms Maria O'Brien was present as her substitute).
45.	**TO APPROVE THE MINUTES OF THE MEETING ON 4 DECEMBER 2018** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 4 December 2018 be agreed as a correct record.**
46.	**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 12 and 14 to 15 would be considered in public. Agenda Items 13 and 16 would be considered in private.
47.	**HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021** *(Agenda Item 5)* Key themes highlighted within the report included the publication of the NHS' Long

Term Plan for health on 7 January 2019. This plan included the creation of Integrated Care Systems (ICS) by 2021 with local plans by April 2019. Work was moving apace to develop the Hillingdon ICS. On 14 January 2019, the Leader of the Council and the Chairman of the Health and Wellbeing Board had met with Mr Duncan Selbie, Chief Executive of Public Health England, and raised the Council's concerns about the underlying financial viability of the health system based on the starting deficit position.

Work around the reconfiguration of Health Based Places of Safety (HBPoS) in North West London (NWL) continued, with significant opposition to proposals from across local government. It appeared that consideration had not been given to the impact of the proposed changes on the finances and resources required by local authorities or on A&E departments once the new venues became overloaded. There was a shared interest in local partners working together on this and options, including legal challenge, would need to be kept open. Because there had not yet been agreement in NWL, the area was now out of sync with the rest of London and a great deal more work and engagement would be needed.

The Board noted that the Hillingdon Air Quality Action Plan would be issued for public consultation in the near future. It was recognised that there were areas in the Borough which were already predicted to be above the air quality limits for annual mean nitrogen dioxide even before considering issues such as a third runway at Heathrow or HS2. It was agreed that the Health and Wellbeing Board would respond to the consultation. Should the timescales not permit the Board's draft response to be considered at a scheduled Board meeting, the draft response would be circulated to Board partners for comment and agreement. It was also agreed by the Board that submission of the final document be delegated to the Council's Deputy Chief Executive and Corporate Director of Residents Services in consultation with the Chairman of the Health and Wellbeing Board, Chair of HCCG and Chair of Healthwatch Hillingdon.

The Chairman noted that there had been some positive developments in relation to the reinstatement of inpatient hospice provision in the North of the Borough since the Board's last meeting. The Council's External Services Select Committee (ESSC) had held its third meeting to discuss the issue the previous week and there had been some very productive conversations held in the Borough. Hillingdon Clinical Commissioning Group (HCCG) had advised East and North Hertfordshire NHS Trust (NHS) about its commissioning intentions which covered three elements: a day centre, an 8 bed inpatient unit and a 24 hour consultant-led telephone helpline. HCCG hoped to be in a position to identify a provider by the end of April and have the service back up and running by the summer. HCCG, and other health partners, had committed to return to a future ESSC meeting at the end of May / beginning of June 2019 to provide Members with an update on progress.

Concern was expressed that the plan still appeared to be inward looking rather than showing what the actions would mean to residents in practice. The information included therein was based on existing programmes or buildings and consideration needed to be given to broader use of social media to encourage residents to engage on issues included in the plan.

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.**
3. **should timescales not permit consideration at a scheduled Board meeting, submission of the Health and Wellbeing Board's consultation response be delegated to the Council's Deputy Chief Executive and Corporate Director**

	of Residents Services in consultation with the Chairman of the Health and Wellbeing Board, Chair of HCCG and Chair of Healthwatch Hillingdon.
48.	**BETTER CARE FUND: PERFORMANCE REPORT** *(Agenda Item 6)* The Chairman noted that the Board had been keen to see historical context around the figures that were included in the report. It was pleasing to note that, since opening in October 2018, Grassy Meadow Court extra care housing scheme had provided an alternative to care home admission for 8 people and that 63 of the 88 units had now been filled. It was anticipated that Park View Court would open April 2019, providing a further 60 extra care housing units. The Chairman had recently shared information about these scheme's with a Councillor from Surrey County Council. The NHS Long Term Plan set out the Government's requirements for the population's health and care needs from April 2020. As the NHS Plan would run for five years, it was important that partners agreed a single year plan for the Borough to cover the 2019/2020 interim period. It was recognised that the final version of this local plan might need to be reported to the Board for sign off at its next meeting on 25 June 2019. Ms Sarah Tedford, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that the Trust had been working hard to refine discharge processes and had been working with community health services on home of choice discharges (in relation to care home placements). Support was also being provided to facilitate discharges from hospital earlier in the day which would then have a lesser impact on other providers. Although there had been an increase in the number of A&E attendances over the winter period, there had not been an increase in the number of hospital admissions. This had helped in not adding pressure to the subsequent number of discharges that would be needed. However, performance against seven day metrics at Hillingdon Hospital was not on track. Whilst there had been an improvement in weekend discharges within the surgery department, there had been a reduction in performance against the other seven day metrics. It was noted that HCCG had asked Healthwatch Hillingdon to revisit the work that it had previously undertaken in relation to hospital discharge. To enable the improvements that had been implemented to take effect, the start of this work would be delayed until later in the year. It was agreed that it would always be lower risk to keep someone in hospital rather than moving them on. As such, consideration needed to be given to focussing on the back end of service provision. Ms Tedford confirmed that THH was focusing on the back end with initiatives such as discharge to assess. Although these programmes were helping to improve patient flow through the hospital, further work was still needed. **RESOLVED: That the Health and Wellbeing Board:** **a) noted the progress in delivering the plan during the Q3 2018/19 review period;** **b) agreed the proposed approach for the 2019/20 BCF plan (paragraphs 26 and 27 of the report); and** **c) agreed 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 26 and 27 of the report.**

49.	**CHILD OBESITY IN HILLINGDON** *(Agenda Item 7)* When Mr Duncan Selbie, Chief Executive of NHS England, had visited the Borough, there had been some discussion about the levels of child obesity in Hillingdon which had stood out for the wrong reasons. Whilst the report provided local and national context, it did not give sufficient detail of the follow up actions and effectiveness of interventions being undertaken. It was agreed that a further report would be included on the agenda for the Board's next meeting. Whilst the list of local action was thought to be sensible, it was not thought to be sufficient. Consideration would also need to be given to why local schemes were not always producing the expected improvements. It was suggested that this could be as a result of a larger problem where alternative interventions and different approaches were needed. **RESOLVED: 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.**
50.	**CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING** *(Agenda Item 8)* It was noted that mental health services in Hillingdon had been a source of concern for some time. Indeed, Healthwatch Hillingdon had identified a number of shortcomings in its review of the service. The success of KOOTH had been encouraging with the take-up figures for teenagers, particularly from minority groups, being positive. It was noted that Hillingdon had been the second London borough to introduce KOOTH. The Board was advised that Hillingdon now had one of the largest number of teenagers accessing mental health services but one of the lowest waiting lists (at the Board's last meeting, the 18 week target had been missed by 0.1%). This had been supported by the good work being undertaken by mental health champions and schools. Concern was expressed that the absence of intervention measures resulted in the need for a referral. KOOTH was a positive step in terms of intervention but it was queried whether there was sufficient awareness of the service amongst schools and GPs. Programmes run in schools by Young Healthwatch and Healthwatch Hillingdon about issues such as self harm had helped to identify young people in need and deliver positive outcomes. The Chairman asked that his thanks be passed to Ms Kim Markham-Jones for her work on this. Referral levels were still very high with Hillingdon thought to be second only to Brent. It was unclear whether high referral rates meant that there was high awareness of the service, and therefore higher take up, or whether need was more prevalent in Hillingdon. The mental health needs assessment that was undertaken about five years ago had identified a greater proportion of unmet need in Hillingdon than its statistical neighbours. The situation was likely to have changed since then. As such, the Director of Public Health agreed to rerun the analysis so that a comparison could be made.

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 would be published in March 2019 when the NHSE assurance process was 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 had 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 was 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 planned 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.**

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

It was noted that the two Hubs were both at the same stage which meant that timescales on the North hub had slipped by ten months since the last Board meeting. There had been a complete change of team at NHS PS so it was hoped that the North hub would now progress at pace. Expressions of interest had been sent out to give practices the opportunity to indicate if they were interested in delivering the service. Once the provider had been confirmed, the process would move into the planning and design stages. The planning process had taken longer than expected and options had been reconfigured following discussions with planning officers.

With regard to The Old Vinyl Factory development in Hayes and Harlington, it was expected that the Heads of Terms for a new health facility would be concluded by the end of March 2019. Consideration was also being given to a new health centre on the former Nestle factory canteen building site as the expected number of residential units had increased significantly.

The Board was advised that a site in Holloway Lane, Harmondsworth had been identified for a GP practice in Heathrow Villages. Action was now being taken to locate a mobile unit elsewhere in the country to put on the site. A provider would also need to be identified.

It was noted that works to complete the extension of St Martin's Medical Centre were nearing completion. S106 funding had been received to support the practice's contribution to the scheme.

	Lease terms had been agreed between the practices and NHS Property Services (NHS PS) for the Yiewsley Health Centre. The funding deadline had been extended to enable the project to commence and the contract price was being reviewed ahead of contract signature. It was noted that NHS PS had created its own communications team. Following a detailed design exercise, a refined set of Heads of Terms had been agreed between Shakespeare Medical Centre, Yeading Court Surgery and the Council for the relocation of the practices to new premises on the redeveloped former Woodside Day Centre site. The CCG had agreed the business case in the summer of 2018 and the GPs would now need to sign the terms of the leases. A conclusion was expected in the next two weeks. **RESOLVED: That the Health and Wellbeing Board notes the progress being made towards the delivery of the CCGs strategic estates plans.**
52.	**HILLINGDON CCG UPDATE** *(Agenda Item 10)* Being half way through the five year period covered, and following the publication of the NHS Long Term Plan, North West London (NWL) Health and Care Partnership believed it timely to review and refresh the NWL Sustainability and Transformation Plan (STP) which had not been as successful as anticipated. This work had been rebadged as the NWL Health and Care Partnership refresh. The Board was advised that Harrow had made a successful bid to the Department for Education (DfE) on behalf of the 8 NWL boroughs to become an Early Adopter Site for developing new arrangements for the delivery of Child Death Overview Panels in NWL. There had been a central drive to encourage GPs to work in groups. Dr Goodman advised that Hillingdon had already designed its groups around the recommended size. It was thought that a more detailed update on this contract would be available at the Board's next meeting. It was noted that action was being taken to amalgamate the eight CCGs in NWL to reduce duplication and provide a louder collective voice. However, it was still unclear how this would work on a practical level. Steps would need to be taken to ensure that the good work already undertaken in Hillingdon was not undone. Concern was expressed that a decision in relation to health based places of safety would sit with the amalgamated CCG which might not be in the Borough's best interest. Hillingdon CCG's financial position remained extremely tight at month nine, with significant adverse variances within acute and continuing care. The Board noted that, with regard to vaccinating children against tuberculosis (TB), Hillingdon CCG had been trying to pick up those who were at risk and send them for testing (this could be done at birth or subsequent referral to a clinic). However, although there had been a good uptake in the South of the Borough, it was unclear how successful this had been as there were some practices that were unaware of the programme. Concern was expressed that Hillingdon had the sixth highest incidence of TB in London but that many children were not being offered the vaccination. It was queried whether the degree of risk present in the Borough was not high enough to prompt vaccinations being more widely available.

	The Board was advised that the Borough's approach to TB vaccination had been agreed about 20 years ago based on evidence from that time. It was recognised that new cases of TB would found in the immigration removal centres and in people coming through Heathrow airport and, therefore, Hillingdon met the criteria for new born immunisation. About four months ago, NHS England had commissioned a catch up immunisation service for new borns that had previously been missed and this was available in West London. Dr Steve Hajioff would investigate the issue of the policy being universal but the practice being less thorough. **RESOLVED: That the Health and Wellbeing Board noted the update.**
53.	**HEALTHWATCH HILLINGDON UPDATE** *(Agenda Item 11)* Healthwatch Hillingdon (HH) had completed a second round of recruitment to appoint a new Chief Executive Officer but had not found a suitable applicant. In the meantime, Mr Turkay Mahmoud would continue as the interim Chief Executive Officer and consideration was being given to an alternative configuration with the possible appointment of someone who would be able to develop the organisation's systems. It was hoped that such an appointment would enable greater use of the functionality of the organisation's technology which could then help to increase feedback from service users. It was recognised that HH had experienced challenges with regard to recruiting a new Chief Executive Officer. Members of Young Healthwatch Hillingdon (YHwH) had a tour of Hillingdon Clinical Commissioning Group (HCCG) where they were able to ask questions of the heads of departments to get an idea of what they did. Following feedback from visually impaired service users, a wayfinding / signage review had been undertaken at Hillingdon Hospital. The findings and recommendations of the review had been included in a report which had been appended to the agenda. The Board was advised that HH had worked with HCCG and The Hillingdon Hospitals NHS Foundation Trust (THH) to support patients who had had their treatment plans changed following the decommission of some spinal injections and acupuncture in June 2018. A report had been drafted and would be brought to the next Health and Wellbeing Board meeting. **RESOLVED: That the Health and Wellbeing Board noted the update.**
54.	**THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST UPDATE** *(Agenda Item 12)* The Board was advised that The Hillingdon Hospitals NHS Foundation Trust (THH) recovery plan had been shared widely. The original plan, following the CQC inspection, had focussed on tackling the 'should do' and 'must do' actions and the requirement notices. The work undertaken had gone well and the plan was now being revised to broaden it and provide more detail for the next year. Organisational development and urgent estate issues would be dealt with. Key milestones would be shared with the Health and Wellbeing Board at its next meeting but it was clear that more still needed to be done in relation to improvements in the emergency department, the elective (18 week) waiting times and work on the estate. Managing finances would be a key element of this work. To ensure that partners were engaged more widely, monthly meetings were being held to monitor progress and ensure a more rounded approach. In addition, regulators were

	providing THH with support to enable the Trust to scrutinise itself more robustly. It was noted that THH had undertaken a review of the seven day provision of clinical services. The review had focussed on the provision of seven day services in therapies, pharmacy and inpatient care. A further stage of the review would examine the provision of services in radiology and outpatients. The Hillingdon Improvement Practice (HIP) team had been appointed to work collaboratively with the other six Trusts involved in Vital Signs. The NHS Improvements Vital Signs programme used systems thinking and lean principles to deliver a continuous improvement culture and practice within organisations. Occupational therapy work would need to be included in this. The Board was advised that THH had met with Deloitte and that its review would be put on hold until the end of July / beginning of August whilst the new senior Trust managers settled in. The number of A&E attendances at Hillingdon Hospital had increased by approximately 6% over the winter period and the number of Type 1 attendances had also increased by around 10%. However, it was noted that there had been no increase in admissions and there had been a decrease in the number of emergency admissions. This had impacted positively on patients and staff. **RESOLVED: That the Health and Wellbeing Board noted the update.**
55.	**MEMORANDUM OF UNDERSTANDING BETWEEN HCCG & LBH 2019-2021** *(Agenda Item 14)* It was agreed that the Memorandum of Understanding provided focus for the way in which the Council and Hillingdon Clinical Commissioning Group would work together. **RESOLVED: That the Health and Wellbeing Board agreed the draft Memorandum of Understanding.**
56.	**BOARD PLANNER & FUTURE AGENDA ITEMS** *(Agenda Item 15)* Consideration was given to the Board Planner. It was agreed that Child Obesity would be added to the agenda of the next meeting on 25 June 2019. Subject to the timing, a report on air quality would also be considered at the Board's next meeting. **RESOLVED: That the Health and Wellbeing Board agreed the Board Planner as amended.**
57.	**UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** *(Agenda Item 16)* There were no items raised for consideration.
58.	**HILLINGDON HEALTH AND CARE PARTNERS - DELIVERING HILLINGDON'S INTEGRATED CARE SYSTEM** *(Agenda Item 13)* The Board discussed issues in relation to delivering Hillingdon's Integrated Care System. **RESOLVED: That the Health and Wellbeing Board feedback provided on the**

	HHCP Integrated Care Business Case on the direction of travel and developments be noted.
	The meeting, which commenced at 2.30 pm, closed at 3.51 pm.

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

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BOARD MEMBERSHIP UPDATE

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

1. HEADLINE INFORMATION

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

2. RECOMMENDATIONS

That the Health and Wellbeing Board agree that Mr Graeme Caul replace Ms Maria O'Brien as the Central and North West London NHS Foundation Trust Non-Voting Co-opted substitute member on the Board.

3. INFORMATION

Supporting Information

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

A request has been made by Central and North West London NHS Foundation Trust that Mr Graeme Caul replaces Ms Maria O'Brien as the organisation's Non-Voting Co-opted substitute member on the Hillingdon Health and Wellbeing Board. It should be noted that, as this is a proposed change to the Non-Voting Co-opted membership of the Board, there is no need for it to be ratified by Council and, if agreed by the Board, can be implemented immediately.

Voting Rights

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

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

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

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A.

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

Sections 195 and 196 of the Health and Social Care Act 2012 specify the functions of the Board. These duties are to encourage persons engaged in the provision of any health or social care services "to work in an integrated manner" and to "provide advice, assistance or other

support" to encourage joint working between local authorities and NHS bodies. Section 196 also specifies that the Board is to exercise the Council's functions under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 - assessment of health and social care needs in the Borough and the preparation of the Joint Health and Wellbeing Strategy.

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

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

6. BACKGROUND PAPERS

NIL.

APPENDIX 1

HEALTH AND WELLBEING BOARD MEMBERSHIP 2018/2019
subject to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

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

HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2018-2021

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

1. HEADLINE INFORMATION

Summary	This paper reports against Hillingdon's Joint Health and Wellbeing Strategy 2018-2021. It also highlights key current issue that are considered important to bring to the Board's attention regarding progress in implementing the Strategy.
Contribution to plans and strategies	The Hillingdon Joint Health and Wellbeing Strategy (JHWBS) and the Hillingdon Sustainability and Transformation Plan (STP) local chapter have been developed as a partnership plan reflecting priorities across health and care services in the Borough. The JHWBS encompasses activity that is underway, including through various commissioning plans, the Better Care Fund and in developing Hillingdon's Integrated Care Partnership.
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 3.1. below, setting out live and urgent issues in the Hillingdon health and care economy; and**
2. **notes the performance issues contained at Appendix 1.**

3. INFORMATION

Background Information

3.1. Performance and Programme Management of the Joint Strategy

This report provides the Health and Wellbeing Board with a high level performance update against Hillingdon's Joint Health and Wellbeing Strategy 2018-21. Key performance updates set out in

relation to the strategy's delivery areas and enabling workstreams, are set out in Appendix 1. Significant live and urgent issues that have emerged or that will impact on the Strategy are set out below.

3.1.1 The NHS Long Term Plan : Legislative proposals

The NHS Long term plan, whilst a blue print for the NHS over the next ten years also presents the opportunity to consider how to reform and improve local health and care, across partners and at a local level. The NHS has been consulting on proposals for legislative changes that it needs to implement this plan. Meanwhile, we also still await the long overdue Adult Social Care and the "Prevention is better than cure" green papers which are both reported as being due for publication soon.

The legislative proposals cover a number of areas of interest:

- Removing Competition and Markets Authority functions to review mergers involving NHS Foundation Trusts (FTs) and removing NHS Improvement's powers to enforce competition.
- Removing arrangements between NHS commissioners and NHS providers from the scope of Public Contracts regulations
- Legislative changes to enable integration, including establishment of new NHS trusts to deliver integrated care.
- Powers to direct mergers or acquisition involving NHS FTs in specific circumstances and that it should be possible to set annual capital spending limits for NHS FT's.
- That CCGs and NHS providers be able to create joint decision-making committees to support integrated care systems and greater flexibility to make joint appointments.
- Proposals to make it easier for NHS England (NHSE) and CCGs to work together and enable groups of CCGs to collaborate to arrange services across combined populations; to carry out delegated functions to avoid issue of double delegation; and to enable CCGs to use joint and lead commissioner arrangements to make decisions and pool funds across functions.
- Enable NHSE to jointly commission with CCGs specific services currently commissioned under the section 7A agreement to delegate commissioning of services to group of CCGs (currently enables commissioning of national immunisation, cancer and non-cancer screening programmes and others).

Local government has responded to the consultation proposals, the principle point being made that to develop legislation from an NHS perspective in isolation from other partners, in particular local government but including voluntary sector, means an opportunity is missed to enable greater collaboration between health and care partners locally.

The point is also made that changes and proposals to transform the sector - perhaps away from existing regulatory frameworks for competition and procurement need to involve local government from the outset in planning processes for new structures so as to consider fully impact on other public services, for example social care and public health.

In addition, that the proposals require transparency and democratic accountability so the roles of Health and Wellbeing Boards and overview and scrutiny committees should be utilised fully to develop proposals.

3.1.2. NWL CCGs: Case for change consultation

Linked to the long term plan are proposals to reduce significantly the number of CCGs across the country and in North West London this means moving to a single NWL CCG and with one integrated care system overseeing local integrated care partnerships, such as in Hillingdon, Hillingdon Health and Care Partners. The NWL collaboration of CCGs issued its case for change "Commissioning reform in NWL" at the end of May 2019. This document is due for discussion at CCG governing bodies during June and wider engagement extending to end of July. The fastest track approach would lead to proposals being made to NHSE in September 2019 with a launch in 2020.

The Board will wish to consider how it wishes to engage with this process and its ramification for Hillingdon. For example, the case for change reports that across the NWL system there remains an underlying deficit of nearly £100m and we might estimate that about £10-11m of that could be attributed to activity in Hillingdon, mainly outturn at THH. Elsewhere on today's agenda are updates on the development of Hillingdon Health and Care Partners and a view from HCCG on its approach to this process.

3.1.3. End of Life (EOL)

Michael Sobell House

The closure of the Michael Sobell House (MSH) inpatient unit at Mount Vernon Hospital has had significant impacts to Hillingdon patients and families. Hillingdon CCG has recently completed a procurement process to re-establish hospice care at the unit, with Harlington Hospice awarded the contract to mobilise acute hospice services. Mobilisation is currently underway toward re-opening the unit from July 2019.

However, there remain risks to mobilisation, including foremost the formal handover of the lease for the estate, including the hospice building and associated offices in the adjacent building, from East and North Hertfordshire NHS Trust back to the leaseholder, The Hillingdon Hospitals MHS Foundation Trust (THH), and then again to Harlington Hospice. Building works must also take place and equipment portered in to enable the service to re-open. Hillingdon CCG has requested clarity on progress to addressing these issues from East and North Hertfordshire NHS Trust, as well as THH.

There continues to be a need to closely engage with staff as well. This has been complicated by the number of stakeholders required to act jointly to ensure service transition occurs with due consideration to NHS quality and safety accords. Hillingdon CCG is one of three main CCGs to have historically had patients given palliative treatment at Mount Vernon Hospital (with Harrow CCG and Herts Valley being the others, along with East and North Hertfordshire CCG being the lead CCG for the Trust). This has meant additional complexity to the process from the beginning. As such, whilst work continues at pace locally to progress mobilisation of the service, joint working is occurring at a relatively slower pace.

Hayes Cottage

Palliative care at Hayes Cottage, delivered by Harlington Hospice, has reported improvements to the quality of care to patients, as well as improved integration with other end of life and palliative services to provide greater holistic care experience to patients. The service continues to be a key

part of the end of life care services programme in Hillingdon.

Your Life Line 24/7 – Single Point of Access and Palliative Overnight Nursing Service

The Your Life Line service accepted 339 referrals in the last 6 months of 2018/19 after a mid-September commencement date. Of these referrals, 217 patients have since passed away with 203 passing away in their preferred place (93.5%). This is a highly commendable outcome for the service, run by CNWL in collaboration with Hillingdon Health and Care Partners.

There is an intention to undertake a deep dive analysis of the end of life programme from July 2019 in order to better understand deaths at home and in hospital. The outcomes of this will support greater integration of end of life services in 2019-20.

Nursing Night Sitting Service, Bereavement Service, Lymphedema

Harlington Hospice has reported greater numbers of referrals to supporting end of life services for night sitting, bereavement and lymphedema. This has been considered an effect of the Michael Sobell House service issues, which has resulted in alterations to referral patterns. The re-establishment of Michael Sobell House will support a return to 'normal'.

End of Life Strategy 2016-2020: preparation for renewed engagement

Hillingdon CCG has drafted, and will soon be implementing, an engagement plan in collaboration with Hillingdon Health and Care Partners to engage 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.

3.1.4 Health Based Places of Safety (HBPoS) Review

The NWL collaboration of CCGs has written to partners (April 2019) confirming that the proposals for reshaping the provision of HBPoS in NWL have been paused whilst they take a view as to the resource implications and consider how this fits in with priorities for Mental Health across NWL.

3.1.5 Public Health: cross-cutting issues

There are a number of emerging cross cutting issues that are impacting on health and wellbeing of residents and have required significant partnership responses. At the last meeting, issues were raised regarding Air Quality and an update on the consultation is contained on today's agenda. We have also reviewed our approach to tackling Childhood Obesity and proposals are brought to today's Board.

Areas that are also a cause for concern (and score high on Public Health indicators) relate to levels of homelessness and to increases in knife crime. It is proposed that papers on these themes, setting out the current issues and the local response and way forward be commissioned from officers and brought to the next Health and Wellbeing Board meeting in September for discussion.

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 Health and Wellbeing 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 – June 2019
DA1 Radically upgrading prevention and wellbeing

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

- *MyHealth* - 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.
- The Early Intervention, Self Care and Prevention working group has approved the proposal to embed PAM (Patient Activation Measure) surveys into general practice, this work will commence from June 2019. This will measure a patient's activation level and provide health practitioners with insight of how to optimally support patients with long-term conditions to self-care. They have also undertaken a mapping exercise of partnership early intervention and prevention activity so as to guide future action planning and sign-posting of services for patients/carers.
- The `Health Help Now' app that was launched in January has had 3,263 visits since March 2019. The top **symptom categories visited by patients are: m**ild allergic reaction, unconscious, severe breathing difficulties, serious injury, severe blood loss, abdominal pain, sickness and diarrhoea and eye problems. The use of the app will continue to be evaluated. The app can be found here: https://www.healthiernorthwestlondon.nhs.uk/digitalhealth/apps/healthhelpnowapp.
- HCCG, H4All and commissioners have been working together to undertake work to develop new MyHealth programme for MSK and Cancer. The next steps will be to co-produce the self-care pathways with patients, carers, stakeholders and the third sector.
- A draft Childhood Obesity Action is set out in more detail on today's agenda.
- The Hillingdon Air Quality Action plan public consultation has concluded and a summary is on today's agenda.
- The Hillingdon Suicide Prevention Group has recently reviewed its priorities and an updated action plan is being developed. A focus on venues for suicide, especially road junctions as well as establishing a greater understanding of self harm and young women will be considered. Training for front line staff and advice for residents continues to be important. A communication plan will form part of the update.

Delivery Area, Transformation Programme and Progress Update – June 2019

T1. Integrated care for Children and Young People

- *Paediatric Integrated Clinics* – A total of 1,049 CYP were seen in a joint GP / Paediatrician consultation in primary care settings during 2018/19. Although 49 GPs have taken part there is still some work to be done to ensure greater coverage. To date, the feedback of the service has been very positive from service users. A review of the overall service is underway and recommendations will inform future developments.
- *Paediatric Community Phlebotomy Service* - a phased roll out of the Paediatric Community Phlebotomy service for non-urgent bloods for CYP aged 2 to 18 years commenced in December 2018. All four clinic locations are now operational.
- *Children's Integrated Therapies - LBH and HCCG* are currently working with CNWL to pilot the new model for Integrated Therapies, which is intended to provide access and support to CYP with mild to moderate needs.
- *Transition of CYP to adult services* – CYP partners: LBH, HCCG, THH, CNWL, Young Healthwatch and DASH are working together to improve transition planning and to better integrate the support provided to young people who need to transfer into adult services. Proposed improvements include: case management, key workers and service navigators.

Children & Adolescent Mental Health Services (CAMHS)

- *Transformation Plans* - 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 is now published on the HCCG Website.
- *Integrated Early Intervention Service*- Hillingdon CCG is hosting three workshops during May/ June 2019 with stakeholders across Hillingdon to develop an Integrated Early intervention model for children with emotional well-being mental health and physical needs. The aim is to reduce waiting times for access and provide effective and timely support. The workshops will inform the development of a new service specification for the service which will be completed in June 2019.
- *KOOTH* - The CCG commissioned KOOTH on-line counselling service for CYP aged 11-19, in Hillingdon and for students at Harrow and Uxbridge College. The service started on 9 July 2018 and 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 has continued to rise to 80 children per month in 2019/20. Kooth provides fast access, earlier intervention and support for children with emotional and well-being issues. The CCG has put plans in place to extend provision of well-being services to support young people up to the age of 25.
- *NHSE Funding* - Hillingdon CCG has been successful in bidding for £45,000 non-recurrent waiting list monies from NHSE. This has removed 70 children from the waiting list using an evidence based Cognitive Behavioural Therapy (CBT) approach and CNWL is currently meeting the 18 week RTT target. These monies will be used to reduce the CAMHS waiting list by a total of 90 children by 31 May 2019.

Delivery Area, Transformation Programme and Progress Update – June 2019

T2. <u>New Primary Care Model of Care</u>

- *Neighbourhoods/Network*s - 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. As part `*A five year framework for GP contract reform to implement the NHS Long Term Plan*,' general practice takes the leading role in every primary care network (PCN) under the Network Contract Directed Enhanced Service. The CCG is working closely with all practices to ensure we achieve 100% population coverage. PCNs enable the provision of proactive, accessible, coordinated and integrated care to improve outcomes for patients. PCNs will be small enough still to provide the person centred care valued by both patients and GPs, but large enough to have impact through deeper collaboration between practices and others in the local health (community and primary care) and social care system. They will be a key building block of the Integrated Care Partnership.
- *Model of Care* - 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.
- *Extended hour hubs* - There are three locality based extended GP access hubs operating outside of core GP hours from 6.30pm to 8pm during weekdays and from 8am to 8pm at weekends. The Confederation operates a 12 hour 8am to 8pm bank holiday service over three sites and includes a weekend visiting advice service. Comparative year on year quarterly data (2017/18 & 2018/19) show there has been a reduction in Urgent Care Centre (UCC) and Minor Injury Unit patient attendances. April's performance data shows 78% of patients attended their appointment of which a high percentage reported that they would recommend the use of this service to others.
- *Outcomes Based Contracts* - a comprehensive review of the Primary Care Contracts has been undertaken and 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.
- *IT Software Solution* – the CCG has procured new software for practices. The benefits include: improved clinical coding, including Quality Outcomes Framework (QOF) codes and primary care contract codes, which will not only provide more accurate prevalence data and lead to improved health outcomes, but also reduce variation between practices coding, so that data is reflective of activity. This tool will also reduce bureaucracy through use of a dynamic template, showing clinicians only the elements they need within the scope of their consultation. It will facilitate the opportunity to deliver patient centred care, and be able to work through multiple conditions within a consultation without the need to open and run multiple templates.

DA2 Eliminating unwarranted variation and improving LTC management

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

- *Respiratory* - planning is underway for virtual clinics to be established between the hospital consultant, GPs and practice pharmacists to review patients with Chronic Obstructive Pulmonary Disease (COPD) to ensure they are not being unnecessarily prescribed inhaled corticosteroids.
- ***Diabetes* - QISMET Accredited MyHealth reached its NHSE target for Q4 and for 2018/19 with a recorded 956 people attending MyHealth course. DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) is being evaluated and continues to be part of the Structured Education offer to patients. NWL STP continue to be working on the provision and access to education via: digital platforms, Apps, interactive models as well as face to face. Virtual clinics continue to be provided for patients across GP practices. The Diabetes Integrated Community Service is in the process of commencing another recruitment exercise to fill some vacant posts.**
- *Diabetes Outcome Based Contract* – Hillingdon CCG's contract review process included a review of diabetes provision to strengthen current arrangements and integrated working across primary, community and secondary care. The process has involved a mapping exercise (including against NWL diabetes service specification), a gap analysis and shaping the provision to meet current and future needs of patients in Hillingdon. The Outcome Based Contract is going through HCCG internal governance process and will be implemented from 1 July 2019 across all GP practices.
- *NWL Programmes* - Hillingdon CCG continues to make good progress in all four NWL projects: Structured Education, improving the three NICE Treatment Targets, roll-out of the improved foot-care pathway and NDPP (National Diabetes Prevention Programme)) through effective engagement with our practices and service providers. The progress across all GP practices is now monitored through the introduction of a 'diabetes dashboard'. This is used as a quarterly monitoring and reporting tool.
- *Heart Failure* – practice systems are being audited to pick up patients who may not be medically optimised. An Independent Prescriber, Community Heart Failure Nurses, and a cardiologist are working together to review patients and titrate medication where required.
- *Atrial Fibrillation* – Data for 2018/19 shows that 20 fewer people were admitted to hospital with a stroke which is an outcome from the AF audit programme ran in 2018 to ensure patients were anticoagulated. In addition, this would have avoided 10 deaths from stroke.
- *Prevention* - Hillingdon offers early diagnosis and prevention of stroke through managing Atrial Fibrillation, Hypertension and Heart Failure in Primary Care.

T5. Transforming Care for People with Cancer

- *Faecal Immunochemical Test (FIT)*– NWL Primary Care Cancer Board are leading on the roll-out of NICE approved FIT that will replace the current Faecal Occult Blood (FOB) test in primary care for use in low risk symptomatic patients with suspected colorectal cancer. The test will be available from June for GPs to use and the uptake of the test will be monitored. Communication and resources have been circulated to GP Practices.
- *Bowel Cancer Screening* – Community LINKS a London-based charity funded by Royal Marsden Partners (RMP) finished work at the end of March to increase bowel screening uptake in GP practices via telephone reminders. The CCG cancer lead will be working with St Mark's Bowel Cancer Screening Centre (SMBCSC) and Cancer Research UK leads to continue the work to increase uptake in primary care and promote use of the FIT test.
- *Cervical Cancer Screening Programmes* - NHS England are using text reminders for patients and there is 100% coverage of GP practices signed up. The CCG Communication and Engagement is also Team is working with local Somalian and Asian BAME communities to increase uptake amongst these groups.
- *Low Dose CT Pilot (Lung Cancer Detection)* – This is a national pilot and the work is led by RM Partners and funding has been extended for a further two years. 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. The evaluation report for Phase 1 will be made available in August.
- *Cancer Survivorship* –The CCG MyHealth Team and H4All are working together to take forward a MyHealth Cancer pilot in the new Neighbourhoods that will bring together the two organisations resources to better support patients and their carers by personalising a package of care and using Patient Activation Measures (PAM) to promote self-management. This will involve co-production work with stakeholders that will take place over the next few months.
- *Transformation Funding* – London Cancer Alliance submitted a number of primary care bids to access Cancer Transformation Funds in December 2018 and has been successful in securing funding, that is above the national average, due to the overall strong performance against the 62 day standard. A number of projects have been pump primed with this funding to support the organisations in taking up new clinical models and to achieve specific cancer targets e.g. roll out of the prostate RAPID pathway project, implementation of the Oesophago-Gastric pathway and development, implementation of a colorectal Stratified Follow-up pathway and roll-out of the CtheSigns tool to help GPs identify and manage patients at risk of cancer.

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 3.1.3

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.
- *Care Homes* - Included in the 2019/20 action plan for the system wide Care Home Group is the implementation of enhanced support to the residents and staff in care homes for older people in Hillingdon and the tenants of LBH Extra Care Housing. This enhanced support will include proactive regular visits from a dedicated nursing team, physical and mental health and anticipatory care planning of a consistent format and quality, provided by the Hillingdon GP Confederation on behalf of the Hillingdon GP the person is registered with. This new provision is additional but will work closely with existing services eg. Rapid Response, LBH Quality Assurance team, Your Life Line, Care Home pharmacist. It is currently being recruited to and aiming to be in place from July 2019.

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* - This work is being progressed jointly by the CCG and the Local Authority. Managers are progressing with formal agreements to deliver pathway improvement.
- *Psychological Support for Wellbeing* – There has been further agreed investment in Hillingdon talking therapies services to meet the needs of a greater number of adults affected by depression and anxiety. Hillingdon is meeting national targets and exceeding them in some areas.
- *Health Based Places of Safety* - Proposals for the development of HBPoS in North West London (NWL) have been paused to allow for further clarification of resource implications and to enable a review of mental health priorities across the region to undertaken. The NWL Like-Minded Team will re-engage with stakeholders when it is possible to proceed with the project. The Accountable Officer for the NWL CCGs has informed the Leader of the Council of the current position.

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

T10. Transformation in Local Services

- *Musculoskeletal* - HCCG has worked with HHCP to deliver a pilot to transform MSK services and deliver an integrated service in Hillingdon. The aims of the project were 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 aimed to consolidate existing MSK services to act as a single service to provide triage, assessment and treatment for people with MSK conditions. The pilot service has offered 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 has been working local partners to redesign our Ophthalmology services during 2019/20. The new service will provide more care out of hospital to improve access and reduce waiting times.
- *Dermatology* - The CCG plans to transform dermatology services to improve the integration of services and access to dermatology care in the primary and community care settings. This will involve embedding teledermatology in primary care 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 first wave of the programme involved: gynaecology, dermatology, MSK, gastroenterology and cardiology specialities and went live on 1 April 2019. The second phase will commence in July/August and bring in other specialities: Neurology, Ophthalmology, Respiratory and Urology.
- *Neurology* - A Community Parkinson's Clinical 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. However, they have recently serviced notice and recruitment plans are underway. The Community Epilepsy CNS post has now been successful recruited and the new post-holder commenced at the end of April.
- *Gastroenterology* - An Irritable Bowel Syndrome/Irritable Bowel Disease (CNS) is now in post and is seeing patients.
- 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 is expected to commence in June 2019.

T8. <u>Integration across Urgent & Emergency Care Services</u>

Hillingdon CCG is working with partners to deliver the integrated Demand Management strategy which includes: High Intensity User Service, the Urgent Treatment Centre, NHS 111, and End of Life (covered elsewhere in this HWB update).

The following provides an update of progress to service deliverables and outcomes:

- *High Intensity Users Service* – The HIUS targets 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 service has two Case Workers in post who are actively case managing a number of patients.
- *Urgent Treatment Centre* - The re-location of the THH UTC purpose built unit, as part of the hospital's rebuild is planned to open in October 2019. To support the UTC until the opening, two additional consultation rooms have been opened.
- *NHS 111 Procurement* - The NWL NHS 111 procurement is being taken forward via the NHS 111 Procurement Board. 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 access to clinical advice for patients and appointments can be booked directly by 111 into the UTC 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.
- *Integrated Discharge* - work continues to progress the Integrated Discharge program with a focus on developing discharge pathways to support THH patient flows.

Enablers

E1. <u>Developing the Digital Environment for the Future</u>

- Hillingdon is seeing improved access to shared care records, with the focus being to support organisations to use to deliver 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.

Key programmes:

- *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* - empowerment for the patients to manage booking / repeat prescriptions. Work is progressing to support GP practice to enable patients to make all referral booking on-line. The CCG are on target to achieve national targets set by NHSE.
- *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 network arrangements to help integrate health and social care services by enabling them to access and share information. The CCG is working with the supplier for NWL, Exponential-E, to install a `fit-for-purpose', cost effective fibre circuits across all GP Practices within Hillingdon. The IT team are on target to have this completed for all practices by the end of July 2019.
- *Deployment of Docman-10* - with the secured funding from NHSE/D HCCG will in 2019/20 deploy Docman-10 across all its GP Practices. This will enable clinical correspondence, to be centrally hosted in the Cloud, similar to the EMIS clinical application.

Potential to enable clinical correspondence to be available in a Hub / neighbourhood environment.

- *E-consultation* – Hillingdon CCG will in 2019/20, be deploying an integrated e-consultation digital solution to optimise workflow. This will include on-line digital triage and potential video consultation.
- *Replace Windows-7 device with Windows-10* - across all Hillingdon GP Practice and CCG estate. All NHS organisations must commit to migrating from their current Windows 7/8 estates to Windows 10 by 4 January 2020.

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 brings 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.*

E3. Delivering our Strategic Estates Priorities

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

E4. Delivery of our Statutory Targets

Hillingdon CCG has a robust performance management structure in place to monitor providers' performance against our statutory national targets.

In addition, NWL produces a 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.

There is a review of a number of the Statutory Targets by NHSE Access Standards Review. The interim report published in March 2019 sets out the initial proposals for testing changes to access standards in mental health services, cancer care, elective care and urgent and emergency care. These proposals will now be field tested at a selection of sites across England, before wider implementation.

NHS England has a statutory duty to undertake an annual assessment of CCGs through the Improvement Assessment Framework (IAF). The latest results are available for 2018/29 Q3 data. 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. To aid transparency for the public, and CCG benchmarking against peers, NHS England presents both the overall ratings and the performance against individual indicators through a range of channels, including publication on 'MyNHS', part of the NHS website: https://www.nhs.uk/service-search/performance/search.

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* - GP antibiotic prescribing in Hillingdon has been discussed with practices at annual visits by Pharmaceutical Advisors. Individual prescribing trends have been highlighted and peer group discussion has been undertaken at the May 2019 subgroup meetings. The aim is for feedback to be given at subgroup meetings quarterly, and to individual practices as required.

E6. Redefining the Provider Market

Please refer to agenda item 10 in the main report for an update on Hillingdon Health and Care Partners (HHCP) - Delivering Hillingdon's Integrated Care System.

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BETTER CARE FUND: PERFORMANCE REPORT (JANUARY - MARCH 2019)

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

HEADLINE INFORMATION

Summary	This report provides the Board with the seventh and final performance report on the delivery of the 2017/19 Better Care Fund plan. It is the fourth 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 12.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

a) **notes the progress in delivering the 2018/19 plan.**
b) **notes the update on the development of the 2019/20 plan (paragraphs 22 to 27)**

INFORMATION

1. This is the seventh and final 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 fourth report on the delivery of the second year of the plan, 2018/19 and updates the Board on the position to 31 March 2019. 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 January to March 2019.

National Metrics

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

4. **Emergency admissions target (also known as non-elective admissions): *Achieved*** - There were 11,243 emergency admissions of people aged 65 and over during the April 2018 to March 2019 period. The outturn for the year is therefore below the ceiling of 11,400 emergency admissions.

5. Table 1 below shows the position from 2015/16 with the 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	11,243

6. **Delayed transfers of care (DTOCS): *Not achieved*** - Table 2 below shows that there were 5,324 delayed days in the period April 2018 to March 2019, which is 333 delayed days above the ceiling. 82% of the delayed days were attributed to the NHS and 60% related to acute hospital beds rather than beds in mental health services as has been the case in previous years.

Table 2: DTOC Performance April 2018 - March 2019					
Delay Source	**Acute**	**Non-acute**	**TOTAL**	**2018/19 Ceiling (Delayed Days)**	**Variance**
NHS	2,663	1,714	**4,377**	3,289	1,088
Social Care	549	314	**863**	1,392	- 529
Both NHS & Social Care	0	84	**84**	310	- 226
TOTAL	**3,212**	**2,112**	**5,324**	**4,991**	**333**

7. Table 3 below shows Hillingdon's comparative position with the other 31 London boroughs and the City of London. This shows that there were 13 boroughs with higher DTOC levels than Hillingdon; four CCGs with higher NHS levels; 22 social care authorities and 20 boroughs where responsibility was joint between the NHS and social care.

Table 3: Comparative DTOC Performance	
Delay Responsibility	**London Ranking**
All Hillingdon delayed days	14th highest
NHS attributed delayed days	5th highest
Social care attributed delayed days	23rd highest
Delayed days attributed to NHS & Social Care	21st highest

8. During the period April 2018 to March 2019 nearly 82% (4,343) of delayed days were attributed to four reasons and these were:

- 38% (1,858): Access to care homes; 26% access to nursing care homes.
- 24% (1,270): Further non-acute NHS care, such as access to specialised mental health services, access to end of life hospice care, etc.
- 13.5% (718): Housing, e.g. where there are housing delays relating to people for whom the Council does not have a social care responsibility under the 2014 Care Act.
- 9.3% (497) Patient/family choice, i.e. where a reasonable offer of care to meet assessed needs has been refused.

9. **Permanent admissions to care homes target: *Not achieved*** - There were 185 permanent admissions to care homes in the period April 2018 to March 2019 against a ceiling of 145. 75% (138) 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. During 2018/19 11 people aged 65 and over moved from care homes into extra care. 22 people were also diverted from care home placements into extra care, 4 of which facilitated timely hospital discharges.

11. In setting the target for 2019/20 the following factors will be taken into consideration:

- Delays in the delivery of Park View Court are likely to result in the conversion of some short-term placements into permanent placements of people placed in a care home setting pending the opening of the new extra care scheme. As has previously been reported to the Board, this is due to speed with which older people become institutionalised once placed in a care home;
- Carers of older people who are elderly can often find themselves so relieved by the temporary respite from their caring role that they become overwhelmed at the prospect of having to resume this role and decline to do so, thus leading to a placement becoming permanent;
- Short-term placements are only made where this is the most effective means of addressing the needs of the resident and, where appropriate, their Carer;
- Hillingdon's ageing population and associated levels of complexity of need mean that there will be a continuing demand for care home placements for people who cannot be supported safely at reasonable cost in the community. It should also be noted that this includes people who are in extra care housing whose needs escalate to such an extent that a nursing care home placement becomes the most appropriate setting to address their needs.

Scheme Specific Metric Progress

12. This section provides the Board with the 2018/19 outturn position for scheme specific metrics.

Scheme 1: Early intervention and prevention

13. ***Falls-related Admissions: Not achieved*** - There 921 falls-related emergency admissions during 2018/19 against a ceiling of 880 falls-related admissions. However, it should be noted that the outturn is only 5% from the target.

Scheme 2: An integrated approach to supporting Carers

14. ***Carers' assessments: Achieved*** - There were 984 Carers' assessments undertaken during 2018/19 against a target of 982. Assessments include those undertaken by the Council and by Hillingdon Carers.

15. ***Carers in receipt of respite or other Carer services:*** During 2018/19, 342 carers were provided with respite or another carer service at a cost of £2,176k. This compares to 310 carers being supported at a cost of £2,242k during 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 reduced unit cost in 2017/18 compared to 2018/19 relates to the increased number of carers having their needs met in a more personalised way through Direct Payments (59 in 2018/19 compared to 36 in 2017/18).

Scheme 4: Integrated hospital discharge

16. ***Seven day working:*** Hillingdon Hospital was unable to provide the 2018/19 outturn data in time for the report.

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:	The roll out of criteria-led discharge (CLD) has so far been implemented in four wards. CLD 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 fully implemented across the Hospital.
• Hospital Discharge Coordinators availability at weekends:	Consultation is complete and 7 days service will be provided from 1st June 2019.
• Pharmacy availability:	There is currently no funding available for additional weekend pharmacy provision. The Hospital is exploring options on how to enhance this provision.
• Rapid Response cover for weekend triage and assessment:	Rapid Response staff already work seven days a week but there is currently no funding available to support additional demand arising from Hospital services moving to seven day working. However, health and care partners

are exploring how existing resources can be remodelled to provide necessary supporting capacity.

Scheme 5: Improving care market management and development

18. ***Emergency admissions from care homes: Achieved*** - There were 788 emergency admissions from care homes during 2018/19 which matched the ceiling of 788 admissions. 2018/19 saw a 3% (19) reduction in emergency admissions from care homes to Hillingdon Hospital but a 15% (31) increase to other hospitals, e.g., Northwick Park and Watford General and stroke was the main cause of these admissions.

Key Milestone Delivery Progress

19. The following key milestones for Q4 in the agreed plan that were delivered were:

- Relaunch and promote the online system, Connect to Support and ensure linkages with the NHS Directory of Services.
- Review the outcomes from the Hospital Discharge Grant pilot. This led to the pilot being extended for a further six months.
- Deliver a communications campaign to schools to raise awareness of Young Carers. This campaign during 2018/19 that concluded in Q4 has contributed to a 27% increase in the number of Young Carers referred to Hillingdon Carers compared to 2017/18.

Successes and Achievements

20. Key successes and achievements for Q4 can be summarised as follows:

- Extension of the Hospital Discharge Grant pilot - This has supported the discharge of 23 people from Hillingdon Hospital since it was introduced (November 2018). It has identified residents with complex needs living in appalling conditions and alleviated what would otherwise have been very long lengths of stay in Hillingdon Hospital.
- The communications campaign to schools to raise awareness of Young Carers concluded. The intended outcome was to enable teachers and other staff to provide improved support to Young Carers. In 2018/19 referrals of Young Carers to the Hillingdon Carers' Partnership has increased by 27% on 2017/18.

2018/19 BCF Plan Delivery Conclusions

21. The overriding conclusion from the 2018/19 plan is that delivering step-change within a complex and constantly evolving health and care system is very challenging, especially when considering the financial deficits being carried by some partners. In addition, this is all taking place within the context of an uncertain national political landscape. Against this backdrop it is also possible to draw the following conclusions about the impact of the 2018/19 BCF plan and other integration initiatives:

- The reduction of emergency admissions from the 65 and over population is evidence that the roll out of the 15 Care Connection Teams, consolidation of the H4All Wellbeing Service and the associated focus on targeting older people most at risk of escalated needs are having a positive impact.

Care Connection Teams (CCTs) Explained

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

a) *Practice GP lead* – They have oversight over the whole care pathway within primary care, with additional time spent with those patients at most risk of becoming unstable;

b) *Guided Care Matron (GCM)* – They are responsible for case management, daily monitoring of patients and referring to other services; in-reach support to care homes and supported housing and linking with Rapid Response for out of hours care.

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

- The reduction in the number of emergency admissions from care homes provides evidence that collaborative working between health and social care partners and care home managers are delivering the intended outcome.

- The DTOC position for 2018/19 is mixed. An exacting ceiling was set for Hillingdon that has only just been exceeded and this performance was achieved because of a 44% reduction in the number of non-acute delays (mainly activity in CNWL beds), which is primarily mental health and also a 55% reduction in delays attributed to social care. 82% of delayed days in 2018/19 were attributed to the NHS and not social care as might be expected from the national media. 61% (1,952) of this activity was in an acute setting and concerned people admitted to Hillingdon Hospital. For the Hospital there was actually a 26% (501) increase in the number of delayed days compared to 2017/18. This suggests that there still remain a number of organisational issues to be resolved within the Hospital, a task being embraced by its new management team and reflected in the Hillingdon Hospital Improvement Plan.

- Support for Carers in Hillingdon is an area where there has been some considerable success. For example, at 31st March 2019 there were 7,773 active Adult Carers, i.e. Carers actually providing care on a regular basis, which represented nearly 30% of the number of Adult Carers estimated in the 2011 census against a target of 24% (6,240). 295 new Young Carers have been registered bringing the total number supported in year to 1,112. This is 45% of the census estimated total of Young Carers between 5-24 years old against a target of 24%. This is so important because the first step towards supporting Carers is identifying them. An example of the support provided is the £1.1m in Carer-related benefits secured by the Hillingdon Carers' Advice Team secured in 2018/19. These benefits boost household incomes and are largely spent in the local economy.

    - As GP practices are a key contact point for Carers, it is particularly significant that 39 out of 45 GP practices in Hillingdon have an identified Carers' lead and a guide to supporting Carers in primary care has been developed and circulated to all practices to support leads and their colleagues. This means that Hillingdon has progressed from having limited recognition of the importance of the role of Carers across primary care to there being awareness in most practices.

    - Opportunities for developing and managing a local care market that delivers quality,

value for money services has been illustrated through the integrated brokerage and integrated homecare pilots. There is much scope for developing this further to establish and maintain a stable care market and delivery proposals will be reflected in the 2019/20 plan that, subject to approval, will be implemented in 2020/21.

Key Issues for the Board's Attention

22. ***2019/20 Policy Framework Publication***: The policy framework was published by the Department of Health and Ministry of Housing, Communities and Local Government on 10th April 2019. This sets out the policy background and rules against which the BCF plan will be expected to operate. Planning guidance will be issued by NHSE in due course, which will set out the detailed requirements that will have to be met in order for the 2019/20 BCF plan and associated financial arrangements to be formally approved. The content of the 2019/20 policy framework is the same as that for the 2017/19 plan with the following exceptions:

- ***Narrative plan***: There will be no requirement to submit a separate narrative plan (that to support the 2017/19 plan was 65 pages long) and relevant information about how national and local priorities will be delivered will be captured through a planning template that will be published with the planning guidance in due course with the planning guidance.
- ***Allocations of the improved Better Care Fund (iBCF), Winter Pressure Funding and Disabled Facilities Grant (DFG)***: This funding will be paid directly to the Council through a grant under section 31 of the Local Government Act, 2003. However, its inclusion within the BCF pooled budget is mandatory.

2019/20 BCF Plan

23. The Board's March 2019 meeting agreed a proposal that the next iteration of the BCF plan will include an update on the six schemes within the 2017/19 plan 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 six schemes in the 2017/19 plan were:

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

24. Partners are exploring the possibility of including a further scheme entitled Better Care and Support for People with Learning Disabilities. The key aspect of this scheme would be the development of a model of integration of the case management and commissioning functions that would produce better outcomes for people with learning disabilities. Subject to approval through the usual governance processes, i.e. the Board, Cabinet and the CCG's Governing Body, any agreed integration model would then be implemented from April 2020.

25. The March Board meeting agreed 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. Officers will pursue this agreed sign-off process subject to any unforeseen requirements being

included within the planning guidance that necessitate more detailed discussion between partners. Advice and instruction will be sought from the chairman should this eventuality arise.

26. Some of the key priorities for 2019/20 that will be reflected in the draft plan include:

Scheme 1: Early intervention and prevention

- Establishing a single online directory of services across health and care partners.
- Consolidating alignment between social care and the emerging eight neighbourhood teams.

Scheme 2: An integrated approach to supporting Carers

- Implementing the 2019/20 Carers' Strategy Delivery Plan report to Cabinet in May 2019 and the CCG's Governing Body in June 2019.

Scheme 4: Integrated hospital discharge

- Securing agreement on the long-term discharge pathways from Hillingdon Hospital and the supporting model and implement.

Schemes 3 and 5: Better care at end of life and improving care market management and development

- Establishing an integrated brokerage service across social care and health for children and adults.
- Exploring the feasibility of establishing block homecare provision that can be deployed flexibly , including through the emerging Neighbourhood Teams, in order to prevent hospital admission or to expedite discharge for people who no longer require treatment in a hospital setting.
- Establishing integrated homecare arrangements across social care and health for children and young people that includes addressing the needs of people at the end of life.
- Testing the benefits of integrated procurement of nursing care home beds to meet social care and health needs by establishing a pilot.
- Implementing the Enhanced Support for Care Homes and Extra Care Housing to prevent hospital attendances and admissions that are avoidable.

Scheme 6: Living well with dementia

- Delivering training for care homes on the management of behaviours that challenge.

Scheme 7: Integrated therapies for children and young people

- Delivering the new integrated therapies service model for children and young people.

27. A new section 75 agreement will be required to give legal effect to the details of the plan, including financial arrangements. It will not be possible to take this through local governance processes until the plan has received assurance from NHSE. Once this has been secured approval will be sought from Cabinet and the CCG's Governing Body in accordance with the respective organisation's standing orders.

Financial Implications

28. Table 4 below summarises the financial outturn position for 2018/19.

Table 4: 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**	**Outturn at 31/03/19**	**Variance as at Q4**	**Variance as at Q3**	**Movement from Q3**
	£,000's	***£,000's***	***£,000's***	***£,000's***	***£,000's***	***£,000's***	***£,000's***
Hillingdon CCG - Commissioned Services	26,770	239	27,009	27,623	614	904	(290)
LB Hillingdon - Commissioned Services	23,105	0	23,105	23,902	797	424	373
LB Hillingdon - Commissioned Capital Expenditure	4,174	0	4,174	4,174	0	0	0
Overall Totals	**54,049**	**239**	**54,288**	**55,699**	**1,411**	**1,328**	**83**

29. The overall Pooled Budget was overspent by £1,411k at year end. This is an increase of £83k from the forecast position in Q3. Each party within the Pooled Budget is responsible for its own pressure.

30. The Social Care pressure was £797k at year end, £373k increase in pressure from the forecast in Q3. The pressure, in the main, was from Scheme 5 and particularly increased costs for care home placements. This pressure was contained within the overall Social Care budget.

31. The Hillingdon CCG pressure was £614k at year end, £290k reduction in pressure from the forecast in Q3. The pressure was mainly from Scheme 5, which covers care home placements and homecare.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

33. The update on the development of the 2019/20 BCF plan provides the Board with the opportunity to feedback to officers about anything that partners may have concerns about in order that these can be addressed ahead of publication of the statutory planning guidance.

Consultation Carried Out or Required

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

Policy Overview Committee Comments

35. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

36. Corporate Finance has reviewed the report, noting that a net overspend of £797k is projected against the Council managed elements of the pooled Better Care Fund Budget for 2018/19. This overspend was contained within the Social Care financial outturn position for 2018/19. 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

37. 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

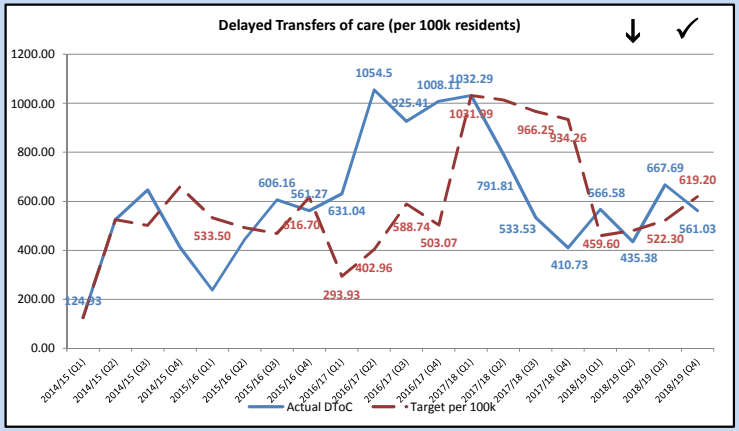
Period: 01/04/2018 to 31/03/2019
Month Number: 12

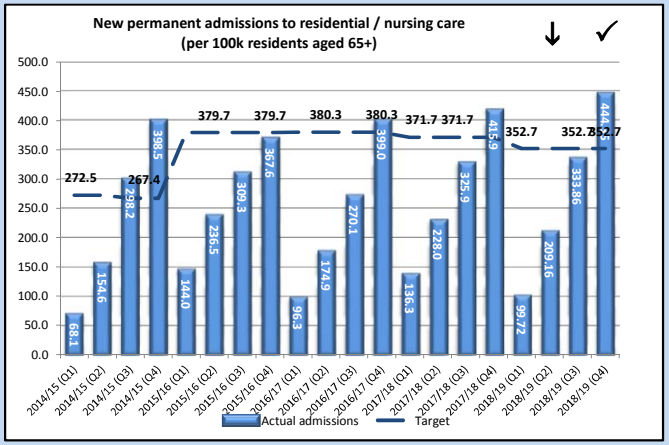
Appendix 1

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	2,720
	Difference from Target	-39	+75	-63	-130

Key components of BCF funding 2018/19	Budget	Outturn	Variance
	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	27,009	27,623	614
LB Hillingdon - Commissioned Services	23,105	23,902	797
LB Hillingdon - Commissioned Capital Expenditure	4,174	4,174	0
Overall BCF Total funding	54,288	55,699	1,411





	To the end of period	Number (1/4ly)	Residents	Per 100k
Delayed Transfers of Care (There is a 1 month time lag on the availability of the data)	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)	1,328	236,709	561.0
	2018/19 (YTD)	5,324	236,709	2,249.2
	Variance from YTD Target	+333	236,709	140.7
	2018/19 (Target)	4,991	236,709	2,108.5
	Variance from Target	+333	236,709	140.7

	% of clients still at home 91 days after discharge	2017-18 (Target)	2017-18 (Q4)	2018-19 (Target)	2018-19 (Q4)
ASCOF 2B		88.0%	88.7%	88.0%	93.0%
	Variance from Target	N/A	0.7%	N/A	5%

	To the end of period	Number (Cum)	Residents	Per 100k
Permanent admisisons to Residential / Nursing care (residents aged 65+)	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)	185	41,634	444.3
	2018/19 (YTD Target)	145	41,634	348.3
	Variance from YTD Target	-59	41,634	-141.7
	2018/19 (Target)	145	41,634	348.3
	Variance from Target	+40	41,634	96.1

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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 Wellbeing and Mental Health CYP
Papers with report	Appendix 1 - KOOTH Quarter 4 Report Appendix 2 - Hillingdon Early Intervention and Prevention Workshop 2 Aims and Outcomes

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 31st October 2018, to the Chairman of the Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon. The plan was approved by the Board and submitted to NHSE for assurance. The plan was fully assured by NHSE on 17 May 2019. 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 CCG is hosting 3 system wide workshop in May-June 2019 and this report outlines the progress in the development of the new early intervention model and service specification for Hillingdon children and young people. The report notes that Hillingdon CCG bid successfully for £45,000 for waiting list monies accepted by NHSE. The monies have been used to provide additional clinical resource to remove 90 children from the current waiting list for the specialist service by May 31 2019 to ensure that the 18 week performance target is met. The report also outlines the service development plan to develop robust outcome measures in the local services.

	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). The report also outlines the key findings from the Mental Health Survey of children and young people which provides the most up to date available data on the national trends and prevalence of mental disorder in children and young people and the possible implications for Hillingdon.
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 2019/20. 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 & 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). Mental Health Survey Children and Young People(Office of National Statistics 2018) NHS Long Term 10 Year Plan (DOH 2019)
Financial Cost	This paper does not seek approval for costs.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board note 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. The plan was approved by NHSE on the 17/5/19, the plan has now been published on the Hillingdon CCG website.**
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 which has increased access to emotional wellbeing and mental health services for children in Hillingdon in 2018/19 .

3. **In the development of the Early Intervention and prevention model .Hillingdon CCG has hosted 2 workshops with the Local Authority, CNWL and the voluntary sector to develop an early intervention model for emotional wellbeing, and mental and physical health. The meetings took place on the 14/5/19 and the 22/5/19. A third workshop will be held on the 11/6/19. The aim of these workshops is to agree a service specification for the new model by 30/6/19. The model has been developed in consultation with Young Healthwatch and with parent and school representatives via the Thrive Network meetings that are held bi-monthly.**
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 successfully bid for monies to reduce the Hillingdon waiting times for access to CAMHS by removing 90 children from the Hillingdon CAMHS waiting list by May 2019.This has proved successful and CNWL have met the 18 week target during the February to April 2019 period as well as reducing the waiting list in the CAMHS specialist service.**

3.0 The THRIVE model Figure 1.

The Thrive domains:

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

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

4.1. Progress has been made against the four domains of the Thrive model and as agreed in the Local Transformation Plan. Achievements of note are:

4.2 Thrive Components - Getting Advice and Getting Help

4.3 Early Intervention and Prevention Update since Last Report

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 the Quarter 4 report is attached (Appendix 1).

The service continues to perform exceptionally well and is increasing access to emotional wellbeing and mental health services in Hillingdon at an increasing rate. Some of the main highlights from the Q4 report (Appendix 1) are:

- The service has successfully addressed the escalation of need and early intervention with zero referrals or signposting to external services, especially CAMHS, from 516 new registrations, and this has reduced the need to refer to the more costly Specialist CAMHS.
- Overall, the figures for Kooth activity in Hillingdon, demonstrate a high level of client satisfaction, increased registration, engagement with BAME young people and those with protected characteristics, out of office hours' engagement, evidencing how the service has successfully embedded within the region, ensuring growth and stabilising engagement with young people via Kooth.
- Schools and GP's are represented as the top two places young people heard about Kooth in Hillingdon, with Friends being the next most popular. This demonstrates the successful work of the Integration and Participation Worker within the region and the strong working relationships established with schools and stakeholders to sustain engagement with Kooth in Hillingdon.
- The current contract with Hillingdon (which includes part delivery to Harrow) ends in July 2019. The conversations to date with both Hillingdon CCG and Harrow CCG have indicated that the commissioning of Kooth delivery beyond July 2019 is likely to be recommended and that Harrow CCG will wish to roll-out universal delivery of Kooth across the whole of their footprint.
- In response to the NHS 10 year plan (Section 3.30) 'to extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults', we are currently in discussions with Hillingdon CCG to incorporate access to 18-25-year olds in Hillingdon via the Kooth platform. This is likely to be from September 2019 but is subject to further dialogue and confirmation.
- The service has successfully addressed the escalation of need and early intervention with only one referrals or signposting to external service (CAMHS) from 516 new registrations by Q4.This has reduced the demand on the specialist service and reduced costs and these benefits will be more fully investigated in future reports.

4.4 Kooth: Key Performance Indicators

Kooth activity is measured against KPI targets. The data below demonstrates that Kooth has achieved and exceeded their KPIs in 2018/19.

KPI Outcomes
85% of respondents completing the voluntary questionnaire would recommend Kooth to a friend
Performance level = 89%
70% of respondents completing the voluntary questionnaire found their visit to Kooth helpful.
Performance level = 87%.
70% of respondents who completed the end of chat rating measure had a positive response
Performance level = 79%
Number of formal and informal complaints received = Zero

4.5 Outcomes

Clinical outcome Goals (CoGS) has been designed as an interactive tool to be used in counselling to chart the achievement of personalised goals. It also serves as a tool to measure the level of this achievement and an evidence base for counselling. Personalised goals are recognised as a valid measuring tool by CORC (CAMHS Outcome Research Consortium). The service can evidence positive outcomes and increase in positive outcomes for the children that it sees and this work will be reported on in future reports.

4.6 Kooth in Hillingdon: Future Development

In response to the NHS 10 year plan (Section 3.30) 'to extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adult's. Kooth are currently in discussions with Hillingdon CCG to incorporate access to 18-25 year olds in Hillingdon via the Kooth platform.

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

4.7 Early Intervention and Prevention model Development - System Wide Workshops.

The CCG is aiming to further develop and build on the early intervention initiatives delivered by the KOOTH service and expand our early intervention and prevention local offer to children and families in Hillingdon.

The CCG is hosting a series of 3 system wide workshops in May – June 2019, with representation from leads within the Local Authority, Young Healthwatch CNWL and the Voluntary sector. The workshops will aim to develop a new integrated early intervention Model for emotional wellbeing, mental health and physical needs in Hillingdon that will have the following benefits:

- Every child in Hillingdon is seen by the Early Intervention Service within 2- 4 weeks of referral
- Looked after children are seen by the Early Intervention Service within 2 weeks of referral
- Specialist CAMHS waiting lists and referrals are reduced by 15%
- Reduction in 10% of CYP GP visits for primarily EWB issues
- 70%of all schools have a dedicated wellbeing lead who is part of/ linked into the Early Intervention Model
- Decreased school exclusion and absence rates for CYP on the Early Intervention Service case load
- A&E attendance of CYP for primarily EWB needs is reduced by 20%

The decisions made in the workshops will be sense checked at the Hillingdon Thrive network by representatives from local schools, parent leads and Young Healthwatch.

The output from the 3 workshops is to agree a service specification for the new service by 30 June 2019. This will be followed by a business case in 2019/20 and the planned mobilisation and implementation of the new service by April 2020. Appendix 2 outlines the workshop aims and progress made in developing the model locally.

4.8 Department of Health Funding Bid Early Intervention and Prevention

In the last report to the Board it was noted that the Hillingdon voluntary sector organisation P3 in partnership with the CCG and LA have submitted a bid to the Department of Health and wellbeing fund. This funding will support young people in Hillingdon who have emerging mental health disorders and provide a range of social and practical solutions and supports for children and young people in the community. In May 2019, the Department of Health informed P3 that they have been shortlisted for potential funding (£500,000).

If the bid is successful the vision is to use the funding to expand the P3 Navigator Hub in Yiewsley into "Navigator Plus" - wellbeing early intervention hub for young people 13-25. This .9would offer Instant access, cross sector wellbeing & mental health support for children and young people in one place. This development would significantly support and enhance the developing Hillingdon early intervention and prevention model. An update on the bid will be provided in future reports.

4.9 Early Intervention and Prevention Schools

The work with local Hillingdon schools continues. The work with 22 Hillingdon schools in developing mental health champions and the Social Communication, Emotional Regulation and Transactional Support. (SCERTS which operates in 35 Hillingdon schools is progressing successfully and this work has been detailed in previous reports to the Board. In particular during this quarter there have been a number of developments.

The Child Wellbeing Practitioner Service This has been fully operational from 15th of 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. In the last quarter:

- Meetings have taken place between the CCG, local schools and CNWL to review and approved the development of this model to provide an early identification and response to identification and response to emerging mental health issues in schools.
- In May 2019, CNWL and HCCG submitted a bid to NHSE to increase the number of Practitioners by 2 WTE.

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

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.

In March 2019, the CGG successfully bid to NHSE for £45,000 non-recurrent funding to clear the waiting list in the CAMHS Specialist. Service these monies were used to recruit 3 WTE CBT nurses who were employed to use an evidenced based CBT approach of 6-8 sessions per child to remove 90 children from the waiting list by 31 May 2019.

In quarter 4 2018/19, the CAMHS Specialist service successfully met the performance targets.

5.1 Outcome Recording CAMHS Specialist Service

HCCG has outlined a service delivery plan in 19/20 to improve the recording and monitoring of outcomes for those children and young people who use the Hillingdon Specialist CAMHS. This

has been agreed with CNWL as part of the CAMHS service development plan for 2019/20.

Meetings have taken place with the CCG, CNWL and the Centre for Clinical Outcomes (Corc) in March 2019 and Corc will be working with the service to ensure clear robust outcome measures are in place and that they are recorded by the clinical team. The workshops with the Specialist Team and Corc will take place by quarter 2 2019/20, and the outcome measures will be agreed and recorded by quarter 3 2019/20. This will be monitored by the CCG / CNWL contract meetings and reported in future reports to the Board.

5.2 Mental Health Prevalence and Local Need in Hillingdon

The Mental Health and children and young people's survey presents the most up to date data on mental health trends. Major surveys of the mental health of children and young people in England were carried out in 1999, 2004, and 2017. While many surveys use brief tools to screen for nonspecific psychiatric distress or dissatisfaction, this series applied rigorous, detailed and consistent methods to assess for a range of different types of disorder according to International Classification of Disease (ICD-10) diagnostic criteria. All cases were reviewed by clinically-trained raters.

Comparable data is available for 5 to 15 year olds living in England in 1999, 2004, and 2017. The 2017 survey for the first time provides findings on the prevalence of mental disorder in 2 to 4 year olds, and spans the transition into adulthood by covering 17 to 19 year olds.

The latest survey was funded by the Department of Health and Social Care, commissioned by NHS Digital, and carried out by the National Centre for Social Research, the Office for National Statistics and Youthinmind (published November 2018).

Key Findings:

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%).
- Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5 to 16 year olds.
- Data from this survey series reveal a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017.
- Emotional disorders have become more common in five to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999.

The rise in prevalence of mental disorders nationally indicates that there may be a higher or rising prevalence of mental health disorders in Hillingdon. NHSE have estimated on the basis of this survey that the prevalence of mental disorders in Hillingdon will rise from the previous figure of 4051 to 6,000-7,000 children and young people.

The CCG, Local Authority and Public Health will be meeting in June 2019, to review and

triangulate all available data to present a comprehensive overview of emotional wellbeing and mental health needs for children and young people in Hillingdon. This will involve a review of the Public Health data available on Fingertips relating to mental health prevalence in Hillingdon. This information will be outlined in future reports to the Health and Wellbeing Board

This increased demand will be a key challenge for local services and necessitates the need to redesign our services to provide earlier intervention and prevention to improve outcomes for children and young people and reduce the demand on specialist services as outlined earlier in this report. The new model aims to provide an integrated response from the Health, local authority and voluntary sector that will identify unmet need, emerging mental health issues and appropriately signpost to community services to optimise and improve the use of existing resources (Appendix 2).

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 - Kooth Quarter 4 Report
Appendix 2 - Workshop 2 Aims and Outcomes

Appendix 1

Hillingdon

Kooth Quarter 4 2018/19 Report

NHS Hillingdon Clinical Commissioning Group

kooth

XenZone
FUTURE THINKING FOR MENTAL HEALTH

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Insight and Summary

Hillingdon

Welcome to the Kooth Report for Quarter 4 (January - March) 2018-19.
We are pleased to report on activity for Q4 2018-19, which demonstrates how the service is successfully imbedding within the region, ensuring growth and stabilising engagement with young people via Kooth.

Significant highlights include:

- Q4 has seen 192 new registrations
- Q4 has seen 833 Logins compared to 806 in Q3, by 214 young people with 79.35% returning compared to 69% in Q3
- Q4 has seen 81.15% of service users accessing Kooth out of office hours compared to 75% in Q3 (office hours are defined as weekdays 9am – 5pm)
- New registrations who identified as BME represented 46.88% in Q4
- Therapeutic alliance reports that 89% of service users would recommend Kooth to a friend in Q4
- The Q4 I&P activity report is offered separately to accommodate a more detailed summary
- I&P activity has been consistent throughout this quarter, which will encourage future increased engagement with young people and new bookings are being confirmed for the Q1 2019-20 period
- There were no complaints or safeguarding issues raised during this reporting period.

Summary for Q4 Hillingdon

New Registrations

Total

192

By Gender

Agender	Female	Gender Fluid	Male
2	145	6	39

BME

90 New BME Registrations (46.88%)

By Age

Age	
11	3.13%
12	5.21%
13	11.98%
14	15.10%
15	17.71%
16	21.35%
17	8.85%
18	16.67%

Age calculated from date of registration

Heard From Top 3

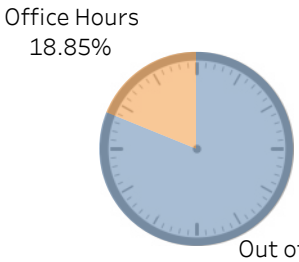
1	School	46.35%
2	GP	16.67%
3	School or teacher	9.38%

Logins

Logins

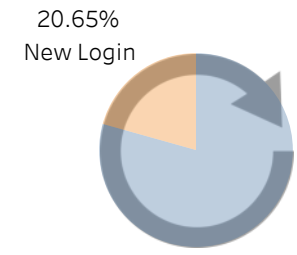
№ Logins	№ Service Users
833	214

Out of Office Logins



Note: Office Hours are weekdays 9am - 5pm

Returning Logins



% of logins by returning person

Feedback

89%
would recommend this service

Results of End of Session Feedback from 16 individual Service Users

Usage

Chat Sessions

№ Chats	№ Service Users
91	63

Messages

№ Messages	№ Service Users
364	96

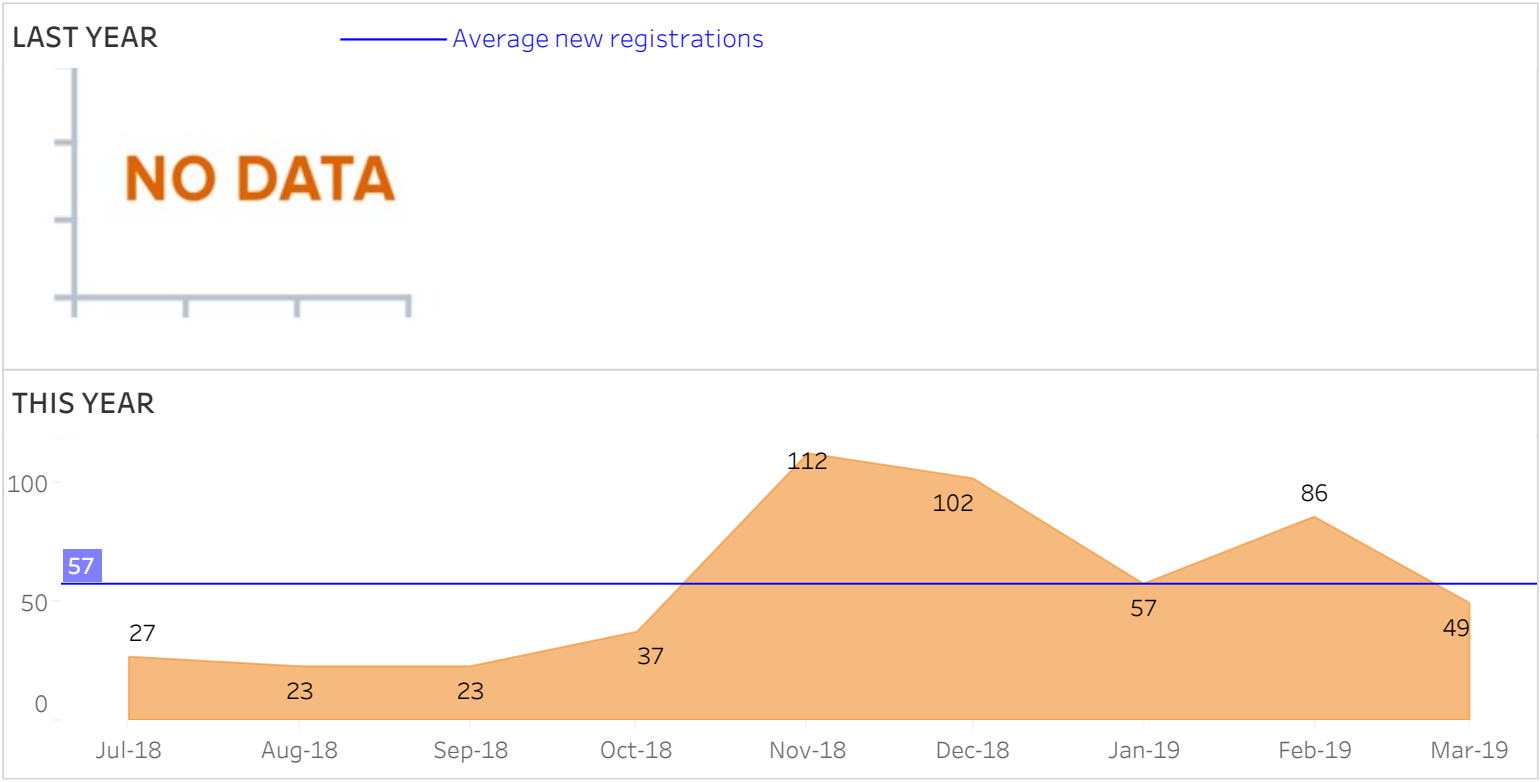
Articles

№ Users	№ Views
60	138

Forums

№ Users	№ Views
82	437

New Registrations: Demographics (1)



Quarterly Statistics

Ethnicity of New Registrations

Category	Ethnicity	Q2	Q3	Q4
Any other Ethn..	Any other Ethnic group	1	7	4
Asian or Asian British	Any other Asian background	4	15	18
	Bangladeshi	2	3	2
	Chinese		5	1
	Indian	12	27	30
	Pakistani	3	9	5
Black or Black British	African	3	16	9
	Caribbean	2	4	2
Mixed	Any other Mixed background	4	8	3
	White and Asian	1	9	5
	White and Black African		1	2
	White and Black Caribbean		8	6
Not Stated	Not Stated	2	5	3
White	Any other White background	8	19	13
	British	30	110	84
	Irish	1	5	5

% BME of New Registrations

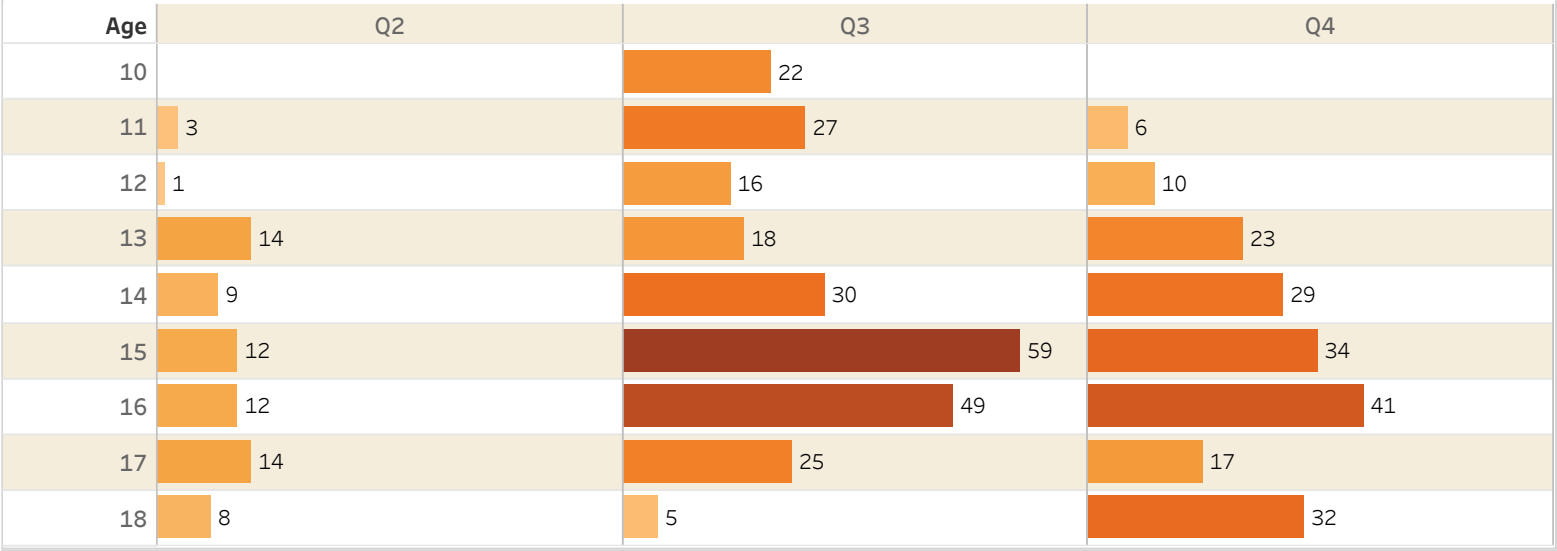
	Q2	Q3	Q4	Total
BME	46.58%	46.61%	46.88%	46.71%

Gender of New Registrations

Gender	Q2	Q3	Q4	Total
Agender	2		2	4
Female	50	181	145	376
Gender Fluid		5	6	11
Male	21	65	39	125
Grand Total	73	251	192	516

New Registrations: Demographics (2)

New Registrations: № Service Users by Age



Where new registrants heard of Kooth

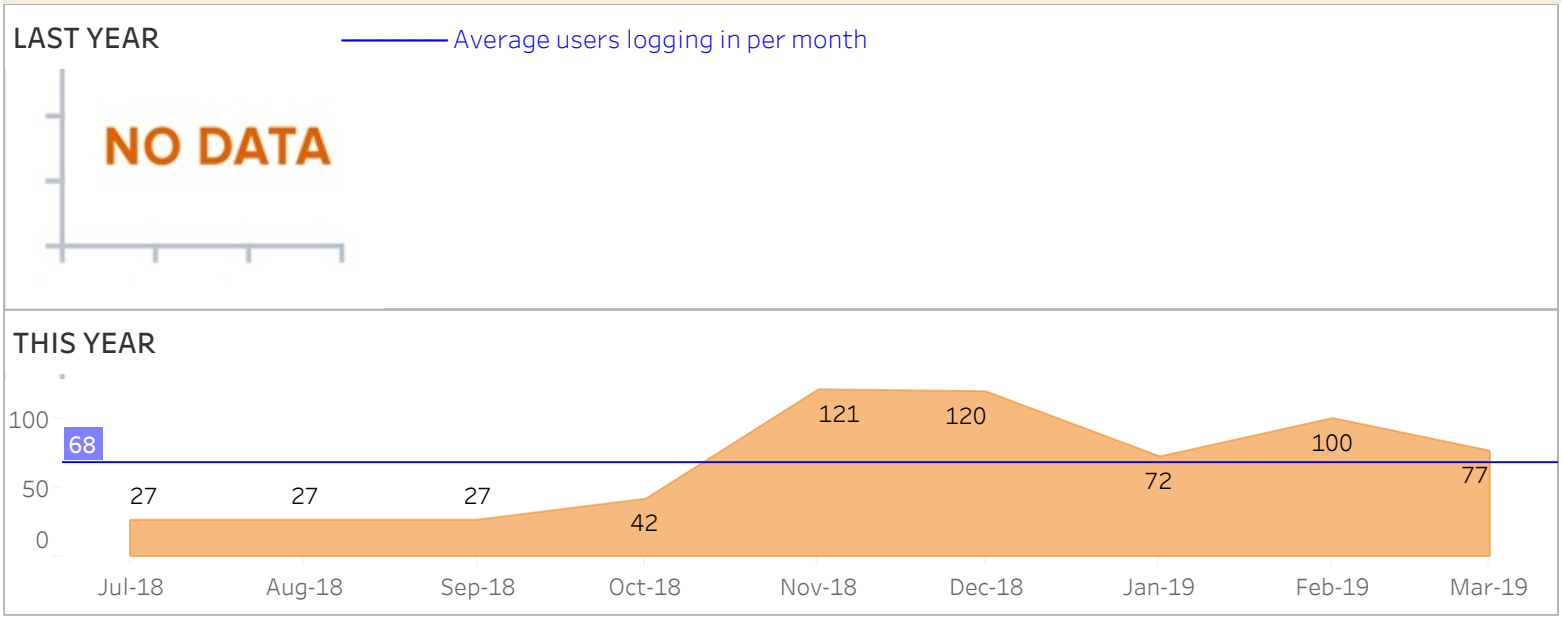
	Q2	Q3	Q4	Total
School	15	135	89	239
GP	12	22	32	66
School or teacher	8	19	18	45
Internet	13	17	10	40
Friend	3	20	17	40
Other	6	12	8	26
Instagram	7	4		11
A and E	2	5	3	10
CAMHS		6	3	9
Social Worker	1	3	1	5
Psychiatrist	1	2	2	5
Parent	2	1	2	5
Youth Service	1		3	4
Other Worker	1		2	3
Youth offending team			2	2
Community Psychiatric Nurse		2		2
Carer		2		2
More than Mentors	1			1
Connexions		1		1

New Registrations by Sub Locations

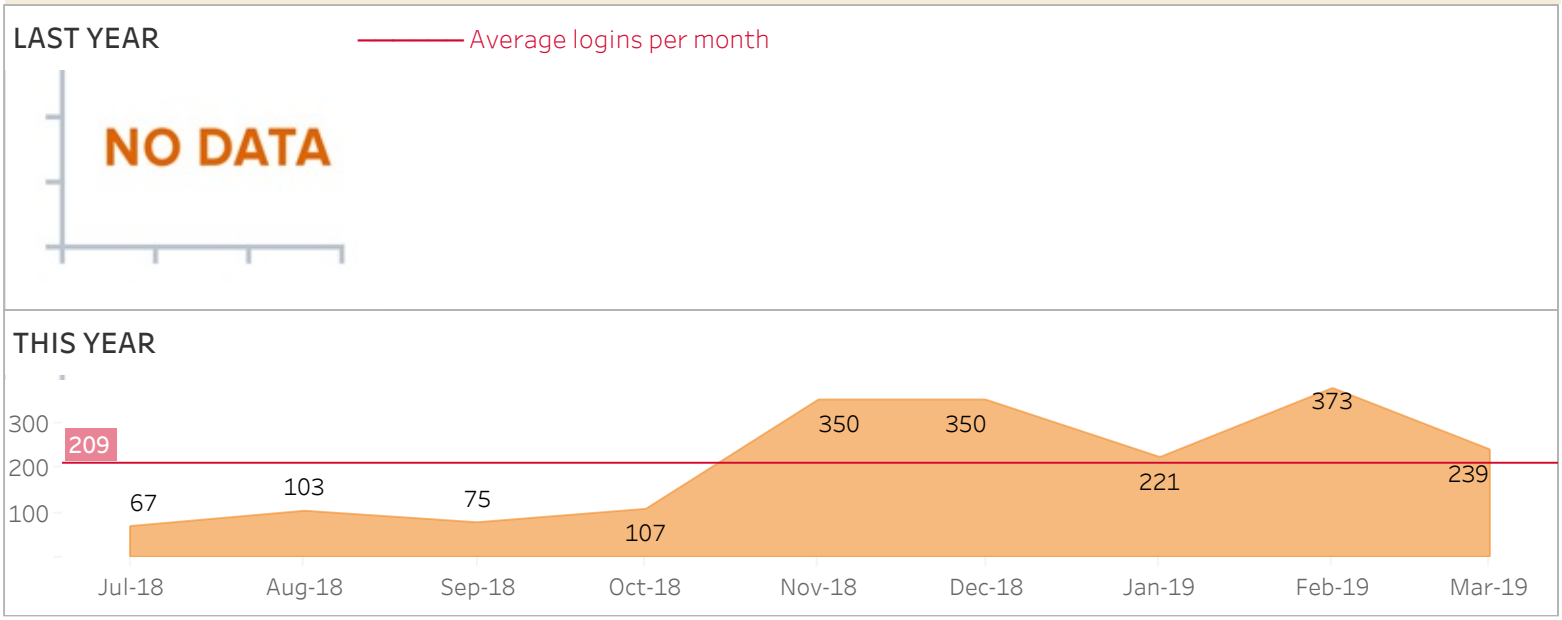
Ruislip	66
None of the Above	44
Uxbridge	39
Northwood Northwood hills	11
West drayton	8
North	6
Yiewsley	4
Ickenham	4
Yeading or Barnfield or Charville	3
Heathrow Villages	3
Harefield	2
Townfield	1
Manor or Cavendish	1

Logins: Monthly Look

Number of unique Kooth Service Users : usage by month



Number of Logins per month



Quarterly Statistics

№ of logins : by gender

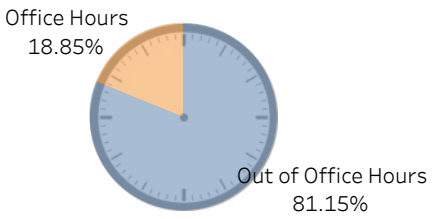
	Q1	Q3	Q4	Total
Agender	5	4	2	11
Female	646	168	545	1,359
GenderFluid	16		10	26
Male	166	73	250	489
Grand Total	833	245	807	1,885

№ of unique User logins : by gender

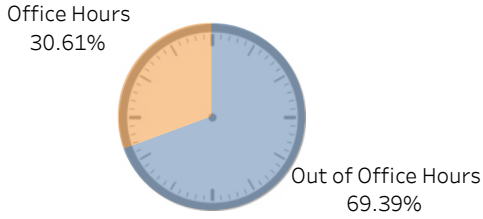
	Q1	Q3	Q4	Total
Agender	2	2	1	4
Female	160	50	187	377
GenderFluid	6		5	11
Male	46	21	67	127
Grand Total	214	73	260	519

Logins: Time of Day

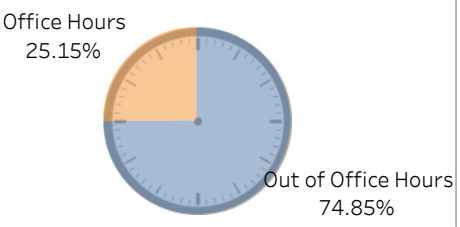
Out of Office Logins % (Office hours are 9am - 5pm)



Q1



Q3



Q4

Quarter 1

Quarter 2

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

Quarter 3

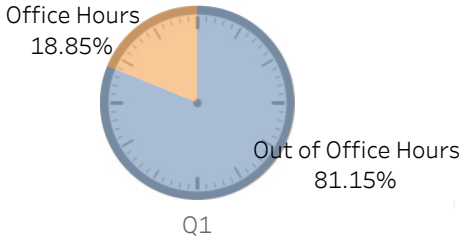
Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0 - 1	5		4		2	1	3	15
1 - 2	1					1		2
2 - 3	2						3	5
3 - 4						1		1
4 - 5	1		1			2		4
5 - 6		2						2
6 - 7		1						1
7 - 8			2					2
8 - 9	4	3	97	2	30		2	138
9 - 10	5	2	4		1			12
10 - 11	4	2	4	4	2			16
11 - 12	7	4	3	4	2	1	1	22
12 - 13	7	5	7	7	3	1	6	36
13 - 14	9	5	2	4	4	5	3	32
14 - 15	6	20	3	6	4	4		43
15 - 16	5	13	4	4	4	11		41
16 - 17	7	13	10	1	2		2	35
17 - 18	10	18	10	5	4	4	3	54
18 - 19	12	26	17	19	2	3	9	88
19 - 20	12	13	11	8	4	4	7	59
20 - 21	4	24	14	18	8	4	8	80
21 - 22	12	10	19	2	5	8	8	64
22 - 23	1	8	4	11	9	2	4	39
23 - 00	1	1	4	1	4	3	2	16
Total	115	170	220	96	90	55	61	807

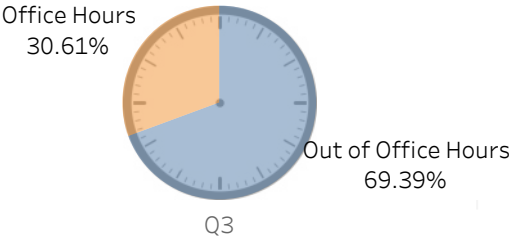
Quarter 4

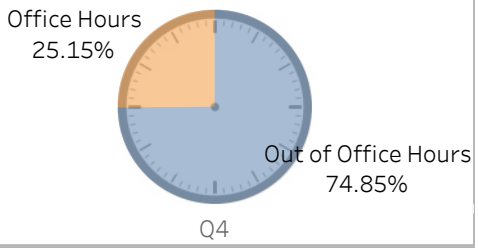
Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0 - 1	2	2	4	6			2	16
1 - 2			1	2			3	6
2 - 3		2	2					4
3 - 4		2						2
5 - 6					1			1
6 - 7			1	2				3
7 - 8	1	1	1	4			1	8
8 - 9			3	9	4		2	18
9 - 10	2	2		4	1	5	6	20
10 - 11	4	4		2	1		4	15
11 - 12			4	2	1	8	3	18
12 - 13	1	2	3	11	2	3	5	27
13 - 14	2	2	5	2	4	5	5	25
14 - 15	5	2	4	4	3	6	2	26
15 - 16	3	4	19	7	2	1	4	40
16 - 17	4	9	14	6	10	2	3	48
17 - 18	9	12	22	8	13	3	6	73
18 - 19	23	21	20	9	7	10	5	95
19 - 20	10	15	20	10	23	14	3	95
20 - 21	13	7	29	19	7	10	16	101
21 - 22	14	10	28	19	11	8	17	107
22 - 23	10	4	10	9	3	12	8	56
23 - 00	4	2	9	3	5	4	2	29
Total	107	103	199	138	98	91	97	833

Logins: Time of Day (BME)

Out of Office Logins % (Office hours are 9am - 5pm)







Quarter 1

Quarter 2

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

Quarter 3

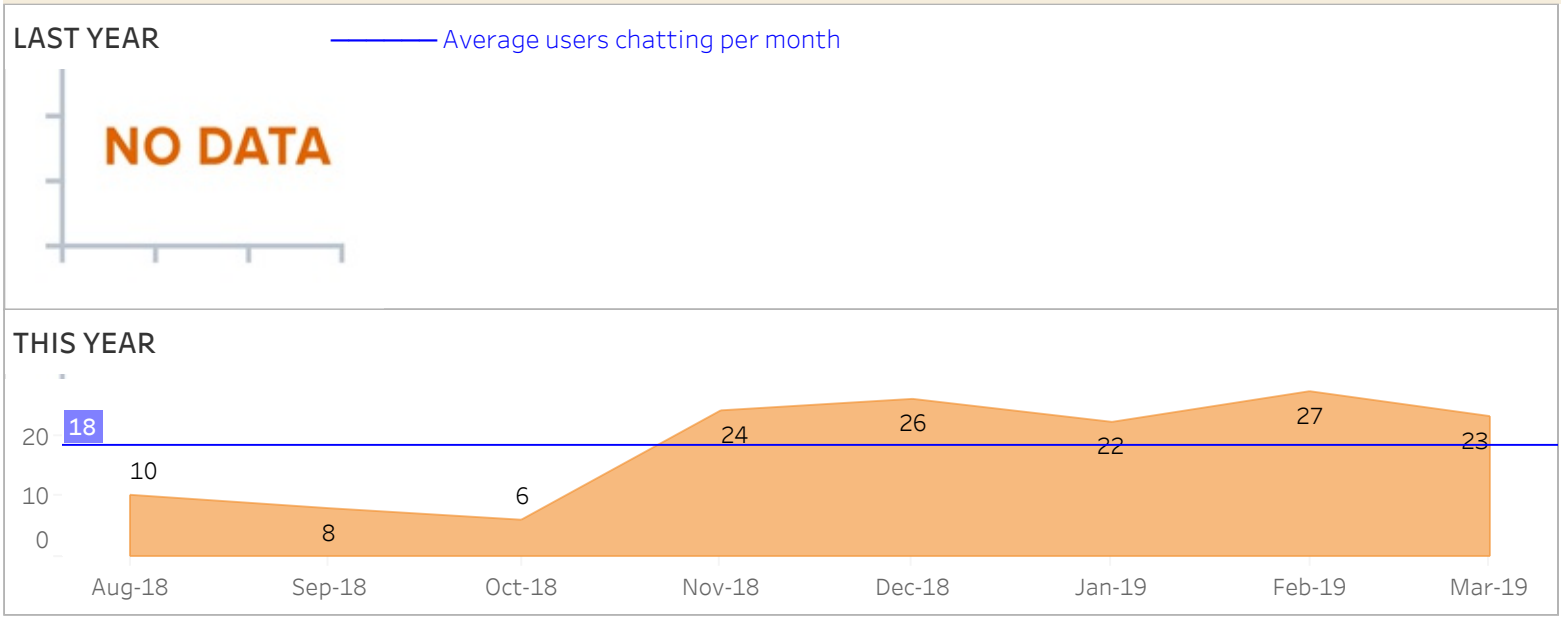
Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0 - 1	1		4		1	1	1	8
1 - 2						1		1
2 - 3	2						1	3
3 - 4						1		1
4 - 5	1					2		3
5 - 6		2						2
6 - 7		1						1
8 - 9	2		53	2	13		2	72
9 - 10		1	3		1			5
10 - 11	2		3	2	2			9
11 - 12	3	2	2	4	1	1	1	14
12 - 13	4	3	4	1	1		5	18
13 - 14	5	5		3	4	3	1	21
14 - 15	3	13	2	4	3			25
15 - 16	1	5	4	2	1	4		17
16 - 17	2	9	4		1		2	18
17 - 18	9	7	6	5		3	1	31
18 - 19	11	10	11	12		1	6	51
19 - 20	2	4	8	3	2	1	7	27
20 - 21	3	13	9	8	6	2	5	46
21 - 22	7	8	10	2	4	1	5	37
22 - 23		8	2	7	6	2	1	26
23 - 00		1		1	4	3	2	11
Total	58	92	125	56	50	26	40	447

Quarter 4

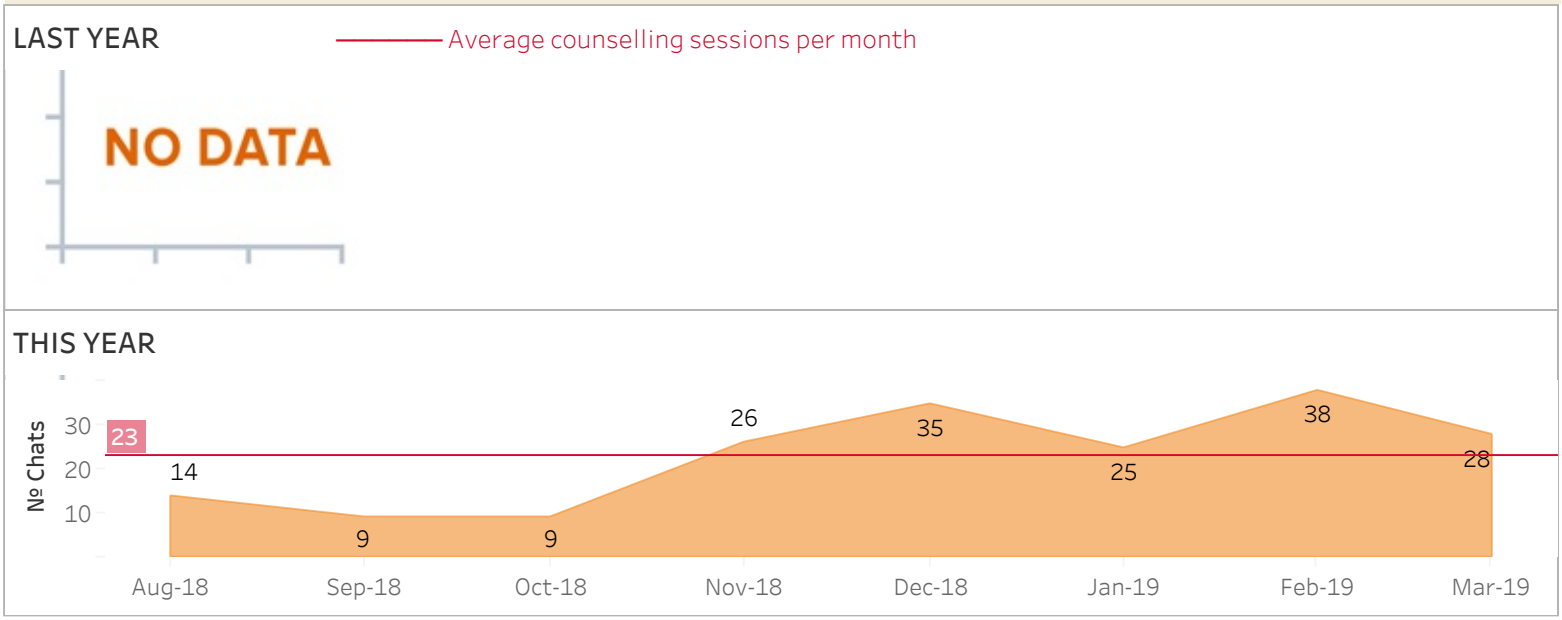
Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0 - 1		2	2	1				5
1 - 2			1					1
2 - 3		2						2
5 - 6					1			1
6 - 7			1	1				2
7 - 8	1	1		4				6
8 - 9				3	4		2	9
9 - 10		2		4		4	4	14
10 - 11	1	3		2			4	10
11 - 12			4	1	1	5	1	12
12 - 13	1	2	3	1		3	5	15
13 - 14	1	2		2	2	4	5	16
14 - 15	3	2	2	4	2	2	2	17
15 - 16	2	2	6	4	1		2	17
16 - 17	3	4	4	5	4			20
17 - 18	3	7	13	5	9	1	3	41
18 - 19	13	13	9	3	4	7	3	52
19 - 20	6	11	10	6	17	10	1	61
20 - 21	10	3	18	11	3	5	9	59
21 - 22	12	7	17	11	7	5	10	69
22 - 23	10	4	3	4	1	3	4	29
23 - 00	4		4	3			2	13
Total	70	67	97	75	56	49	57	471

Counselling: Chat

Number of unique Kooth Chat Service Users : usage by month



Number of Chat Counselling sessions per month



Quarterly Statistics

Average individual chat session per quarter	
Q1	2
Q2	1
Q3	1
Q4	1
Total	1

№ of unique individuals chatting by gender

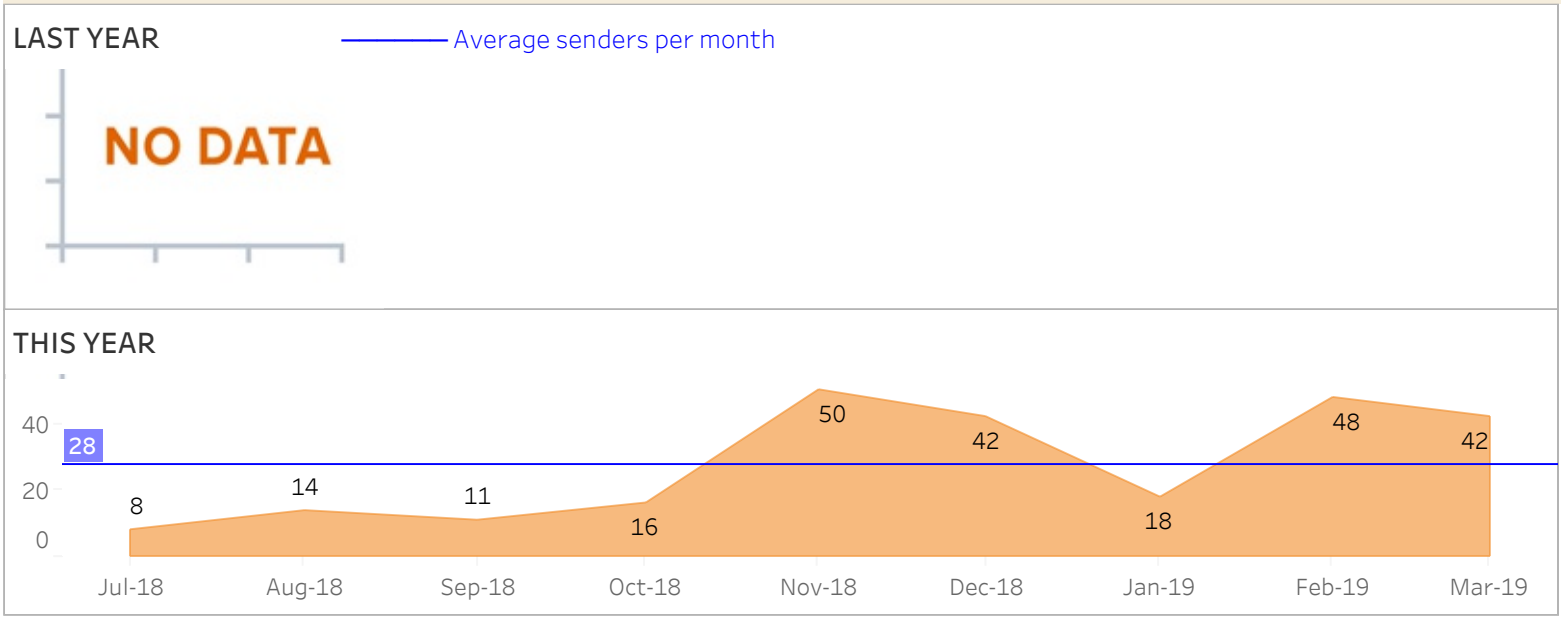
Gender	Q2	Q3	Q4	Grand Tot..
Female	13	33	49	92
GenderFluid			1	1
Male	4	16	13	32
Total	17	49	63	125

№ of chat sessions by gender

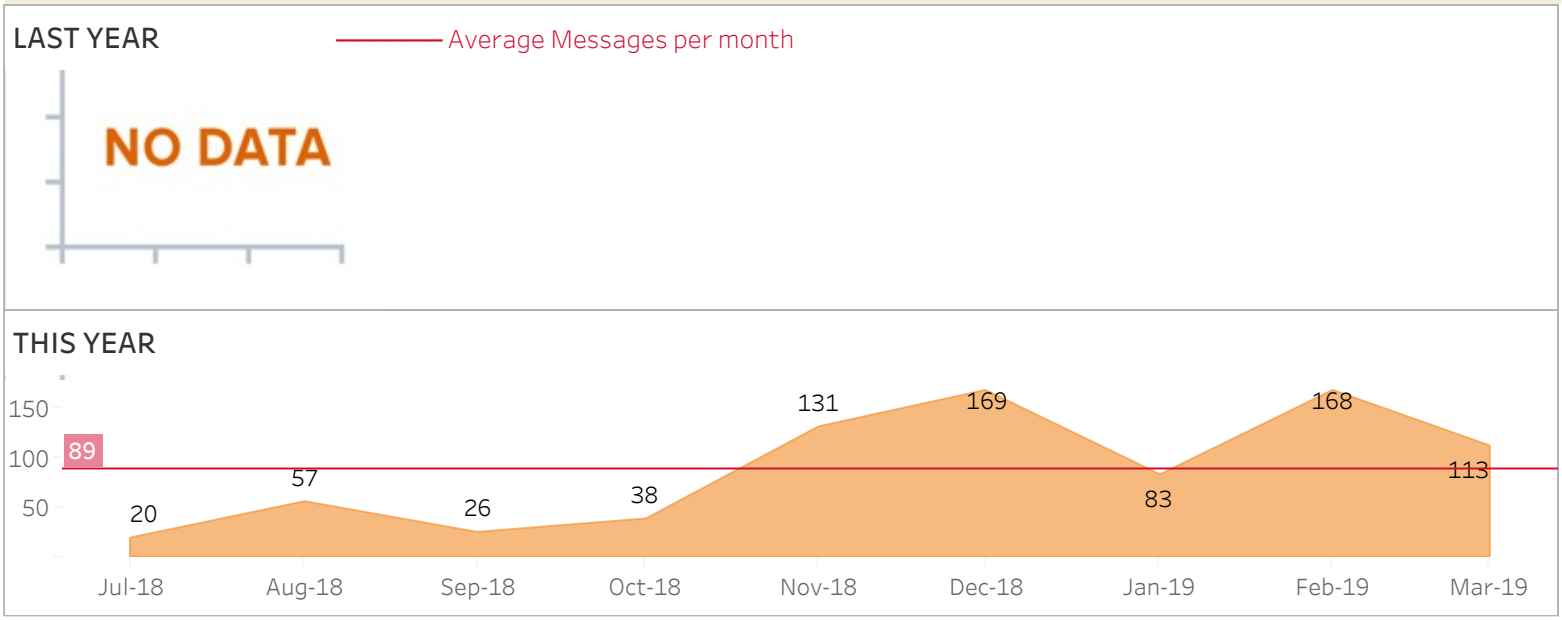
Gender	Q2	Q3	Q4	Grand Tot..
Female	17	46	70	133
GenderFluid			1	1
Male	6	24	20	50
Total	23	70	91	184

Counselling: Message

Number of Service Users using Message Counselling : usage by month



Number of Messages swapped per month



Quarterly Statistics

Average individual Messages per quarter	
Q2	3
Q3	3
Q4	4
Total	4

№ of unique individuals messaging by gender

Gender	Q2	Q3	Q4	Total
Female	26	69	71	160
Male	5	26	21	48
GenderFluid		3	3	6
Agender		1	1	2
Total	31	99	96	216

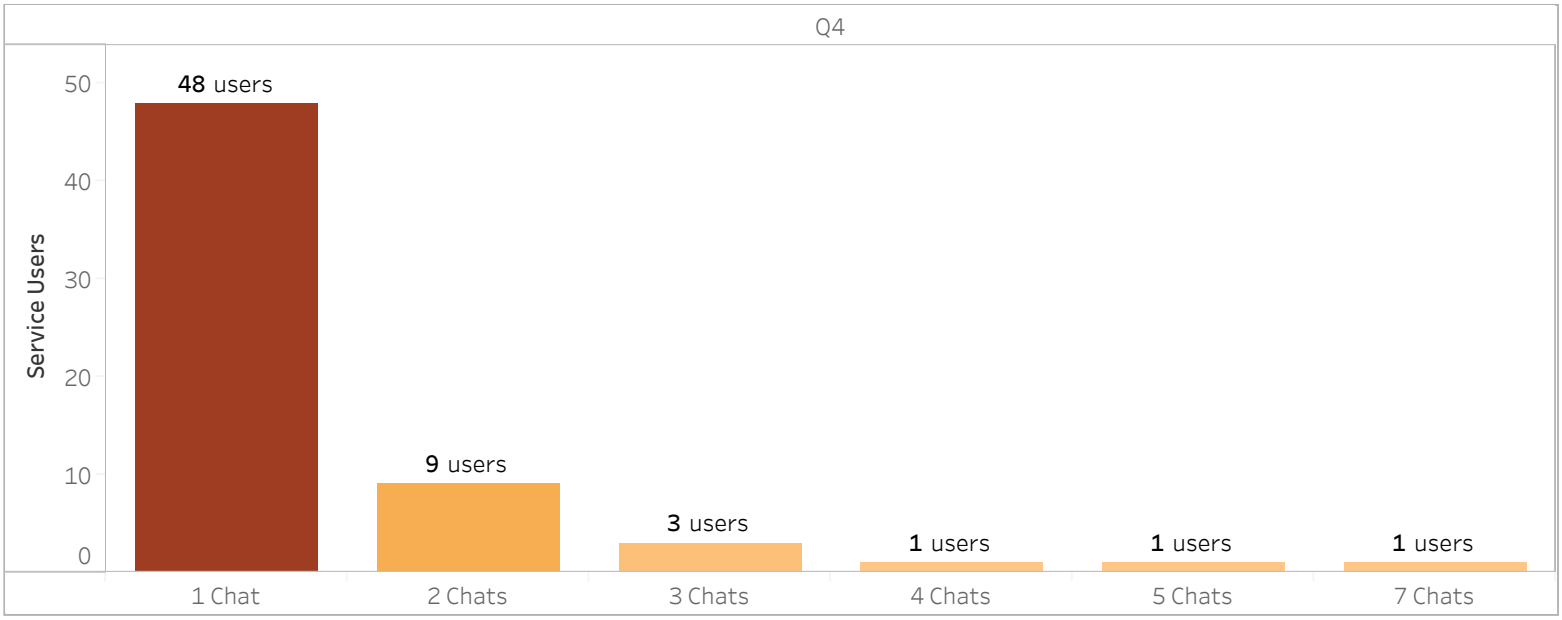
№ of messages by gender

Gender	Q2	Q3	Q4	Total
Agender		6	2	8
Female	85	220	277	582
GenderFluid		5	7	12
Male	18	107	78	203
Total	103	338	364	805

Counselling: Quarter Chat and Message

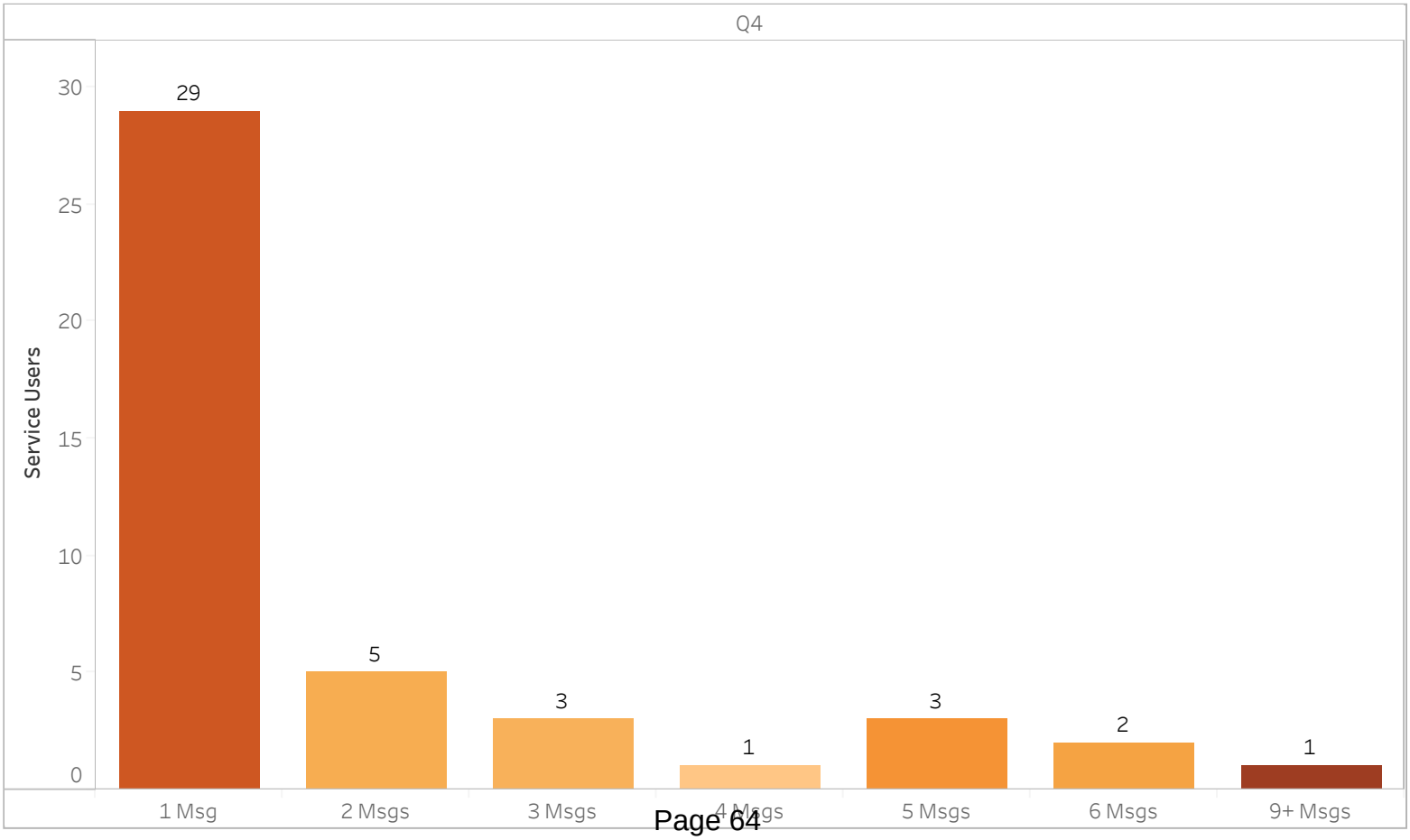
This shows the number of chats and messages Service Users have had each in the quarter.

Number of Chat Sessions each Service User had this Quarter



The greatest number of chats engaged in by a user was 7.

Number of Service Users who have sent Messages this Quarter

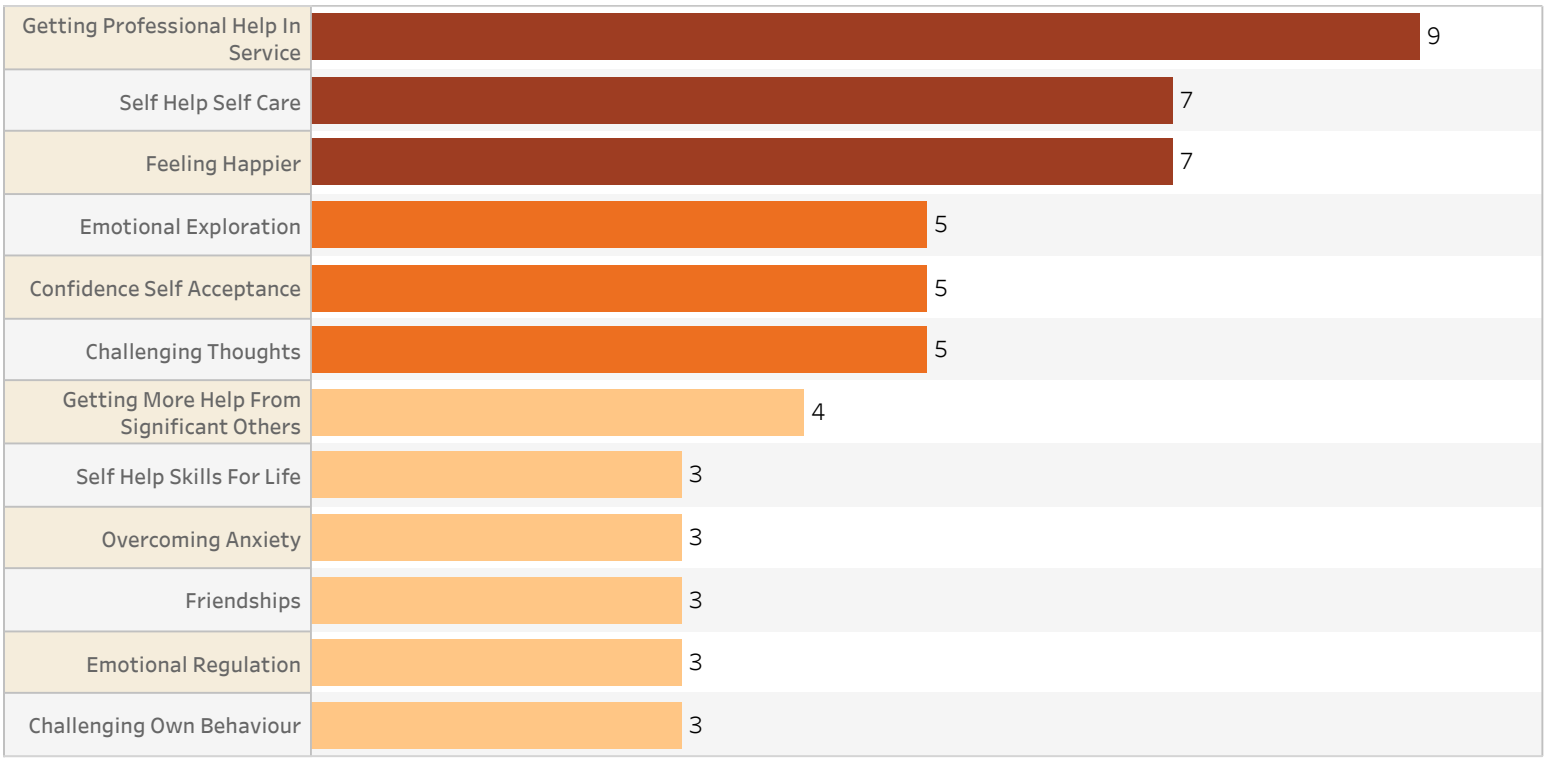


The greatest number of messages sent by a user during this period was 39.

Counselling: Goals

Goal Categories

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



Goals created / moved : by gender

Gender	Q2		Q3		Q4	
	№ Users	№ Goals	№ Users	№ Goals	№ Users	№ Goals
Agender	1	1				
Female	4	9	21	40	35	76
GenderFluid					2	2
Male	1	2	10	19	4	5
Grand Total	6	12	31	59	41	83

Goal Movement

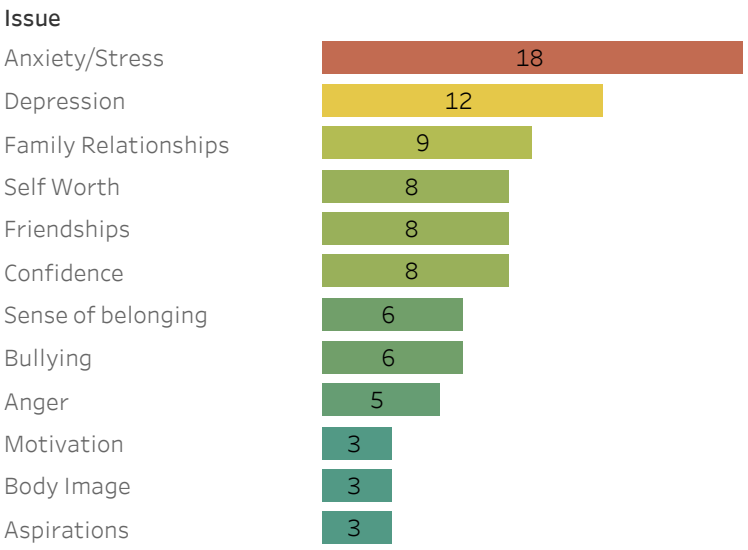
Number of Goals	Number of users	Average
34	12	3.6

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

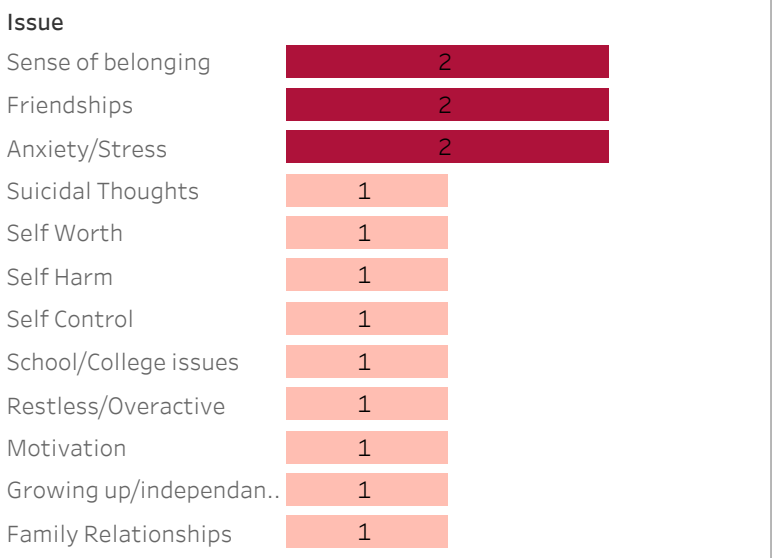
Counselling: Presenting Issues

Issues presented during a Chat Session or Message

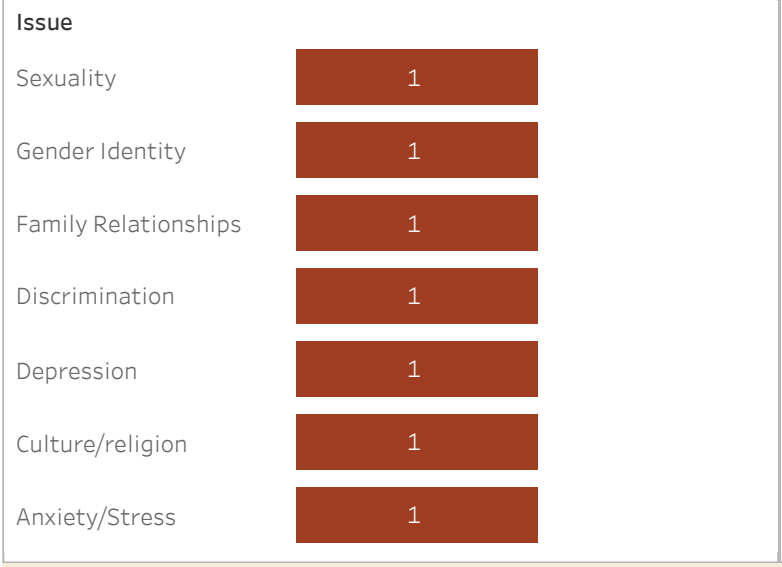
Female



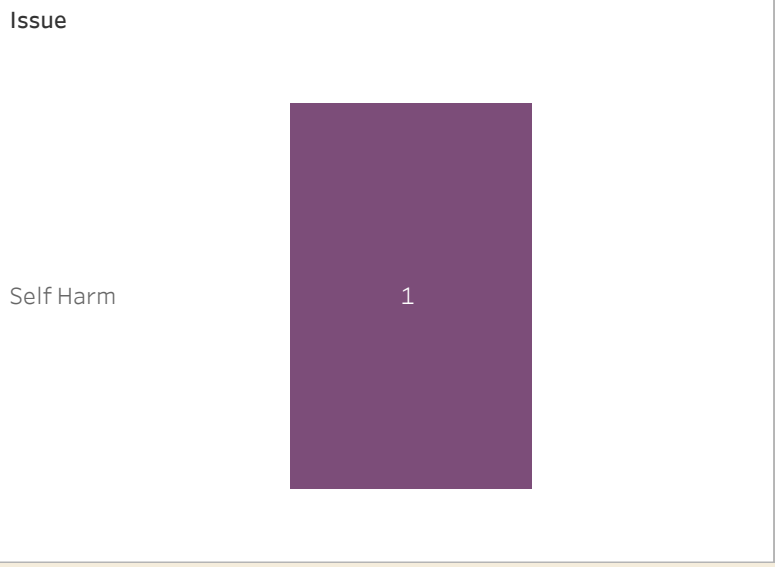
Male



Gender Fluid



Agender



Top 10 most prominent issues Service Users presented

Q1

Q2

#	Issue	SU
1	Anxiety/Stress	6
2	Family Relationshi..	5
3	Depression	5
4	Friendships	4
5	Self Worth	3
6	Confidence	3
7	Suicidal Thoughts	2
8	Self Harm	2
9	Anger	2
10	Sense of belonging	1

Q3

#	Issue	SU
1	Anxiety/Stress	20
2	Depression	15
3	Self Worth	10
4	Friendships	10
5	Family Relationshi..	8
6	Self Harm	7
7	Suicidal Thoughts	6
8	Sense of belonging	5
9	Disruption to educ..	5
10	Restless/Overactive	4

Q4

#	Issue	SU
1	Anxiety/Stress	21
2	Depression	14
3	Family Relationshi..	11
4	Friendships	10
5	Self Worth	9
6	Confidence	9
7	Sense of belonging	8
8	Bullying	6
9	Anger	6
10	Self Harm	4

Articles and Self Help Resources

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

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

Most viewed Articles

#	Topic (Category)	№ Views
1	News (News & Politics)	12
2	Emotions (Mental Health)	12
3	Anxiety (Mental Health)	12
4	Staying safe (Law & Crime)	10
5	Family (Family)	9
6	Depression (Mental Health)	8
7	Self harm (Mental Health)	6
8	Reading & creative writing (Hobbies & In..	6
9	Resources (Resources)	5
10	School (Education)	4

Article view by gender

Gender	Q2 № Views	Q2 № Users	Q3 № Views	Q3 № Users	Q4 № Views	Q4 № Users
Agender					2	2
Female	154	16	169	48	108	44
GenderFluid			1	1	2	2
Male	19	4	127	13	26	12
Total	173	20	297	62	138	60

Articles: Monthly Look

Number of unique Kooth Service Users and views: usage by month

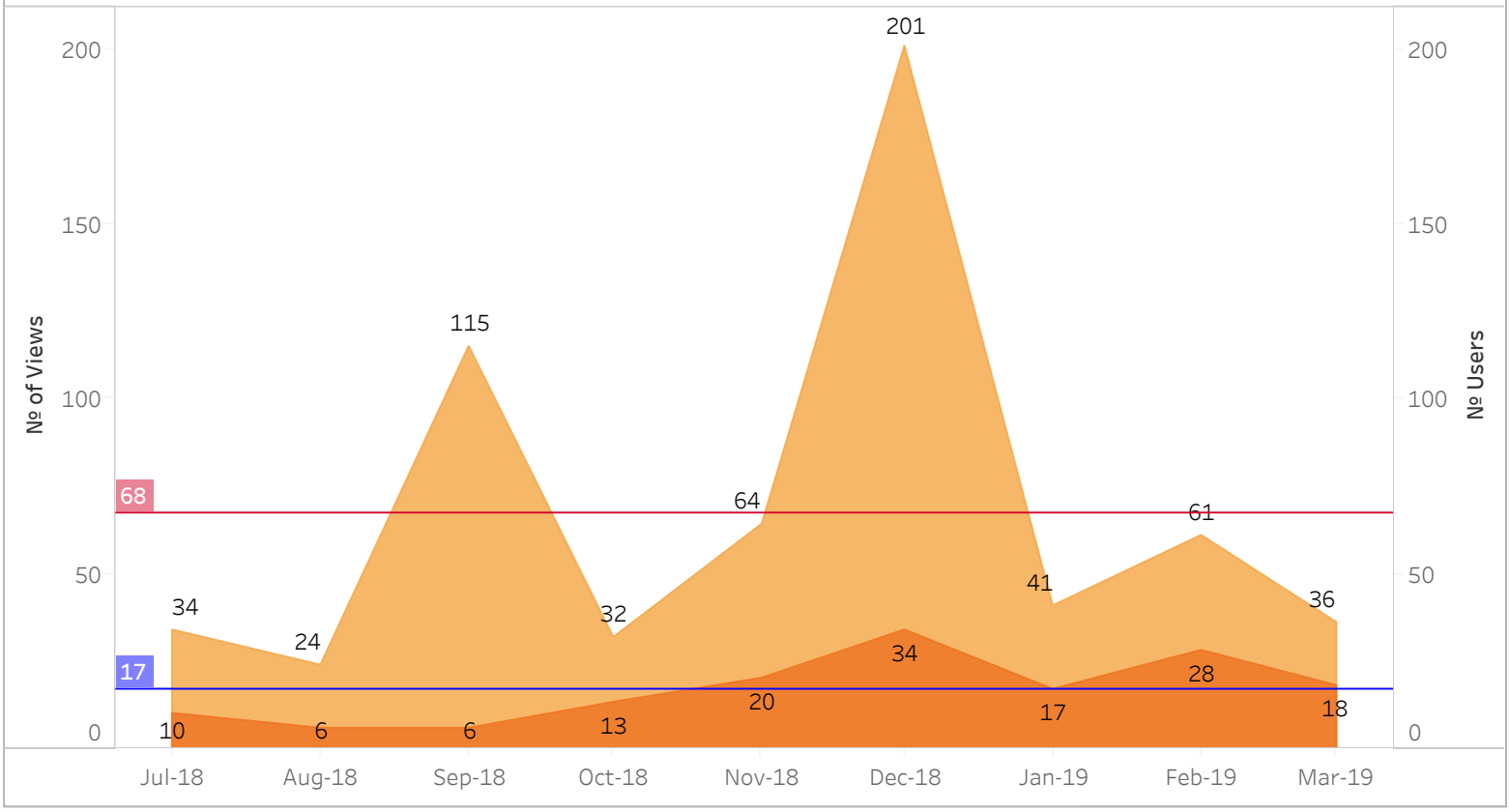
№ Users № Views

LAST YEAR

Average article views per month Average users viewing articles per month

NO DATA

THIS YEAR



Community Support: Ask Kooth, Live and Offline Forums

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

Most viewed Forums

#	Title	№ Views
1	I feel confused and hopeless	9
2	Masturbation	8
3	Losing someone to suicide	7
4	School	6
5	Who has had sex?	5
6	Porn	5
7	Music to deal with emotions.	5
8	Kooth Substitute Live Forum - Kooth 'World' Book Club - 13/2/2019	5
9	young masturbation	4
10	Weekend distraction task #2	4

Forum view by gender

Gender	Q2		Q3		Q4	
	№ Users	№ Views	№ Users	№ Views	№ Users	№ Views
Agender	1	2			1	1
Female	10	27	36	95	66	362
GenderFluid			2	5	3	7
Male	3	7	9	52	12	67
Total	14	36	47	152	82	437

Forums: Monthly Look

Number of unique Kooth Service Users and views: usage by month

№ Users № Views

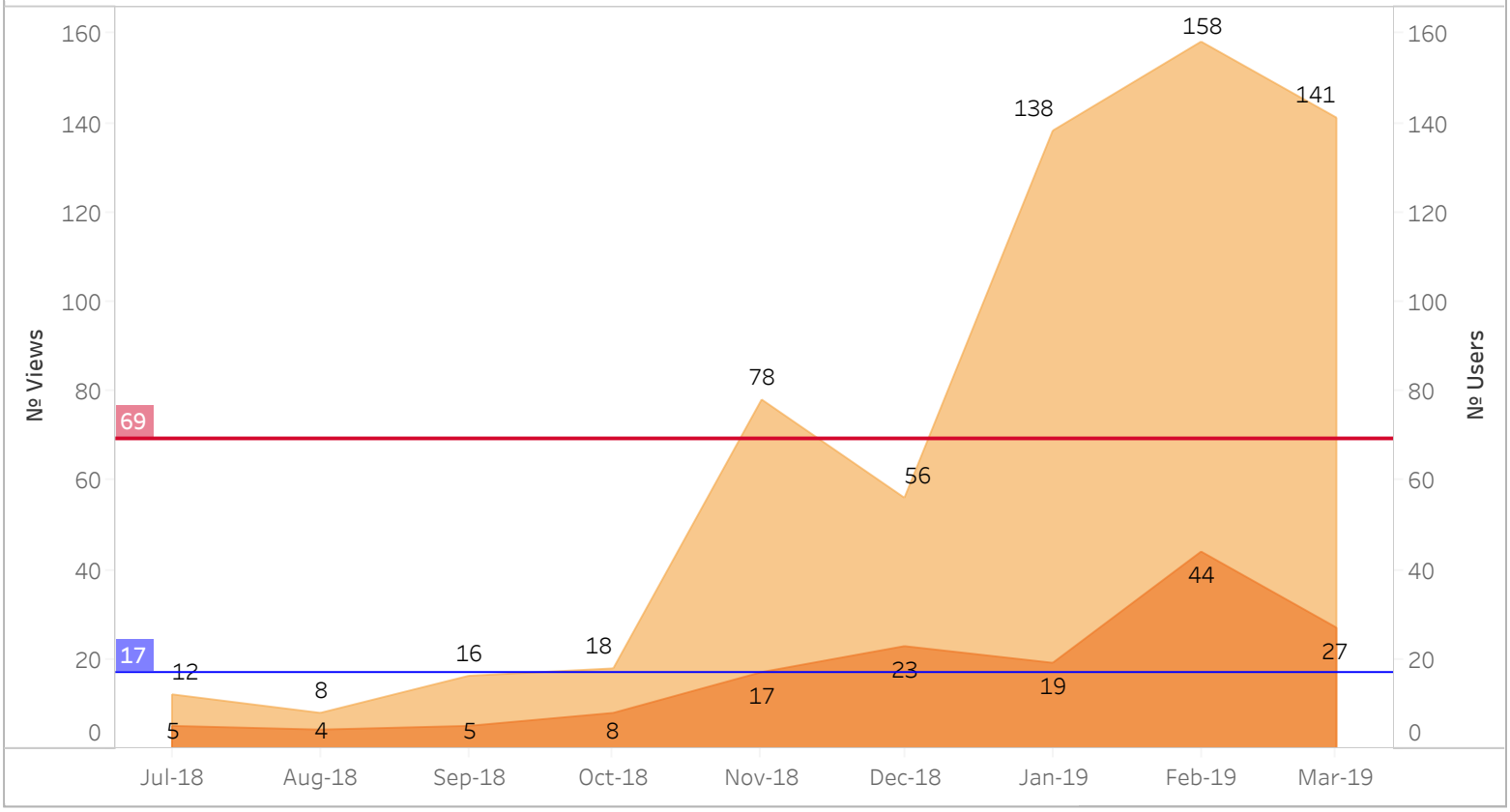
LAST YEAR

Average forum views per month

Average users viewing forums per month

NO DATA

THIS YEAR



Feedback

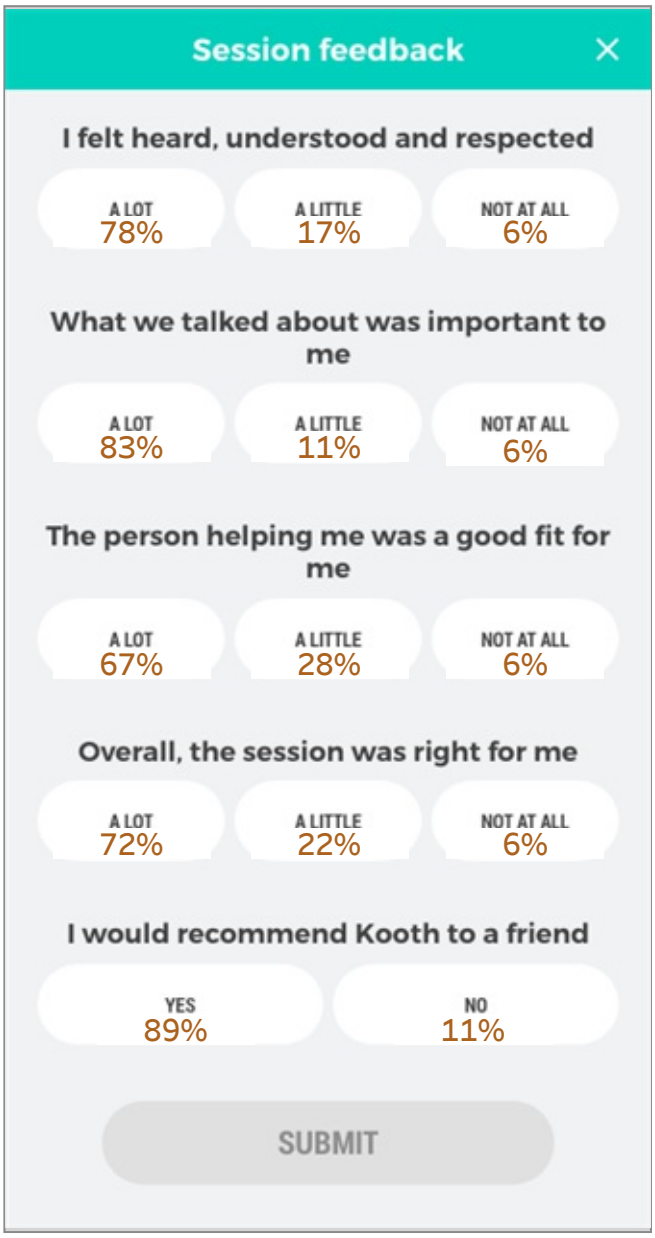
Chat Session Feedback: Therapeutic Alliance

16 individual Service Users have provided 18 responses

Session Feedback

... is collated from completed questionnaires that appear at the end of every chat session.

The questions are focused on capturing the effectiveness of the therapeutic alliance. Research shows that Service Users are more likely to achieve positive outcomes when they score the intervention highly.



Feedback

33 individual Service Users have provided 35 responses

I had a problem	I wanted someone to talk to	I wanted to look around
18%	52%	30%

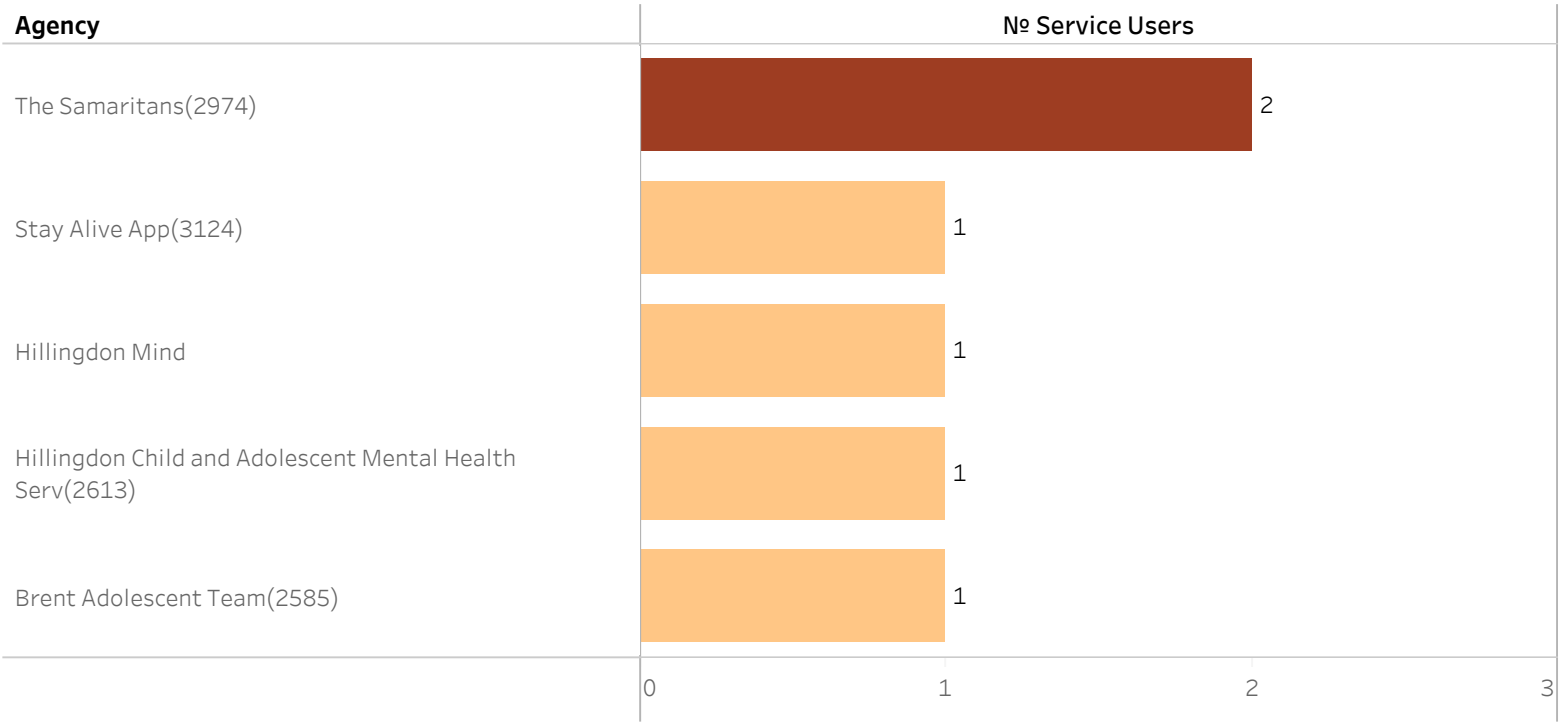
Would you recommend Kooth to a friend?	Did you get what you were looking for today?
91%	97%

Feedback

... is obtained via a questionnaire that appears on a Service Users' **homepage.**

Asking them why they came, if they found their visit helpful and if they would recommend the service to a friend offers valuable insight into the effectiveness of the service for those Service Users who choose not to access chat.

Signposting and Referrals



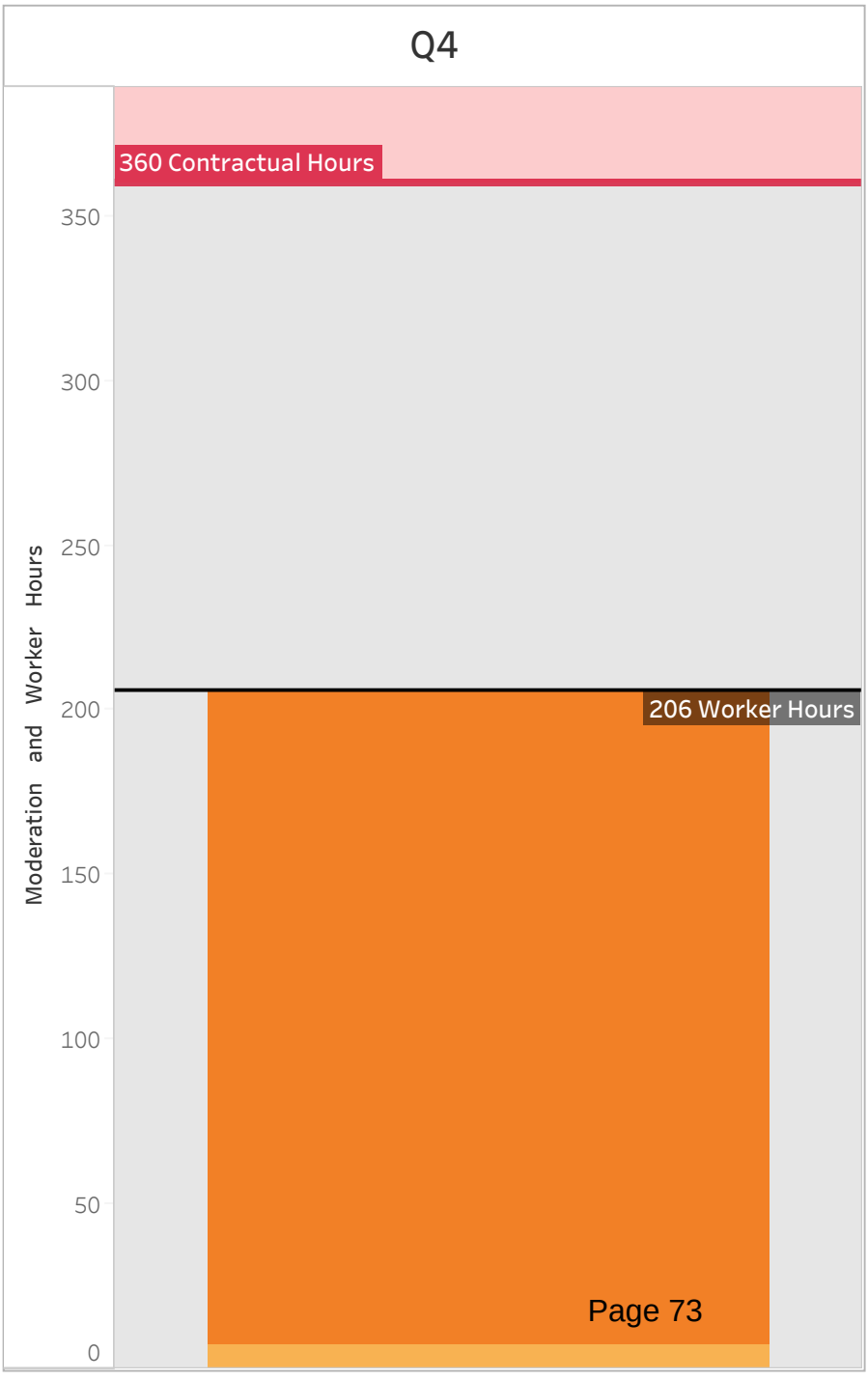
Worker Hours

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

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

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

Quarterly Total



Hours made up of:

96% (199 Counselling Hours)
4% (8 Moderation Hours)

206 Total Hours (57% of contract)

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Designing a New Model of CYP Early Intervention & Multi- Agency Care for Children and Young People in Hillingdon

Workshop 2 'How'

22nd May 2019 - 9.30am – 2.30pm

Aims of Today's Workshop

1. To **share and agree the key outputs from workshop 1**

2. To **agree an approach to quantifying demand for the model**

3. To review in detail the **individual components of the model** and to agree how the model of care will work operationally - the specification, workforce requirements and timescales for delivery

4. To agree the **inter-dependencies** between the components of the model

5. **To provide an update on the planning for CYP with complex needs** and to consider the interdependencies between the models (Transition planning etc.)

Agenda

9.30am	Overview of plan for the day
9.35am	Agreeing the scope and key outcomes
9.55am	Population segmentation and demand modeling
10.35am	Further development of the model components
11.35 Tea Break	
11.45am	Specifying the model – working together as one system
12.35pm LUNCH	
1.15pm	Complex Needs and Transition Planning
2.20pm	Next Steps

- **Scope and Outcomes**
- **Population segmentation and demand modelling**
- **Further development of the key components**
- **Working as one system**
- **Complex needs and transition planning**
- **Next Steps**

6 Key Principles Underpin the Model

Co-production

Co-producing the model with children, young people and their families/carers, to ensure that they are part of the commissioning, monitoring and reviews of services

Integration

Finding ways to work together to stop parents receiving overlapping and conflicting advice and support from different professionals. Developing a skilled, integrated workforce that works one team.

Placed Based

Services will be grounded in Neighbourhoods which will see integrated multi-disciplinary services, with Primary Care at its centre, working with people and communities

Telling their story once

Children and their families should only have to 'tell their story once' Facilitated by shared records, a single point of referral, and use of technology where appropriate

Building resilience

Focused on building the resilience of families and reducing their isolation. Resilience building at all levels of need and service provision, through prevention, early intervention and empowerment

Outcomes Focused

A consistent and integrated focus on a single set of shared outcomes

Key Service Outcomes

	Key Outcome	Proposed Measures
1	**Access to the right services and support at the right time.** Care focuses on improving health and psychosocial status, and preventing exacerbations.	• 24 hour response time of service (F2F or NF2F) • Reduction in A&E Attendance • Reduction in re-attendance • Decrease in inappropriate referrals to CAMHS and other services • Decrease in touch points • Reduction in CAMHS waiting lists and times
2	**CYP experience improved access to pro-active and co-ordinated care** Multi-disciplinary care is co-ordinated and people experience a seamless service.	
2	**The CYP is central to how professionals work together in the multi-disciplinary teams.** The person's needs and preferences shape what care is delivered and how the MDT delivers this.	• The number of 'One Shared Plan' used ('My Support Plan')
3	**CYP feel empowered, capable of and engage in self-management.** People are actively involved in care planning and have access to support for self-management.	• Increased resilience through self reported survey
4	**Professionals enjoy their work as together they ensure people get the care they need**. They provide this care themselves or this is provided by a colleague of the multi-disciplinary team.	• Increase of self reported Practitioners satisfaction
6	**CYP are effectively supported within schools**	• Increased attendance of SEN & SEMH in schools • Decreased rate of schools exclusions

Service Scope - New Model of CYP Early Intervention & Multi- Agency Care for Children and Young People

1. Triage / Front Door Team

This comprised of the core service team that will be co-located roles from different organisations and existing services.

2. Core Team

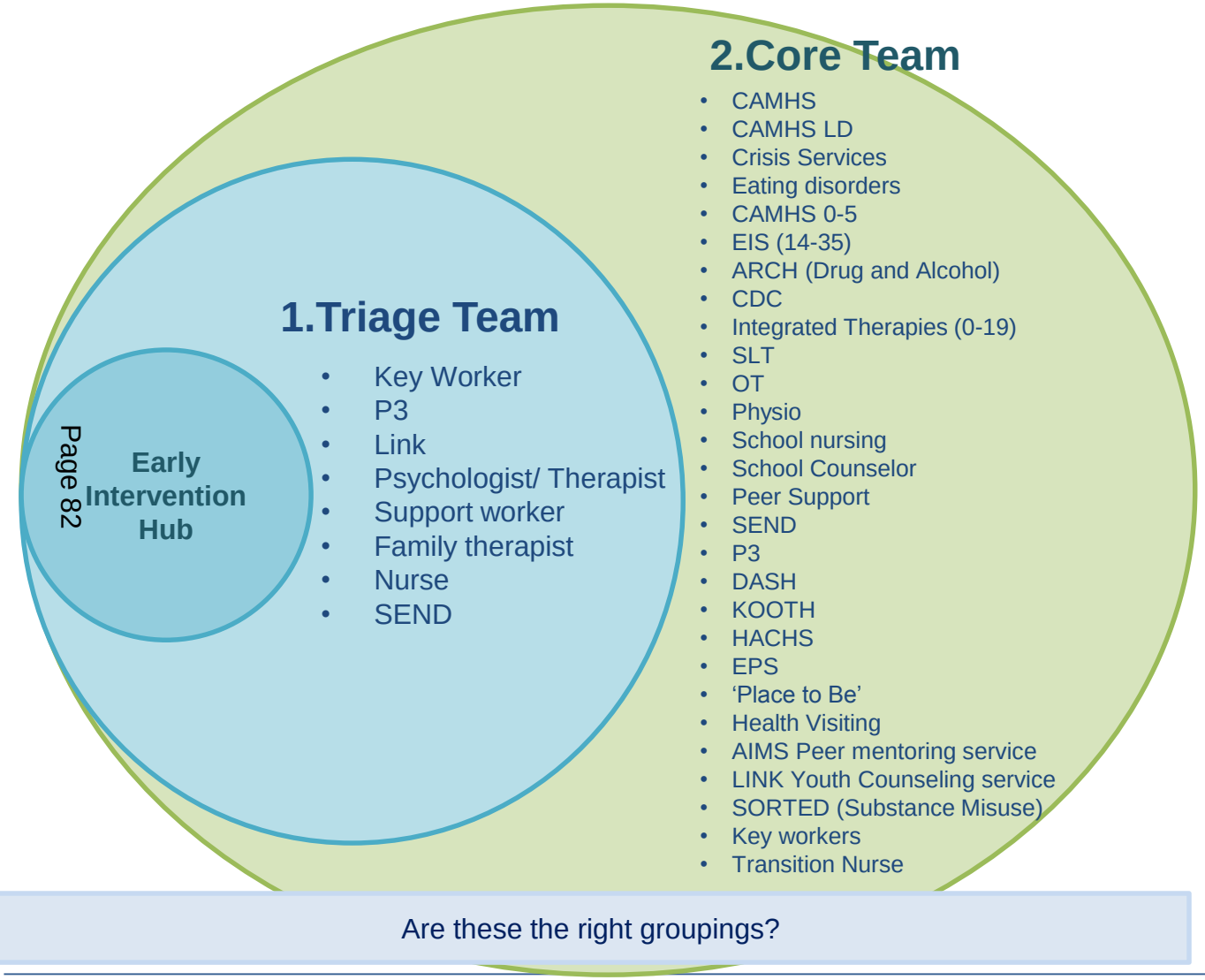
These are the core multi-disciplinary/ early intervention focused services that will become part of the new service specification

3. Supporting Functions

These are the services that are primarily health focused/ provide more complex care or are stand alone services that make more sense to have close links with the early intervention service rather than become part of it (the specification should specify how each service works with the new model)

Are these the right assumptions?

Service Scope - New Model of CYP Early Intervention & Multi- Agency Care for Children and Young People



1.Triage Team

- Key Worker
- P3
- Link
- Psychologist/ Therapist
- Support worker
- Family therapist
- Nurse
- SEND

2.Core Team

- CAMHS
- CAMHS LD
- Crisis Services
- Eating disorders
- CAMHS 0-5
- EIS (14-35)
- ARCH (Drug and Alcohol)
- CDC
- Integrated Therapies (0-19)
- SLT
- OT
- Physio
- School nursing
- School Counselor
- Peer Support
- SEND
- P3
- DASH
- KOOTH
- HACHS
- EPS
- 'Place to Be'
- Health Visiting
- AIMS Peer mentoring service
- LINK Youth Counseling service
- SORTED (Substance Misuse)
- Key workers
- Transition Nurse

3.Supporting Functions

- EIS (14-35)
- ARCH
- Lavender Walk
- CDC
- Community Health
- Paediatrics
- LAC
- Post natal Services
- Community Clinics
- Paediatric Psychology
- Maternity services
- Hillingdon Young Carers
- KISS (Sexual Health and Wellbeing)
- Youth Centers
- Employment services
- Youth Centers
- Children Centers
- Employment services
- Children's social services
- Parent support and development programmes
- MASH
- YOS / YOT
- Hillingdon Carers
- Aphelia (support around unaccompanied minors)
- Bereavement services
- Green corridor
- Bucket & Spades (LA Commissioned)
- Health watch
- Brilliant parents

Are these the right groupings?

- Scope and Outcomes
- Population segmentation and demand modelling
- Further development of the key components
- Working as one system
- Complex needs and transition planning
- Next Steps

We are developing a 4 prong approach to modelling the demand and understanding needs of the population…

1. **Using the WSIC Data –** to segment the population based on available NHS data (acute, care planning, community intervention and diagnosis)

2. **Cross referencing with other available data (Local Authority/ Public Health) to understand and to model unmet need –** what are the key data sources we should be considering?

3. **Demand modeling using the NHS digital approach –** to understand the prevalence of mental health and physical issues

4. **Current service demand -** We can understand this by baselining the demand of the current in scope services

A combination of these approaches should ensure that we have a comprehensive view of the needs and demand of the CYP population in Hillingdon

3 key levels of need in children and young people (aged 0-24) in Hillingdon

Good Mental & Physical Wellbeing (Universal Needs)

These CYP have no physical or emotional wellbeing/ mental health needs. They would benefit from support to build resilience and 'stay well'

Schools, GPs, Health Visitors, Children's Centres, Universal Services (prevention and resilience building)

X%

Low to Moderate Mental & Physical Needs (At Risk)

These CYP and their family are vulnerable to mental health and/or physical difficulties, they may be experiencing low-moderate level stress and anxiety and/or physical health problems

Targeted integrated services in education, social care and health (early intervention)

Y%

High Mental & Physical Needs (Complex Needs)

These CYP and their families have urgent, persistent, complex and severe mental health and/or physical health problems

Specialist services will provide a full range of mental health services via multi-disciplinary teams where universal or targeted intervention level is insufficient to meet an identified need

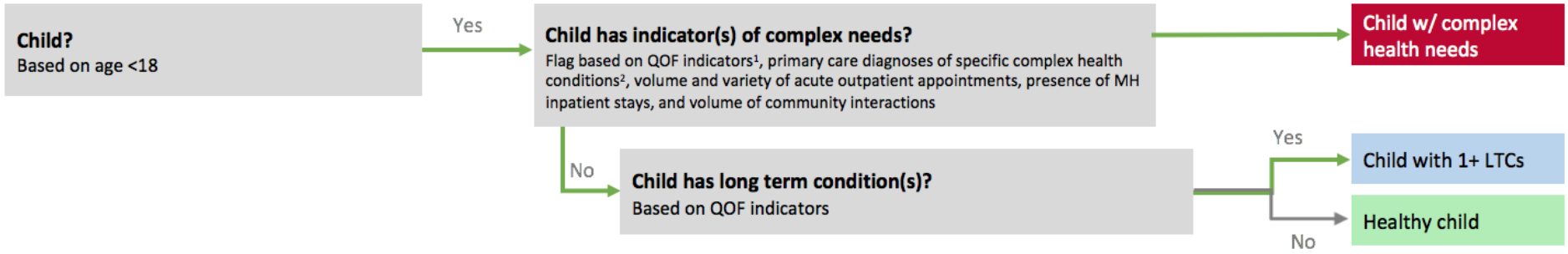
Z %

Total –0-24 population - 66, 921 (100%)

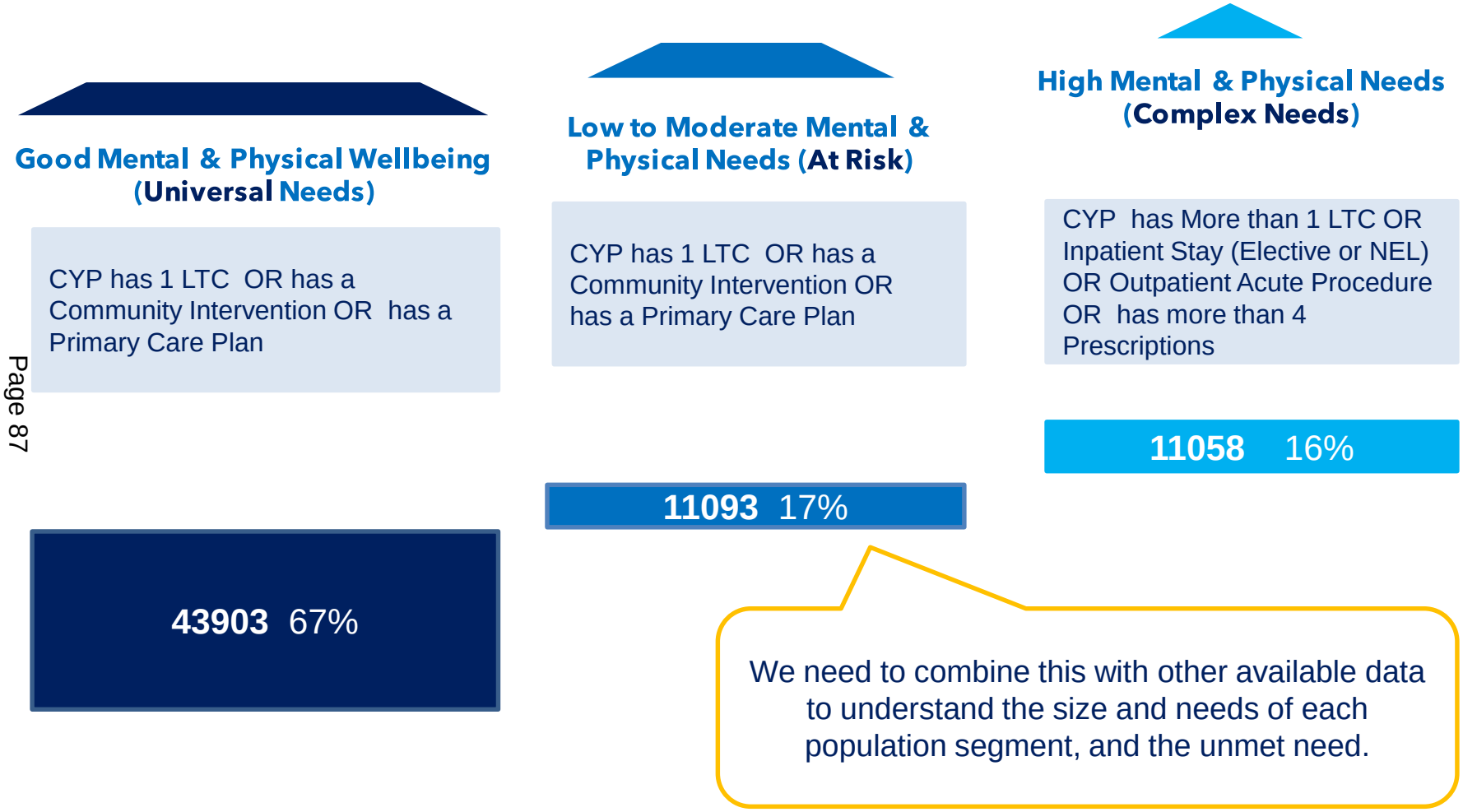
WSIC Approach

	Description of Group	Data Inclusion
1 Children with complex health needs	People aged under 18 diagnosed with complex health needs, significant community (not GP) involvement, a MH inpatient stay, or a variety of outpatient appointments. Includes a variety of defined diagnoses, LTCs.	Age under 18 Any of: 1+ defined LTCs[1], 1+ defined list of primary care diagnoses, 5+ paeds OP appts, 2+ OP specialties, 1+ MH IP stay, 7+ community
8 Children with one or more long term conditions	People aged under 18 that have one or more long-term conditions[2], e.g. asthma, diabetes, and not in another group. Includes common mental illnesses, e.g. depression, anxiety, and long term neurological conditions	Age under 18 Have 1+ LTC Not a member of Group 1
11 Mostly healthy children	People aged under 18 that are mostly healthy and do not fit into any other group	Age under 18 Not a member of any other Group

WSIC segmentation Flow Chart



What the WSIC data tells us -



About the Mental Health of Children and Young People survey

This survey series provides England's best source of data on trends in child mental health.

Major surveys of the mental health of children and young people in England were carried out in 1999, 2004,and 2017.

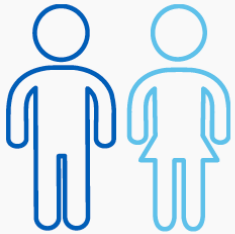
While many surveys use brief tools to screen for nonspecific psychiatric distress or dissatisfaction, this series applied rigorous, detailed and consistent methods to assess for a range of different types of disorder according to International Classification of Disease (ICD-10) diagnostic criteria (WHO 1992). All cases were reviewed by clinically-trained raters.

The latest survey was funded by the Department of Health and Social Care and commissioned by NHS Digital. The survey was carried out by:

NatCen Social Research | Office for National Statistics | youthinmind

The 2017 survey collected information about mental health and wellbeing from a stratified probability sample of children and young people living in England and registered with a GP. Information was collected on 9,117 children aged 2 to 19 between January and October 2017. The survey combines reports from children, their parents and teachers (depending on the age of the selected child).

This survey for the first time provides findings on the prevalence of mental disorder in 2 to 4 year olds, and spans the transition into adulthood by covering 17 to 19 year olds. Unless specified otherwise, 'children' is generally used here to refer to 5 to 19 year olds and 'young people' usually refers to those aged 11 to 19.



Disorders were grouped into four broad types

Emotional disorders

- Include anxiety disorders (characterised by fear and worry), depressive disorders (characterised by sadness, loss of interest and energy, and low self-esteem), and mania and bipolar affective disorder.
- One in twelve (8.1%) 5 to 19 year olds had an emotional disorder, with rates higher in girls (10.0%) than boys (6.2%). Anxiety disorders (7.2%) were more common than depressive disorders (2.1%).

Behavioural (or conduct) disorders

- A group of disorders characterised by repetitive and persistent patterns of disruptive and violent behaviour in which the rights of others, and social norms or rules, are violated.
- About one in twenty (4.6%) 5 to 19 year olds had a behavioural disorder, with rates higher in boys (5.8%) than girls (3.4%).

Hyperactivity disorders

- Include disorders characterised by inattention, impulsivity, and hyperactivity. The number of children with a hyperactivity disorder (as defined by ICD-10) is likely lower than the number of children with ADHD (as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM–5)) as hyperactivity disorders have a more restrictive set of criteria
- About one in sixty (1.6%) 5 to 19 year olds had a hyperactivity disorder, with rates higher in boys (2.6%) than girls (0.6%).

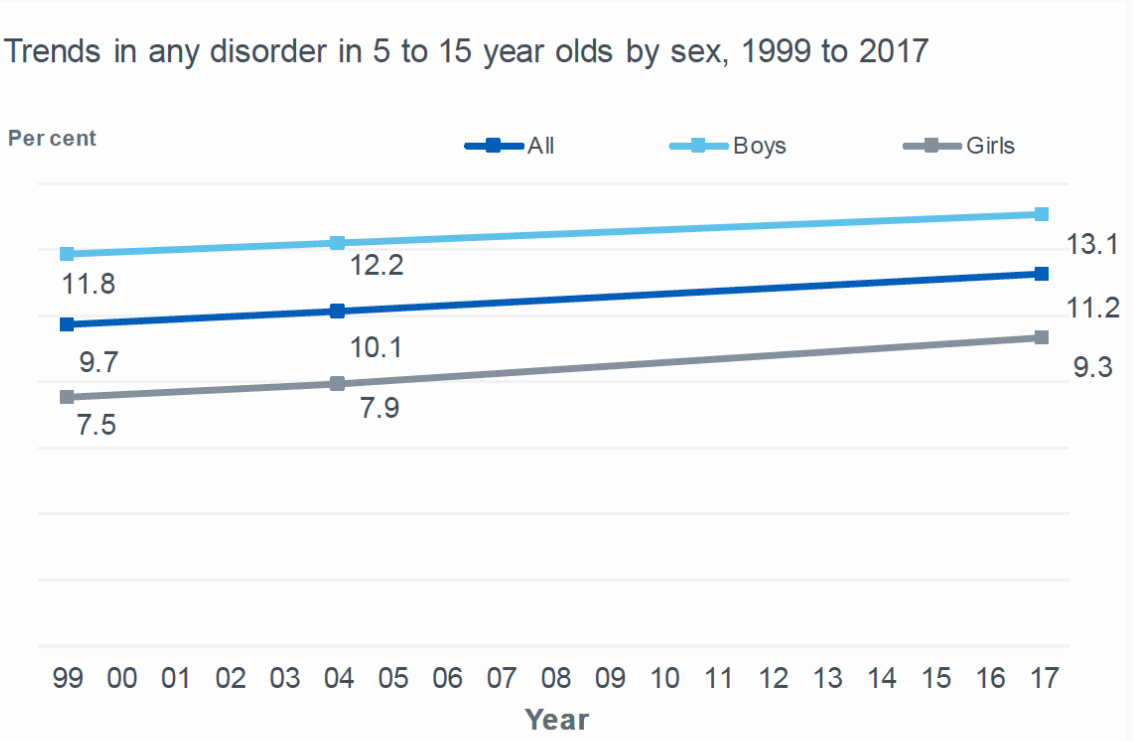
Other less common disorders

- Include autism spectrum disorders (ASD), eating disorders, tic disorders, and a number of very low prevalence conditions.
- About one in fifty (2.1%) 5 to 19 year olds were identified with one or more of these other types of disorder: 1.2% with ASD, 0.4% with an eating disorder, and 0.8% with tics or another less common disorder.

There has been a slight increase in overall rates of mental disorder

Background There is a widespread perception that children and young people today are more troubled than previous generations (Murphy and Fonagy, 2013). Treatment and referral data indicate increased demand for specialist mental health interventions over the past decade (e.g. Sarginson et al., 2017, Royal College of Emergency Medicine 2017). General surveys have found increased levels of low wellbeing in children in England. But it has not been possible before now to establish the trend in underlying rates of mental disorder in children.

Trends Data from this survey series reveal a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017.



Preschool children: one in eighteen 2 to 4 year olds had a disorder

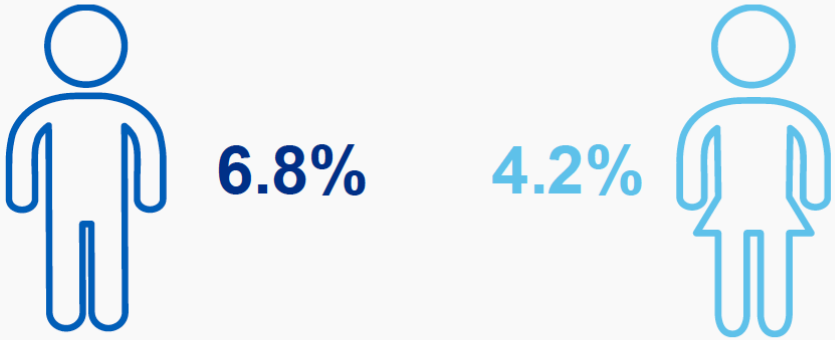
The early years are a critical time of rapid development.

These Experimental Statistics are England's first estimates of disorder prevalence in 2 to 4 year olds based on high quality assessments with a national, random sample.

One in eighteen (5.5%) preschool children were identified with at least one mental disorder around the time of the interview.

Behavioural disorders were evident in 2.5% of preschool children, consisting mostly of oppositional defiant disorder (1.9%). Autism spectrum disorder (ASD) was identified in 1.4% of 2 to 4 year olds. Other disorders of specific relevance to this age group were also assessed, of which sleeping (1.3%) and feeding (0.8%) disorders were the most common.

Among 2 to 4 year olds, boys were more likely than girls to have a disorder



Primary school years: one in ten 5 to 10 year olds had a disorder

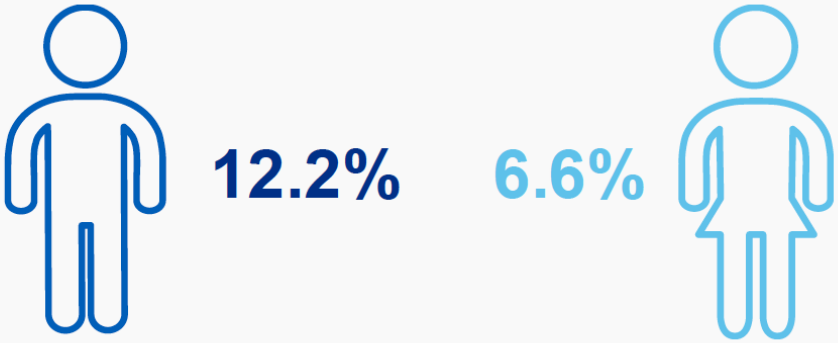
Primary school is a major stage in early childhood.

About one in ten (9.5%) 5 to 10 year olds had at least one disorder. And about one in thirty (3.4%) met the criteria for two or more mental disorders around the time of the interview.

Behavioural disorders (5.0%) and emotional disorders (4.1%) were the most common types in this age group.

At this age, rates of emotional disorder were similar in boys (4.6%) and girls (3.6%). However, other types of disorder were more than twice as likely in boys as girls. For example, 2.6% of 5 to 10 year old boys were identified with a hyperactivity disorder, compared with 0.8% of 5 to 10 year old girls.

Among 5 to 10 year olds, boys were about twice as likely as girls to have a disorder



Secondary school years: one in seven 11 to 16 year olds had a disorder

The move to secondary school coincides with the start of adolescence.

About one in seven (14.4%) 11 to 16 year olds were identified with a mental disorder. And one in sixteen (6.2%) met the criteria for two or more mental disorders at the time of the interview.

Emotional disorders were the most common type at this age, present in 9.0% of 11 to 16 year olds. This was followed by behavioural disorders (6.2%).

While at this age boys and girls were equally likely to have a disorder, they tended to have different types of disorder. Girls were more likely than boys to have an emotional disorder (10.9% compared to 7.1%), while boys were more likely than girls to have a behavioural disorder (7.4%, compared with 5.0%) or a hyperactivity disorder (3.2% compared with 0.7%).

Among 11 to 16 year olds, boys and girls were equally likely to have a disorder

14.3% **14.4%**

Transitioning to adulthood: one in six 17 to 19 year olds had a disorder

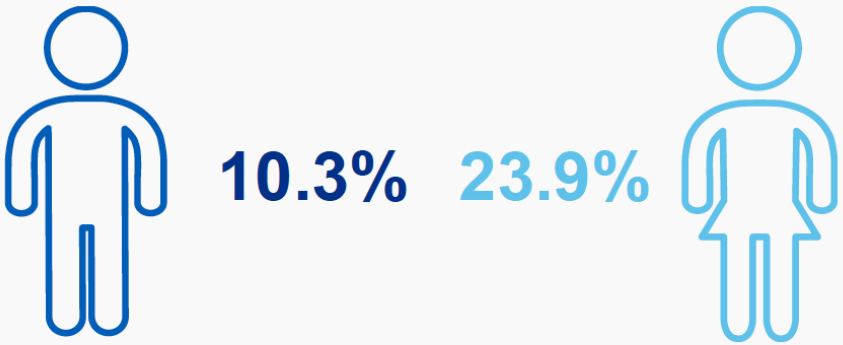
Adolescence is an extended period of change.

About one in six (16.9%) 17 to 19 year olds had a mental disorder. And one in sixteen (6.4%) met the criteria for more than one mental disorder at the time of the interview.

Emotional disorders were the most common type in this age group, present in 14.9% of 17 to 19 year olds. 13.1% were identified with an anxiety disorder and 4.8% with depression. The other disorder types (behavioural, hyperactivity, and other less common disorders) all had an overall prevalence of less than one in fifty at this stage.

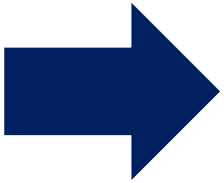
Among boys, the likelihood of having a disorder was highest at age 11 to 16. In girls, however, the disorder rate was highest in those aged 17 to 19. These differences in the pattern of association between age and presence of disorder were due in part to differences in the types of disorder boys and girls had.

Girls aged 17 to 19 were more than twice as likely as boys that age to have a disorder



What does this mean for the prevalence in Hillingdon?

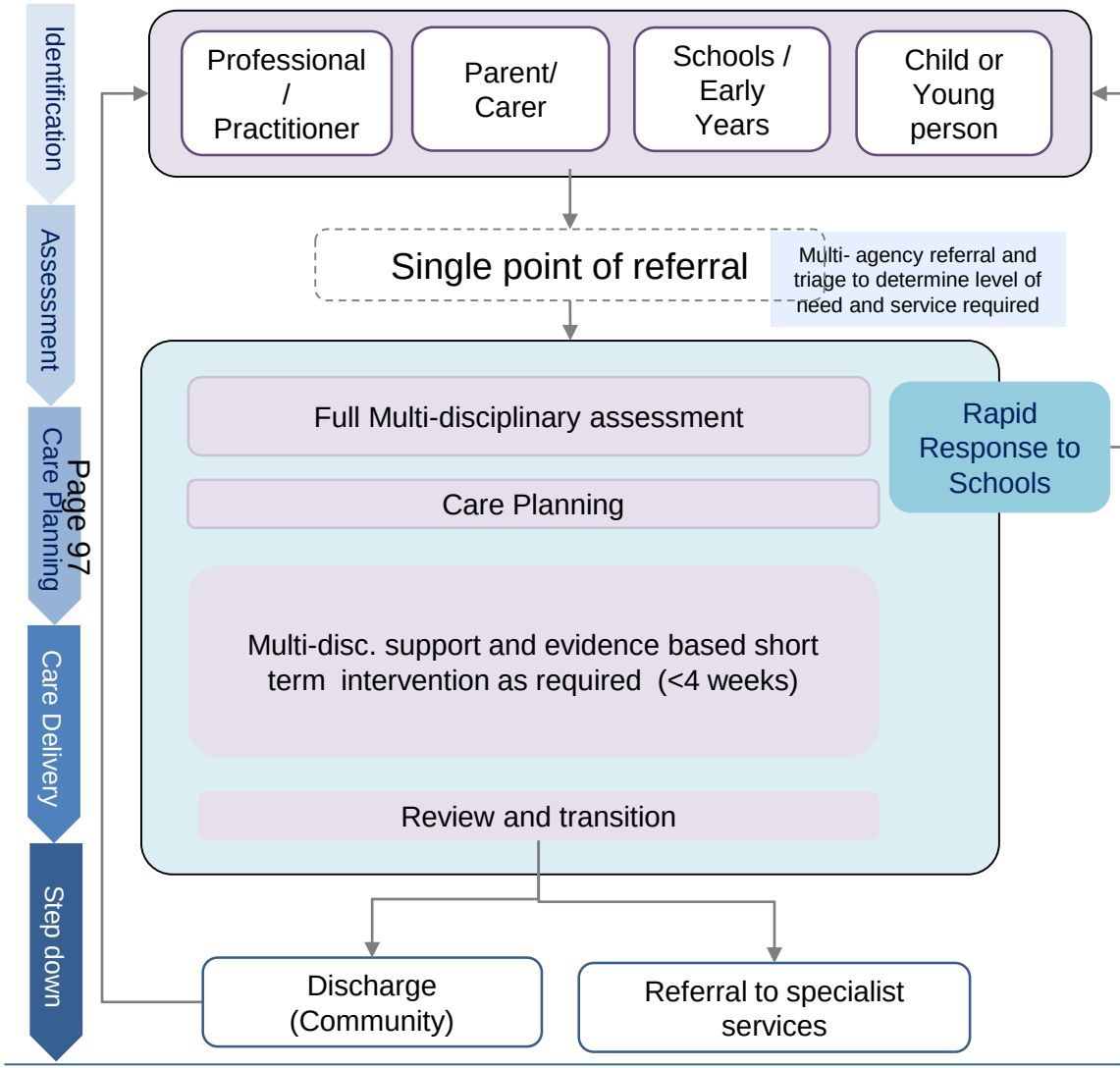
Prevalent population	Old prevalence
Brent	4572
Ealing	4692
Hammersmith & Fulham	1828
Harrow	3171
Hillingdon	4051
Hounslow	3468
Kensington & Chelsea/ WL	1440
Westminister/ CL*	2417



Prevalent population	Jan'19 CCGs suggested updated prevalence
Brent	6,507
Ealing	6,912
Hammersmith & Fulham	3,023
Harrow	4,897
Hillingdon	6,142
Hounslow	5,356
Kensington & Chelsea/ WL	2,430
Westminister/ CL*	2782

- Scope and Outcomes
- Population segmentation and demand modelling
- Further development of the key components
- Working as one system
- Complex needs and transition planning
- Next Steps

Early Intervention Approach for Hillingdon



Key features

The Hillingdon Integrated Early Intervention approach will to provide rapid multi-disciplinary assessment and time-bound multi-disciplinary follow-on support at home for up to 4 weeks for children and young people experiencing low to moderate level mental and physical health needs.

The aim is to prevent escalation of need and to provide the support needed to build resilience.

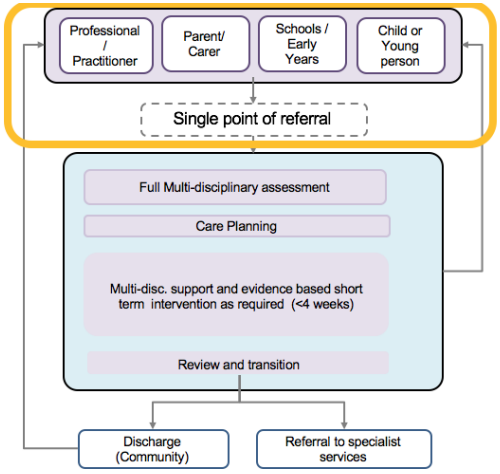
Key features include:

- ***Multi-disciplinary team** consisting of Therapists, Paediatricians, and Social Care professionals with rapid access to psychologists from relevant specialties.*
- ***Single Point of Access and triage***
- ***Multi-disciplinary assessment and short term intervention***
- ***Referral to specialist services***
- ***Training and development for schools, parents and other supporting services***
- ***Rapid response out reach to schools***
- ***A time bound period of support** followed by handover to services able to provide long-term support (school counsellor etc.)*

Component 1 – Identification & Triage

Key features

- The Early Intervention service will also provide pro-active, multi-disciplinary support for CYP with low to moderate needs but who require care planning with multi-disciplinary input or sign-posting to early intervention services
- The focus of the new service is multi-disciplinary assessment and care co-ordination.
- The integrated triage team (pool of knowledge) are co-located (at the Early Intervention Hub) and are experienced (experience up front)
- There will be a **single point of access**/ 1 triage team/hub per locality
- **Anyone can refer into the service including the CYP (Self Referral)**
- F2F and NF2F triage options available based on need
- Referral and assessment processes are streamlined (SINGLE NEEDS ASSESSMENT - 1 form)
- Two types/definitions of assessment:
  - Triage (Pulling together all the information to establish priority, a plan and RTT)
  - Specialist assessment (MDT assessment of dependent on need)
- **24 hour single point of entry 7 days access or 24 Hours a day?**



Triage Team

- Key Worker
- P3
- Link
- Psychologist/ Therapist
- Support worker
- Family therapist
- Nurse
- SEND

Are there any other considerations/ key features?

Component 2 – Assessment and Care Planning

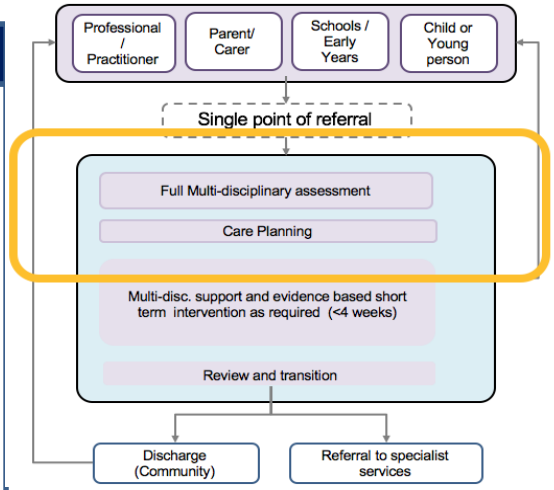
Key features

- The triage form should feed into the holistic assessment (1 form)
- The team will have access to previous assessment by any agency and ability to build on and devise **1 meaningful Care Plan** that reflects the views of the CYP and is CYP friendly (**Use My Support Plan as a model**)
- Everyone involved in care will have access to the assessment and the meaningful care plan (E.g. A CAF electronic form used by 24 agencies in Hertfordshire)
- **Need to identify a vehicle to drive the information** across in a seamless and timely manner either in a paper form or electronic form

Key worker with co-ordinate assessment once arrives and will be responsible for managing from beginning to end, however they are not the 'Case Manager' – need to ensure doesn't cause blockage at the front end

- Once referred into a specialist service 'Case management' will pass over to that agency, but the key support worker within the early intervention team will **still hold the CYP on their 'Case List' and will follow up** (1 Month?)
- They will also be responsible for **feedback** to the agency and the person regarding the outcome
- * Consider the **MASH team model** and building on with the review the skills mix

Are there any other considerations/ key features?



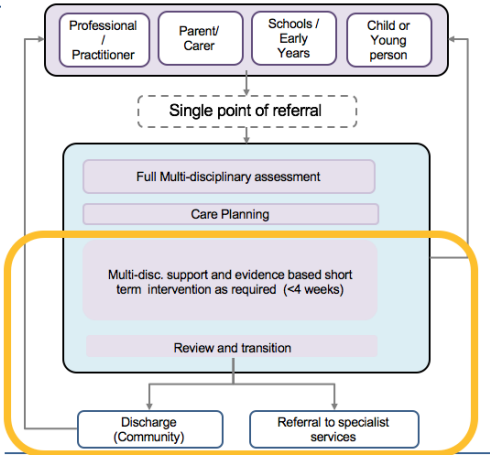
My Support Plan

- 1 Plan that follows the child
- Simple
- Young person friendly
- Outcome Focused(SMART)
- Regular reviews
- 1 joint review with all agencies (currently piloted for LAC/YOT)
- Inclusive of CYP views

Component 3 – Delivery and Step Down

Key features

- The early intervention team will co-ordinate the 'Core' functions of the service or refer into the 'Supporting' services as required based on the needs of the CYP
- There will be same day follow up with crisis team as required
- The Early Intervention team will include a Lead professional from P3 hub who will co-ordinate low level support services
- All professionals and teams involved in the CYP will have access to their 'live' shared care plan
- Reference support to schools model
- The new delivery model will include low level psychology support in schools (high-level supervision support with sit within the core early intervention team)



Are there any other considerations/ key features?

Key Questions:

- **What are the key interventions we need to deliver with this component ?** E.g. screening, group therapy etc.
- **What are the necessary skills and technology thats required?** E.g. clinical, care co-ordination and administrative, online tools
- **What are the key roles involved in delivery?** E.g. management, clinical, practitioner
- **Do we need any new/revised roles?**
- **What should the service timings be?** E.g. X waiting time, X no. of session, 24hr referral?
- **How can we ensure that the workforce work as one team?** E.g. matrix working, electronic white board etc.
- **What are the other planning considerations of the model and what information do we need?** E.g. current demand and workforce
- **What should the key service thresholds be?** Do we need them?
- **How do we integrate with the schools and early years setting?** E.g. CAMHS rapid response to schools component look like ?
- **Who are the transformation leads for this component** (CCG, CNWL, LA, 3rd Sector)

Which best practice or current models and tools should we be building upon and where would you apply it?

Models:

- Integrated therapies model
- MASH hub
- Safe Spaces
- Oakwood school model - drop in and referral
- Wellbeing champion in school with access to P3 support. A similar model to the End of Life Care model with a key worker, triage upfront and escalation to specialists as and when required

Tools:

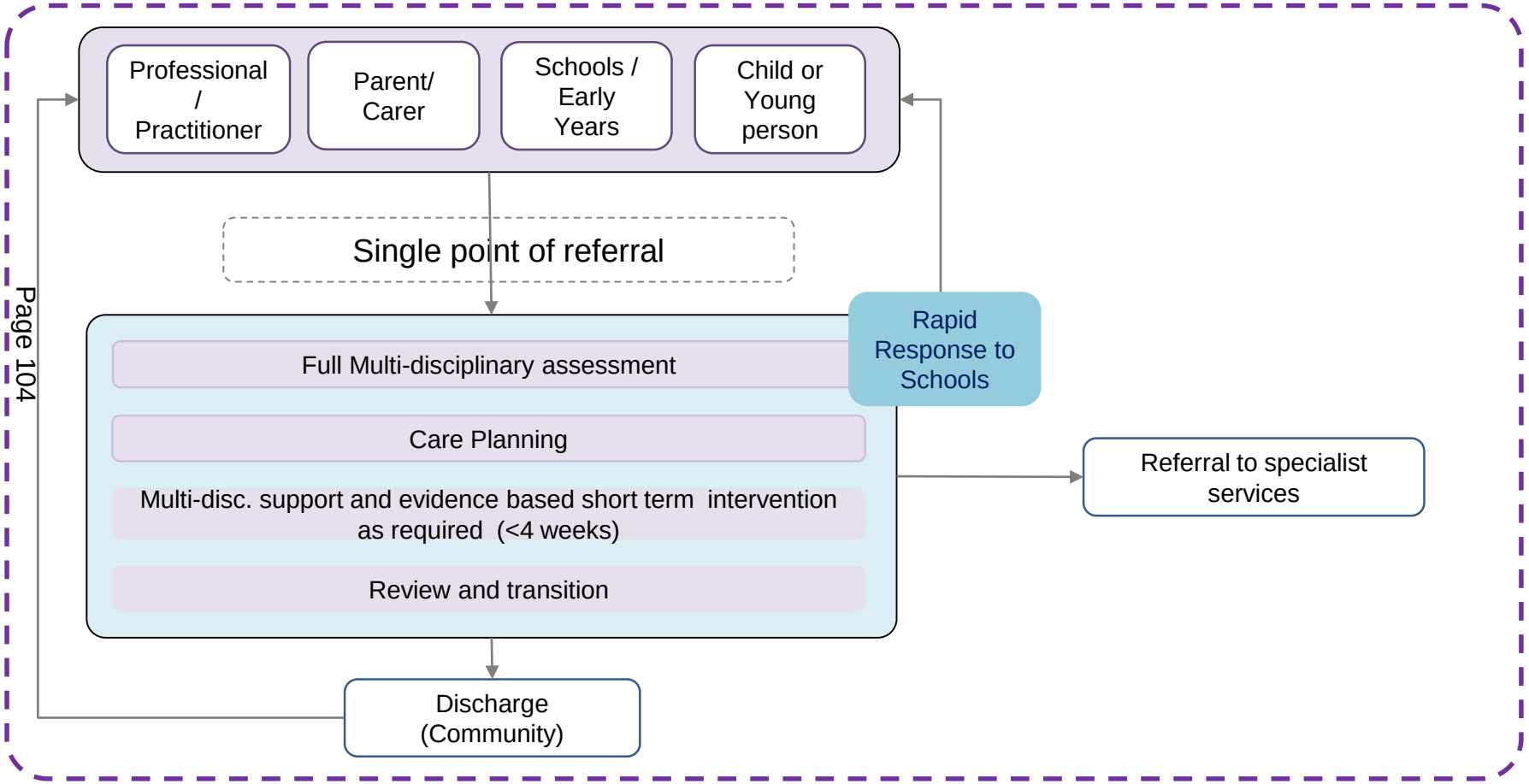
- My support plan
- CAF electronic form used by 24 agencies in Hertfordshire
- Infiniti (MD working tool – currently being trialled for adults)

Are there anymore models or tools that we should be referencing?

- Scope and Outcomes
- Population segmentation and demand modelling
- Further development of the key components
- Working as one system
- Complex needs and transition planning
- Next Steps

We need to understand how this will work as one system

Prevention, early intervention and resilience building focused to prevent escalation of issues



How will all service components fit together as a whole system?

- **How do we make efficiencies by reducing duplication and moving into an early intervention model** i.e. target of 15% reduction of current services to reinvest in early intervention?

- **How will professionals work across locations and how do we create a 'one team ethos'?** i.e. people have different professional frameworks

- **How do we practically implement a functioning CYP holistic model (emotional, social, psychological and physical wellbeing) across the system?**

- **In the short – medium term how can we work effectively as one team across organisations?** E.g. how can we come together across different statutory responsibilities, IG etc.

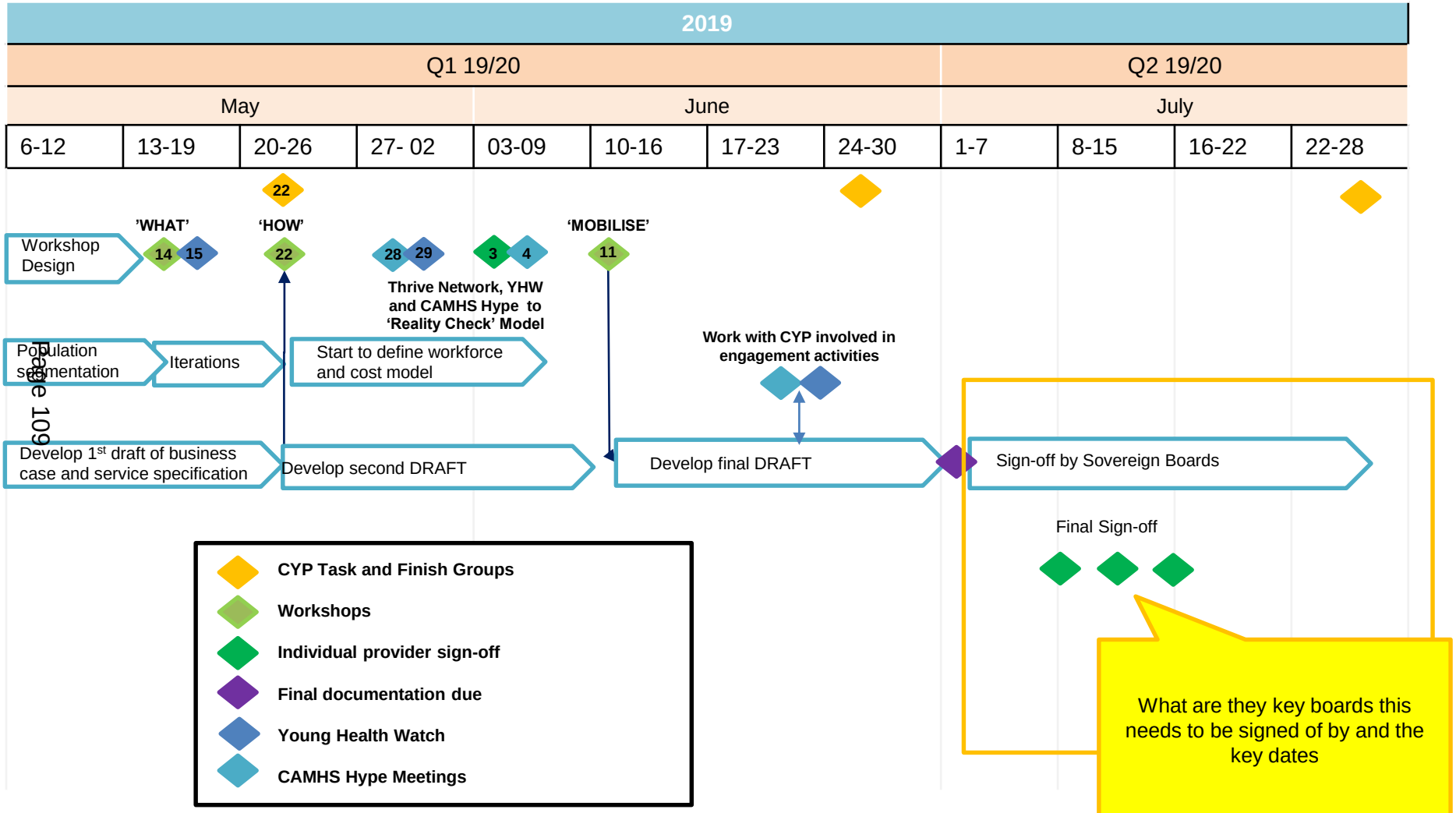
- Scope and Outcomes
- Population segmentation and demand modelling
- Further development of the key components
- Working as one system
- Complex needs and transition planning
- Next Steps

- Scope and Outcomes
- Service baselining and demand modelling
- Further development of the key components
- Working as one system
- Complex needs and transition planning
- Next Steps

Key Next Steps

1. Feed outputs of this workshop into Workshop 3 ‘Mobilise’ – Tuesday 11th June
2. Further develop the population segmentation and baselining to model the demand of the new service model
3. Develop the financial and contractual plans to support the model
4. Develop the 1st draft of the Integrated Business Case and Service Specification
5. Agree the sign-off approach for the IBC and Service Specification

Timelines


2019
Q1 19/20
Q2 19/20
May
June
July
6-12
13-19
20-26
27- 02
03-09
10-16
17-23
24-30
1-7
8-15
16-22
22-28
22
'WHAT'
'HOW'
'MOBILISE'
Workshop Design
14
15
22
28
29
3
4
11
Thrive Network, YHW and CAMHS Hype to 'Reality Check' Model
Population segmentation
Iterations
Start to define workforce and cost model
Work with CYP involved in engagement activities
Develop 1st draft of business case and service specification
Develop second DRAFT
Develop final DRAFT
Sign-off by Sovereign Boards
Final Sign-off
CYP Task and Finish Groups
Workshops
Individual provider sign-off
Final documentation due
Young Health Watch
CAMHS Hype Meetings
What are they key boards this needs to be signed of by and the key dates

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UPDATE: STRATEGIC ESTATE DEVELOPMENT

Relevant Board Member(s)	Dr Ian Goodman, Chair, Hillingdon CCG Cllr Philip Corthorne
Organisation	Hillingdon Clinical Commissioning Group
Report author	Craig Gibbard, Strategic Estates Advisor, Hillingdon CCG Nicola Wyatt, S106 Monitoring & Implementation Officer, Residents Services Directorate, London Borough of Hillingdon
Papers with report	Section 106 Healthcare Facilities Contributions (March 2019)

1. HEADLINE INFORMATION

Summary	This paper updates the Board on the CCG strategic estate initiatives and the proposed spend of s106 health facilities contributions in the Borough.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy, Out of Hospital Strategy, Strategic Service Delivery Plan
Financial Cost	To be identified as part of the business case for each individual project.
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	All

2. RECOMMENDATION

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

3. HILLINGDON ESTATE STRATEGY - OVERVIEW

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

Health & Wellbeing

- Working collaboratively across health, social care and public health we will improve outcomes and reduce inequalities for our population with a focus on those with both traditional Long Term Conditions (including both physical and mental health LTCs) and emergent categories of LTCs such as pain, frailty and social isolation.
- Our coordinated programme of work will bring together our existing plans for the BCF and our Health & Wellbeing Strategy (HWBB) and engage our whole community to create a resilient population and assist people to remain independent with better quality

of life for longer.

Care & Quality

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

Finance & Efficiency

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

Key Drivers and Challenges

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

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

- The need to progress the aims of the new 10 year NHS plan. 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 Hospitals 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 a Hub in North Hillingdon	As previously reported there are two concurrent work streams 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: Expressions of interest and a business case have now been received from the two incumbent GP practices (Carepoint and Acre Surgery). The CCG is reviewing this case with a view to making a final decision in July 2019. 2. Scheme Design: NHSPS / CCG met with the Council planning team and have since revised the scheme to incorporate heritage comments raised at the meeting. A further meeting is being scheduled to review the work (date to be confirmed). These two work streams will allow the selected GPs to engage on detailed design over the summer to feed into the OBC to be drafted in the Autumn.	GP selection process complete: July 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. A single expression of interest from Uxbridge Surgery has been received along with a business case to be reviewed by the CCG. Good feedback was received by Council planning team and QTS project team have taken these comments on board as part of the finalisation of the scheme design. The next step once GP selection process is complete is to start the design work. The project timing is then as per the Hillingdon North hub (above).	GP selection process complete: July 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 provisionally agreed for the new health facility in the Old Vinyl Factory development (subject to District Valuer signing off the rental figure) and CCG committee approval. In addition, the CCG has refined the design of the	S106 agreed for TOVF Heads of Terms provisionally agreed.

	facility which is proposed to be over 4 floors to make best use of the available space. The next stage is to undertake a GP selection process to understand GP practice interest to moving into the facility. In addition to the above the CCG is considering proposals as part of the community infrastructure provision on the former Nestle Factory Canteen building for circa 1000sqm. This will require further feasibility and scoping with the Council colleagues to determine the need.	GP selection process to be undertaken and completed by September 2019.
New premises for Shakespeare Medical Centre and Yeading Court Surgery	The CCG has now approved the final one off costs to the business case and, subject to reviewing the final Agreement for Lease documentation, can authorise the GP practices to sign the leases to enable works to commence. At present there are some outstanding issues to be resolved on the lease agreements. Comments have been provided from the GP practice to the Council on 3 May 2019 and the Council's Legal Services responded on 28 May 2019 and are currently awaiting a response.	Agreements for Lease signed by all parties overdue. Target date for project completion 2021
Yiewsley Health Centre	Unfortunately NHS Property Services have gone back on the lease terms and as a result required a further meeting with the GP practices. Since that meeting in early May, NHS Property Services are now going through an approval process and will then alter the leases to reflect those agreed terms. The contract price holds until August 2019 and the CCG is working to deliver this prior to this date. The project will convert vacant space at the site into additional clinical accommodation, creating additional capacity for primary care provision. 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 the Council planning team.	Target date for project commencement no later than August 2019
Heathrow Villages provision	A site has been secured in Harmondsworth for a potential new health facility. The CCG has obtained details of portacabin provision that can be utilised on the site to deliver healthcare in the short term until a more permanent solution can be sought. The next step is for the CCG to determine	

	provision and size requirements for the short term and refine costs. Following this, terms can be sought and likely target dates for delivery.	
Improving Access to Primary Care	Of the 11 Improvement Grant schemes awaiting approval, five schemes are currently in due diligence and six schemes are in abeyance. The schemes in abeyance are currently subject to further prioritisation as NHSE was unable to secure sufficient funding to meet all the schemes submitted in this financial year. The CCG has approached practices to ask if they would like their schemes deferred to the following financial year and two have confirmed a preference to defer. This is due to the late approval from NHSE and limited time to complete due diligence and works before end of March 2020. The five schemes currently subject to due diligence all require planning permission and are larger improvement schemes. The schemes in abeyance are those that require infection control and DDA compliant works or internal reconfigurations. Practices with schemes in abeyance are expected to be informed at the end of June if they can progress through due diligence. All improvement grant schemes that progress this year must be completed by 31 March 2020.	Works have now completed on the improvements at St Martin's Medical Centre, Wood Lane Medical Centre, Acrefield Surgery, Mountwood Surgery and Kincora Surgery.

FINANCIAL IMPLICATIONS

Since the last report, the Minister for Health on 26 March 2019 had confirmed to Parliament that the Shaping Healthier Future programme has been formally brought to an end and the new NHS plan is the driving force for change over the next 10 years. Capital bids for access to Wave 4 funding to invest in facilities for GP Practices, Hubs and acute hospitals in NWL were unsuccessful. Therefore alternative investment models are being pursued to raise capital for new facilities.

In Hillingdon, this includes:

- additional investment in a number of GP practice premises to improve access, clinical capacity and quality; and
- the capital investment required to deliver the North Hillingdon and Uxbridge & West Drayton Hubs

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 of this report details all of the s106 health facilities contributions held by the Council as at 31 March 2019. Since the last report to the Health and Wellbeing Board in March, the Council has received the final instalment of the contribution held at H/69/404F. This has been added to Appendix 1 and is highlighted in bold. As at 31 March 2019, the Council holds a total of £1,246,291.69 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. To note is one contribution held at case reference H/39/304C (£6k) which now has a spend deadline within the next 18 month period (August 2020). This is currently earmarked towards the Uxbridge/West Drayton Health Hub. Given the short timescales for spending this contribution, HCCG is now also considering other options to ensure that the funds can be utilised towards a valid scheme within the relevant timescales. A request to allocate individual contributions towards further schemes will be submitted as each scheme is brought forward.

HILLINGDON COUNCIL FINANCIAL IMPLICATIONS

As at 31 March 2019, there is £3,109,108 of Social Services, Housing and Health s106 contributions available, of which £1,862,816 has been identified as contributions towards affordable housing. The remaining £1,246,292 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 £1,059,808 are provisionally earmarked towards proposed health hub schemes as detailed below:

Proposed Health Hub Scheme	**Amount**
North Hub	125,452
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	**1,059,808**
To be determined	**186,484**
Total	**1,246,292**

The remaining balance of £186,484 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), £60,542 (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 had a time limit to spend by February

2019, which was earmarked to the North Hub Health Scheme. Hillingdon CCG had requested that this contribution was allocated towards St Martin's Medical Centre in order to ensure that the funds were used towards an eligible scheme before the spend deadline. This contribution was 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 & 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 May 2019)
			AS AT 31/03/19	AS AT 31/03/19			
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**	**0.00**	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 May 2019)
			AS AT 31/03/19	AS AT 31/03/19			
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**	**125,452.33**			
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 May 2019)
			AS AT 31/03/19	AS AT 31/03/19			
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 May 2019)
			AS AT 31/03/19	AS AT 31/03/19			
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 May 2019)
			AS AT 31/03/19	AS AT 31/03/19			
H/69/404F	Botwell	The Gatefold Building, land east of the former EMI site , Blyth Road, Hayes 51588/APP/2011/2253	**60,541.81**	**60,541.81**	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 received in 3 instalments. Third and final instalment (£20,852)received this quarter. Funds to be spent within 7 years of receipt (April 2024 for first instalment).**
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			**255,181.62**	**186,483.36**			
		TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES	**1,530,979.44**	**1,246,291.69**			

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HILLINGDON CCG UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
Report author	Caroline Morison; Rebecca Whitworth; Sarah Walker; Melanie Foody
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: • Commissioning Reform – Case for Change • Primary Care Networks in Hillingdon • Finance update • QIPP delivery • Mount Vernon Cancer Services Review • Lower back pain report recommendations
Contribution to plans and strategies	The items above relate to the HCCGs: • 5 year strategic plan • Out of hospital (local services) strategy • Financial strategy • Joint Health and Wellbeing Strategy • Better Care Fund
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Select Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes this update.

3. INFORMATION

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

3.1 Commissioning Reform – Case for Change

Following the publication of the NHS Long Term Plan, the eight clinical commissioning groups which cover NW London are considering a proposal to formally merge into one single organisation. The North West London Collaboration of CCGs has published a case for change, setting out why we believe working as one organisation will mean greater efficiency and more resources being freed up for patient care.

Following publication of the case for change, the next step is for us to carefully consider the views of staff, GP members, patients, local authorities and other stakeholders before progressing further. The CCGs will be discussing the proposed move to a single organisation at governing body meetings in public over the coming months. There is a process through which people can submit and ask questions. There will also be a series of rigorous discussions with GP members, local authorities, provider trusts, Healthwatch and other patient groups.

Retaining local accountability will be a key criterion for any future operating model. We will always be strongly committed to meaningful engagement with Healthwatch and local patient groups, and to working locally with Health and Wellbeing Boards and Overview and Scrutiny Committees. GPs will continue to play a key role in shaping and commissioning services for their local populations. And we will continue to work more closely with provider trusts as we move towards an integrated care system across North West London and local integrated care partnerships.

The timescale for change set out by NHS England is that there should be single CCGs aligned to regional Integrated Care Systems no later than April 2021. Following the feedback provided to the case for change the eight CCGs will consider whether this timescale might be brought forward to April 2020.

In parallel, work on the development of Integrated Care Partnerships (ICPs) is continuing across the patch. This is with a view to ensuring that local relationships and accountabilities can be embedded within the governance and structures set up to take forward delivery of ICPs.

3.2 Primary Care Networks in Hillingdon

General practices in Hillingdon have been working together with the support of the CCG and the Primary Care Confederation to develop primary care networks covering populations of 30,000-50,000. The networks enhance the work already started in Hillingdon to establish ‘neighbourhoods’ of community and primary care services wrapped around local populations as well as implementing the requirements of the new national primary care contract (Direct Enhanced Service or DES).

The DES will fund primary care networks to build a multi-disciplinary workforce including link workers that will undertake social prescribing and first contact practitioners to provide interventions and advice for patients with musculoskeletal conditions. Both of these roles align with the models of care in development as part of our integrated care partnership working.

National guidance states that each primary care network must have a boundary that makes sense to:
(a) its constituent practices;
(b) other community-based providers, who configure their teams accordingly;

(c) its local community. The agreement of any PCN arrangement should therefore be in partnership with relevant community and mental health NHS providers in that area, considering the MDT approaches

Networks were requested to submit a completed registration form to their CCG by 15 May with the new network contract going live from 1 July. In Hillingdon, 9 applications were received with 6 confirmed as fulfilling the national requirements. The CCG is working closely with the three networks that are as yet not compliant with requirements due to the population size covered.

Two practices in Hillingdon have chosen not to align with a network. National guidance states that should a practice choose not to participate in the DES, provisions must be made for their patients to access the relevant services via local practices. We are therefore working with the practices concerned to ensure their patients are able to benefit from the range of services that will be on offer.

3.3 Finance update 2018/19 and 2019/20 budgets

In 2018/19, the CCG reported a final outturn position of £5.3m deficit (£5.5m from planned surplus of £0.2m). The £5.3m final outturn deficit relates to the following:

- Overspend on the THH acute contract of £3m made up of higher than expected planned care activity in the last quarter of the year (£1.3m); loss of contract claims (£0.8m of which unsuccessful ambulatory emergency care challenge £0.6m); patient transport (£0.7m due to a reporting error earlier in the year) and QIPP slippage (£0.2m).
- Stroke Early Supported Discharge £0.8m.
- Provisions for risks of £1.5m, including CHC appeals, s117 joint funding, additional rent reviews, overseas visitor provision (50% liability with THH for writing off overseas debts) and NWL restructuring costs.

The CCG's 2018/19 exit underlying position (ULP) has remained in line with M11 at a £1.5m deficit, which represents a deterioration of £8.4m from plan. This is predominately in relation to an increase in acute provider activity in quarter 4 (mainly A&E, Critical Care, Outpatients and Day cases) which has been assumed as recurrent. The shortfall from the planned ULP is offset by a combination of in-year non-recurrent underspends, slippage on investment and additional allocations.

The CCG's financial position reflects adverse variances in acute provider budgets (including QIPP outside of contract £3m) of £9.1m (3.9%) and Continuing Care of £3m (12.2%), a combined impact of £12.1m.

In order to mitigate the overspends in acute and CHC, the CCG required full deployment of the contingency reserve £2.4m and was also reliant on delivering an underspend in Primary Care £2.1m, Prescribing £1.3m, Community Services £0.7m, Running Costs £0.5m and £0.1m Corporate and Estates. In addition, the CCG received £0.6m of funding from NHSE relating to Primary Care Co–commissioning prior year gains.

Overall Position – Executive Summary Month 12 Outturn

Table 1

PROGRAMME BUDGETS		Final Outturn Position		
	Final Budgets (£000)	Final Outturn Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
Commissioning of Healthcare				
Acute Contracts	220,096	225,574	(5,478)	(516)
Acute/QIPP Risk Reserve	(2,984)	0	(2,984)	(1,098)
Other Acute Commissioning	13,618	14,222	(605)	0
Mental Health Commissioning	26,690	26,762	(72)	(61)
Continuing Care	24,657	27,665	(3,007)	(629)
Community	34,081	33,426	655	(127)
Prescribing	35,672	34,329	1,343	464
Primary Care	46,823	44,711	2,112	0
Sub-total	**398,654**	**406,689**	**(8,035)**	**(1,967)**
Corporate & Estates	5,058	4,919	139	0
TOTAL	**403,712**	**411,608**	**(7,896)**	**(1,967)**
Reserves & Contingency				
Contingency	2,429	0	2,429	0
2017/18 Balance Sheet Pressures	0	466	(466)	0
RESERVES Total:	**2,429**	**466**	**1,963**	**0**
Total 2018/19 Programme Budgets	**406,141**	**412,074**	**(5,932)**	**(1,967)**
Total Programme	**406,141**	**412,074**	**(5,932)**	**(1,967)**
RUNNING COSTS				
Running Costs	**5,613**	**5,138**	**475**	**111**
CCG Total Expenditure	**411,754**	**417,212**	**(5,458)**	**(1,855)**
In-Year Surplus/(Deficit)	**179**	**0**	**179**	**0**
MEMORANDUM NOTE				
Historic Surplus/(Deficit)	**7,663**	**0**	**7,663**	**0**
TOTAL	**419,596**	**417,212**	**2,384**	**(1,855)**

Month 12 Outturn Position – Acute Contracts and Continuing Care

Table 2

Acute Contracts

	Final Budgets (£000)	Final Outturn Position		
		Final Outturn Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
In Sector SLAs				
Chelsea And Westminster Hospital NHS Foundation Trust	2,411	2,792	(380)	(1)
Imperial College Healthcare NHS Trust	13,383	14,042	(660)	(167)
London North West Hospitals NHS Trust	18,378	18,369	9	(422)
Royal Brompton And Harefield NHS Foundation Trust	7,198	7,907	(709)	(70)
The Hillingdon Hospitals NHS Foundation Trust	143,545	146,567	(3,021)	138
Sub-total - In Sector SLAs	**184,915**	**189,677**	**(4,762)**	**(521)**
Sub-total - Out of Sector SLAs	**33,397**	**33,854**	**(456)**	**(24)**
Sub-total - Non NHS SLAs	**1,784**	**2,044**	**(260)**	**29**
Total - Acute SLAs	**220,096**	**225,574**	**(5,478)**	**(516)**
Sub-total - Acute/QIPP Risk Reserve	**(2,984)**	**0**	**(2,984)**	**(1,098)**
Total Acute Contracts & Acute Reserves	**217,112**	**225,574**	**(8,462)**	**(1,614)**

Continuing Care

	Final Budgets (£000)	Final Outturn Position		
		Final Outturn Actual (£000)	FOT Variance Sur/(deficit) (£000)	FOT QIPP Variance (£000)
Mental Health EMI (Over 65) - Residential	2,530	2,192	339	
Mental Health EMI (Over 65) - Domiciliary	339	250	89	
Physical Disabilities (Under 65) - Residential	3,005	3,136	(131)	
Physical Disabilities (Under 65) - Domiciliary	2,092	2,735	(643)	
Elderly Frail (Over 65) - Residential	2,604	2,702	(98)	
Elderly Frail (Over 65) - Domiciliary	296	787	(491)	
Palliative Care - Residential	540	598	(58)	
Palliative Care - Domiciliary	713	531	182	
Sub-total - CHC Adult Fully Funded	**12,120**	**12,931**	**(811)**	**0**
Sub-total - Funded Nursing Care	**3,095**	**2,658**	**437**	**0**
Sub-total - CHC Children	**2,398**	**2,323**	**75**	**0**
Sub-total - CHC Other	**1,669**	**3,464**	**(1,795)**	**(451)**
Sub-total - CHC Learning Disabilities	**5,375**	**6,288**	**(913)**	**(178)**
Total - Continuing Care	**24,657**	**27,665**	**(3,007)**	**(629)**

2019/20 Budgets

The CCG has now received NHSE approval for a deficit budget of £1.7m in 2019/20. The notified revenue resource allocation is £438.8m with £440.5m of planned spend. There is £12.8m of risk adjusted net QIPP of which £9m has been included within the financial plan.

	£m
Revenue Resource Limit (in year)	**438.8**
Acute	247.1
Mental Health	35.3
Community	37.6
Continuing care	22.7
Primary Care	42.7
Other Programme	6.2
Primary care Co -Commissioning	41.5
Contingency	2.2
Total Commissioning Services	**435.3**
Running Costs	5.2
Total CCG Net expenditure	**440.5**
In Year Underspend / (Deficit)	**(1.70)**
Control Total (CT)	0
Distance from CT	**(1.70)**

3.4 QIPP update – 1819 delivery m12

The 2018/19 QIPP target is £12.4m or 3% of the CCG allocation. The CCG achieved a target of £10,552k of £12,408k YTD plan or 85% delivery. The CCG previously achieved £10.5m in 2017/18. The CCG has historically delivered approximately £7m-£9m QIPP. Consequently, recent years' delivery represents a step change in the value of efficiencies realised through service transformation. There has been slippage against some of our transformational programmes in the following areas: Planned Care (-1,381k), Mental Health & Learning Disabilities (-238k), Older People (-803k) and End of Life (EoL) (-361k)

Planned care

Gastroenterology, neuro-community service:

Gastroenterology and the Neuro-Community services have been impacted by delays in business cases been taken through the CCG internal governance process and recruiting clinicians to specific posts. The Clinical Nurse Specialist (CNS) for Community Parkinson's has recently resigned and recruitment plans are underway to replace the role. The Community Epilepsy CNS post has now been successfully recruited and the new post-holder has commenced. The Irritable Bowel Syndrome/Irritable Bowel Disease (IBS/IBD) CNS has been appointed and the service is live. All of these schemes will continue into 2019/20.

Gynaecology

The Gynaecology community Clinical Assessment and Treatment Service (CATS) has not delivered the planned levels of activity to move activity out of hospital into the community service. Review indicated this was due to inconsistent interpretation of the pathway, resulting in a risk-averse approach to referral acceptance. The CCG is working with the team within the context of Hillingdon's Integrated Care Partnership to review service opportunities and also to implement the NWL Out-patient Transformation Programme that commenced in 2019.

Ophthalmology

The Ophthalmology CATS service was decommissioned in July 2018. However, service capacity remained high in the hospital, resulting in over activity. As a mitigating action, the CCG reviewed re-commissioning of the service and pathway and agreed to work with Hillingdon Health Care Partners (HHCP) to develop an integrated service in a similar way to the Integrated MSK service for 2019/20.

Follow-up Variation THH contract

This scheme relates to reducing variation in terms of number of follow-ups in specific specialities to bring them in line with the national average. This was delayed in being agreed in the contract in 2018-19. Agreement in principle has been given for 2019-20 on several areas, although clinical review is needed in other areas. Work will continue into 2019-20.

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 is expected to commence in quarter 2 of 2019-20.

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 and delayed case review.

Complex care

For Complex Cases (Mental Health Act Section 117 aftercare, CHC and children's continuing care), a CCG-led review identified strategic opportunities and operational actions to improve the quality of care, deliver consistency in process application and generate efficiencies. A series of deep dive meetings have been established to inform Phase 2 of the work. HCCG has commissioned a consultancy, Unified Health Care, which is scoping potential benefits from CCG CHC standard cases to inform our work in 2019/20.

Older people

Under-delivery relates to the Care Connection Team (CCT) and ACP. Both QIPP schemes are based on admission avoidance scheme for 65+ patients.

For the CCT, a reduction in non-elective activity is based on management of complex patients at risk of hospital admission through active case management by the team. Recent BI analysis of the raw data shows that the CCT has had an impact and A&E and NEL activity and cost is reducing for targeted patients. The results of the evaluation will be used to inform the future model and its further roll-out across Hillingdon.

The QIPP scheme under-delivery relates to reduction in activity for NEL at West Herts and LNWHT. The ACP in 2018/19 focused on >65 year population and working more efficiently across the system to reduce activity in other local trusts through the better management of older people better 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. This scheme will continue into 2019/20 and as part of Integrated Care Partnership work with Hillingdon Health Care Partners.

End of Life (EoL)

The EoL programme had been slow to commence due to challenges in recruiting posts for the Palliative Overnight Sitters Service (PONS) for the Single Point of Access (SPA). Nevertheless, a 24/7 single point of access and palliative overnight nursing service (SPA/PONS) for end of life care was launched in September, “Your Life Line’’. The service provides support that enables people to die in their preferred place and avoids unnecessary trips to hospital during the last phase of life. Since September, the service has supported over 170 people to die at home. QIPP delivery has commenced for known clients. However, it may take a longer period of time to evidence the benefits for unknown clients.

The end of life programme has been severely affected by the service changes by East and North Hertfordshire NHS Trust at Michael Sobell Hospice. The CCG has proactively sought to re-instate the service and, following an OJEU process, awarded the contract for provision to Harlington Hospice in early 2019. The CCG is working closely with partners to support mobilisation of the new service.

3.5 Mount Vernon Cancer Services Review

The Cancer Centre treatment service at the Mount Vernon Hospital is a standalone cancer centre that primarily serves the populations of Hertfordshire, South Bedfordshire, North West London and Berkshire. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards. The services are commissioned by NHS England’s specialised commissioning team and by Clinical Commissioning Groups.

NHS England are undertaking a strategic review of the cancer services provided at Mount Vernon Cancer Centre (MVCC) that is run by East and North Hertfordshire NHS Trust (ENHT) that commenced in May 2019. The review will also involve East of England and the London Cancer Alliances. It will involve peer reviews of the services, and engagement with/involvement of patients, clinicians, non-clinical staff and key stakeholders. It will also include a piece of work to examine the long-term health needs for the population that it serves and a separate exercise to examine radiotherapy demand and capacity.

The review is a result of concerns that have been raised regarding the difficulties in recruiting and retaining some of the cancer workforce and also the poor standard of the estates that will require significant capital investment to support long-term sustainability.

NHSE have advised that the review will lead to the development of options which will be designed to ensure the sustainability of cancer services for the populations served by the Mount Vernon Cancer Centre. Also, there are no set ideas of the outcome of the review. HCCG has responded and advised that a number of Hillingdon patients receive cancer and cancer-related palliative care treatment at MVCC and that there is a need for engagement to encompass not only cancer but also End of Life (EoL). Cancer clinical and non-clinical leads across NWL, THH and the CCG will be involved in the review and consultation.

NHSE have established a Programme Board, a Clinical Advisory Group (CAG) and a Communications and Engagement Oversight Group (CEOG). The CEOG meets fortnightly and is developing a Communications and Engagement Strategy to be approved by the Board in May 2019. The CAG will review the list of viable clinical model options based on feedback from the engagement process that will be presented at the Programme Board in early July 2019. The financial implications for each of the options will be developed thereafter.

3.6 Lower back pain report recommendations

Following the publication of the report written and published by Healthwatch Hillingdon regarding the changes to policy on treatment for Lower Back Pain, the CCG and Hillingdon Hospital have worked together to address the issues and recommendations raised in the document. It is clear that a number of patients did not have the experience they should expect.

In joint working with The Hillingdon Hospitals NHS Foundation Trust, the CCG has reviewed the events leading up to, during and after the implementation of the North West London policy change. As a result, we have developed a joint governance and implementation process with The Hillingdon Hospitals Trust. This will ensure more clear and consistent communications to patients and clinicians as well as clear accountabilities for delivering service transformation.

We will further strengthen the Public, Patient, Involvement and Equality Committee in overseeing the engagement and equalities impact in the Borough. This will support transparency and accountability for our patients.

In addition, we very much welcome the offer from Healthwatch to include their details in future correspondence to patients regarding service changes. We would like to thank Healthwatch Hillingdon for undertaking this valuable work, both in regards to the report and the clear recommendations as well as for the support provided to patients during the process.

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, Healthwatch Hillingdon Chair
Organisation	Healthwatch Hillingdon
Report author	Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Decommissioning of Lower Back Pain Procedures in Hillingdon

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

After two unsuccessful attempts to appoint a new Chief Executive Officer (CEO), the Board decided to review the staffing structure of the organisation and subsequently appointed a Director of Operations, Daniel West, initially on a six-month contract. Turkay Mahmoud, as Interim CEO, is providing training and support. These arrangements will be reviewed at the end of June 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 fourth quarter of 2018-19.

4.1. Report on the Implementation of the new low back pain report and sciatica policy in Hillingdon

Context to the report

The eight North West London Clinical Commissioning Groups work together to manage their Planned Procedures with a limited Threshold and Individual Funding Requests. They have established a joint Policy Development Group to determine which procedures have limited thresholds and agree the clinical criteria policy for each of these. Following updated guidance, published by the National Institute for Clinical Excellence (NICE) in 2016, the Policy Development Group developed new policies for the treatment of low back pain. These were collectively approved at the North West London Clinical Commissioning Groups' Collaboration Board (now Joint Committee) in October 2017 and adopted on 1 April 2018.

As a member of the Policy Development Group, Healthwatch Hillingdon recognised that the NICE lower back pain guidance was evidence based and reasonable, if followed in full. It was, however, felt that not enough engagement had been carried out with the patients currently receiving these treatments.

The introduction of the Acupuncture Policy and the Low Back Pain and Sciatica Policy resulted in the decommissioning of acupuncture, for all interventions, and several spinal injection treatments. Following the decision, Healthwatch Hillingdon asked for measures to be put in place to support patients during the changes and was influential in the introduction of the 'Low back pain' information leaflet for patients.

In June 2018, The Hillingdon Hospitals NHS Foundation Trust sent a letter to all patients affected by the implementation of the Low Back Pain Policies. Healthwatch Hillingdon's contact details were included in the letter, at the request of the Hillingdon Clinical Commissioning Group (CCG), to provide information and support to patients affected by the changes.

Healthwatch Hillingdon (HWH) was subsequently contacted by 40 individuals who had received a letter from the Trust. HWH explained that the decision had been taken and the reasons behind the letter that people had received. They were given an opportunity to talk to someone about their concerns and anxieties. Their questions were answered, options were provided and their feedback gathered.

The people who were spoken to reported that they were shocked and confused to receive the letter. They thought that there was a lack of information as well as a lack of support for them. Patients wanted to know why they hadn't been told of the decision much earlier and felt that they had been left without treatment for their condition. None of the patients HWH had contact with had received the leaflet on managing lower back pain with their letter, which was unfortunate as the leaflet gave information and alternative ways of coping with back pain.

The report HWH produced (see attached report) outlines the experience of The Hillingdon Hospitals NHS Foundation Trust patients, following the implementation of these policies in Hillingdon. Healthwatch Hillingdon recognises, along with its partners, that this decommissioning project could have been delivered to a much higher standard. Therefore, the following is recommended:

1. A review of the implementation process in order to learn lessons and produce a framework for delivering change in the future.
2. That out of the review comes a process for adopting and implementing Policy and Development Group recommendations, ensuring that there is a clear and consistent approach to policy implementation. This should include engagement with the affected patients and stakeholders. Additionally, robust communication and implementation plans that identify clear roles and responsibilities of commissioners and providers at both NWL and CCG level should be part of this process.
3. The findings of this review be reported to the Health and Wellbeing Board and the External Services Select Committee.
4. This new process is published to an agreed target date.
5. When informing patients and the public of service change in Hillingdon, that Healthwatch Hillingdon's details are always added to the information sent, to ensure patients can be independently supported.

4.2. Young Healthwatch Hillingdon (YHwH)

Young Healthwatch Hillingdon (YHwH) work continues to grow and go from strength to strength. The youngsters are getting more strategically involved in local health service delivery and with local partners. Recruitment to YHwH is now open. YHwH is taking the lead in recruiting new members.

Example of YHwH Activities

To date in 2019, YHWH has:

- Participated in two YHwH Panel Meetings, during which feedback was provided to a representative from Hillingdon's School Nursing Service regarding the service and to two Occupational Health Students from Brunel about substance misuse in young people.
- Started working with the charity Arts for Life on the development of a self-harm distraction box and a social media resilience and wellbeing workshop for young people. YHwH will continue to work with the charity to co-create the workshop and then co-deliver it once ready.
- Reviewed a newly developed app (Clear Fear) that is designed to help young people manage anxiety.
- Been promoting resources to support ways of coping with exam stress including tips on time management.

NHS Takeover Challenge

A group of YHwH members is working with the CCG on a project for improving the transition for young people between paediatric and adult health services. The project is one element of the NHS Takeover Challenge bid submitted by the CCG to further its youth engagement work through YHwH.

On Saturday 23 February, the group received public speaking, presentation and facilitation skills training. On Sunday 10 March, the group participated in a session with DASH to learn more about communicating with young people with complex and additional needs. The next stage is for the group to plan and facilitate an engagement event with a cohort of young people with SEND to establish what would make transition easier and better for them.

The training sessions and engagement event will be filmed professionally and YHwH and participants will be asked to film short selfie videos on their phones about their experience of going through the training and being a part of the project. Footage will be edited together to create a visual record of the impact of the first steps of the project.

Kooth Ambassadors

Kooth is an online mental health and wellbeing support service for young people that has been commissioned in Hillingdon. As well as providing the online service, Kooth representatives deliver workshops in schools about various wellbeing topics. YHwH members are going to be trained as Kooth Ambassadors (during the Easter holidays) with the aim of co-delivering workshops in their schools.

4.2 Young Mental Health, Wellbeing and Life Skills (MHWB) Programme and Peer Support Training (PST) Programme

During quarter four, YHwH, has been working with four schools to deliver the Mental Health, Wellbeing and Life Skills (MHWB) programme and the Peer Support Training (PST) programme.

Guru Nanak Sikh Academy

Excellent all-round feedback was received from the direct beneficiaries of the Guru Nanak Sikh Academy and the school leadership regarding both the MHWB, and PST programmes. The following were achieved against the three key outcomes used to measure the success of the project:

- **Outcome 1:** An increase in the number of participants that agree that they have the knowledge and confidence to help make Guru Nanak Sikh Academy a more open and supportive place – from 60% to 92.1%.
- **Outcome 2:** An increase in the number of participants who agree that they know how to look after their own mental health – from 46.7% to 92.1%.
- **Outcome 3:** An increase in the number of students who agree they know where to go for mental health information and support – from 62.8% to 74.8%.

The full project report is available to any Board members who wish to read it.

The PST programme was delivered with a group of students from Guru Nanak who will

start to provide a peer support service within the school. .In May, Healthwatch Hillingdon will be meeting with the students who participated in training to evaluate the progress of the support they are providing in the school.

Oak Wood Secondary School

The school lead for Oak Wood has not been in work since February which has prevented Healthwatch Hillingdon from holding the final evaluation session with the students in the programme and evaluating the impact on the direct beneficiaries. However, the second whole school survey is complete and shows impact from the programme upon the indirect beneficiaries:

• **Outcome 1**: An increase in the number of participants who agree that they know how to look after their own mental health from 60.3% to 72.7%.

• **Outcome 2:** An increase in the number of students who agree they know where to go for mental health information and support from 64.0% to 77.3%.

Other Schools

Delivery of the MHWB and Life Skills Programme has started at both Haydon School and Uxbridge College. Dates for the Peer Support Training Programme have yet to be finalised.

Barnhill Community High School

The PST Programme was delivered with a group of students from Barnhill Community High School who will start to provide a peer support service within the school. The training was co-delivered with a Year 13 student from the school who participated in the original Mental Health, Wellbeing and Life Skills Pilot Programme at Barnhill and completed work experience with Healthwatch Hillingdon this quarter.

In May, there will be a meeting with the students who participated in training to evaluate the progress of the support they are providing in the school.

4.4 Funding Update

Hospital Saturday Fund and London Catalyst

There have been some issues with delivery of the Mental Health, Wellbeing and Life Skills and Peer Support Training programmes funded by the Hospital Saturday Fund and London Catalyst. One school dropped out at a late stage of the first programme and the absence of the school lead at another school has delayed delivery of the latter programme. Fortunately, an extension has been granted from London Catalyst to deliver against the funding outcomes and the Hospital Saturday Fund.

Big Lottery Awards for All

HWH was successful in its application for a further £9,250 from the Big Lottery Awards for All to fund the activities of YHwH. The day to day running of YHwH is embedded within the existing HwH budget so the Awards for All funding will be used to fund YHwH promotional materials, training, events, meetings and campaigns.

5. ENQUIRIES FROM THE PUBLIC

Healthwatch Hillingdon recorded 194 enquiries from the public this quarter. This saw 47 people's experiences being logged on our Customer Relationship Management database and 147 residents being the recipients of our information, advice and signposting service.

5.1. Experiences

Overview

Table A illustrates that the hospital service people reported most on this quarter was Maternity, with almost all feedback being negative. 'Staff attitudes' was cited in each of the complaints received. Accident and Emergency also featured in several people's complaints, whilst feedback received on the Minor Injuries Unit at Mount Vernon hospital was 100% positive.

Outside of hospital services, GPs were again the number one service residents gave feedback on, although out of the eight experiences recorded, just over half were negative. The reasons cited for these were: issues around prescriptions, waiting times to get an appointment and diagnosis.

Table A	Positive	Mixed / Neutral	Negative
Hospital Services			
Obstetrics & gynaecology	3	-	-
Minor Injuries unit	4	-	-
Accident & Emergency	-	-	3
Maternity	1	-	5
Ophthalmology	1	-	-
General Surgery	1	-	1
Orthopaedics	-	-	1
Phlebotomy	1	-	1
Cardiology	-	-	1
111	-	-	1
Social Services			
Care Home	-	1	2
Home Care	-	-	1
Assisted Living	-	-	1
Primary Care Services			
GP	1	2	5
Dentist	-	-	-
Other Services			
Community Mental Health Team	-	1	2
Equipment Service	-	-	3
CAMHS	-	1	1

Table B (below) indicates the categories of key staff that patients have listed in their feedback 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, although it is interesting to note that in this quarter there were several complaints about maternity department staff.

In terms of themes, the main concerns were staff attitudes and communication between staff and patients. Quality of care and treatment received the most positive feedback, along with the delivery of the service itself, and these come from people's experiences of the Minor Injuries Unit at Mount Vernon hospital.

Table B

Key staff categories	Positive	Mixed / Neutral	Negative
Doctors	-	-	8
Admin / Receptionist	3	-	4
Service Manager	1	1	2
Care/Support Workers	-	1	1
Nurses	2	-	1
All Care Professionals	4	-	-
Allied Care Professionals	-	-	1
Maternity	1	-	5

Table C

Key Themes	Positive	Mixed / Neutral	Negative
Health & safety	-	-	1
Quality of care	6	-	4
Service delivery, organisation and staffing	4	-	2
Staff attitudes	2	-	9
Quality of treatment	4	-	1
Quality of appointment	2	-	2
Communication between staff and patients	1	-	5

5.2 Healthwatch Support

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

- An email was received from an individual enquiring about the availability of personal wheelchair budgets in Hillingdon. The individual included a link to the NHS England website which states that since April 2017, all clinical commissioning groups (CCGs) in England have been expected to start developing local personal wheelchair budget offers to replace the current wheelchair voucher system. The individual explained that they were keen to find out about the plans in Hillingdon for these budgets. The person

is very dissatisfied with the service of the current provider of long-term Posture and Mobility Services for clients within Harrow and Hillingdon. Healthwatch Hillingdon contacted the CCG to follow up on the issue. As a result, the person at the CCG who is heading up plans for personal wheelchair budgets in Hillingdon was contacted. The individual was then invited to work with them to assist in shaping these plans.

- In another case, an individual came in to the Healthwatch Hillingdon shop to give feedback about the fact that they had been told by their GP practice it would not be able to provide ear syringing and that the individual and her husband (both in their 80s) would have to pay to have it done privately. The individual said that it is very difficult for them to go elsewhere, particularly as they don't have transport. They feel this is a service that should be offered at the GP practice. The individual wanted to flag this up with Healthwatch, saying, "I felt very secure coming here, because you helped us before." We were able to inform the individual that the NICE guidelines are recommending GP surgeries carry out earwax removal if a build-up is contributing to someone's hearing loss. This went to public consultation in March 2019, with the result expected to be published in July 2019. This is also an issue that has been highlighted to the CCG, as similar comments have been received from other residents.

- An individual phoned us about their daughter, who is currently under the CAMHS service but is approaching 18. The individual wanted to know what happens about the daughter's mental health care once she turns 18. The individual said that the referral to adult services was made six months ago and a multi-disciplinary team meeting was being held that week, but the family had no information about what would happen next, or what support would be provided. The individual was informed that a care plan should be put in place around the transition that should set out the needs of the daughter and which teams would be involved. Consequently, the individual was advised to contact the mental health team for an update, and to ensure that they get to meet the new adult mental health worker soon. The individual was signposted to the CNWL Patient Support Service for further information.

- In another instance, an individual contacted HWH to explain that they have ongoing bowel problems and stomach pain, as well as needing annual colonoscopies due to an abnormal cells result. Last year they had an internal scan because they were bleeding. The GP said this was all okay and gave them tablets to stem the bleeding. The individual had a regular appointment at the hospital, during which the consultant looked at the scan results from last year and said that the GP should have followed up on these and referred the individual, who began to worry about cancer. The individual then had to have a hysteroscopy and a problem was found, but it was not cancer. The individual wanted to know how to complain about the GP, who they feel had not followed up on potential problems. Details were given to the individual enabling them to complain to NHS England. They were also informed about the GP extended hours service, as they said they can never get an appointment at the GP surgery when they need one.

- In addition, HWH raised a number of safeguarding issues, for investigation with The Hillingdon Hospital, Hillingdon CCG and the local authority.

5.3 **Signposting Service**

During this quarter, a total of 147 enquiries from residents were recorded which resulted in HWH providing information, advice, signposting or referral. 124 of these can be categorised as universal and 23 as a result of advising individuals following a complaint, or

concern. Individuals are signposted to a wide range of statutory and voluntary organisations across health and social care. The following table illustrates the reasons for people contacting the service and the ways in which HWH can help them through signposting to appropriate organisations.

How did HWH assist?	Qty	%
Signpost to a health or care service	31	21%
Signpost to voluntary sector service	50	34%
Requesting information/advice	32	22%
Requesting help/assistance	-	0%
General Enquiry	34	23%
Unknown	-	0%
Total	**147**	

Signposted to?	Qty	%
Voluntary Sector Local	29	23%
NHS - other	6	9%
Mental Health	3	3%
NHSE	4	8%
Hospital	5	4%
Social Services	7	6%
CAB	9	7%

6. REFERRING TO ADVOCACY

HWH 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	11
AVMA	2
Wellbeing Services	5
Total	**18**

7. ENGAGEMENT

Engagement this quarter was through a variety of events. A stall was held at The Hillingdon Hospital to engage with visitors and patients. A Health Fair was attended at Uxbridge library to raise awareness of Healthwatch Hillingdon amongst visitors to the library. A stall was also held at The Pavilions Shopping Centre to engage with shoppers around the NHS Long Term Plan.

Between January 2019 and March 2019, HWH participated in 10 engagement events across Hillingdon.

Key highlights:

Help Health Now App

In February, HWH was invited by North West London CCG to test a new patient app called Help Health Now. The App is designed to help patients to find local health services, book GP and hospital appointments and offers suggestions for treatment based on common symptoms.

The App was launched in Hillingdon in February and the HWH Outreach and Volunteer Officer participated in a half day training programme in March to become a Digital Ambassador for the new App and support local residents who may need assistance in learning how to use it.

The NHS Long Term Plan

Healthwatch Hillingdon has been undertaking engagement around the NHS Long Term Plan. Existing networks, social media platforms, Mail Chimp and planned outreach events have been used to distribute the Long Term Plan surveys to residents and patients. The response was positive, and we exceeded the target of 250 responses needed by the 30 April deadline, achieving 285 returns. A report will be produced and shared with partners later in the year.

Dentistry Mystery Shopping

A mystery shopping exercise is currently being undertaken to look at physical access to local dental practices for people with physical disabilities and sensory impairments. Through NHS Choices, 35 dental practices were identified in the Borough of Hillingdon and a small team of Healthwatch volunteers has begun carrying out face-to-face visits to these practices. Volunteers will visit a total of 20 practices to look at physical access to premises including wheelchair access, access to disabled parking and the availability of signing services. A report will be compiled on completion of the exercise and shared with partners.

Volunteering Conference

In March, HWH Outreach & Volunteer Officer attended a volunteering conference funded by NCVO. The conference was attended by over 150 participants from volunteer involving organisations across the country. The conference offered a fantastic opportunity to network, identify potential funding opportunities and share good practice around volunteer management.

Volunteering

HWH volunteers have contributed 520 hours of volunteering time during the current quarter. They have been involved in engagement activities around the NHS Long Term Plan by supporting residents to complete the survey. They have undertaken PLACE assessments at The Hillingdon Hospital, covered an information stall at The Hillingdon Hospital and have supported the Outreach and Engagement officer to plan activities for this year's Volunteers' Week which takes place between 1 and 7 June. In addition, Board members have increased their attendance at key strategic meetings with our partners.

Audio reading group

The Audio Reading Group was revisited to verbally present the Wayfinding report to them and the actions to be taken by The Hillingdon Hospital to improve signage for those with sight impairments. The group was delighted that their involvement in this exercise has helped to influence change by making it easier for people with sight impairments to navigate their way around the hospital.

Events

Event	Attendance	Outcomes	Age Category				Communities of Interest
			Under 5s	6 - 21	22 - 65	Over 65	
Engagement stand at The Hillingdon Hospital	300	28			16	12	General Public
Stall at Hillingdon Leisure Complex	150	14			12	2	General Public
Health Fair (Uxbridge Library)	90	20			6	14	General Public
Assembly for People with Disabilities	100	17			7	10	General Public
Audio Reading Group (Uxbridge Library)	12	12			4	8	General Public
Older People's Assembly	80	30			2	28	General Public
Engagement Stand (Long Term Plan) Pavilions Shopping Centre	300	47			37	10	General Public
Engagement stand at Hillingdon Leisure Centre	160	17			15	2	General Public
Engagement Stand at Hillingdon Carers Forum	70	15			9	6	General Public
HAC's Autism Awareness Day	150	17			17		General Public
Total	**1412**	**217**	**-**	**-**	**125**	**92**	

Social Media

	January	February	March
Twitter Followers	1234	1240	1248
Tweet Impressions	2591	2883	6488
Profile Visits	96	57	297
Facebook Likes	435	436	443
Facebook Post Reach	36	1431	9049
Facebook Post Engagement	1	36	1956
Instagram Followers	314	328	344

This quarter, stats for Instagram are also being reported on, in addition to Facebook and Twitter. As it can be seen from the table below, HWH Instagram followers have grown steadily during the current quarter with an increase of 30 followers between January and March.

Through HWH presence on Instagram, it has been possible to successfully engage with younger followers (under 25's) who do not typically use Facebook or Twitter.

HWH has also performed well on Twitter and Facebook, particularly during the month of March where posts were consistently made in order to engage with the public around the Long Term Plan.

8. FINANCIAL STATEMENT

To the end of Quarter 4 (2018-2019)

Income	
Funding received from local authority to deliver local Healthwatch statutory activities	158000
Bought forward 2017/2018	14685
Additional income	7981
Total income	**180666**

Expenditure		
Operational costs	22653	
Staffing costs	121534	
Office costs	6684	
Total expenditure	**150855**	
Surplus to c/f	29831	*

*Provisional, awaiting audited figure. The figure also includes contingencies (£20,000 for office rent and staff redundancies). The carry forward is larger than usual due to vacancies which have now been filled.

8. KEY PERFORMANCE INDICATORS

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), aligned to Healthwatch Hillingdon's strategic priorities and objectives, have been set for 2017-2019. The following table provides a summary of our performance against these targets during Quarter 4.

KPI no.	Description	Relevant Strategic Priority	Quarterly Target 2018-19	Q1			Q2			Q3			Q4			2018-2019 Total	
				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	669	2100	2716
2	People directly engaged	SP1 SP4	330	434	220	444	270	675	713	634	2027	427	347	440	317	1320	1901
3	New enquiries from the public	SP1 SP5	200	177	208	243	296	286	267	173	247	215	248	235	194	800	919
4	Referrals to complaints or advocacy services	SP5	N/A*	12	24	21	8	23	13	1	17	18	18	6	18		70
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	93	62	62	69	70	52	69	52	52	58	49	50	200	216
6	Consumer group meetings / events	SP1 SP7	15	16	26	19	15	23	18	15	13	14	22	31	17	60	68
7	Statutory reviews of service providers	SP4 SP5	N/A*	-	-	-	-	-	-	1	-	-	-	-	1		-
8	Non-statutory reviews of service providers	SP4 SP5	N/A*	3	5	3	3	2	2	3	2	2	7	1	1		8

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

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healthwatch Hillingdon

Appendix

Decommissioning of Lower Back Pain Procedures in Hillingdon

The patient experience

November 2018

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Introduction

Healthwatch Hillingdon

Healthwatch Hillingdon is a health and social care watchdog. We are here to help our residents get the best out of their health and care services and give them a voice to influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon has very strong operational relationships with the local NHS, Hillingdon Council and Voluntary Sector organisations. We are an independent partner and a valued 'critical friend' within health and social care.

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

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

Our Reports and Recommendations

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

Commissioners and providers must have regard for our views, reports and any recommendations made and respond in writing to explain what actions they will take, or why they have decided not to act.[1]

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

- Our reports and recommendations are also shared with:
- Hillingdon Health and Wellbeing Board
- Hillingdon External Services Scrutiny Committee
- Healthwatch England
- The Care Quality Commission

[1] Section 221 [3A] and Section 224 of The Local Government and Public Involvement in Health Act 2007 and implemented by "The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013)

Executive Summary

In 2017, the eight North West London Clinical Commissioning Groups[2] approved two new policies for the management of low back pain, which took effect on 1st April 2018.

The introduction of the Acupuncture Policy (Appendix 1) and the Low Back Pain and Sciatica Policy (Appendix 2) resulted in the decommissioning of acupuncture, for all interventions, and several spinal injection treatments.

This report outlines the experience of The Hillingdon Hospitals NHS Foundation Trust patients, following the implementation of these policies in Hillingdon.

The eight North West London Clinical Commissioning Groups work together to manage their Planned Procedures with a limited Threshold (see page 7) and Individual Funding Requests.[3] They have established a joint Policy Development Group to determine which procedures have limited thresholds and agree the clinical criteria policy for each of these.

Following updated guidance published by the National Institute for Clinical Excellence (NICE)[4] in 2016, the Policy Development Group developed new policies for the treatment of Low Back Pain.

These were collectively approved at the North West London Clinical Commissioning Groups' Collaboration Board (now Joint Committee) in October 2017 and adopted on 1st April 2018.

As a member of the Policy Development Group, Healthwatch Hillingdon recognised that the NICE lower back pain guidance was evidence based and reasonable, if followed in full. We did, however, feel that not enough engagement had been carried out with the patients currently receiving these treatments.[5]

Following the decision, Healthwatch Hillingdon asked for measures to be put in place to support patients during the changes and we influenced the introduction of the 'Low back pain' information leaflet[6] for patients.

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[2] NHS North West London collaboration of CCGs - Brent, Central London (Kensington and Chelsea), Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, and West London (Westminster).

[3] https://www.hillingdonccg.nhs.uk/individual-funding-requests-

[4] https://www.nice.org.uk/guidance/ng59

[5] This excluded patients receiving Cervical Thoracic spinal injections as we agreed with the Policy Development Group that this was a very small number of patients that would be hard to identify.

[6] https://www.hounslowccg.nhs.uk/media/104721/3-ML4205-A5-6pp-Lower-Back-Pain-Booklet-Rev-4pp-Rev11.pdf

In June 2018, The Hillingdon Hospitals NHS Foundation Trust sent a letter to all patients affected by the implementation of the Low Back Pain Policies (Appendices 3 and 4).

Number of letters sent

Outcome of Review	Number of Patients	Reasons
Discharged to GP	158	Discharge letters were sent to both the GP and the patient indicating the reason for removal from the waiting list. Recommendations were made to the GP on how to manage this group of patients.
Booked for an Outpatients appointment	48	Letters were sent to these patients as they were removed from the waiting list because they did not meet the new criteria. However, upon review of these cases additional letters were sent to these patients to discuss alternative treatment that could be offered that met the new criteria.
Booked for another procedure	109	These patients were not removed from the system as they met the new policy criteria. Hence no discharge letters were sent to these patients.
PPwT criteria or procedure not covered by PPwT	178	These patients were not removed from the system as they met the new policy criteria. Hence no discharge letters were sent to these patients.
Acupuncture	786 (70 moved to an Outpatients appointment)	All patients were sent letters explaining why acupuncture was decommissioned. These were also copied to the GP. 70 patients were given outpatient appointments as alternative treatment was available in line with the new criteria.

Healthwatch Hillingdon's contact details were included in the letter, at the request of the Hillingdon Clinical Commissioning Group (CCG), to provide information and support to patients affected by the changes.

We were subsequently contacted by 40 individuals who had received a letter from The Trust. We explained the decision that had been taken and the reasons behind the letter that people had received. We gave them an opportunity to talk to someone about their concerns and anxieties, answered their questions, gave them options, and gathered their feedback (see Appendix 5).

The people we spoke to reported that they were shocked and confused to receive the letter. They thought that there was a lack of information as well as a lack of support for them. Patients wanted to know why they hadn't been told of the decision much earlier, and felt that they had been left without treatment for their condition.

None of the patients we had contact with had received the leaflet on managing lower back pain with their letter, which was unfortunate as the leaflet gave information and alternative ways of coping with back pain.

> *"I have received a letter telling me that the pain service clinics have been withdrawn. I've been having acupuncture for three years. The letter says I should go back to my GP, but the GP is not a specialist in chronic pain and feel I have been let down. I did not receive any booklet giving further advice, just a letter."*

As patients had been discharged to primary care, we referred them back to their GP to seek further advice and treatment. For those who wished to complain about the commissioning decision taken to stop their treatment, we advised individuals to contact the Brent, Harrow, and Hillingdon Clinical Commissioning Groups complaints department.

We then contacted 21 patients around a month after they had received their letter, to follow up with them. Patients reported that the contact they'd had with NHS organisations, and the response from NHS professionals, had not eased their anger or confusion.

At the time of contact, only one patient was actively receiving treatment. The remainder were either waiting for future treatment to happen or had been told there was no alternative treatment. None of the patients were told about Individual Funding Requests by the NHS.

> *"My GP told me it would be pointless for me to try and complain or to pursue the matter as NICE have recommended this course of action and the decision is finite."*

Patients felt that the response from the hospital was unsupportive. We were told that individuals had tried to contact the pain clinic but could not get through on the telephone. They also said they had contacted the hospital's Patient Advice and Liaison Service (PALS), which requested information from the pain clinic, but at the time of our contact patients had not received any information.

Patients who contacted the Hillingdon Clinical Commissioning Groups complaints department said they'd had an indifferent response, and were not given answers about treatment, being told that the hospital would contact them or that they should go and see their GP.

Following our findings, we made several recommendations for commissioners and service providers to consider in regard to future policy implementation. The full findings can be read in the main body of this report. Conclusions can be found on page 14 and recommendations on page 18.

Context

Lower Back Pain Procedures are one of 47 procedures in North West London which have set clinical criteria that must be reached before treatment is funded. These are known as Planned Procedures with a limited Threshold (PPwTs).

It is the responsibility of GPs and hospital doctors to ensure that only patients meeting the defined criteria are referred or treated. Under exceptional circumstances, GPs can submit a request to the Clinical Commissioning Group for patients that do not meet the threshold criteria. This is known as an Individual Funding Request.

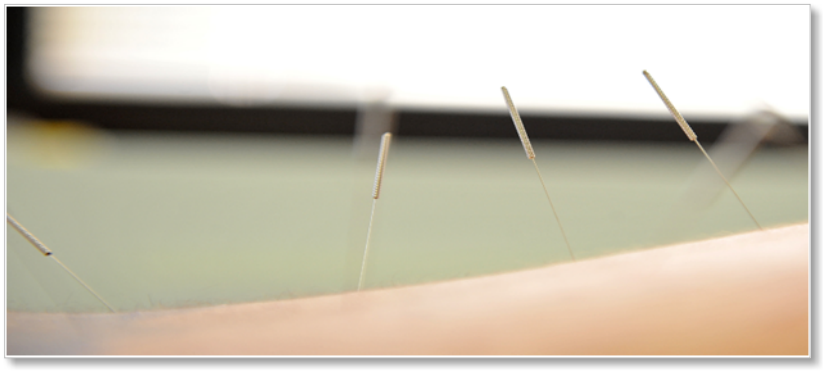
The eight North West London Clinical Commissioning Groups work together to manage their Planned Procedures with a limited Threshold and Individual Funding Requests.[7]

The eight Clinical Commissioning Groups are individually responsible in law for the commissioning decisions they take, but they work together to reduce inequality by ensuring the same policies apply for all 2.2 million GP registered patients across North West London.

To help achieve this, the NHS North West London Collaboration of Clinical Commissioning Groups have established a joint Policy Development Group to determine which procedures have limited thresholds and agree the clinical criteria policy for each of these PPwTs. The Policy Development Group is made up of a varied range of clinicians, professionals, and lay members, with diverse backgrounds and expertise. Healthwatch are a non-voting member in attendance.

Following updated guidance published by the National Institute for Clinical Excellence (NICE)[8] in 2016, the Policy Development Group reviewed the treatment of Low Back Pain and developed new policies for the management of low back pain. The Acupuncture Policy and the Low Back Pain and Sciatica Policy were aligned with the NICE guidelines and informed by the feedback taken from the North West London Clinical Commissioning Groups clinical workshop and a patient forum.

The February 2017 workshop included pain management clinicians, orthopaedic surgeons, physiotherapists, community providers, commissioners, and lay members (patient representatives). The forum was held to



[7] https://www.hillingdonccg.nhs.uk/individual-funding-requests-

[8] https://www.nice.org.uk/about

provide patient feedback on the proposed pathway and was attended by 10 patients/carers.

The recommendations made by the Policy Development Group for the management of low back pain were presented at the North West London Clinical Commissioning Groups' Collaboration Board (now Joint Committee) in October 2017.

The Collaboration Board collectively approved the implementation of the policies and they were adopted on 1st April 2018.

As a member of the Policy Development Group, it is well documented that Healthwatch Hillingdon have continued to recommend that public consultation is carried out prior to any changes to policy and that the views of those people directly impacted by any proposed change should be sought and heard.

Healthwatch Hillingdon were present throughout the period the management of low back pain policies were being developed. We recognised that the NICE lower back pain guidance was evidence based and reasonable, if followed in full. We did however feel that not enough engagement had been carried out with the patients currently receiving these treatments[9]; to understand their views, how these changes would affect them and what support they might need if the changes were implemented.

Following the commissioning decision taken to adopt the recommended policies in North West London, Healthwatch Hillingdon asked for measures to be put in place to support patients during the changes and influenced the introduction of the information leaflet for patients. The leaflet was approved by the North West London Lay Partners Group before publication and assurances were given that every patient affected by the changes would be provided with support and given a copy of the 'Low back pain' leaflet[10].

Methodology

In June 2018, Healthwatch Hillingdon agreed to the Hillingdon Clinical Commissioning Group's request for our contact details to be included on the letter The Hillingdon Hospitals NHS Foundation Trust were sending to all patients affected by the implementation of the Low Back Pain Policies.

The Hillingdon Hospitals NHS Foundation Trust sent letters to patients in two stages. The first to acupuncture patients (Appendix 3) and the second to those receiving other lower back pain treatments (Appendix 4).

When contacted by patients who had received a letter, or their carer/family member, we:

- Provided information and advice
- Recorded feedback

[9] This excluded patients receiving Cervical Thoracic spinal injections as we agreed with the Policy Development Group that this was a very small number of patients that would be hard to identify.

[10] https://www.hounslowccg.nhs.uk/media/104721/3-ML4205-A5-6pp-Lower-Back-Pain-Booklet-Rev-4pp-Rev11.pdf

- Asked people if they were happy for us to contact them in a month to check on their progress
- Contacted patients with follow up calls and recorded the update on how they were being supported.

Our Findings

STAGE 1 - Initial Contact:

Confusion

Patients told us they didn't know what to do, they were unclear on who was responsible for taking the decision to stop providing these procedures, who they should contact and what they were supposed to do to manage their pain going forwards.

- The letter that was sent out to patients was addressed from The Hillingdon Hospitals Trust, therefore some people told us they thought it was the hospital itself, not the Clinical Commissioning Group, who was responsible for the changes.
- People did not know of the Clinical Commissioning Group.
- Many patients stated that they felt 'left in the dark' about what other options for treatment might be available.
- This lack of understanding and worry about their health going forwards led to many people saying they were suffering from stress and distress, even being "frightened".
- Several said the procedure they had been having was the only thing that had worked for them and their only hope of pain relief.

> - *"As I'm on the waiting list for surgery I worry that I'll have to wait another year for this at least, and that now I won't have anything to help with the pain. No care plan has been put in place, I feel I have just been left without anything."*
>
> - *"The injections have a life changing affect to my mobility, so much so that they are the difference between me being house bound or not so."*

- Some patients expressed confusion over the fact that they had been sent a letter telling them the service they had been receiving had ceased from April – but they had already undergone treatments after this date.

- Others said they would have preferred not to have been started on treatment.
- Others had been on the waiting list for an initial appointment for a long time, only to then be told the service was being cancelled.

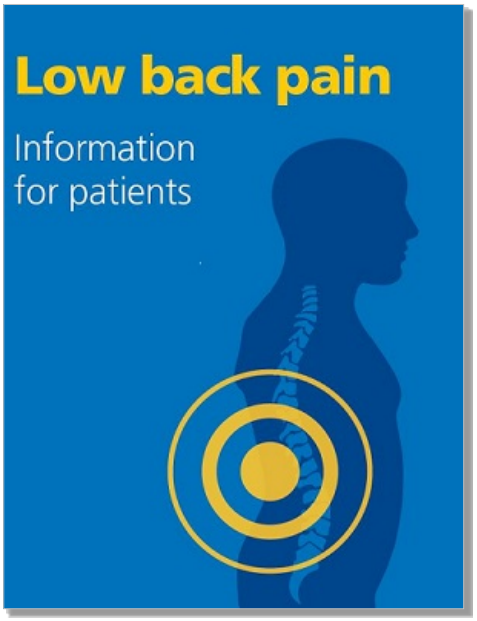
Lack of information

The overwhelming reaction to receiving a letter about the withdrawal of these services was the sense of the abrupt cut off, with patients telling us the letter came "out of the blue".

- Every person who contacted us expressed the same feeling – they had been left without any alternative to manage their pain and had no idea what to do next, with one person even going so far as to tell us that the pain management treatment they had been receiving had been helping them 'to live'.

> - *"The letter states that the hospital will be in touch with patients to discuss other options - but nothing has happened."*

- None of the people we spoke to had received the booklet (right) on managing pain that was supposed to accompany the letter sent out to them.
- "I'm staggered that the NHS can be so clinical and abrupt with the cessation of my treatment. This decision came like a bombshell."
- Another point people raised was that they wanted to complain but were unsure who/where to complain to. We were able to signpost people to the Brent Harrow and Hillingdon Clinical Commissioning Groups' complaints department.



Lack of support

Many people who contacted us told us they felt "let down" by the NHS.

- "I would have thought that Hillingdon Hospital would have seen me and given some alternative, not just sent me back to my GP."
- "I find this very abrupt - there is no advice on what to do next, or any kind of counselling to help with this change. I would have liked the opportunity to be able to talk to the nurse who was doing the acupuncture, to get further advice on where else I could go. I feel it is wrong to withdraw funding for this service."

- “No care plan has been put in place, I feel I have just been left without anything to help me or my pain.”
- “I’ve paid into the NHS since I was 15 and the injections really helped me. Surely injections are cheaper than having to have surgery? The letter states that the hospital will be in touch with patients to discuss other options – but nothing has happened.”

> - *“I suffer from arthritis in my spine and have been having acupuncture - without this I would have been in a wheelchair. Acupuncture was a big thing for me as it allowed me to work and carry on a normal life. Now I’ve had a letter cancelling all further treatment with acupuncture. I can't function without this. I am 'eating' painkillers again - what can I do now?”*

- Patients felt they hadn't been given any help with this situation from the health professionals and one even said they were "disgusted", but thanked HWH for listening and are glad we are trying to do something to represent patients' views.

Confusion over the decision

The overriding response from people who contacted us was one of disappointment, confusion and disagreement with the withdrawal of these services with one individual arguing: “I thought the hospital aim was to STOP pain? This decision seems to be about saving money!”

- However, one respondent said that whilst they understood and agreed with the NICE guidelines, they did feel that a “blanket approach” was not helpful: “I feel that each patient should be dealt with case by case as treatment may work for some people.”
- Respondents were also annoyed that the service is still being provided in Hillingdon Hospitals to patients who live outside of North West London: “My GP didn't know anything about this change and I haven't received any letter. However, the hospital told me that people who live in Bucks can still get the treatment at Hillingdon! I feel that people's treatment shouldn't just be cut off. There has been no information or continuity of what is happening.”
- Another individual expressed their feeling that if you have been referred by a GP to the pain clinic, it is because you cannot cope with the pain you are experiencing. They said they were “distraught” at receiving the letter informing them of these changes.

STAGE 2 - Follow Up Contact:

GP Response

After following up with people we had initially contacted, it became evident from our research that there were a number of GPs unaware of the changes. Although an isolated incident, Healthwatch Hillingdon received one email from a GP surgery asking us what they should advise their patients.

- People reported having difficulties in even being able to make an appointment to see a doctor, many stated that it was not helpful to receive a letter that just sent them back to their GP.
- Our respondents told us that their GP had said there was nothing else they could do for them – they were not even offered a referral back to the pain clinic.
- “My GP told me it would be pointless for me to try and complain or to pursue the matter as NICE have recommended this course of action and the decision is finite.”
- Some patients were referred to physiotherapy or the pain clinic. With two patients being offered the decommissioned service with other providers.
- Only one person was actively having treatment. They did however say that their physiotherapy was working for them.
- None of our respondents were advised of the Individual Funding Request by their GP, although a patient was going down this route after asking about it through our advice.

Clinical Commissioning Group Complaints Response

Patients who contacted the clinical commissioning group complaints department were not satisfied with the pace or content of responses. One person told us they called the Clinical Commissioning Group complaints number but were told by them to go back to their GP.

- Another was informed that they would be sent a consent form and the Clinical Commissioning Group would then investigate their complaint – but they were still waiting at the time we contacted them.
- Two others rang the complaints department and left a message but had not received any call back. One person advised that they had received a voicemail when out but had not yet made contact.
- “The Hillingdon Clinical Commissioning Group shared on their Twitter Feed a link to the Ealing Clinical Commissioning Group advising of a 'Change of policy: cervical and thoracic facet joint injections' which stated that all people on the waiting list would be informed. I replied to the Twitter Feed asking when people would be informed but did not receive a response. I just

wanted to feedback that I think that it is a poor show, for people who are experiencing pain and think that they will be getting pain relieving injections, not be informed in a timely manner that this is not the case."

- In response one person received a letter saying the hospital will contact them and they hadn't.

Hospital Response

People told us they felt they got no help from the hospital, particularly when receiving the letter that stated: "Our staff have reviewed your medical notes and unfortunately our hospitals do not currently provide any alternative treatment for your condition" It left them feeling unsupported and without any help or information.

- Patients were confused that they were informed they were being discharged from these pain management services but had received appointment letters to attend the hospital after the April policy change. Several phoned us to ask whether they should still attend or not.
- Those who tried to contact the hospital themselves fared no better: "I tried to contact the Pain Clinic for an update and as I was unable to get through, then contacted PALS. I have been advised by PALS that they have passed on my two queries to the Pain Clinic, but I have still had no response.
- There was also confusion surrounding patients reporting that they had had one type of injection cancelled but were then booked in for a different type of injection.
- One individual told us how they feel that, having paid into the system all their life, the NHS has let them down badly. They have had to resort to going private to get their injection.

Patient Story

I went back to my GP but was told there was nothing the GP could do. I feel that, having paid into the system all my life, the NHS has let them down badly.

All I wanted was this one injection, which worked for me.

I suffered this excruciating pain from 2009 and the cause was from my job as a carer lifting patients and pushing heavy wheelchairs.

I attended my GP from 2009 who prescribed strong painkillers.

The doctor finally referred me to Mount Vernon in June 2013, where I saw a pain consultant. He advised me to go back to my GP, swim, and exercise. He recommended my GP arrange for me to have physio.

In August 2013 I commenced a course of six physio sessions, which didn't help at all.

After the physio I saw the pain consultant again early 2014 and he arranged for an MRI scan which revealed nerve endings were pressing on vertebras and recommended a lumber epidural steroid injection, which I had in July 2014.

This helped me to manage the pain along with painkillers. I had the second injection one year later in July 2015. A third injection in July 2016 and a fourth injection July 2017

The fifth injection was due July 2018, but I received a letter dated on 4th August 2018 informing me the procedure is withdrawn.

The pain I suffer is unbearable and I decided to borrow the money from my sister and have the procedure done privately. I am paying her back at £50.00 per month.

The procedure cost £1371. Which will take me over two years to pay back.

The first I knew of the withdrawal of this procedure was from the letter I received on 8th August 2018. Why was I never consulted about the procedure being withdrawn?

I was born in London and my grandparents, parents, my brothers and sisters, husband and children have all paid into the NHS, some since it began, so can you please explain to me why I was not allowed this procedure via the NHS.

Conclusions

The evidence outlined in this report clearly shows that patients, their families, and friends have not experienced a good implementation of the low back pain policies in Hillingdon.

Although the focus of the feedback from patients was on the local process to implement change, our research shows that there is important learning to be taken from the whole decommissioning process.

Although the eight NWL Clinical Commissioning Groups made the decision to adopt the new policies for back pain collectively, implementations and communication strategies have varied in effectiveness.

For Healthwatch Hillingdon it raises a question about the wider Clinical Commissioning Group, as a constituted body, when it makes decisions jointly, or collaboratively, with the other seven Clinical Commissioning Groups in North West London, and how they can work together to effectively implement changes through agreed communication strategies.

Our considerations, the points of learning we raise and the recommendations we make, are based on comparing the information provided to us by patients with published NHS England guidance and current law.

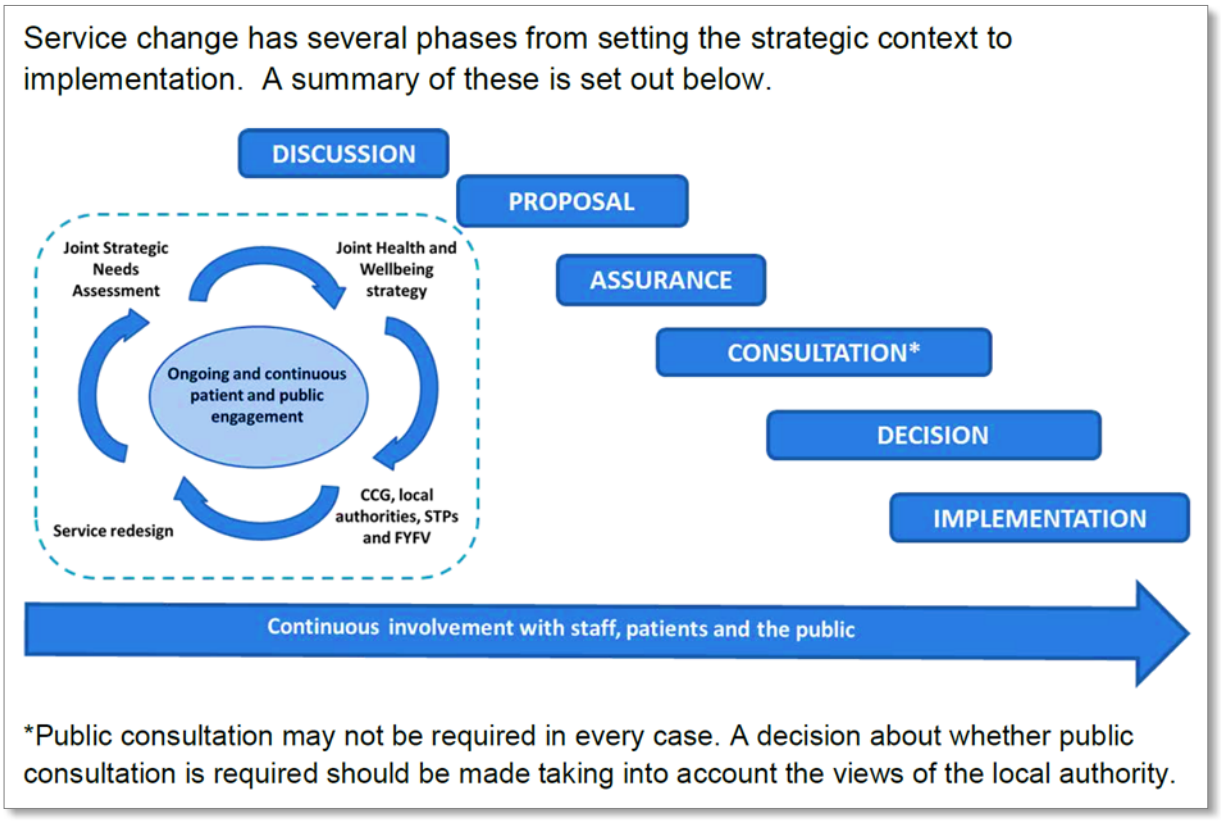
Engagement in Service Change

NHS England published guidance 'Planning, assuring, and delivering service change for patients'[11] (updated in March 2018) outlines good practice for commissioners on the NHS England assurance process for service changes and reconfiguration.

As the guidance states:

there is no legal definition of service change but broadly it encompasses any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered

It is Healthwatch Hillingdon's opinion that the decommissioning of both acupuncture and lower back pain constitutes a change in service and therefore consideration should be given to all phases of the outlined process.



[11] https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf

Healthwatch Hillingdon would agree that to a point these phases have been followed in the decommissioning process. It is not until we come to the stage of consultation (engagement) that we feel the required processes have not been followed thoroughly.

Engagement of patients and carers in the process of service change is absolutely key. It may not mean that a decision will be overturned but it does enable questions to be adequately answered in the decommissioning communications, which may clarify confusion and alleviate anxiety. This needs to be taken into account in future decommissioning processes, particularly those at NWL level where there may be a perceived or actual risk that decision-making is removed from a local level.

It is Healthwatch Hillingdon's view that before deciding whether to adopt a recommendation made by the Policy Development Group, that Hillingdon Clinical Commissioning Group should carry out further engagement with Hillingdon residents who are directly impacted by proposed changes to PPwT policies.

We believe that, as outlined in NHS England guidance,[12] the Hillingdon Clinical Commissioning Group have a legal duty to engage these patients, under Section 14Z2 2b of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012):

(2) The Clinical Commissioning Group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) -

> **(b) in the development and consideration of proposals by the Clinical Commissioning Group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them and …**

This is also reflected in the Hillingdon Clinical Commissioning Group Constitution 2018 - APPENDIX J 'Statement of Principles in relation to Patient and Public Involvement'[13]

Healthwatch Hillingdon believes that the Hillingdon Clinical Commissioning Group made the decision to adopt the recommendations of the Policy Development Group without sufficient local engagement.

In some cases public consultation is not required in the case of service change, but the decision as to whether it is applicable should always be taken in consideration with the local authority Health and Wellbeing Boards and Health Scrutiny, under Section 244 of the NHS Act 2006, which in this case did not happen.

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[12] https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf

[13] https://www.hillingdonccg.nhs.uk/download.cfm?doc=docm93jijm4n3401.pdf&ver=6998

Having already seen the negative effect on other service delivery within Hillingdon of procurement carried out in isolation, Healthwatch Hillingdon would like to see all potential service change discussed at the Health and Wellbeing Board at the earliest opportunity.

Healthwatch Hillingdon has always held the Hillingdon Clinical Commissioning Group's engagement through service change in high regard. In instances where decisions are made collectively by the NWL Clinical Commissioning Group, collaborative, robust, locally focussed plans for engagement and implementation are essential.

The confusion and anxiety experienced by the patients we spoke to may have been significantly reduced by early dissemination of information and a timely programme of review and consultation regarding their ongoing options for care. In addition, there was variable understanding and awareness amongst GPs both of the decision that had been taken and the implications for planning the future care of their patients.

Implementation

It is our understanding that, as required under Section GC13 of The NHS Standard Contract 2017/18 and 2018/19[14], the Hillingdon Clinical Commissioning Group gave The Hillingdon Hospitals NHS Foundation Trust six months' notice of its intention to decommission these services for Hillingdon residents.

Healthwatch Hillingdon do not know what happened from this point in the process until the point the letters were to be sent out. Evidence however, as we have seen, strongly suggests that in the course of implementing the decision, the process between Hillingdon Clinical Commissioning Group and The Hillingdon Hospitals NHS Foundation Trust, has not worked in the way that it should have to reduce anxiety and offer a more supportive way forward. It has been confirmed to us that due to operational oversights, time was lost.

As Healthwatch Hillingdon are not in receipt of the full facts we will not speculate as to why this happened.

From the evidence we have collected, it appears that during the 6 months' notice period, that there was no implementation plan in place at The Hillingdon Hospitals NHS Foundation Trust. Or if there was, it was not being actioned.

The evidence clearly demonstrates that informing a patient at the end of the six months that the procedure they are having is immediately unavailable, is not the way to support a patient through service change. Especially when it is by a letter that could have been constructed in a more supportive way.

[14] https://www.england.nhs.uk/wp-content/uploads/2018/05/3-nhs-standard-contract-2017-19-particulars-general-conditions-may-2018.pdf

Nor is a blanket approach of discharging patients back to their GP without discharge planning.

The upset and distress that patients have told us they have suffered could have been avoided.

Healthwatch Hillingdon would have expected early information to go to patients on the changes and a planned programme, where patients were reviewed, and their distress managed.

Patients should have had an opportunity to be involved; and:

- influence how their care in Hillingdon was delivered
- be prepared and supported through the change process
- have conversations about their future care and the alternative treatments that could be offered
- consideration be taken on whether their treatment could continue through an individual funding request.

Healthwatch Hillingdon would have also expected general practice to be prepared for the implementation.

When we saw a letter sent to the GPs, dated 28 June 2018, informing them of the hospital's decision to blanket discharge patients, it certainly did not inspire us when we saw it started 'You may remember that last year, North West London CCGs revised their policy for low back pain and sciatica'.

This did not give Healthwatch Hillingdon the confidence that GPs were in a planned position to support patients. With many GPs not aware of the changes, or their implication, and some seemingly ill-prepared to offer alternative treatment, evidence would suggest that we may have been right.

After the decision was made in 2017, Healthwatch Hillingdon were hesitant that patients would be supported. In Hillingdon, this has become a reality. Typified by the fact that not one of the patients we spoke to received the patient leaflet specially designed to support them.

Recommendations

Healthwatch Hillingdon recognises, along with its partners, that this decommissioning project could have been delivered to a much higher standard. Therefore, we recommend the following:

1. A review of the implementation process in order to learn lessons and produce a framework for delivering change in the future.

2. That out of the review comes a process for adopting and implementing Policy and Development Group recommendations ensuring that there is a clear and consistent approach to policy implementation. This should include engagement with the affected patients and stakeholders. Additionally, robust communication and implementation plans that identify clear roles and responsibilities of commissioners and providers at both NWL and CCG level should be part of this process.
3. The findings of this review be reported to the Health and Wellbeing Board and the External Services Scrutiny Committee.
4. This new process is published to an agreed target date.
5. When informing patients and the public of service change in Hillingdon, that Healthwatch Hillingdon details are always added to the information sent, to ensure patients can be independently supported.

Appendices

Appendix 1: Acupuncture Policy

https://www.hounslowccg.nhs.uk/media/104742/Acupuncture-v41.PDF

Acupuncture

Policy

NWL CCGs **do not** commission acupuncture for any indication due to its lack of clinical effectiveness. Funding may be considered through the Individual Funding Request (IFR) route in exceptional clinical circumstances.

These polices have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).

References

NICE Clinical Guidelines

- https://www.nice.org.uk/guidance/ng59

Cochrane Evidence

- http://uk.cochrane.org/

Low Back Pain and Sciatica Policy

Policy

1. **NWL CCGs do NOT commission the following for low back pain and non-radicular spinal pain:**
   a. Facet joint injections
   b. Therapeutic medial branch blocks
   c. Intradiscal therapy
   d. Prolotherapy
   e. Trigger point injections with any agent, including botulinum toxin
   f. Epidural steroid injections for chronic low back pain or for neurogenic claudication in Patients with central spinal canal stenosis
   g. Any other spinal injections not specifically covered above
2. **NWL CCGs fund epidurals (local anaesthetic and steroid) only in patients who have less than three months history of acute and severe lumbar radiculopathy at time of referral.**
3. **NWL CCGs will NOT fund Spinal fusion or lumbar disc replacement for low back pain. Surgical procedures for specific causes of LBP e.g. spondylolisthesis, scoliosis or Structural disease are routinely funded where clinical indicated.**
4. **NWL CCGs recommend that imaging should not routinely be offered in a non-specialist setting for people with low back pain with or without sciatica.**

Funding may be considered through the Individual Funding Request Route (IFR) in exceptional clinical circumstances.

Please note that there are dedicated policies for Acupuncture and Radiofrequency Denervation.

These polices have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).

References

NICE Clinical Guidelines

- https://www.nice.org.uk/guidance/ng59

Appendix 3: Letter sent to acupuncture patients

cares
communication attitude
responsibility equity safety

NHS
The Hillingdon Hospitals
NHS Foundation Trust

Hillingdon Hospital
Pield Heath Road
Uxbridge
Middlesex

UB8 3NN

«Title» «FirstName» «LastName»
«JobTitle»
«Company»
«Address_1»

25 June 2018

Dear Patient name

Changes to Hillingdon pain services which affect your acupuncture treatment

We are very sorry to have to inform you that our hospital trust is no longer able to provide any acupuncture treatments. Unfortunately this means that we have had to cancel the procedure you were expecting to have.

This is because from 1 April 2018 the North West London Care Commissioning Group (CCG) - which includes Hillingdon - has decommissioned a number of pain procedures including all acupuncture treatments. This means that funding is no longer provided for them.

They have taken this decision following new guidance issued by the National Institute for Clinical Excellence (NICE); the body that provides guidance and advice regarding appropriateness of health and social care.

Following this change our Trust is stopping delivering acupuncture services in June. Our staff have reviewed your medical notes and unfortunately our hospitals do not currently provide any alternative treatment for your condition.

We understand that you will be concerned about this change to your treatment plan and we recommend that you contact your local GP surgery to discuss the ongoing care options with your GP.

Your GP has been informed by the CCG that these procedures are no longer available on the NHS. We have also informed your GP that your care has been transferred back to their practice.

More information about this change, including the NICE guidance, is available by visiting: http://www.hillingdonccg.nhs.uk/latest-news/new-low-back-pain-and-sciatica-policy-for-northwest-london-3130/ and http:/www.nice.org.uk/guidance/ng59

Your GP may also be able to provide more information.

Please accept our sincerest apologies for the disappointment and inconvenience caused by this news.

Yours sincerely

Chronic Pain Services Management

If you would like to talk to an independent person about these changes you can contact*:* **Healthwatch Hillingdon**

Tel: 01895 272997
Email: office@healthwatchhillingdon.org.uk
Write: Healthwatch Hillingdon, 20 Chequers Square, The Pavilions Shopping Centre, Uxbridge, UB8 1LN.

Healthwatch Hillingdon is your local watchdog for health and social care. They monitor services in the borough and make sure that resident's views and experiences of services are gathered and heard.

Appendix 4: Letter sent to spinal injection patients

The Hillingdon Hospitals
NHS Foundation Trust

Hillingdon Hospital
Pield Heath Road
Uxbridge
Middlesex
UB8 3NN

«Title» «FirstName» «LastName»
«JobTitle»
«Company»
«Address_1»

25 June 2018

Dear Patient name

Changes to pain services in Hillingdon which affect your planned treatment

We are very sorry to have to inform you that our hospital trust is no longer able to provide a number of procedures for the treatment of lower back pain. Unfortunately this means that we have had to cancel the procedure you were expecting to have.

This is because from 1 April 2018 the North West London Care Commissioning Group (CCG) - which includes Hillingdon - has decommissioned the procedures listed below. This means that funding is no longer provided for them.

They have taken this decision following new guidance for best practice in the management of lower back pain issued by the National Institute for Clinical Excellence (NICE); the body that provides guidance and advice regarding appropriateness of health and social care.

Following this change our Trust is stopping delivering these services in June. Our staff have reviewed your medical notes and unfortunately our hospitals do not currently provide any alternative treatment for your condition.

We understand that you will be concerned about this change to your treatment plan and we recommend that you contact your local GP surgery to discuss the ongoing care options with your GP.

The procedures affected by the change are:

- Facet joint injections
- Therapeutic medial branch blocks

- Intradiscal therapy
- Prolotherapy
- Trigger point injections
- Epidural steroid injections Any other spinal injection
- Acupuncture

Your GP has been informed by the CCG that these procedures are no longer available on the NHS. We have also informed your GP that your care has been transferred back to their practice.

More information about this change, including the NICE guidance and advice on managing low back pain, is available by visiting: http://www.hillingdonccg.nhs.uk/latest-news/new-low-backpain-and-sciatica-policy-for-north-west-london-3130/ Your GP may also be able to provide more information.

Although you may already be aware of the advice for managing back pain, a copy of the guidance has been enclosed for your information.

Please accept our sincerest apologies for the disappointment and inconvenience caused by this news.

Yours sincerely

Chronic Pain Services Management

If you would like to talk to an independent person about these changes you can contact: **Healthwatch Hillingdon**

Tel: 01895 272997
Email: office@healthwatchhillingdon.org.uk
Write: Healthwatch Hillingdon, 20 Chequers Square, The Pavilions Shopping Centre, Uxbridge, UB8 1LN.

Healthwatch Hillingdon is your local watchdog for health and social care. They monitor services in the borough and make sure that resident's views and experiences of services are gathered and heard.

Appendix 5: Feedback logged on HWH CRM database:

Withdrawal of acupuncture service

2nd July 2018

Caller expressed how they would have preferred it if their treatment had not been stopped midway through, perhaps even should not have been started at all knowing that the service was going to finish before the end of treatment. Patient had found the treatment helpful for disc mis-alignment in neck. Had two sessions and was feeling the benefit.

We spoke to the caller and advised them to contact their GP for support/treatment options.

4th July 2018

I have just received a letter informing me that my acupuncture treatment has been withdrawn. I am not happy because I suffer a lot of pain through sciatica. What do I do now? I want to know how to complain, because I was half way through my treatment.

Alison explained to caller why our name was on the letter and advised caller to go back to their GP (Belmont Medical Centre) to ask how the GP will now support them or suggest treatments for their pain. Caller gave permission for us to follow up with them in two to three weeks.

6th July 2018

I am halfway through a course of acupuncture treatment for a neck problem and have received a letter telling me that my treatment has been stopped due to a lack of funding. I am unhappy about this and would like to know where I can complain to?

11th July 2018

Individual called on behalf of his wife, who has received a letter telling her that the acupuncture service has been stopped due to funding. Her final treatment was due in September. She did not receive any booklet on alternative treatments with the letter. Wants to know what to do now...

Advised the caller that his wife should go back to their GP to see what they are offering in terms of alternative support.

11th July 2018

"My wife has been receiving acupuncture at the hospital and it helps relieve the pain in her back. We work, pay taxes and they expect my wife to walk around in pain. I am incensed and am not having it. Who do I complain to about stopping the care? I want to make sure she gets her acupuncture."

Healthwatch gave caller the details of BHH complaints. Advised to go to GP to look at alternative care. Noted that they did not receive any booklet about alternative treatment with the letter.

12th July 2018

I have received a letter telling me that the pain service clinics have been withdrawn. I've been having acupuncture for three years. The letter says I should go back to my GP, but the GP is not a specialist in chronic pain and feel I have been let down. I did not receive any booklet giving further advice, just a letter.

Explained Healthwatch's role and advised caller to see their GP for further support. Caller said they want to complain and asked for details of who to complain to.

13th July 2018

I broke my back two or three years ago and have been having acupuncture for pain relief every six weeks; it does help. I received a letter today telling me this service has been stopped. I find this very abrupt - there is no advice on what to do next, or any kind of counselling to help with this change. I would have liked the opportunity to be able to talk to the nurse who was doing the acupuncture, to get further advice on where else I could go. I feel it is wrong to withdraw funding for this service.

Explained Healthwatch's role and how we are gathering feedback. Advised caller to go to their GP to seek further support/treatment. Caller asked for details of Clinical Commissioning Group complaints.

19th July 2018

Last year I had five sessions of acupuncture and I had appointments booked in October and November. I found that acupuncture worked for me. Now I have received a letter telling me that the acupuncture service has been stopped due to lack of funding. I felt angry at first, now I feel let down. What can I do?

Advised caller to go back to GP to seek further support and treatment. Caller agreed to us following up with them to see what action GP has taken.

20th July 2018

I have received letters from The Hillingdon Hospitals cancelling my son's forthcoming acupuncture appointments and telling him to go back to his GP. I am not happy because he has suffered pain for three years. He had injections in his spine, but these did not work, and he was due to start acupuncture, but this has been cancelled. I would have thought that THH would have seen him and given some alternative, not just sent him back to his GP. How can I complain?

Gave details of BHH complaints and advised caller to go to GP to initiate new referral to the pain clinic.

24th July 2018

I received a phone call yesterday from the hospital, telling me that the acupuncture service has been withdrawn. I have been having acupuncture for over two years and am in severe pain. I have had physio in the past but that did not help me, in fact I feel that it made the problem in my neck worse. The hospital told me I should go to my MP about this, because I feel it is wrong to withdraw this service, and so suddenly.

Advised caller to make an appointment to see their GP for further support and treatment options. Caller agreed to be followed up by us in two to three weeks to see what the response was from their GP.

24th July 2018

I've been having acupuncture treatment for my back for a while now. The problem with my back is being investigated still, and the acupuncture helps relieve the pain and keeps me going. I've had a letter from the hospital telling me there is not going to be any more funding for this treatment. As I'm on the waiting list for surgery I worry that I'll have to wait another year for this at least, and that now I won't have anything to help with the pain. No care plan has been put in place, I feel I have just been left without anything.

Advised caller to make an appointment to see their GP for further support and to discuss treatment options. Caller is happy for us to follow up with them to see what the GP advised. They also said that they will see how this goes with the GP and then, if not happy, would ask us for the details of how to complain to the Clinical Commissioning Group.

20th August 2018

I suffer from arthritis in my spine and have been having acupuncture - without this I would have been in a wheelchair. Acupuncture worked and was a big thing for me as it allowed me to work and carry on a normal life. Now I have had a letter cancelling all further treatment with acupuncture. I can't function without this. I am 'eating' painkillers again. What can I do?

Advised caller to see their GP to see what other treatment options there are. Informed caller about making an Individual Funding Request.

23rd August 2018

I've been having acupuncture pain relief for the past two years. During my last appointment at THH they told me they would not be able to provide me with acupuncture anymore due to funding cuts. My GP didn't know anything about it and I haven't received any letter. However, the hospital told me that people who live in Bucks can still get the treatment at Hillingdon! I feel that people's treatment shouldn't just be cut off. There has been no information or continuity of what is happening.

Gave the caller the BHH Clinical Commissioning Group complaints department details to find out why they had not received a letter.

28th August 2018

Individual phoned about their mother receiving a letter to tell her that her acupuncture treatment has been stopped. The mum has been having acupuncture at THH for four years. On 17th July, the GP got a letter from the Pain Clinic to say that the mum needed to be re-referred as they can only give someone so many treatments. So, she was re-referred for August. But now she has had a letter saying all treatment is cancelled. Individual feels this has all been a waste of time and effort. They are also annoyed that the letter states that the service is still being provided to patients who live outside of north west London.

Advised caller to arrange an appointment for their mother with the GP, to ask for an individual funding request. Also gave complaints number for the BHH Clinical Commissioning Group.

17th September 2018

Individual was receiving acupuncture for back pain but then received a letter informing them of the cancellation of the service. They tried to see their GP but were told to email in to the surgery. They received an email reply saying nothing else could be done. They are not happy with this response and how it was dealt with. In addition, they have been recommended for a Vitamin D injection by their diabetic nurse, as their Vitamin D levels are low. The GP says this jab is not available at the surgery. The individual says they are unable to take tablets so need to have a jab. They also have autism but feel that the GP surgery does not make any allowance for this. They have a telephone consultation with the GP this week to discuss the Vitamin D situation.

Informed the individual about making an individual funding request for acupuncture; and asking the GP to send them back to the Pain Clinic. Gave them POhWER details for help with making a complaint regarding the issues they have raised about not getting adequate support with autism. As they have a phone consultation this week with the GP, advised them to ask the GP to follow up on the recommendation by the diabetic nurse that he has a Vit D jab, and to get an explanation if the GP refuses this.

Withdrawal of pain injections

3rd July 2018

I would like to let you know that this week I found out from a Hillingdon hospital pain clinic nurse that I have been taken off from the pain clinic as my GP has stopped funding for me. This has caused me a lot of stress and I'm now very concerned for my health. This is the ONLY clinic which had been helping me for the last 13-14 years. I have many health issues and over these past years the only place I felt I could rely and depend on for help and relief was the pain clinic at Hillingdon Hospital. Whenever I go to my GP for any health problem, his answer

has always been that I am under Dr XX in the pain clinic and he will help me with pain relief as they can't do anything further for me. Frankly speaking I find it useless visiting my GP surgery as they don't help me when I go to them with a health concern. I've always had to fight for help and with someone who has many existing health issues, the additional stress isn't needed. The one place I was assured will help and would take my pain seriously was this pain clinic.

Just recently in October 2017 I had TIA and the next day my left arm stopped moving and shoulder was severely painful. It took me five months to convince my GP to check my arm after various visits. In between, luckily, I had an appointment with the pain consultant, who helped me with strong pain killers and eventually he gave me an injection in my shoulder under general anaesthetic which has helped me quite a bit. He has always helped me on various times over the years when my own GP wasn't very bothered to help. I generally see him once in six months but have never been disappointed. I suffer with coccyx pain, even after removed in 2004 and after nerve trap it caused lots of issues in my left leg. I suffer with planter fasciitis in both my feet however my right foot is worse. I get flare ups quite often. Both shoulder tendons are torn. One shoulder had surgery but there was not much difference in pain and I was left with less mobility due to the surgery. I suffer with mild arthritis in spine, wrists, and fingers too. Being diabetic, all these health issues are truly a struggle for me. I walk with a walking stick and need two sticks when flare ups are worse. As mentioned, both shoulder tendons being torn is making life so difficult when I must use two walking sticks. The one place where I know I would get help, relief, and support from is the PAIN CLINIC Dr XX.

I would humbly like to request for you to not stop funding the pain clinic for me as this is my only hope and relief from pain I get.

10th July 2018

I had two pain relief injections in my spine last November and was waiting to have more but have now received a letter telling me that the funding has ceased for this service. I went back to my GP practice and was told by the GP that I could go to the hospital in Tooting in October, as this is the nearest hospital to offer the service - although there is no guarantee that when I get there, they will be able to give me the injection. I asked PALS at Hillingdon hospital what to do - they took my details two weeks ago but have not got back to me. I feel that I am still having problems in my back and am worried that I am developing another problem there.

Advised individual to go back to their GP to discuss the fact that they are experiencing new pain in their back and to ask for an examination.

7th August 2018

I have been supporting a lady who was referred to the Pain Clinic in September 2017 for a repeat injection to treat her back pain. Her GP chased this appointment on 2 occasions.

She was referred to H4All and I also tried to contact the Pain Clinic for an update and as I was unable to get through, then contacted PALS. I have been advised by PALS that they have passed on my 2 queries to the Pain Clinic on 9th July, but I have still had no response.

The Hillingdon Clinical Commissioning Group shared on their Twitter Feed a link to the Ealing Clinical Commissioning Group advising of a 'Change of policy: cervical and thoracic facet joint injections' (injections are no longer being commissioned) which stated that all people on the waiting list would be informed.

I replied to the Twitter Feed asking when people would be informed but did not receive a response.

I just wanted to feedback that I think that it is a poor show, for people who are experiencing pain and think that they will be getting pain relieving injections, not be informed in a timely manner that this is not the case.

8th August 2018

I need a steroid injection for lumbar pain. I take painkillers as well, but I find they don't work on their own and that I need the steroid injection. I've received a letter telling me that this service will no longer be available - I really feel this is not fair. These injections have helped me to live. What do I do now? Can I get them elsewhere?

Advised caller to make an appointment to see their GP to find out about alternative treatments/other options.

8th August 2018

Caller phoned to say that they have received a letter telling them that their planned steroid injection has been cancelled. They were very upset and want to appeal.

Gave caller the contact number for the BHH complaints department, as they stated that they wish to complain.

9th August 2018

I've had a letter telling me that I will no longer be able to have steroid injections. I think the decision is out of order. I've paid into the NHS since I was 15 and the injections really helped me. Surely injections are cheaper than having to have surgery? The letter states that the Clinical Commissioning Group/hospital will be in touch with patients to discuss other options – but nothing has happened. I would like to complain – the more people who complain, the better.

Advised caller to go back to their GP to seek alternative treatment options. Gave the caller the contact details for the Clinical Commissioning Group complaints department, as they wish to put in a complaint.

9th August 2018

My mother is 80 years old and has received a letter telling her that the steroid injection she was booked in for has been cancelled. She had had one before and it gave her pain relief for four to five years. She doesn't want to have any kind of surgery. Can we appeal this decision?

Advised caller to contact the BHH Clinical Commissioning Group regarding their request to appeal the decision.

12th August 2018

I had a steroid injection for back pain and sciatica. This did not work though, and now that the funding has been withdrawn anyway for injections, I just want to know what alternative options there are.

Caller has appointment with GP in two weeks and is happy for us to call them back for feedback following the visit.

12th August 2018

I am currently under the pain management clinic at Hillingdon Hospital. have waited for 27 months for steroid injections and have now received a letter telling me treatment has been withdrawn. I understand and agree with the NICE guidelines, but a blanket approach is not helpful. I feel that each patient should be dealt with case by case as treatment may work for some people.

Caller just wanted to have their say by giving us feedback.

13th August 2018

I've had a previous lumbar epidural steroid injection but have now received a letter telling me this has been discontinued. I am in discomfort and pain. What can I do?

Advised caller to go back to their GP and find out what alternative treatment is available. If unsatisfied, they can get back in touch with us.

13th August 2018

I was due to have a steroid injection on 23rd August, as I have a disc problem which traps my nerve. I am on anti-inflammatory medication. This was a trial to see if it would help me but now, I have received a letter telling me the injections have been cancelled. I thought the hospital aim was to stop pain? This decision seems to be about saving money! What do I do now?

Advised caller to go back to their GP to seek alternative options.

13th August 2018

I received a letter regarding the cancellation of my steroid injections. I've been having these injections over the past two years. What do I do now?

Advised caller to make an appointment to see their GP to see what alternative treatment options can be provided.

13th August 2018

I've been on the waiting list to have steroid injections but have now received a letter telling me that all steroid injections have been cancelled. What do I do now?

Advised caller to make an appointment to see their GP about alternative treatment options.

21st August 2018

I got a letter out of the blue telling me that my pain relief injections are no longer going to be provided. The facet joints have gone in my back and I had the nerves burnt. I went to see my GP and they say that nothing else can be done. This has frightened me. I must take regular pain relief and there are many thousands of people who also suffer back pain - the pain clinic has more people than the amount of appointments it can provide. So, I can't understand this decision. I have an appointment at Mount Vernon on 10th September, so I will still go to see the doctor there to see if she can do anything else.

Advised caller to still go to their September appointment and we will follow up with them after this to see what the consultant has advised.

22nd August 2018

I am calling about a letter sent to my mother, who is 93, about the cancellation of her steroid injection. This injection has worked for my mum - she really is in a lot of pain. I feel this has been very badly handled - there is no named person to complain to on the letter and it says they will be following up - but no-one has. How can I complain and what can I do about getting the pain relief she needs?

Gave the caller the details of the BHH complaints department. Also advised them to make an appointment for their mother to see her GP and ask about making an Individual Funding Request.

Follow Up Calls

16/08/2018

Phone call made to follow up with individual to see whether they got any help. Individual says they did not contact the CCG because, in the meantime, they received a call from the hospital telling them that the cancelled procedure (interfacet joint injection) has been replaced by another procedure (nerve blocking injection). Individual stated that it all seems a very silly system and that the whole process doesn’t make sense and has been confused; and they feel that the original letter patients received has put patients through a lot of unnecessary turmoil.

16/08/2018

Contacted caller to follow up with them on their situation. They have asked the Chronic Pain Team for the use of a TENS machine but are still waiting for this. They had an appointment with this team in October, but this was cancelled, and they are now due to see them in March next year. They called the CCG complaints department and they told them to go back to their GP.

16/08/2018

Called individual to follow up with them. Their GP has said they can't do anything else for them other than prescribe painkillers. They have an appointment with the pain clinic on 23rd November but is in a lot of pain in the meantime. Caller told me: "I can't sleep at night. This is the only thing that makes me feel better. We should have been able to complete our treatment before they withdrew it completely. I feel we are not being given any help with our illnesses. It's not right that this just affects those receiving treatment in North West London."

16/08/2018

Contacted caller for update. They have been trying for the past three weeks to get an appointment with their GP (Harefield Practice). They have resorted to self-medication. They feel they haven't been given any help with this situation from the health professionals and said they are "disgusted" but thanked HWH for listening and are glad we are trying to do something to represent patients' views.

16/08/2018

Spoke to individual to follow up on their situation following cancellation of acupuncture treatment. They went back to their GP and was referred for physio, which they have been having on their shoulder the past three weeks and it seems to be working.

17/08/2018

Phoned individual to follow up on their situation. They rang the CCG complaints department but have not received any call back. So, they phoned the secretary of the pain consultant and were told that they are booked in to have a steroid injection in September. Previously, on 7th August, they received a letter telling them that their injection had been cancelled and recommending that they self-manage their pain through gentle exercise and physio. Individual was annoyed by this, saying that if you have been referred by a GP to the pain clinic, it is because you cannot cope with the pain you are experiencing. It transpires that her epidural injection has been cancelled and replaced with a steroid injection. She feels it has been very confusing and she was 'distraught'; at the first letter. She said that the CCG "don't care and don't think about the person concerned."

23/08/2018

Family member advised that they had written to CCG but awaiting a response.

To the Chronic Pain Services Management,

I am acting on behalf of my mother who recently received a letter informing her that her pain relief has been withdrawn. My mother is 93 years old and lives independently with minimal support but unfortunately has spinal stenosis and osteoporosis which causes severe back pain limiting her mobility. In the past, after the steroid injections she has been able stop oral analgesics for a considerable period therefore proving the treatment has a positive outcome and I am asking this treatment to be reinstated for her.

The letter I believe should have been accompanied by a leaflet, it was not, also information about any alternative treatments has not been forthcoming.

I would also like to point out my mother worked for the NHS for over 40 years as a registered nurse and feels now, in her time of need, it has let her down, putting her at risk of reduced mobility, increased pain, which in turn may cost the NHS more.

I do not think withdrawing treatment as a cost cutting exercise has had the required amount of information and back up for those concerned.

I look forward to your response.

Cc MP

Cc Healthwatch Hillingdon

03/09/2018

Spoke to individual, who said that the spinal consultant will write to their GP about trying another type of spinal injection. The individual had also contacted PALS at THH but had not heard anything back.

14/09/2018

Called individual to follow up. They went to their GP, but GP said there was nothing else they could do. Individual is going to put in a complaint to the CCG.

14/09/2018

Rang individual to follow up. they got in touch with their GP and they have been sent a letter to go back to the pain clinic at Hillingdon.

20/09/2018

Saw GP but nothing has happened. Feels very let down and pain is worsening. Knee problems and pain has increased and spread to toes. Feels cold. Suggested contacting BHH to make a complaint and telephone number of BHH given. Also advised go back to GP and make an Individual Funding Request. Happy for us to follow up again.

20/09/2018

Nothing has happened since seeing GP as was waiting for op to take place. Date for op was cancelled at last minute. Now needs to see GP again to be put back on list for op, has several other health issues and feels totally let down, in ongoing pain and in limbo. Advised perseveres with making appointment to see GP to find out what is happening with operation and ask GP to put in for an Individual Funding Request. Also gave details of BHH complaints department plus signposted to POhWER. Gave our number as needed. Would like to follow up.

20/09/2018

Went to see GP who knew no more than she did regarding decision to stop steroid injections. GP did write to Hillingdon Hospital and she was then referred to a Pain Clinic in Uxbridge. Date of appointment is 1/10/18. In meantime has been in ongoing pain. Did leave messages for CCG who got back once but she was out. Advised if she wants to complain to keep trying to get through on phone and to write. Asked if she would keep us updated and if she gets a response to give us a copy. Happy to do that and for us to follow up again.

20/09/2018

X went to see GP and was told she could have some tablets or go private. Not happy with this as feels she takes enough tablets and can't go private. She has since had a letter from Hospital to say has an appointment for procedure on 22/10/18. She is in ongoing pain and not sure appointment will go ahead. Also has an appointment with GP at beginning of October and I advised to ask about other pain management options. Has complained to CCG but it sounds as though they have sympathised only but not offered any other response. Suggested we may like to contact them again depending on how things go. Happy for us to contact her again.

20/09/2018

Mrs X returned my call. She has an appointment to see GP next week. Has child care responsibilities and said would phone us back.

20/09/2018

XX has tried to make appointment with GP but still trying. Has spoken to on phone. However, still in pain and can't always move leg. Strongly advised he make appointment with GP to discuss options and gave number and email for CCG to make a complaint.

24/09/2018

Phoned individual to follow up with them. They went back to their GP but were told there was nothing the GP could do. The individual feels that, having paid into the system all their life, the NHS has let them down badly. They say all they wanted was this one injection, which worked for them. They have had to resort to going private. Gave the individual the contact details for the BHH CCG complaints

department, as the individual wants to lodge a complaint. Also told the individual about asking the GP to make and Individual Funding Request.

27/09/2018

Individual came into the shop to give follow up. Their GP has said they will refer them for physio but cannot offer any other help. They feel the GP didn't have much time for them. AN advised the individual about making an Individual Funding Request, and gave them details of the BHH complaints service.

28/09/2018

Phoned individual to follow up. Their GP recommended that they get acupuncture from Uxbridge Health Centre, Chippendale Way. They have had one session so far and are awaiting a second appointment. We had given them the BHH complaints contacts details, but they have not put in a complaint.

28/09/2018

Called individual for update. Their GP has written a letter to make an Individual Funding Request. GP said it will take up to eight weeks before there is any response.

28/09/2018

Called individual for follow up. They have been referred for a further appointment with the pain consultant (no date given yet).

HILLINGDON'S AIR QUALITY ACTION PLAN

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author/s	Kevin Byrne LBH Health Integration Val Beale LBH Planning Specialists
Papers with report	Appendix 1 - Health and Wellbeing Board response to the Air Quality Action Plan consultation

1. HEADLINE INFORMATION

Summary	This paper reports on the response made by the Board to the consultation on the Hillingdon Air Quality Action Plan 2019-2024.
Contribution to plans and strategies	The Hillingdon Joint Health and Wellbeing Strategy (JHWBS) identifies air pollution and poor air quality as major contributing factors in increased incidence of respiratory disease.
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **notes the response made on behalf of the Board to the consultation on the Air Quality Action Plan contained at Appendix 1.**
2. **agrees to receive periodic updates on the work being undertaken by the Council and Health services to reduce air pollution and to increase public awareness of air quality.**

3. INFORMATION

Background Information

1. At the March meeting, the Health and Wellbeing Board noted that the Hillingdon Air Quality Action Plan would be issued for public consultation in the near future. It was recognised that there were areas in the Borough which were already predicted to be above the air quality limits for annual mean nitrogen dioxide even before considering the impact from other developments such as a third runway at Heathrow, or HS2.

2. It was agreed that the Health and Wellbeing Board would respond to the consultation. The deadline for responses was 19 April 2019 and a response from the Board was submitted

and is attached at Appendix 1.

3. The Hillingdon Air Quality Action Plan 2019-2024 was approved by the Council's Cabinet on 30 May 2019. Its development has considered the Mayor of London's guidance, has been the subject of an Inquiry by the Residents, Education and Environmental Services Policy Overview Committee, and has been subject to both statutory and public consultation. The Plan will remain in place for 5 years when it will be reviewed again.

4. The Council has had an Air Quality Action Plan (AQAP) since 2004. It is a live document and progress has been reported annually to central Government. In common with all London boroughs, despite the actions taken, over the last few years air pollution levels have stopped improving in the more urban areas and now remain static. This is mainly a result of increased road traffic volumes, the increased use of diesel fleets and the non-compliance of diesel engines with the regulated vehicle emissions standards.

5. In recognition of the unique pollution challenges faced by London boroughs in terms of improving air quality, the Mayor of London introduced a London-specific local air quality management system. This came with guidance, new pollution maps and information along with a requirement to review all current Air Quality Action Plans.

6. As recognised in the Hillingdon Health and Wellbeing Strategy, exposure to poor air quality increases the incidence of acute asthma and Chronic Obstructive Pulmonary Disease (COPD) with respiratory disease being recorded as the third highest cause of death in Hillingdon. In terms of increasing public exposure, the resident population in 2016 was 309,300, with a forecast of 321,000 in 2021.

Consultation outcome in relation to health

7. The public consultation confirmed that elevated pollution levels, the impact of this on the incidence of asthma and on pre-existing respiratory conditions were all matters of grave concern to residents. The potential detrimental impact on children was specifically prominent in responses and actions to reduce this impact were supported as a priority for action. The Air Quality Action Plan sets out a clear set of actions which aim to reduce emissions and protect the public from exposure to pollution.

Working in partnership

Council-led

8. The public consultation supported requiring action as soon as possible in relation to schools, from the perspective of protecting children at school, on the journey to school and reducing the impact of the "school run" on traffic congestion in our local areas along with the issue of local pollution hotspots created by idling vehicles at drop off and pick up times. This focused action is supported by Public Health England[1] as important in reducing air pollution in the vicinity of schools and therefore reducing children's exposure accordingly.

[1] https://www.gov.uk/government/publications/improving-outdoor-air-quality-and-health-review-of-interventions

9. There are examples of actions the Council is already taking in this regard, for example:
   - the enforcement against vehicles idling in public places throughout the Borough;
   - the promotion of the parent parking pledge initiative to all our schools which includes a pledge to turn off vehicle engines;
   - the enforcement by CCTV of the School Keep Clear initiative which ensures safety near school entrances plus provides a mechanism to stop idling cars in close proximity to school gates; and
   - the progress of schools in the achievement of bronze, silver and gold TfL STAR awards for travel plans, improving air quality and reducing the school run associated traffic.

10. The Council is also part of a joint bid to the Mayor's Air Quality Fund for a project which will see a number of No Idling Action days in the Borough with a key focus on raising awareness through school assemblies and workshops and advertising campaigns focused at problem areas.

Partner-led

11. As part of the work of the Health and Wellbeing Board, health partners can assist in raising awareness of the issue of air pollution and in taking forward actions to reduce emissions from their own activities and help protect the most vulnerable communities[2].

12. The airTEXT pollution alert system provides a forecast by text/email of approaching pollution episodes and allows those most susceptible to take avoiding action and ensure their medication is at hand, this is free to all our residents who wish to sign up, our schools and GPs are automatically informed. We will be looking to our health partners such as the community asthma service and via the Asthma Friendly School programme to promote airTEXT further so our communities can plan safely ahead.

13. As a Council we will be leading by example in reducing emissions from our own Council fleet and our building operations and we will be asking our health partners to look at their own impacts and do the same. For example, the implementation of hospital staff travel plans to reduce individual car use, the use of, and promotion of, cleaner vehicle technologies where feasible to do so, reducing emissions from partners' establishments through the use of low emissions boiler technologies and energy savings schemes.

Monitoring progress

14. In addition to the normal reporting on the Air Quality Action Plan, progress on the above Council and partner-led actions can be reported to the Health and Wellbeing Board.

4. Financial Implications

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

[2] https://www.wearecognitive.com/project/essential-message/barts-nhs-air-quality

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

Consultation Carried Out or Required

Statutory and Public consultation on the Hillingdon Air Quality Action Plan 2019-2024 was undertaken in 2019.

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 the legal implications are contained within the body of the report.

Appendix 1

Hillingdon Air Quality Action Plan 2019-2024 - Response from the Health and Wellbeing Board, April 2019

1. The Health and Wellbeing Board welcomes the opportunity to respond to the public consultation on the Air Quality Action Plan 2019-2024 (AQAP). Pollution and poor air quality are increasingly linked with respiratory disease, including asthma in children, and it is right that there should be a strong local focus on air quality.

2. The AQAP clearly recognises the detrimental health effects of air pollution on residents in Hillingdon and sets out a clear set of actions which aim to reduce emissions and prevent public exposure to pollution.

3. The AQAP has been informed by the review of air quality carried out in 2017/18 by the Residents' and Environmental Services Policy Overview Committee and takes into account the recommendations made in the Committee's report and endorsed by the Council's Cabinet in July 2018. The AQAP has also been developed to take into account the Joint Health and Wellbeing Strategy, which notes that poor air quality increases the incidence of acute asthma and Chronic Obstructive Pulmonary Disease, and that respiratory disease is the third highest cause of death in Hillingdon.

    - The Health and Wellbeing Board would welcome periodic updates on the progress made in implementing the actions set out in the AQAP 2019-2024. We would particularly welcome updates on measures to address poor air quality and exposure to pollutants in schools.

4. The Board remains concerned that there are areas in the Borough, along the road network and around Heathrow Airport, which have exceeded the limits for annual mean nitrogen dioxide levels since 2013. The AQAP takes useful steps to address the problems and the Health and Wellbeing Board supports the priorities set out in the AQAP.

5. We particularly welcome the intention to prioritise reducing exposure to pollution and improving air quality around schools, focussing initially on those in areas where air quality is poorer and where schools are close to busy roads. We agree that the AQAP should maintain a strong focus on Hillingdon school travel plans.

6. The identification of Focus Areas within Hillingdon in order to take better account of emission sources will result in the pollution caused by new developments and congested roads being taken into account in planning and transport processes and policies. We note that concentrations of particulate matter have been measured as meeting the current Air Quality Standards, but we welcome the intentions in the AQAP to continue to consider the impact of both types of emissions and work towards reducing emissions and concentrations of both nitrogen dioxide and particulate matter.

7. We note the AQAP's commitment to work to reduce emissions from operations at Heathrow Airport, which is already a major source of emissions, and to work with both Highways England and TfL to seek to address emissions from motorways and the strategic road network. HS2 construction work will increase construction traffic and we

also welcome the AQAP's recognition of the need to engage with HS2 Ltd on air quality monitoring.

8. The commitment to working across the Council to coordinate plans and deliver benefits for improved air quality is certainly to be welcomed, as are the commitments to work with organisations responsible for road networks and major infrastructure projects. It is right that the AQAP should note the continued working with central and regional government and with neighbouring boroughs.

    - The Health and Wellbeing Board would also welcome stronger links with public health and stronger engagement with health partners, for example regarding travel plans and monitoring at hospitals.

9. The Airtext service offers a way for local people to access air quality information, which may be particularly useful for those who may be vulnerable to poor air quality because of their location or because of a respiratory condition. The AQAP includes targets to increase the numbers of residents signing up to the Airtext service. We note that the Action Plan includes actions on raising public health awareness, including supporting and promoting the Airtext service and implementing measures to reduce exposure to pollutants in schools near busy roads. The AQAP also includes actions to increase the number of schools engaging with the community asthma service and to promote the TfL STARS scheme, which school engagement with encourages walking, scooting and cycling to schools.

    - The Health and Wellbeing Board would welcome updates on the progress of work to promote the take-up of the Airtext service, particularly among those who may be particularly at risk from poor air quality because of where they live or work or because they already have a respiratory condition that could be worsened. The Board would also welcome periodic updates on progress on school engagement with the community asthma service and the TfL STARS scheme.

CHILDHOOD OBESITY ACTION PLAN

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Health Integration and Voluntary Sector Partnerships
Papers with report	Appendix 1: Draft Childhood Obesity action plan

1. HEADLINE INFORMATION

Summary	Childhood Obesity has been identified as a significant and growing public health priority in Hillingdon. This report sets out a proposed delivery plan identifying actions from across partners to tackle childhood obesity.
Contribution to plans and strategies	The report delivers on a key element of the Hillingdon Joint Health and Wellbeing Strategy and the North West London Sustainability and Transformation plan.
Financial Cost	There are no financial costs arising directly from the draft action plan. Some actions will require the development of business cases, to be considered on their merits in due course.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board agrees to the delivery plan at Appendix 1 and instructs officers to implement and report back on progress at the Board's next meeting.

3. INFORMATION

Supporting Information

At its meeting on 5 March 2019, the Board considered evidence regarding levels of Childhood Obesity in Hillingdon and asked that officers develop a delivery plan to address issues identified.

Childhood Obesity in Hillingdon

The Board particularly noted the following facts:

Obesity causes harm. Children and young people who are overweight or obese are more likely to be ill and be absent from school. They are more likely to have asthma, sleep problems, lower self-esteem, pre-diabetes, pain in their joints and muscles. Obese children are much more likely

to become obese adults, where even more serious health consequences occur.

Childhood obesity rates in Hillingdon have been steadily rising and remain high. One in five children in reception year is overweight or obese and that rises to more than one in three in year 6. Early childhood is a critical time to intervene to avoid childhood obesity as children are developing and learning healthy or unhealthy behaviours from a young age.

By year 6 (age 10 to 11 years) a greater proportion of children in Hillingdon, carry excess weight than in London or nationally. One in three children aged 10 to 11 years are overweight or obese and this proportion is increasing over time.

Some groups are at greater risk. Residents living in poorer areas are more than twice as likely to be overweight as people living in prosperous areas. Other groups at increased risk are boys, people from BAME communities and children whose parents are overweight or obese.

Childhood obesity is a complex problem and change requires system wide engagement with a "multifaceted" approach. Evidence suggests that there are over 100 contributing factors (Foresight; Tackling Obesity) and the Government Action Plan sets out a national framework for action.

The Board agreed that under the support of the 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.
- explores routes to support families more through pathways, wellbeing services and social prescribing referrals.
- identifies gaps in current provision and make proposals for change.

The overarching aim of the Hillingdon action plan is to promote an environment that enables children, young people and their families to eat well, be physically active and maintain a healthy weight. It builds on some of our successes to date:

- Early years support and breastfeeding take up by nearly 60% of mothers.
- Excellent access to natural environment and green spaces with over 50 green flags in Hillingdon as well as state of the art leisure and cultural facilities.
- Physical activity and sport programmes delivering across communities, including opportunities for walking and cycling, fishing, golf, gardening and tennis.
- Over 5,000 attendances in organised park based activities during 2016 and 2018 (ParkLife, Xplorer and outdoor gym programmes).
- Increase in the number of schools applying for Healthy School London awards, focusing on physical activity and healthy eating.

The action plan draws on evidence of good practice and interventions in the Government's Plan for Action and from across North West London Sustainability and Transformation Plan. The action plan is structured around seven themes:

1. Early years and Maternity Services
2. Access to green spaces and supporting more physical activity
3. Schools
4. Access to healthy food
5. Public and community settings
6. Weight management services

7. Evaluation, Campaigns and communications

1. **Early Years and Maternity Services**

We know that providing children with the best start in life will establish healthy eating habits and behaviours and active lifestyles. The origins of obesity in young children can stem from parental choices and lifestyles. Babies born to obese mothers have increased body fat at birth. Babies who are breast-fed are at reduced risk of becoming overweight. Support for families before and after birth will be important to establish positive behaviours.

At present, front line maternity staff provide mothers-to-be with support and guidance around healthy weight and nutrition during pregnancy. Midwives, health visitors and Children's Centre staff are trained to support families with responsive feeding and encourage take up of breastfeeding, through ante and postnatal contacts and the provision of breastfeeding support groups.

Health visitors reinforce key messages in relation to nutrition and promote healthy weight and increased levels of physical activity at “mandated contacts” (ante-natal, new birth, 6-8 week review, 8 month and then 2.5 year development review), in relation to maternal health and child health.

The 0-19 Healthy Child Service delivered by CNWL, includes the National Child Measurement Programme (NCMP) contacts in Reception Year (4-5 years) and Year 6 (10-11 years). School Nurses are also commissioned to deliver a referral based healthy weight management programme for older children, currently MEND.

Children’s Centres provide a range of information, advice, and support in relation to healthy lifestyles for children and families. Activities include parent and child workshops, drawing upon the NHS Change for Life literature enabling parents to prepare healthy nutritious meals and snacks, consider portion size, reduce sugar intake and increase physical activity. The Brush for Life programme also encourages good habits for tooth brushing and visiting the dentist from an early age.

The Action Plan, therefore, takes a pathway approach from ante-natal and health of parents through to school age attendance and healthy weight in school. It recognises the importance of multifaceted intervention and proposes reviewing take up and outcomes of activities as cited above to identify any possible improvements and to make recommendations to ensure that children have the best start in life.

2. **Access to green spaces and supporting more physical activity**

Exposure to the natural environment and green space is associated with lower levels of obesity and higher levels of physical activity. However, despite the availability of good quality green spaces and leisure facilities in Hillingdon, some residents are still not physically active. Inactive parents are likely to have inactive children. A strong universal sport and leisure offer will help to support families to increase their levels of physical activity. In addition targeted provision can help to meet particular needs of those children identified as overweight or obese or at risk.

At present, Hillingdon runs a programme of exercise instructor led outdoor gym sessions (for adults) and plans are being developed to provide children and family led games and physical

activity programmes to run simultaneously in these parks.

Programmes to encourage outdoor play activities are being delivered with Children Centres and the Library Service for children aged under 5. Plans are being finalised to increase use of tennis courts in Hillingdon parks, free of charge, with an opportunity to book onto free coaching sessions for children and families.

Children with disabilities have access to weekly exercise instructor led multi-sports sessions at a local leisure centre. Free Sports Taster sessions for children and families at local sports clubs are offered twice a year over a 2 week period to encourage participants to try new sports and sign up to become members of sports clubs. The Council also runs a FIESTA programme of summer activities for 5-19 year olds in the Borough which include opportunities to try various sports and physical activity programmes.

Let's Get Moving is an exercise programme for residents over the age of 18; a person is referred by their local GP to a council leisure facility to undertake a 12 week programme (at a discounted rate). The programme was launched in 2018 and will be subsumed within the Council's current tender for Leisure contract services.

The Action Plan proposes to increase the offer of organised physical activity opportunities in parks through exploring a proposal to commission an Our Parks programme. Our Parks provide free and low cost sustainable exercise, offering a wide programme of exercise and sports, for whole communities ranging from children aged 3, to young people, women, families, older people and targeting those who are specifically inactive.

In addition, the Action Plan also proposes to explore whether there are further opportunities for referral from health partners (as social prescribing) to supporting families and children with accessing the support and help they need to lead active lives.

3. **Schools**

Schools are uniquely placed to promote healthy weight in their pupils, offering guidance and information as well as good quality meals and avoiding food, high in fat, sugar and salt. Encouraging, sport, physical activity and play within the curriculum and outside at break time can influence young people's behaviour and help to establish physically active adults. Initiatives such as school travel plans, which promote walking and cycling and "the daily mile" all have a role to play.

At present, we know a number of schools are following best practice. 64 Hillingdon schools are registered with the Healthy Schools London (HSL) programme (as at 21/05/19) which was established to encourage healthy diet and promote physical activity. The Council provides training to schools on how to progress through the HSL programme and as well as providing a quality assurance role to the award system.

The HSL foundation level is a good measure of schools following best practice. Schools that are just registered, are not yet actively involved in the programme. The Silver award requires schools to develop an action plan addressing a health priority (healthy eating and physical activity are 2 of 4 priority themes). Each priority must have measurable outcomes and will usually include parental engagement. Gold is reporting on the Silver plan. These awards are potential ways of addressing childhood obesity at a school level. We do not know, however, whether there is

universal coverage or whether there are gaps or further opportunities for intervention through schools.

The Council also delivers the annual London Youth Games which provides opportunities for children from age 7-15 to participate in a range of competitive sports; and the annual Mini Marathon for school children between 10-17 to participate in the final three miles of the London Marathon.

The Action Plan, therefore, proposes that a key workstream to develop a better understanding of where schools are at present and what more might be done to promote healthy weight initiatives and to make proposals. This includes:

- Raising the profile of Healthy Schools London programme as a tool for evidencing Personal Development requirements in Ofsted 2019 inspection framework.
- Encouraging schools to apply for HSL Silver and Gold awards as a way of reducing the number of children classified as overweight or obese (NCMP data).
- Mapping exercise of Primary PE and Sport Premium school action plans to see how funding is being spent and the impact it is having. Examples of good impact to be shared through school networks.
- Potentially promoting the Daily Mile.
- Promoting Active school travel plans (by foot/bike/scooter).

4. **Access to healthy food**

The thrust of Government intervention so far has been to influence the supply of healthy food and penalise unhealthy options. Nationally, the Government has sought to work with food and drink companies to reduce calories in food on sale and to provide clearer labelling. Advertising and promotion of unhealthy options (high in fat, sugar and salt) are under review with a view to introducing a watershed on TV advertising, for example. Voluntary schemes such as removal of confectionery from checkouts or restricting price promotions are being developed.

In addition, the soft drinks industry levy has been introduced to tackle the largest contributor of sugar in children's diets by instructing manufacturers to reduce the sugar in their drinks or pay the levy. Further action is proposed to continue to reduce sugar in takeaways and foods such as breakfast cereals.

With various interventions underway and being considered at national level to address the "supply side", the focus at a local level, therefore, should consider what might work to influence "demand" and behaviour. At present, advice and guidance is largely dependent upon front line staff in 0-19 settings and schools.

The Action Plan proposes to explore whether there is a gap in providing families and children and young people with practical help in making healthy food choices and to educate consumers. An example is the current roll out of water fountains in public places and through schools.

5. **Public and community settings**

The public sector including the NHS is ideally placed to lead by example and ensuring a healthy food environment for children and parents on their premises.

One option to consider may be the Government Buying Standards for Food and Catering Services

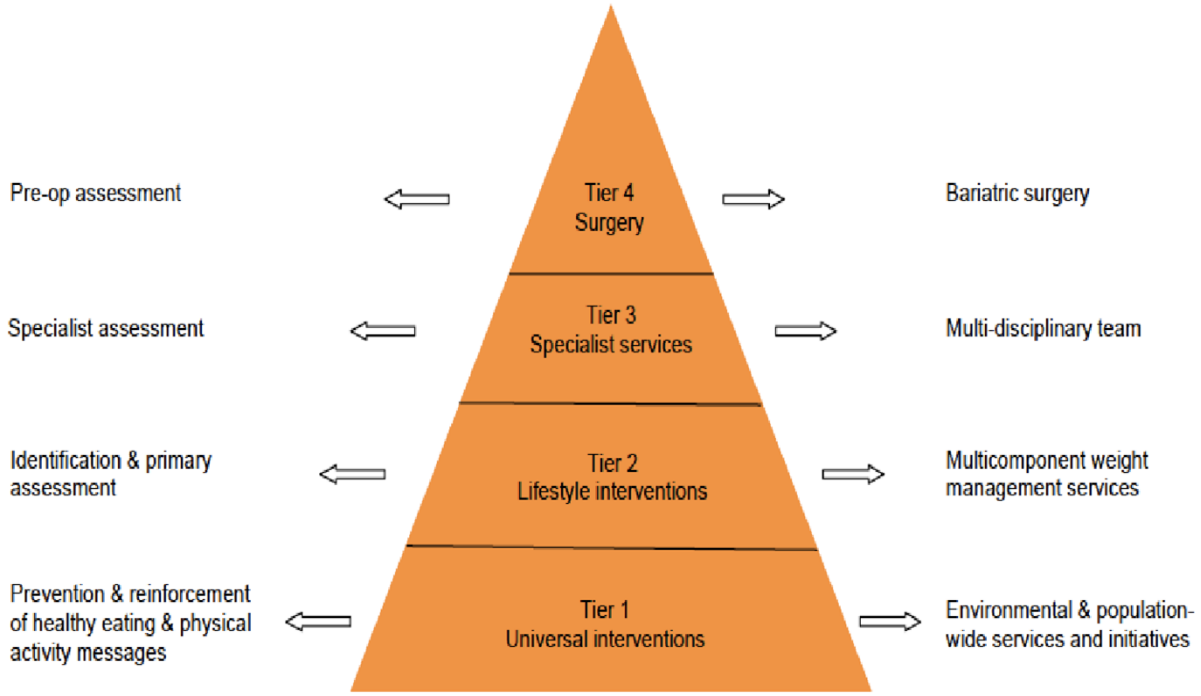
(GBSF), which are currently mandatory for central Government and hospitals but could also be encouraged in leisure centres and schools. The standards encourage provision of healthy food and drink in public settings and avoiding products that are high in sugar, fat or salt.

6. **Weight management services**

In addition to the early intervention and prevention actions covered in the Action Plan, there is a need to ensure that treatment services are delivering support needed for children and young people identified as overweight and obese.

The National Child Measurement Plan is now well established and provides good quality data on which children in Hillingdon are overweight and obese or at risk of becoming so.

There are established referral routes in place to support children and their families once identified under the NCMP. Parents of all obese and overweight children are sent information and invited to attend the family based the MEND (Mind Exercise, Nutrition, Do-it) programme which has been operating in Hillingdon for a number of years. The programme focuses on knowledge and skills related to healthy eating and behaviour change. Take up appears to be small but outcomes are positive. The Action Plan proposes to review the referral pathway of this cohort to understand whether the current interventions are working and sufficient to meet demand and to make proposals.



The diagram above sets out how treatment services may be considered under a tiered support service, with each tier providing a different intervention:

Tier 1: Primary activity, population level public health preventative action (universal).
Tier 2: Community based services for weight management through lifestyle change.
Tier 3: Specialist weight management services for people with severe and complex obesity.
Tier 4: Bariatric (weight loss) surgery (unlikely to be offered to children and young people).

Intervention such as the current MEND programme can be seen as tier 2 services and the Action Plan also proposes a review of tier 3 to ensure that support for when children and young people have more complex needs is also effective.

7. Evaluation, campaigns and communications

Evaluation

Given the complexity of the childhood obesity challenge, it is important that we take a strategic and longer term view of the effectiveness of our interventions in Hillingdon based on evidence of the changing needs and assessing the outcomes achieved. The Action Plan, therefore, proposes to develop a worksteam which evaluates the impact of current programmes against the understood need in Hillingdon, best practice and to make proposals. The evaluation will consider outcomes in respect of:

- **Improving social, educational and health outcomes:** supporting residents to ensure that we are doing all that we can to prevent long term damage to their physical and mental health, education attainment and social engagement.
- **Reducing cost to the local economy**: the financial burden of obesity is significant. In 2014/15, the cost of obesity related ill health to the NHS was estimated at £6.1 billion per annum. Wider costs to the economy estimated at £27 billion per annum**.**
- **Reducing the negative impact on personal productivity and public services:** Overweight and obesity levels in a population impact on public expenses and personal income due to increased body mass index (BMI) being associated with decreased work productivity.
- **Reducing future need for social care and treatment:** Tackling childhood obesity makes good business sense. Based on the current trends, the numbers of overweight and obese children in Hillingdon's population are projected to increase. If this is allowed to happen, in future, the corresponding need for social and health care services will increase. The prevalence of type 2 diabetes and non-alcoholic fatty liver disease in children is increasing; by 2022–23, the Department of Health expects a further 1,000 children every year will need to be treated for severe complications of obesity.

- **Application of the latest evidence:** There is new evidence emerging constantly on what works. We presume managers incorporate best practice on an ongoing basis but without review it is difficult to tell to what extent that happens, especially when the outcomes are moving in the wrong direction. As an example; a recent study concluded that parents may inadvertently promote excess weight gain in childhood by using inappropriately restrictive child-feeding behaviours. It would be appropriate to review that frontline staff and our local policies promote appropriate messages to encourage behaviours which are helpful towards healthy lifestyles.

Campaigns - explore developing local priorities utilising the "Change for Life" national branding and building on Hillingdon's Residents First credentials.

Communications - reflecting the multifaceted nature of the action plan seek out regular opportunities for messaging residents through existing channels and alongside frontline contacts to promote the healthy weight messages and to signpost to activities and opportunities.

Childhood Healthy Weight Task and Finish Group

We propose that a new partnership task and finish group be established to oversee the actions contained in this plan and report via the Early Intervention, Prevention and Self Care group, upwards to the Health and Wellbeing Board and to sovereign governance bodies (for example, in relation to any commissioning decisions) regarding recommendations in this report. The group's prime role will be to focus on actions identified, review options and to make recommendations and then ensure delivery. A core membership is suggested as:

- **Hillingdon Council** services and commissioners, including:
    - Public Health
    - Early Years
    - Sport and Physical Activity
    - Schools Engagement
    - Procurement
    - Communications
- **The Hillingdon Hospital**:
    - Dieticians and Maternity services
- **HCCG** Commissioner
- **CNWL** early years practitioner.
- Other expert input will be considered as appropriate.

Financial Implications

There are no financial implications arising directly from the report. Costs for existing programmes are being met from agreed budgets and any future recommendations for changes for example to commissioning plans would become proposals to governance boards in the normal way.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The recommendation will facilitate a more joined up approach to tackling childhood obesity in Hillingdon and promote healthy weight.

Consultation Carried Out or Required

Discussions have been held with partners at The Hillingdon Hospital and at CNWL and with HCCG and across Council services. These will continue under the auspices of the proposed task and finish group.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and concurs with the financial implications set out above, noting that the recommendation in the report has no financial implications and will be delivered within the current approved budgets. Any additional expenditure arising from the implementation of the action plan will be subject to further proposals/business cases to the appropriate decision bodies.

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

NIL.

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Appendix

Draft Healthy weight action plan

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	When will it be completed?	Lead contact
1. EARLY YEARS & MATERNITY					
1.1. Ensure UNICEF 'Baby Friendly' standards apply across maternity, neonatal, health visiting and children's centres	Baby Friendly standards support mothers to breastfeed and make informed decisions on healthy infant nutrition.	There is a clear understanding of the accreditation levels achieved across maternity and neonatal services, health visiting and children's centres.	Map and document the accreditation levels achieved.		Anita Hutchins THH Claire Fry LBH
1.2. Increase levels of breastfeeding	Increase the number of babies being partially or completely breastfed at 6-8 weeks.	More babies are being breastfed at 6-8 weeks. Parents are readily able to access advice and support to breastfeed in their community. Unicef Baby Friendly Accreditation at stage 3 for Health Visiting and Maternity services.	Education on the benefits of breastfeeding through antenatal classes and contacts. Provide breastfeeding support groups and specialist clinics in Children's Centres. Midwifery, Health Visiting and Children's Centre staff trained to support responsive feeding.		Sally Crowther (CNWL)/Julia Masdin (THH)
1.3. Increase levels of physical activity for children aged 0-5 in line with NHS guidelines	Ensure opportunities for physical activity are available to young children.	Clear information on opportunities for physical activity is readily available.	Produce clear mapping of physical activity sessions across early years settings including: ● Xplorer ● Scootercise		Claire Fry LBH

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	When will it be completed?	Lead contact
		Information is included in development of child obesity pathway.	● Forest school ● Daily activity guidelines ● BHF Early Movers. Monitor attendance levels.		
1.5. Increase awareness of and access to healthy food and snacks for young children	Ensure active information and advice on healthy nutrition is made available to parents and children.	Clear information on healthy diet is readily available. Information is included in development of child obesity pathway.	Produce clear mapping of healthy eating information and advice including: ● Getting Ready for Food weaning groups ● Bottle to cup parent workshops ● Cooking activities ● Adult Education courses ● Sugar Swap ● Brush for Life ● Eat better Start better ● Guidelines for EY settings ● HEYL programme		Claire Fry LBH
2. ACCESS TO GREEN SPACES AND SUPPORTING MORE PHYSICAL ACTIVITY					
2.1 Increase physical activities in local sports and leisure and open space facilities	Integrate physical activities into Children's Centre programmes	10 Fun things to Do outside integrated into Children Centre timetables.	Promote Outdoor play through Children Centre led park visits, Playday and library storytime sessions	Ongoing	Julia Heggie

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	When will it be completed?	Lead contact
	Increase regular use of outdoor gym facilities	Measurable increase in use of outdoor gym facilities.	Commission local exercise instructors and promote outdoor gym programme in Hillingdon People, through social media and LBH website.	Ongoing	Julia Heggie
	Increase community tennis provision in local parks	Measurable increase in use of facilities.	Install gate access system, provide Tennis For Free sessions and promote Nature Valley Big Weekend events	TBC	Sport and Physical Activity Team
	Provide multi-activity programme of free and low cost activities in local parks.	A diverse and accessible programme of activities is available and promoted.	Explore proposal to commission Our Parks programme	TBC	Sport and Physical Activity Team
	Provide children with disabilities with access to weekly exercise instructor-led multi-sports sessions.	Increase in numbers of children with disabilities taking up weekly exercise.	Commission disability sport programme at leisure centres.	Ongoing	Sport and Physical Activity Team
	Children and families are encouraged to try new sports and sign up to become members of sports clubs.	Increase in numbers of new registrations at sports clubs.	Make links with local sports clubs and promote Sports Taster weeks throughout the year.	TBC	Sport and Physical Activity Team
	Children aged 7-17 are able to participate in a range of competitive sports.	High levels of participation from target age group.	Deliver the London Youth Games programme. Deliver the Mini Marathon trials and event.	Ongoing November - July Jan- April 2020	Sport and Physical Activity Team

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	When will it be completed?	Lead contact
2.1. Physical activity programmes targeted at those most inactive	Develop targeted programmes to increase physical activity amongst inactive people		Examine scope for and design of targeted programmes	TBC	TBC
2.2. **SCHOOLS**					
2.3. Improve links with schools	Identify ways to build and maintain links with schools	Healthy Schools London programme promoted as a tool for evidencing Personal Development requirements in Ofsted 2019 inspection framework Number of schools who have Foundation level in Healthy Schools London (HSL) award. Number of schools who have achieved Silver Awards in HSL programme for healthy eating or physical activity. Number of schools who have achieved Gold awards in HSL for healthy eating or physical activity.	Promote Healthy Schools London award to School Improvement Service. Provide free Healthy Schools London award training in the Learning and Development Offer to schools. Provide a quality assurance function to assess HSL applications Map healthy eating and physical activity involvement in schools (through submission of HSL Foundation level).	TBC	Julia Heggie
2.4. Increase physical activity through 'Daily Mile'	Develop programme with schools to increase participation in Daily Mile activities	Schools are registered on The Daily Mile (TDM) website	Include an information session on how to implement and the benefits of The Daily Mile	TBC	Julia Heggie

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	When will it be completed?	Lead contact
		Schools cite TDM in Healthy Schools London (HSL) awards Schools engage in annual TDM events	in the Learning and Development training programme for schools. Encourage TDM to be an activity schools implement for HSL awards. Promote TDM events in Head Teacher briefings and forums.		
2.5.	Improve school food provision	Good availability of fresh water to replace sugary drinks Good access to and awareness of healthy food	Introduce water fountains into schools Through Healthy Schools London programme: Increase School Meal uptake Develop School food staff training Implement 'Sugar Smart' campaign	TBC	TBC
2.6. Extra-curricular activities	Facilitate extra-curricular physical activity sessions	Primary PE and Sport Premium funding is used to improve physical activity offer in schools: ● Providing 30 minutes in school each day ● Increased participation in sport and physical activity	Undertake a review of school action plans and see how funding is being used and how funding is allocated. Share examples of activities that have had a	TBC	Julia Heggie

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	When will it be completed?	Lead contact
			positive impact on increasing participation in physical activity throughout the school day.		
2.7. Increase Active Travel	Encourage more schools to undertake TFL STARS (School Travel Accreditation awards) More schools enable active travel including cycling More children are equipped to cycle safely to school	More schools STARS accredited. More schools encouraging and increasing active travel. Comprehensive school provision of secure cycle storage. Regular programme of cycle training for schools.	Investigate scope to promote STARS awards scheme to schools Map and encourage school cycle storage facilities Provide cycle training in schools	TBC	Transport Team
3. **ACCESS TO HEALTHY FOOD**					
3.1. Increase availability of Healthy food	No current activity	Increased availability of healthy food, especially in areas where healthy food is less accessible.	Investigate scope for developing work in this area.	TBC	TBC
4. **PUBLIC AND COMMUNITY SETTINGS**					
4.1. Council and NHS buildings offer healthy nutrition and promote physical activity	Develop a consistent approach to food provision and promotion of physical activity	Healthy food readily available across public and community settings	Review the current approach and consider the scope for improvements	TBC	TBC

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	When will it be completed?	Lead contact
5. **WEIGHT MANAGEMENT SERVICES**					
5.1. Weight management services as part of pathway for overweight/obese children	Ensure 100% of children measured overweight/obese by NCMP are referred to weight management programme	All parents of children measured as overweight/obese are referred to weight management services	Review the referral pathway from NCMP to weight management services	TBC	TBC
5.2.	Increase take-up of weight management programme	0-19 KPI currently 74% against target 75%	Review the referral pathway from NCMP to weight management services Review KPI target and performance	TBC	TBC
5.3.	Increase numbers of children completing weight management programme	0-19 KPI currently around 77% against target 80%	Review KPI target and performance	TBC	TBC
5.4.	Ensure NHS Tier 3 intensive clinical support is available for severely obese children		Review availability of Tier 3 provision	TBC	TBC- HCCG
6. EVALUATION, CAMPAIGNS, MESSAGING AND COMMUNICATIONS					
6.1. Strengthen evidence base	To ensure there is clear and detailed information about local needs	Clear and detailed evidence is available to inform interventions	Complete a need analysis	TBC	TBC
6.2. Investigate and develop child obesity pathway	Frontline staff in NHS, Council services and schools are equipped to engage with families of overweight/obese children and can provide information and refer to appropriate services	Training exists for frontline staff and schools and there is a clear pathway to a range of services, targeted and universal, to address excess weight in children	Scope and develop a child obesity pathway	TBC	TBC

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	When will it be completed?	Lead contact
6.3. Increase public awareness through promotion of 'Change for Life' Messages	Consistent messages on diet and nutrition are promoted and targeted information is provided		Consider timing and content for communications programme	TBC	TBC
6.4. Agree monitoring and reporting framework to measure impact and ensure delivery of agreed actions	There are clear mechanisms for measuring and reporting progress				

THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST UPDATE

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Sarah Tedford, The Hillingdon Hospitals NHS Foundation Trust (THH)
Papers with report	None.

1. HEADLINE INFORMATION

Summary	To update the Board on the recovery programme at THH.
Contribution to plans and strategies	The items above relate to the Trust's: • Recovery and Improvement plans, • Quality and Safety strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	External Services Select Committee
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board notes the update.

3. INFORMATION

Supporting Information

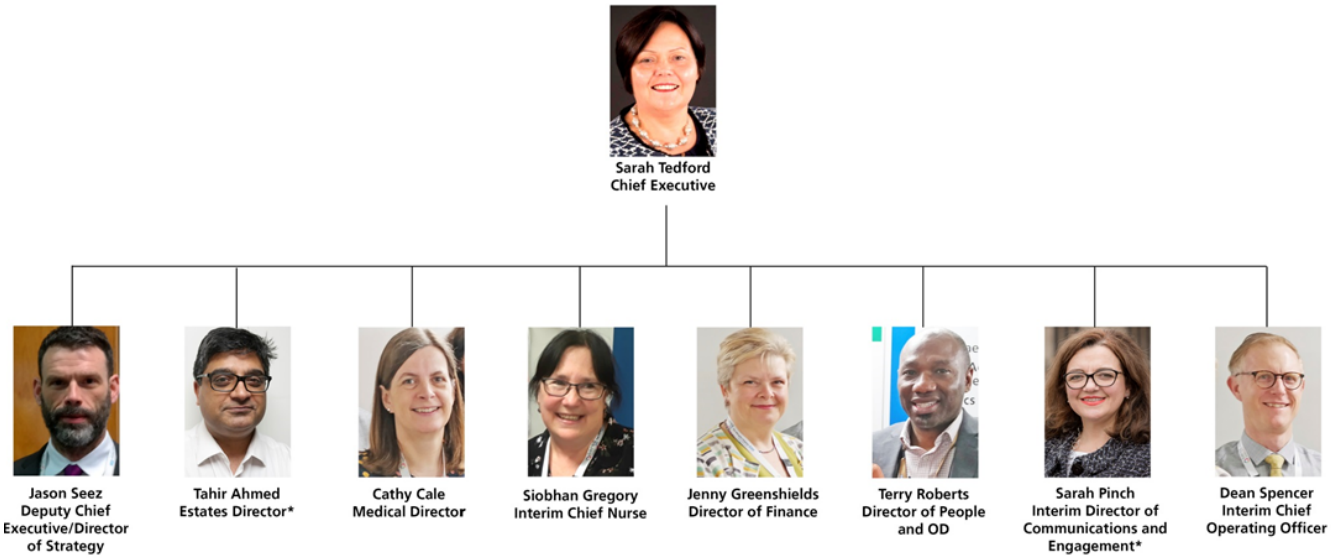
The Hillingdon Hospitals NHS Foundation Trust Recovery Plan

Context

Board Level Changes

Richard Sumray resigned as Chair of the Trust on 30 April 2019. Professor Lis Paice has been appointed as the interim chair, and the process has begun to recruit to the substantive role. A number of new executives and non-executives have been appointed since the beginning of the year, and the current executive are shown in the organogram at Figure 1.

Figure 1: Trust Management Structure

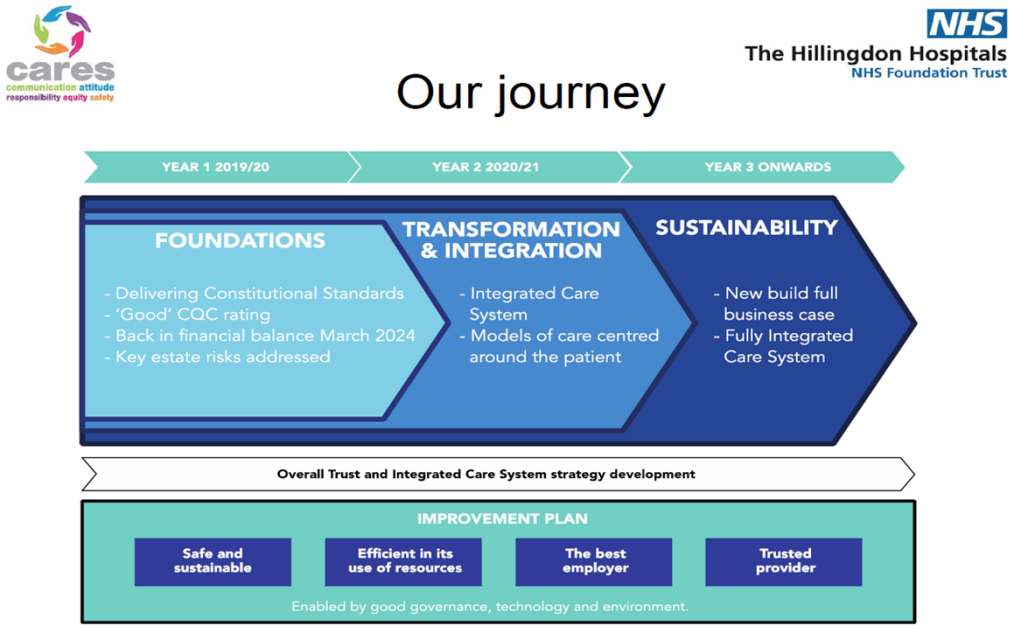


The Trust has set six key objectives for the year 2019-2020. These are:

- Quality – we will deliver good care every day
- Workforce – we want empowered, committed people with the right skills and attitude
- Performance – we will deliver the right care and the right time for our patients
- Money – we will live within our means
- Well Led – we will empower our people to deliver
- Partnership Working – we will develop sustainable models of care centred around our patients

To achieve these objectives, the Trust is on a journey, in which this year the aim is to lay the foundations (see Figure 2) which includes delivering the constitutional standards; beginning to bring the organisation back into financial balance; addressing key estates risks; and a 'Good' Care Quality Commission (CQC) rating.

Figure 2: Trust Journey 2019 -2022 onwards



This paper will set out progress against recovery in relation to Quality, Delivery of Constitutional Standards, and Finance.

Quality

Hillingdon Improvement Plan

To enable achievement of a 'Good' rating, the Trust has implemented the Hillingdon Improvement Plan. The plan has 13 work streams led by 5 Senior Responsible Officers (SROs) who are each Executive Directors of the Trust. The SROs are detailed below, and are supported by work stream leads responsible for delivery of the key milestones by March 2020. External partners including Healthwatch Hillingdon, the CQC, the North West London Collaboration of Clinical Commissioning Groups (CCGs), Hillingdon CCG and NHS London are invited monthly to the Improvement Board meetings to review, challenge and be assured of progress.

Work Stream Name	**SRO**
1. Safety Culture	Medical Director
2. Governance	Deputy Chief Executive Officer
3. Deteriorating Patient	Chief Nurse
4. Emergency Department	Chief Operating Officer
5. Transitional Care	Medical Director
6. Safe Care	Medical Director
7. Safeguarding	Chief Nurse
8. Medicines Management	Medical Director
9. End of Life Care & Mortality	Medical Director
10. Data Quality	Director of Finance
11. Hospital at Night	Chief Operating Officer
12. Medical Devices	Chief Operating Officer
13. Operational Standards	Chief Operating Officer

Outcomes, deadlines, what good looks like, and how the Trust will assure improvements are delivered and sustained have been mandated as the Trust moves at pace to deliver services to the level expected by the population we serve. The identification and embedding of improvements is determined and owned locally, resulting in ownership for improvements being driven by teams on the ground rather than via top down directives.

To facilitate understanding of the root cause of issues the Trust has developed a programme of deep dives. The deep dive is a review of an area of concern, identified from CQC feedback, external review, Serious Incident and other incident data or from Executive walkabouts, with a plan to address and embed good practice. Each deep dive will return periodically to Improvement Board for on-going assurance and remedial action as required. The programme is detailed below:

Deep Dive Name	Date	Lead	Action
1. Critical Care Outreach & Hospital at Night	May-19	ADO W&C	Update Improvement Board in August
2. Sepsis	May-19	DCN	Update Improvement Board in August
3. WHO Safety Checklist	May-19	ADoN Surgery	Audit report to Improvement Board 27 June
4. Medicines Management	May-19	Chief Pharmacist	Working Group Update to Board 13 June
5. Record Keeping	Jun-19	DCN	Presentation 13 June
6. Management of vulnerable patients	Jun-19	DCN	Presentation 13 June
7. IP&C	Jun-19	DCN	Presentation 27 June
8. Training	Jun-19	P&OD	Presentation 27 June
9. Discharge Plan	Jul-19	Ops Divisions	Presentation 11 July

Improvement Practice

The Trust has invested in the establishment of the Trust Improvement methodology. Staff groups across the organisation are being trained in the use of the methodology, which will enable the establishment of a culture of continuous improvement.

The first cohort of trainees are now beginning to practice the methodology, working on individual improvement projects across the organisation, aligned to the Trust objectives. As improvement skills increase, the organisation will begin to see the benefits of the methodology, which will be measured in terms of quality, delivery, workforce and finance.

Awards

The Trust has been successful in winning a number of awards. The Trust Facilities team enjoyed a double success in the HEFMA National Awards, scooping both the 'Team of the Year' Award and Runner Up Finalists in the same category. HEFMA is the national body representing Estates and Facilities departments across the NHS.

The Facilities Bed Maintenance Team won this year's award for its achievements in developing a cost-effective, efficient service that met all its KPIs and received outstanding customer feedback. The Facilities Catering Team was in runner-up position for its work on catering improvements and developments and for becoming a 'leader' in NHS catering.

The catering team also won the ‘Food for Life Served Here’ Bronze Award from the Soil Association. This prestigious award is given to public and private sector organisations that have successfully been independently inspected and shown to be serving fresh food, that has been procured from environmentally friendly, sustainable and ethical sources and which promotes healthy eating and champions local food producers.

The Trust Nuclear Medicine Team were runners up at the Nuclear Medicine Society Awards in Oxford recently, following three years of hard work to establish a hybrid imaging service at the Trust.

Constitutional Standards

Referral to Treatment

As a result of an external review of our Referral to Treatment (RTT) processes and procedures, it has become apparent that the Trust must make improvements in order to achieve the RTT

Constitutional Standard and deliver a gold standard patient experience. An RTT Action Plan has been produced, which forms the basis of the projects that are required to facilitate the improvements.

Every week the Chief Executive chairs an RTT Programme Board. The purpose of the Board is to direct the work, to have oversight of the key work streams, provide assurance and updates on progress, and the delivery of expected outputs against the agreed timelines. When required, it is also to escalate issues or risk of harm to patients to the accountable boards or committees.

The key improvement work streams are:
1. Administration
2. Training
3. Data
4. Validation
5. Specialty Operating Plans
6. Clinical Harm Review

The RTT Programme Board will also develop, manage and monitor the associated risk register for the improvement work.

The Action Plan has been shared with our NHS England/Improvement (NHSE/I) and CCG colleagues, who are also invited to attend the weekly RTT Programme Board.

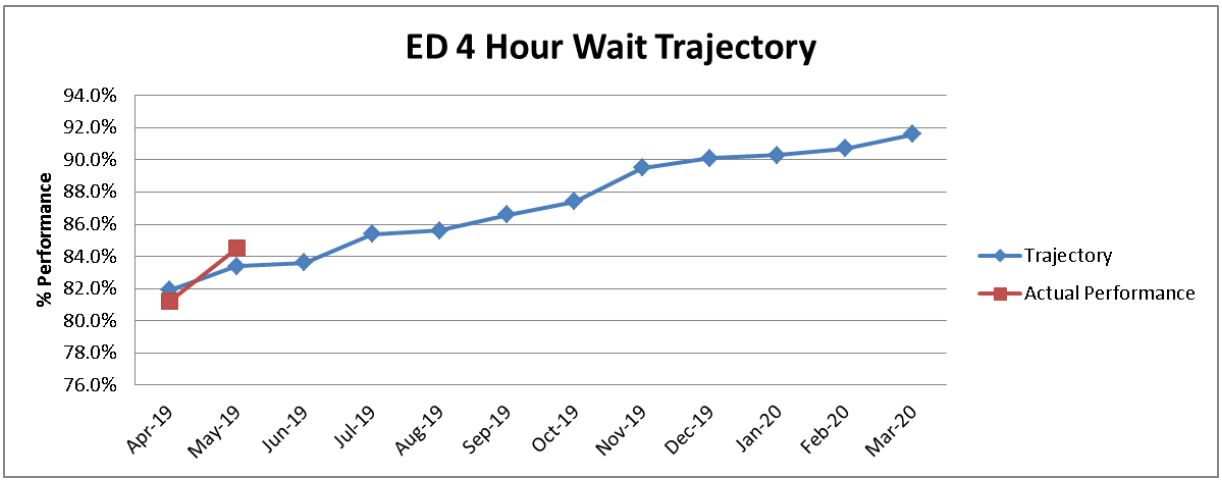
Emergency Care Improvement Programme

The Emergency Care programme is focussed on the experience of patients being admitted via the emergency route – whether through urgent GP referral, London Ambulance Service, or self-presentation at the Emergency Department (ED), Minor Injuries Unit (MIU) or Urgent Care Centre (UCC), recognising that performance against the ED 4 hour constitutional standard is a function of the performance of the whole Trust, not just the Emergency Department.

The Trust has agreed a trajectory with the CCG and NHSE/I. This is shown in Figure 3 below. The Trust performance was slightly below trajectory in April, but has improved to be above trajectory in May.

Figure 3: ED 4 Hour performance trajectory 2019-20

	ED 4 Hour Wait Trajectory											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory	**81.9%**	**83.4%**	**83.6%**	**85.4%**	**85.6%**	**86.6%**	**87.4%**	**89.5%**	**90.1%**	**90.3%**	**90.7%**	**91.6%**
Actual Performance	**81.2%**	**84.5%**										



There is a weekly programme board chaired by the Chief Executive. This board serves to oversee and drive progress, and to unblock issues arising in making the necessary changes. The programme consists of three work streams, Emergency Department and Flow, the Assessment Floor, and Discharge Pathways. Each work stream is chaired by an executive director, with senior operational leadership support, ensuring that the necessary changes are delivered.

Financial Recovery

The Trust has a challenging control total, requiring a total of £11.7m of savings in 2019/20. Clear focus and leadership from the executive team, led by the Director of Finance (DoF), has been established, and support is being given to the divisions in managing the financial position. Weekly meetings are in place to track and reduce non-pay and pay costs, and to ensure that activity is at plan in order to secure income.

The Trust has developed a programme to deliver the cost improvement programme, led by the DoF, with work streams led by executive SROs. Month 1 savings were delivered on track.

4. BACKGROUND PAPERS

NIL.

INTEGRATED CARE PARTNERSHIP UPDATE

Board Member	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon (LBH) Hillingdon CCG / Hillingdon Health and Care Partners (HHCP)
Officer Contact(s)	Keith Spencer, Hillingdon Health and Care Partners (HHCP) Joe Nguyen, Hillingdon CCG
Papers with report	Not applicable

1. HEADLINES

Summary	This reports provides the Board with the latest update on the Integrated Care Partnership (ICP) achievements, progress and proposed developments for the 2019/20 programme of work.
Contribution to our strategies	This contributes to the Health & Wellbeing Strategy, Hillingdon CCG Operating Plan and individual organisational strategies for Hillingdon Health and Care Partners (HHCP). The Integrated Care Partnership is also our local vehicle to deliver on the commitments of the NHS Long Term Plan.
Financial Cost	There are no costs arising from this report.
Relevant Ward(s)	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1) **reviews and provides feedback on the progress update on Hillingdon ICP development.**
2) **reviews and provides feedback on the proposed 2019/20 priorities – in particular on the joint working and development between LBH and HHCP across areas such as Intermediate Tier working.**
3) **notes the proposed the direction of travel for Hillingdon ICP development in the context of NWL CCGs case for change and Long Term Plan.**

3. SUPPORTING INFORMATION

Context

The NHS 10 Year Plan, published earlier this year, put into print the much needed recognition that health, social care providers and commissioners having been waiting to see, this included:

- A commitment to boost ‘out-of-hospital’ care, ending communication issues and system

gaps between primary and community health care providers
- Support to redesign emergency hospital services that reduces pressure on staff
- A move towards personalised healthcare that gives patients and their carers more control to manage or live with their health condition(s) so they stay healthy, at home and part of their communities
- Mainstreaming access to digital services and information relevant to primary and out-patient care services.

In readiness to deliver these system changes health and care organisations; CNWL, The Hillingdon Hospital, The Hillingdon Primary Care Confederation, Hillingdon for All (a consortium of voluntary sector providers) and The Hillingdon Clinical Commissioning Group have formed an alliance known as The Hillingdon Health and Care Partners (HHCP). This alliance will enable frontline staff from across the different organisations to work together to provide joined up care.

What is an Integrated Care Partnership (ICP)?

ICPs are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved. Some ICPs are taking on quasi commissioning functions that previously have lodged in CCGs with some aspects being delegated (but not fully). The ICP forms the local and borough component of the NWL CCGs case for change for developing a single-CCG footprint.

This had started with our integrated care journey kicking-off in 2014/15 including the development of our local BCF programme and HHCP. We are now able through new policy (i.e., Long Term Plan) to further accelerate our ICP maturity. The ICP development is an important step for us locally to be able to bring together our health and care resources locally and be able to optimise the value and outcomes for our residents. This provides a way for us to co-produce a health and care offer locally that will attract and excite professionals and staff to work in Hillingdon. This also provides an opportunity to work in a collaborative way and be able to tailor our resources to tailor our support for residents, families and the neighbourhoods they live in.

In Hillingdon, there is an opportunity for us to further mobilise ICP governance to jointly manage acute, mental health, community, continuing health care, medications management and mental health care provision. Jointly, we could be delegated additional functions around joint commissioning, clinical pathway redesign, public and patient engagement and safeguarding. We would operate under an outcomes-based contract – delivering a population-health model that works within a capitated budget to target resources where they are most needed. This would be underpinned by shared transformation, programme delivery, digital, estates and other back-office functions across current and future partner organisations.

What are the benefits for our residents?

- Empower our residents and patients to keep themselves well and take charge of their own health.
- Provides access, where required, to high quality, sophisticated care at the right time.
- Quicker access to specialist or inpatient care, where required, but:
    - where an admission is unavoidable, patients will return home quickly; and

    - with a personalised care package that continues to support their needs either from home or in the community.
- An improved “End of Life” care that better supports people to die in their preferred place.
- Identifies and intensively supports high risk patients to better manage their health and wellbeing in the community.

What are our key achievements in 2018/19?

Building on this early non elective success of 2017/18 with the +65 population, the scope of work of the ICP was extended to cover all adults in order to further improve urgent care performance and further flat line non elective growth (in scope services circa £100m). Our key achievements included:

- Co-production and approval of an Integrated Business Case (IBC) by all sovereign provider boards and the CCG governing body in March 2019. This set out a range of key priorities for the further development of an ICP in the Hillingdon system including:
    - New integrated care model of care on 8 primary care-led Neighbourhoods – aligned to primary care networks with joined up physical and mental health care and aligned social care.
    - A transformed Intermediate Tier design with an emphasis on same day emergency care.
    - The population segmentation and active case management of the 5,500 Hillingdon adults most at risk of a non-elective episode and who drive 50% of all non-elective activity. Key Interventions have a specific focus on:
        - High Intensity Users
        - Care Homes
        - Falls and Frailty
        - End of life care
        - Ambulatory Care Sensitive Conditions.
- This business case is currently being implemented and is on target for full mobilisation in July 2019. In summary:
    - 8 Neighbourhoods have been formed and will be coterminous with the new Hillingdon Primary Care Networks required under the NHS Long Term Plan. Relevant CNWL community staff and H4 All Third sector staff will be aligned to New Neighbourhoods which will be clinically led by a Clinical Director (of both the Primary Care Network and Neighbourhood).
    - Leadership Teams for the 8 Neighbourhoods are currently being identified and will be in place from 1 July 2019.
    - Care Connection Teams are in the process of being expanded and will be re-aligned to map to the new Neighbourhoods. They are currently in the process of expanding their caseloads from the 3,500 to 5,500 adults most at risk of a hospital non-elective episode.
    - The High Intensity User service for the 50 most frequent users of the Hillingdon Hospital emergency department is now operational.
    - A new multi-disciplinary service to support care homes across Hillingdon will commence in July 2019.
    - The impact of these changes will be to effectively flat line all hospital non-elective activity and deliver cumulative net savings over 5 years to partners of £29.8m by 2023/24 based on National tariff. This equates to average annualised saving of £8m.
- Providers and commissioners have agreed a risk and gain arrangement for in scope services based on a 50:50 split between commissioner and providers. Providers have their own backing agreement in place to further sub divide their 50% share between all partners.

- Partners have agreed a cost-based approach to future transformation and the system deficit reduction.
- Non elective hospital admissions and ED attendances for the Hillingdon registered adult population (18+) have reduced by 1% at year-end 2018/19 compared to the previous year.

Key priorities for 2019/20

The North West London Collaboration of CCG's has recently produced draft guidance setting out the development trajectory for ICP's over the next 2-3 years. In the light of this, our ICP has agreed a set of key priorities for 2019/20 onwards to enable the Hillingdon system to achieve formal ICP status as soon as practicable. These include:

- Extending the ICP target Operating model to include all children's and adults community health services, planned care, primary care at scale, and children's and adults mental health bringing the value of in scope services to circa £170m.
- Working closely with the London Borough of Hillingdon to re-design the Intermediate Tier. The Intermediate Tier provides a range of time limited health and social care services that promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living. It provides the essential community rapid response to crisis, rehabilitation, reablement and short-term home care packages which together act as the critical bridge between hospital, neighbourhood and home avoiding unnecessary emergency admission to hospital and supporting sustainable early discharge. Our proposal is to work with the Council to develop a more integrated health and social care response covering the intermediate tier which will be responsible for allocating resources more dynamically to create bespoke care packages for individuals based on a single point of access.
- Working with the Council to further develop the Neighbourhood model to feature resident, community and elected members in the designated geographies – further enhancing our community well and being offer to residents with further alignment to the Council offer (e.g., Youth Centres).
- Implementing an enhanced alliance agreement to incorporate the agreed risk and gain share and enable the appointment of a shared integrated management team with delegated authority.
- Implementing a single capitated contract for in scope services to the ICP under a lead provider model.
- Implementing an integrated management structure across all providers for in scope services to better join up care and reduce management overheads.
- Addressing the system financial recovery plan priorities by realising the benefits expected from the IBC relating to non-elective care. Planning and undertaking the digitally enabled transformation of Planned Care to realise activity and financial benefits of up to 30% over the next 2 years.
- Reducing overheads and infrastructure costs by working towards shared support services commencing initially in 2019 with transformation/PMO, business intelligence and digital, estates.
- Moving towards a single ICP control total and block/capitated contracts for all in scope services from 2020/21.

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

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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