



Health and Wellbeing Board

Date: TUESDAY, 3 MARCH 2020

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 Jane Palmer (Chairman)
Councillor Jonathan Bianco (Vice-Chairman)
Councillor Keith Burrows
Councillor Philip Corthorne MCIPD
Councillor Richard Lewis
Councillor Douglas Mills
Councillor Susan O'Brien
Councillor Raymond Puddifoot MBE
Dr Ian Goodman, Chair - Hillingdon CCG
Lynn Hill, Chair - Healthwatch Hillingdon

Statutory Members (Non-Voting)

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

Co-Opted Members

The Hillingdon Hospitals NHS Foundation Trust
Central & North West London NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Hillingdon Clinical Commissioning Group
Hillingdon Clinical Commissioning Group
LBH - Director of Housing, Environment, Education, Performance, Health & Wellbeing

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Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 24 September 2019 1 - 12
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

Health and Wellbeing Board Reports - Part I (Public)

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Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as amended), in that they contain exempt information and that the public interest in withholding the information outweighs the public interest in disclosing it.

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| 19 | Update on current and emerging issues and any other business the Chairman considers to be urgent | 137 - 138 |
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Minutes

HEALTH AND WELLBEING BOARD

24 September 2019

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



	<p>Statutory Voting Board Members Present: Councillors Philip Corthorne (Chairman), David Simmonds CBE (Vice-Chairman) and John Riley (In place of Douglas Mills), and Dr Ian Goodman and Ms Lynn Hill</p> <p>Statutory Non Voting Board Members Present: Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Dr Steve Hajioff - Statutory Director of Public Health</p> <p>Co-opted Board Members Present: Graeme Caul - Central and North West London NHS Foundation Trust (substitute) Caroline Morison - Hillingdon Clinical Commissioning Group (substitute) Sarah Crowther - Hillingdon Clinical Commissioning Group Dan Kennedy - LBH Director Housing, Environment, Education, Performance, Health and Wellbeing</p> <p>LBH Officers Present: Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Others Present: Tahir Ahmed (Executive Director of Estates and Facilities, The Hillingdon Hospitals NHS Foundation Trust) and Dan West (Director of Operations, Healthwatch Hillingdon)</p>
18.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Jonathan Bianco, Keith Burrows, Richard Lewis, Douglas Mills (Councillor John Riley was present as his substitute) and Ray Puddifoot, and Ms Robyn Doran (Mr Graeme Caul was present as her substitute), Mr Mark Easton (Ms Caroline Morison was present as his substitute) and Mr Bob Bell.</p> <p>It was noted that neither Ms Sarah Tedford nor her named substitute, Professor Elisabeth Paice, were in attendance. In their absence, the Chairman asked Mr Tahir Ahmed to provide the verbal update on the recovery planning for The Hillingdon Hospitals NHS Foundation Trust (THH) at Agenda Item 16.</p>
19.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 25 JUNE 2019 (<i>Agenda Item 3</i>)</p> <p>It was agreed that the fifth word of the second sentence in the first paragraph be changed from "CGG" to "CCG".</p> <p>RESOLVED: That, subject to the above amendment, the minutes of the meeting held on 25 June 2019 be agreed as a correct record.</p>

20.	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 19 would be considered in public and Agenda Items 20 and 21 would be considered in private.</p>
21.	<p>BOARD MEMBERSHIP UPDATE (<i>Agenda Item 5</i>)</p> <p>RESOLVED: That Ms Sandra Taylor be noted as the replacement for Ms Ana Popovici as the Statutory Director of Children’s Services Substitute member on the Board.</p>
22.	<p>HILLINGDON'S JOINT HEALTH & WELLBEING STRATEGY 2018-2021 (<i>Agenda Item 6</i>)</p> <p>Since the Board’s last meeting on 25 June 2019, a meeting had been held with Mr Mark Easton on 17 July 2019 to look at the Case for Change and what this meant with regard to local approaches to services. It was noted that nothing of significance had arisen from the meeting and that questions went largely unanswered. Consideration still needed to be given to the implications for local autonomy and for the Health and Wellbeing Board. Concern was expressed that Hillingdon’s Integrated Care Partnership (ICP) was currently in a good position and that the proposals could result in the local standards, aspirations and achievements of the ICP being levelled down.</p> <p>With regard to the financial perspective and the historic deficit, concern was expressed about what this would mean for Hillingdon. Mr Easton had advised that an additional £61m in savings was needed across North West London (NWL) but had not indicated what the impact of this would be locally. As the main pressure being faced in NWL was in relation to finance, the transition to a single CCG had been deferred from 2020 to enable these challenges to be addressed. Whilst the reasons for the delay had merit, concern was expressed that this could have ramifications for the NWL ability to draw down transformation funding and it was suggested that all implications would need to be looked at closely going forward. The Board noted that there were also tensions between the way that things were done by Hillingdon CCG the way they might be done by NWL. This would need to be managed carefully.</p> <p>It was noted that the report did not include any information about Brexit preparedness. The Board was advised that assurance had already been provided with regard to continuity of vaccine supplies for flu, etc. However, it was questioned whether sufficient consideration had been given locally to managing the additional demand that could be created by the number of UK citizens not currently domiciled in the UK that might need to return to the UK to seek medical treatment post Brexit. Ms Caroline Morison, Managing Director at Hillingdon CCG, advised that Brexit preparedness was being led for the NHS at a sub-regional level (i.e. NWL). She knew that this was up for discussion at the next Borough Resilience Forum and would seek feedback.</p> <p>RESOLVED: That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. considered the issues raised at 3.1 in the report in relation to live and urgent issues in the Hillingdon health and care economy. 2. noted the performance issues contained at Appendix 1 of the report.
23.	<p>2019/20 BETTER CARE FUND PLAN (<i>Agenda Item 7</i>)</p> <p>The Chairman noted that a significant volume of paper had been included on this agenda despite taking off superfluous appendices to some reports. Although it had</p>

been important to include the BCF appendices on the agenda, this had contributed towards the unusually large amount of paper.

As was fairly commonplace these days, Government guidance had not arrived on time which meant that officers had had to develop the plan in its absence. The guidance had subsequently arrived.

It was noted that the report provided a breakdown of the mandated financial requirements for 2019/20 and that there had been a sizeable uplift in financial contributions for 2019/20. As the Delayed Transfers of Care (DTOC) target for the previous year had been overly stretching, it was good that the target for this year had been left largely the same. The issue of DTOCs remained important and a full report on DTOCs would be included in the performance update at the Board in December 2019.

It was recognised that front line staff did a great job in what was sometimes difficult circumstances.

RESOLVED: That the Health and Wellbeing Board:

- 1) approved the 2019/20 Better Care Fund plan for submission to the London Regional Assurance Team by 27 September 2019 as described in the report;**
- 2) noted the delayed transfers of care (DTOC) target for 2019/20; and**
- 3) noted the content of the updated Health and Equality Impact Assessments.**

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

As the annual refresh of the Children and Young People's Mental Health Services Local Transformation Plan (CYPMH LTP) needed to be submitted to NHS England by 31 October 2019, it was agreed that its approval would be delegated to the Chairman of the Health and Wellbeing Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon.

The report highlighted the continued progress and performance of the new online counselling service, Kooth, and the Thrive model. These interventions had helped to reduce the number of referrals which had reduced the pressure on waiting lists. The Board noted that Kooth had delivered cashable benefits in successfully addressing the escalation of need and early intervention with only 3 referrals or signposting to external services (specialist CAMHS) from 182 new registrations by Q1. Consideration was being given to extending the Kooth service to include supporting issues regarding knife crime.

Children and young people's mental health and emotional wellbeing had been a standing item on the Board's agenda for some time and the service provision appeared to have benefited from this. However, caution would need to be exercised as performance was not yet where it needed to be.

CAMHS was going through a significant transformation to enable it to meet the demands of a growing population which needed to access CAMHS services (currently only 65% of children were treated within 18 weeks of referral against a contract target of 85%). Whilst this target had been met for some months recently, the current approach did not seem to be able to deliver against this target consistently. A record system update had been undertaken which had also affected data quality. New staffing models and new service types were also being investigated. It was anticipated

that early intervention models would prevent referrals and therefore free up resources to deal with more acute cases.

It was noted that the GPs and Hillingdon Hospital would be seeing those patients where the interventions had not worked. As such, it would be useful to hear from them about the impact that this work had had on them. Dr Goodman advised that GPs had noticed an impact on the waiting lists and the routes of access. Kooth had provided a portal of entry and had reduced waiting lists as it provided instant attention which was needed by this generation so that they did not lose momentum. It was also thought that the waiting lists obscured the time to treatment which had shortened. There was no one in attendance that was able to provide a Hillingdon Hospital perspective.

RESOLVED: That the Health and Wellbeing Board:

- 1. approved the request to delegate authority to approve the annual refresh of the (CYPMH LTP) for submission to NHSE on 31 October 2019, to the Chairman of the Health and Wellbeing Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon.**
- 2. noted the progress made 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 continued progress and performance in Q1/2 2019, by the new on-line counselling service KOOTH which had increased access to emotional wellbeing and mental health services for children in Hillingdon in 2019/20.**
- 3. noted the progress made in the development of a new integrated early intervention and prevention model.**
- 4. noted that the CCG had been successful in securing DOH funding over the next 3 years to support this work.**

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

It was noted that revisions to the proposed scheme for the North Hillingdon hub had delayed the business case process which, it was anticipated, would be submitted in January 2020, creating a further three month delay. A business case had been received by the two incumbent GP practices and Hillingdon CCG had been working with them to refine this case for change.

The Uxbridge and West Drayton hub had been delayed as, although a single expression of interest from Uxbridge Surgery had been received, no formal business case had yet been completed. Although the report stated that the target date for the outline business case was January 2020, it was hoped that this would be completed by the end of November 2019 so that the formal planning process could be started in early 2020.

Hillingdon CCG had approved the final one off costs to the business case regarding new premises for Shakespeare Medical Centre and Yeading Court Surgery. Agreements for the lease had been signed and the process with NHS England had been started.

A site in Holloway Lane on the edge of Harmondsworth had been identified for a possible new health facility in Heathrow Villages. The main challenge now was in relation to identifying a GP that would act as leaseholder. It was noted that the Council had completed an evaluation of this site and, as such, it would be worth Hillingdon CCG liaising with the Planning Department as it might be possible to share this information.

It was noted that some of these updates had not progressed since the Board's last meeting on 25 June 2019. However, in the last report there had been mention made of 11 improvement grant schemes that needed to be completed by March 2020. Although these had not been included in the report this time, it was noted that they were on track. If internal arrangements were not working, this would need to be discussed.

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

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

It was noted that some of the information in this report overlapped with the Joint Health and Wellbeing Strategy performance report. The Case for Change had been delayed so that the creation of a single CCG would not be effective until April 2021. In the meantime, work would have to be undertaken to align to the strategies. Consideration would also need to be given to the determining the responsibilities of the local authorities and local authorities would need to be forwarding their concerns alongside possible solutions.

The establishment of primary care networks (PCN) had been embedded in the Five Year Plan for general practice. Each PCN covered a population of between 30k and 50k patients. Although there had been some challenges in the south of the Borough, all but two Hillingdon practices were now included in a PCN. It was anticipated that levers would be provided in the next week or so to encourage those two remaining practices to join a PCN so that their patients were afforded the same opportunities.

The Board was advised that PCNs had funding for support workers such as: social prescribing link workers, clinical pharmacists, physician associates, physiotherapists and community paramedics. It was anticipated that the introduction of these roles would reduce the demand on GPs services and play a key role in the Out of Hospital Strategy. Although there had been some confusion between PCNs and neighbourhoods, both aimed to support the Integrated Care Partnership (ICP) to transform patient care.

London North West (formerly known as Northwick Park) posed the biggest concern financially within North West London (NWL). NWL CCGs were working with CNWL to reduce spend but further work was needed to control elective spending. It was also noted that there had been some slippage with regard to QIPP savings that had been impacted by workforce issues. Plans were already being put in place regarding workforce to mitigate the impact of Brexit but a more detailed review of manpower was needed.

It was noted that Harlington Hospice had been commissioned to provide inpatient care at Michael Sobell Hospice on the Mount Vernon site. Refurbishment of the site was currently underway and was expected to be completed by the end of November 2019. It was anticipated that, in future, a more modern end of life care service would be provided. For example, the recent introduction of a 24/7 telephone advice line had resulted in reducing the number of patients dying in hospital. Those involved in getting Michael Sobell Hospice reopened, including Members of the External Services Select Committee, were commended for their efforts.

The review of Mount Vernon Cancer Centre continued. A number of recommendations had arisen from the first stage of the review which looked at possible options on a way forward, such as, a hub and spoke system, links to another cancer hospital and a full replacement. It was suggested that any hub would need to have an intensive care

provision. Although it was thought likely that cancer services would be maintained at Mount Vernon Hospital, there needed to be a focus on the needs of patients as well as the advantages of the Mount Vernon Hospital location.

RESOLVED: That the update be noted.

27. **HILLINGDON CLINICAL COMMISSIONING GROUP'S STRATEGIC INTENTIONS 2020-2022** (*Agenda Item 11*)

It was noted that effort had been made to change the tone when the Commissioning Intentions document moved to Strategic Intentions (SI). The SI provided a more coherent plan that was jointly owned and aimed to improve care, services and the use of resources in Hillingdon. Work had been undertaken in North West London (NWL) in relation to system intentions across the eight NWL CCGs and the resultant document would be considered by the Board at its meeting on 3 December 2019.

The Board was advised that the SI themes had been aligned to the Health and Wellbeing Strategy and to the Better Care Fund. The report provided a two year plan which looked at the work of the Integrated Care Partnership and Primary Care Networks to identify how this would move Hillingdon forward.

It was noted that Hillingdon was below target with regard to measles vaccinations and work was also needed to increase tuberculosis (TB) vaccinations. Concern was expressed about whether progress was being made to vaccinate the cohort of unvaccinated residents in the Borough. Barriers tended to be in relation to patient choice rather than supply / delivery. As such action was being taken by Hillingdon CCG (HCCG) to focus on prevention and self care.

Although TB vaccinations were not provided by HCCG, it did have a scheme in place to identify patients at risk of TB and refer them on. Fifteen years ago, Hillingdon had had one of the highest rates of TB vaccination in London. The PCT had commissioned GPs and the Health Visiting Service to target specific communities. When NHS England (NHSE) took over responsibility, Health Visitors were no longer involved in vaccinations. Responsibility had since passed back to councils via Public Health with the Council funding Health Visitors and NHSE funding the vaccinations. It was suggested that consideration be given to reinstating Health Visitor involvement in vaccinations in the short term or appeal to NHSE for increased action whilst the uptake was low. It was noted that there was no reason why the role of Health Visitors could not be re-profiled to include vaccinations and refresher training put in place to deliver this. The Board was assured that, whilst measles posed a significant risk, TB did not pose a huge risk to residents in Hillingdon.

As MMR immunisation rates had reduced, London no longer benefited from herd immunity. A team within the Department of Health had identified the barriers to immunisation as:

- Chaotic lives preventing engagement (Health Visitors had been great at catching these individuals);
- Affluent individuals who had believed the media hype about the risks of MMR; and
- Minority ethnic individuals who might query the appropriateness / content of the vaccinations (misinformation needed to be corrected).

The Board was advised that the model contract for hospitals included neonatal so a catch up TB service was provided by CNWL. However, it was queried whether the neonatal service would be retained in Hillingdon.

Concern was expressed that, despite Hillingdon Hospital having a contractual obligation to provide TB vaccinations, this did not appear to be happening. It was suggested that this inaction could be as a result of anything from staff workload or midwife/patient ratios, to discipline or leadership. The Council's External Services Select Committee would be asked to seek further information from NHSE and The Hillingdon Hospital NHS Foundation Trust (THH) at a future meeting. Mr Tahir Ahmed, THH's Executive Director of Estates and Facilities, advised that he would raise this issue with the THH management team.

It was acknowledged that the Strategic Intentions document read better than the Commissioning Intentions iteration had. It provided a narrative and placed prevention at the forefront of work. Although reference to work around health based places of safety was encouraging, it was noted that further information as still needed with regard to shaping services.

RESOLVED: That Hillingdon CCG's Strategic Intentions for 2020-2022 be noted.

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

It was noted that Healthwatch Hillingdon (HH) had been supporting the work to reopen Michael Sobell House and had been involved in work around the primary care networks. Focus groups had also been established to engage members of the public on the NHS Long Term Plan.

The Board was advised that Hillingdon Hospital had asked HH to revisit a previous review that it had undertaken and contribute to the Trust's current discharge planning work. It would be interesting to see what progress had been made following the implementation of recommendations that had arisen from the previous review.

It was noted that HH had been shortlisted for a national award in relation to the work that it had undertaken on lower back pain. Representatives from HH would be attending the awards presentation in Birmingham the following week.

Young Healthwatch Hillingdon had featured prominently in the report and had made a significant contribution to the work that had been undertaken on CAMHS.

RESOLVED: That the report be noted.

29. **HOMELESSNESS** (*Agenda Item 13*)

It was noted that the Council was about to start a consultation on its Homeless and Rough Sleeper Strategy. Rough sleepers were disproportionate users of emergency care and it was hoped that the development of services such as the night shelter and other accommodation options would help to reduce the need for emergency care. The CNWL ARCH service was available to rough sleepers as there was a direct link between rough sleeping and alcohol abuse. It was agreed that a further report on this issue be added to the Health and Wellbeing Board agenda for the meeting on 3 March 2020.

It was queried what the level of ambition was for dealing with rough sleeping and how successful action had been to date. Consideration needed to be given to what 'good' looked like. It was noted that significant pressure was being levied by Government to deal with rough sleeping and that funding was available. However, it was recognised that the presence of Heathrow Airport in the Borough skewed Hillingdon's performance.

Hillingdon aimed to halve the number of rough sleepers by 2022 and eliminate the need to sleep rough by 2027.

RESOLVED: That the report be noted.

30. **HILLINGDON'S KNIFE CRIME REDUCTION PLAN** (*Agenda Item 14*)

Knife crime was a significant issue and the links to the Kooth project commissioned by Hillingdon CCG was noted. Operation Honey Badger and Operation Catalyst had been used by the Metropolitan Police Service to tackle knife crime. A controlled drugs operation had also been undertaken to establish and prioritise areas of concern. It was agreed that a further report would be included on the agenda for the Health and Wellbeing Board meeting on 3 March 2020 to identify what outcomes had been delivered from the autumn projects.

RESOLVED: That the multi-agency work being taken in relation to knife crime be acknowledged and endorsed.

31. **CHILD HEALTHY WEIGHT ACTION PLAN** (*Agenda Item 15*)

At the Health and Wellbeing Board meeting on 25 June 2019, officers had been charged with progressing the Child Healthy Weight Action Plan through a task and finish group of partners. The report contained updates on progress against the 7 priorities in the plan. In addition, the Board agreed that officers should develop proposals for further effort in: developing the roles of schools, promoting healthy eating and nutrition and in developing the evidence base behind the plan, so that it remained current and focussed. Any proposals would need to be proportionate and demonstrate value for money and officers were asked to identify 2-3 actions that would make a specific and tangible difference, progress on which should be reported back to the Board's next meeting. It was agreed that this item be added to future Health and Wellbeing Board agendas as a standing item.

Concern was expressed that the work identified in the Action Plan seemed to be process heavy and outcome light. To address this, it was suggested that officers concentrate on implementing 2-3 specific deliverables and then just get on with delivering them.

For example, the plan referenced a range of physical activity programmes such as The Daily Mile. It was suggested that, to further support physical activity, consideration could potentially be given to programmes such as Park Run in Hillingdon and that residents should be encouraged to take advantage of the high quality sport and leisure facilities in the Borough.

In addition, it was also noted that work to encourage and promote the importance of breast feeding formed a key part of the plan. There was some concern, however, that milk formula companies were implying that breast milk did not provide as much nutritional value as formula which could counteract local efforts. Consideration needed to be given to how this myth could be dispelled and to identifying which interventions could increase breastfeeding levels in Hillingdon.

Young Healthwatch Hillingdon had been working with Public Health on tackling child obesity issues. It was noted that, generally, physical interventions would have a marginal impact on obesity and that nutritional interventions could have a significant impact. A project had been undertaken in Manchester where firefighters had led sessions where they showed young men how to cook a healthy meal for a family. This

had been free to deliver and had been impactful.

RESOLVED: That the Health and Wellbeing Board:

- 1) **agreed to the updated delivery plan at Appendix 1 of the report.**
- 2) **agreed that officers develop proposals and business cases for further activity in relation to:**
 - a. **strengthening our evidence base;**
 - b. **increasing our work with schools; and**
 - c. **developing support for healthy eating.**

32. **THH UPDATE - RECOVERY PLAN** (*Agenda Item 16*)

The Chairman noted that it was disappointing that The Hillingdon Hospitals NHS Foundation Trust (THH) had not provided the Board with a written report as had been requested. This had been compounded by the fact that neither Ms Sarah Tedford, nor her named substitute had attended the meeting. As such, the Board had been given no idea of any progress that had been made with regard to recovery plans.

However, it was noted that Mr Tahir Ahmed, THH's Executive Director of Estates and Facilities, was in attendance and was asked to provide the Board with an update. Mr Ahmed confirmed that a written report would be provided in future.

THH had a new management team and plans were in place to address the issues of concern raised in the CQC report. The Trust's improvement plan had been aligned with its strategic objectives and, over the next two years, THH would be looking to deliver the best services for local people, within budget. This work included the establishment of a ward accreditation programme.

The Board was advised that recruitment, retention and training continued to be a challenge for the Trust. In addition, THH faced issues in relation to financial pressures and was undertaking a review of internal governance. The Trust Board met on a monthly basis to monitor the delivery of its strategies.

It was noted that, with regard to the strategy for hospital redevelopment, NHS England (NHSE) had completed the OGC Gateway Review 0: strategic assessment. The resultant report had made nine recommendations which would need to be used to prepare the Strategic Outline Case (SOC) for the redevelopment – this would need to be a collaborative response. As Hillingdon Hospital was in dire need of investment, a funding request had been submitted to NHSE/NHS Improvement (NHSI) to develop a SOC. During this process, consideration would be given to all options as well as what this would mean for the NHS. The work would be led by the Clinical Services Strategy which was currently in development and which would dovetail with the Estates Strategy in the New Year.

It was noted that Ms Tedford had been asked for further information about the Working Group that had been established to look at the Trust's recovery planning. However no information had yet been received. As such, the Board had no sense of where THH was on its journey. Mr Ahmed advised that the Trust was making progress but that, as the desired outcomes would not be achieved overnight, THH was looking for measured improvements.

All health partners had been working together to try to support the Trust and address the problems faced by Hillingdon Hospital. However, concern was expressed that Hillingdon Hospital had been letting residents down for a long time and that the programme for a new hospital might not be prioritised by NHSE, resulting in Hillingdon

	<p>losing the opportunity for a new hospital. It was suggested that there needed to be a greater sense of urgency from THH and a proper timescale for action needed to be developed. The Board was advised that THH did not want to lose any traction and had been having regular meetings with its regulators. It was noted that THH had received £16.5m in funding to spend on its failing infrastructure and that conversations had been taking place which showed support from the centre for a new hospital in Hillingdon.</p> <p>RESOLVED: That the verbal update be noted.</p>
33.	<p>HILLINGDON LOCAL SAFEGUARDING CHILDREN BOARD (LSCB): ANNUAL REPORT 2018/2019 (<i>Agenda Item 17</i>)</p> <p>It was noted that this was the last time that the Board would receive a report from the Local Safeguarding Children Board in its current form as new arrangements were in place. Concern was expressed in relation to Child Death Overview Panels (CDOP) as they appeared to be a bureaucratic mess and NHS colleagues needed to be aware of this if they weren't already. The Council's Corporate Director of Social Care would be keeping abreast of any developments in relation to CDOP.</p> <p>RESOLVED: That the content of the annual report and work of the Local Safeguarding Children Board during 2018/19 be noted.</p>
34.	<p>HILLINGDON SAFEGUARDING ADULTS BOARD (SAB): ANNUAL REPORT 2018/2019 (<i>Agenda Item 18</i>)</p> <p>The Annual Report covered a range of issues which included trafficking and modern slavery. It was anticipated that the new arrangements being brought in for the Hillingdon Safeguarding Adults Board would be an improvement.</p> <p>RESOLVED: That the Hillingdon Safeguarding Adults Board (HSAB) Annual Report 2018/19 be noted.</p>
35.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 19</i>)</p> <p>It was noted that the following report be added to the Board's planner:</p> <ul style="list-style-type: none"> • Better Care Fund/Delayed Transfers of Care – 3 December 2019 • Knife crime – 3 March 2020 • Rough sleepers – 3 March 2020 • Child Healthy Weight Action Plan - standing item <p>RESOLVED: That the 2019/2020 Board Planner, as amended, be agreed.</p>
36.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 25 JUNE 2019 (<i>Agenda Item 20</i>)</p> <p>RESOLVED: That the confidential minutes of the meeting held on 25 June 2019 be agreed as a correct record.</p>
37.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 21</i>)</p> <p>There were no items for consideration.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 4.12 pm.</p>

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

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BOARD MEMBERSHIP UPDATE

Relevant Board Member(s)	Councillor Jane Palmer
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 and 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 notes that the Council's Cabinet Member for Social Care, Health and Wellbeing has been appointed as its Chairman and the Council's Deputy Leader has been appointed as its Vice Chairman.

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.

Following his election as MP in December 2019 for the Ruislip, Northwood and Pinner constituency, Councillor David Simmonds has resigned from his position as Deputy Leader of the Council and a member of the Cabinet. As a result, at the Council meeting on 16 January 2020, the following amendments to the appointment by the Leader of the Council of the Deputy Leader and Cabinet for 2019/2020 onwards (along with associated amendments to Cabinet

portfolios) were noted:

Position/Portfolio	Councillor
Deputy Leader of the Council	Councillor Jonathan Bianco
Cabinet Member for Finance, Property and Business Services	Councillor Jonathan Bianco
Cabinet Member for Education, Children and Youth Services	Councillor Susan O'Brien
Cabinet Member for Social Care, Health and Wellbeing	Councillor Jane Palmer
Cabinet Member for Community, Commerce and Regeneration	Councillor Douglas Mills
Cabinet Member for Planning and Transportation	Councillor Keith Burrows
Cabinet Member for Housing and the Environment	Councillor Philip Corthorne
Cabinet Member for Central Services, Culture and Heritage	Councillor Richard Lewis

The alterations to Cabinet portfolios and titles requires minor consequential changes to the following part of the Council's Constitution: Council Committees and Bodies (Article 8) in relation to the Chairman and Vice-Chairman of the Health and Wellbeing Board. As it does not form part of the Cabinet Scheme of Delegations (which is under the purview of the Leader of the Council), Council approved these changes on 16 January 2020. Accordingly, the Cabinet Member for Social Care, Health and Wellbeing will be the Chairman of the Health and Wellbeing Board and the Deputy Leader will be the Vice Chairman. All Cabinet Members will remain statutory voting members of the Health and Wellbeing Board.

Voting Rights

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

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

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

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

N/A.

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

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

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

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

6. BACKGROUND PAPERS

NIL.

HEALTH AND WELLBEING BOARD MEMBERSHIP 2019/2020

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 Palmer	Any Elected Member
Vice-Chairman	Councillor Bianco	Any Elected Member
Members	Councillor Burrows	Any Elected Member
	Councillor Corthorne	Any Elected Member
	Councillor Lewis	Any Elected Member
	Councillor D Mills	Any Elected Member
	Councillor O'Brien	Any Elected Member
	Councillor Puddifoot	Any Elected Member
Healthwatch Hillingdon	Ms Lynn Hill	Mr Turkey 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 Sandra Taylor
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	Professor Elisabeth Paice
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 Jane Palmer Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon CCG
Report author	Kevin Byrne, LBH - Health Integration and Voluntary Sector Partnerships Melanie Foody, HCCG - Head of Delivery
Papers with report	Appendix 1 - Delivery area, transformation programme and progress update

1. HEADLINE INFORMATION

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

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. considers the issues raised at 3.1. below setting out live and urgent issues in the Hillingdon health and care economy.
2. notes the performance issues contained at Appendix 1 of the report.

3. INFORMATION

Background Information

3.1 Performance and Programme management of the Joint Strategy

This report provides the Board with a high level performance update against Hillingdon's Joint Health and Wellbeing Strategy 2018-21. Key performance updates 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 CORONAVIRUS (COVID-19)

The international and national position regarding COVID-19 is a rapidly evolving situation. The narrative which follows is based on information made available by the Department of Health and Social Care and Public Health England as of 20th February 2020

What is coronavirus? Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan City, China. Coronavirus is a type of virus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties. Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

The Government, Department of Health & Social Care and Public Health England's response to COVID-19:

Returning Travellers: Based on scientific evidence anyone who has travelled to the UK from mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau in the last 14 days and is experiencing cough or fever or shortness of breath, to stay indoors and call NHS 111, even if symptoms are mild. The Department of Health and Social Care (DHSC) and Public Health England (PHE) have in place arrangements for carrying out enhanced monitoring of direct flights from these areas. Passengers are told how to report any symptoms they develop during the flight, at the time of arrival, or after leaving the airport. These areas have been identified because of the volume of air travel from affected areas, understanding of other travel routes and number of reported cases. This list is kept under review.

PHE has introduced advanced monitoring at airports with direct flights from China. A team of public health experts has been established in Heathrow airport to support anyone arriving on flights from China who feels unwell. This is in addition to medical staff who are already permanently in place at all UK airports and the advice issued to all UK airports for people travelling to and from China;

Supported Isolation (Quarantine) Arrangements: The Government put in place supported isolation arrangements for British nationals and dependents arriving from Wuhan and Hubei province at Arrowe Park Hospital on the Wirral and Kents Part Hotel in Milton Keynes. Other locations at which to locate supported isolation arrangements are in the process of being identified.

The Government has introduced strengthened powers to bolster protections against the COVID-19 outbreak for people in England. The regulations apply to any individuals seeking to leave supported isolation before the current quarantine period of 14 days is complete. It will also apply to future cases during the current COVID-19 incident where an individual who may be infected or contaminated could present a risk to public health.

NHS Information: NHS information about how COVID-19 is spread and how to avoid catching or spreading it, is available at the following web address:

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

CURRENT POSITION IN THE UK

Risk level: Based on the World Health Organization's (WHO) declaration that this is a public health emergency of international concern, the UK's Chief Medical Officers have raised the risk to the UK population from 'low' to 'moderate'. This permits the government to plan for all eventualities. The DHSC and PHE have been working in close collaboration with international colleagues and the WHO to monitor the situation in China and around the world.

Number of confirmed cases of COVID-19: As of 20 February, a total of 5,549 people have been tested, of which 5,540 were confirmed negative and 9 tested positive for COVID-19. If more cases are confirmed in the UK, it will be announced as soon as possible by the Chief Medical Officer of the affected country. The DHSC publish updated data on the COVID-19 situation on a daily basis on the following web address:

<https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public?>

3.1.2 The NWL Health and Care partnership: Five year Strategic plan

The draft NW London CCG five year strategic plan was submitted to NHS England on 15th November 2019. The requirement for local NHS STP areas to develop the plans was set out in the NHS Long Term Plan (January, 2019). The plan has been produced in collaboration with partners. A draft was shared with local government colleagues on 11th November 2019.

The NWL draft Plan has now been through a full engagement process and feedback has been taken on board. NWL CCG will be working with NHS England to coordinate the publication of the Plan with other London partners. The final document is due to be published at the end of March 2020.

3.1.3. Michael Sobell House

Michael Sobell Hospice (MSH) and the Specialist Palliative Care Centre based on the Mount Vernon Hospital site had been operating for 40 years providing: an inpatient unit, day centre and patient and family support, inclusive of bereavement counselling, rehabilitation support and a specialist palliative care education team. The service had been provided by East & North Hertfordshire NHS Trust (ENHT).

In 2018 ENHT informed HCCG that they were unable to provide palliative care in MSH in-patient unit. To bridge the gap in the provision, Hillingdon CCG completed a procurement process to re-establish hospice care at the unit. Harlington Hospice was awarded the contract to pilot the

service. Re-opening the beds has been a complex project with a change of management from East & North Herts NHS Trust to Harlington Hospice. MSH re-opened on 13 January 2020 and admitted their first patient on 14 January. Six beds are currently provided with plans to increase to ten beds during February 2020. The pilot will provide the opportunity to evaluate the benefits of an integrated model which aligns with the Hillingdon End of Life Strategy.

3.1.4. Neighbourhood working

There are 8 multi-disciplinary neighbourhood teams across the borough broadly aligned to the primary care networks. Hillingdon Health and Care Partners (HHCP), the borough's integrated care partnership, is made up of a large workforce, spanning across a multitude of disciplines and organisations including the wide range of staff employed and contracted within primary care.

The current services in scope include community nursing, care connection teams to support residents at risk of admission to hospital, clinical pharmacists, mental health, district nursing and social prescribing teams. Social care services have been aligned to the neighbourhoods through service leads and integrated team meetings. HHCP is supporting the Networks/Neighbourhoods on communication that will cover PCNs and neighbourhoods.

Currently, there are organisational development plans being put in place to support the development and transition of the Primary Care Networks/ Neighbourhoods. The plans are aligned to the NWL, local integrated care partnership priorities and PCN Directed Enhanced Service specifications.

3.1.5. Mount Vernon Cancer Centre Strategic Review Update

In May 2019, NHSE commissioned an urgent strategic review of Mount Vernon Cancer Centre (MVCC) adult oncology services due to concerns in relation to the sustainability of a high quality and safe oncology service provided at the site highlighted formally by the Care Quality Commission (CQC) 2018 inspection of its services.

The review was led by the East of England Specialised Commissioning Team (EESCT), involving London Cancer Alliances, peer reviews of the services, and engagement with, and the involvement of patients, clinicians, non-clinical staff and key stakeholders. In addition, a Programme Board, a Clinical Advisory Panel (CAP) and a Communications and Engagement Oversight Group (CEOG) have been established.

A review of MVCC by the CAP took place over two days in June 2019 and produced a report in July 2019 on their findings. The report highlighted the urgent need for a short term action plan to address immediate quality and safety concerns whilst a longer term solution materialises. They also recommended the appointment of a specialist cancer provider to run the MVCC services, and that this recommendation be taken forward as part of the development of options for long-term service provision.

Providers were asked to put forward an EOI during November-December 2019 to: either provide services from April 2021, including a Transition Support Team in the interim and/or provide a Transition Support Team only (not expressing an interest in the longer term provision of the services). A Panel was established to review the submissions in early January 2020. Two were submitted and the Panel shared their recommendation to the Programme Board and

EESCT.

University College London Hospitals NHS Foundation Trust (UCLH), subject to a period of due diligence, has been awarded the contract to take over the management of the centre from April 2021. It was also agreed that UCLH should be appointed to provide leadership support to Mount Vernon Cancer Centre from April 2020. The period of due diligence will enable both UCLH and NHS England to ensure the clinical and business implications and risks are fully understood by both organisations before a final commitment is made. It will also allow UCLH and East and North Hertfordshire NHS Trust to have important discussions with staff whose employment contracts would potentially transfer to UCLH in 2021. This decision means that, subject to the outcome of the due diligence, Mount Vernon Cancer Services would be provided by UCLH in the future. The earliest this would happen is April 2021.

From February 2020 work will commence with clinicians and patients to consider the best way to meet the needs of the MVCC population in the long-term. Patients, clinicians and stakeholders, including local hospitals and Clinical Commissioning Groups, will be involved in developing a range of options. These options will include maintaining services at or near the current MVCC site. They will be evaluated on a range of criteria on which patients have already been engaged and include local access and interface with other services. While the review continues, there will be no changes to where patients receive treatment. If changes are proposed in future, they will be designed to make improvements to services, such as better access for patients and where necessary, public consultation will take place.

4. Financial Implications

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

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

Consultation Carried Out or Required

Public consultation on the Joint Health and Wellbeing Strategy 2018-2021 was undertaken in 2017.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

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.

DA 1 Radically upgrading prevention and wellbeing

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

- ***MyHealth Hillingdon*** - The CCG's Early Intervention, Prevention and Self-management Steering Group has developed a number of programmes with patients and for patients living with a Long-Term Condition/s. The workshops, available across the Borough provide clinically-led educational information that empowers patients to self-care and navigate health and community services. Current workshops available include: Healthy Hearts, Managing Diabetes Type 2 and Preventing Diabetes. New programmes in the co-production phase, include: Chronic Obstructive Pulmonary Disease (COPD), Cancer (in partnership with Harlington Hospice), Back, Neck and Knee Pain for adult chronic pain and a school-based intervention for childhood obesity. The CCG is working through phase four of the programme with plans for the programme to be embedded into the Integrated Care Partnership (ICP) and primary care neighbourhoods for year two.
- **H4All** and commissioners have been working together to undertake work to develop a new MyHealth programmes for MSK and Cancer. The next steps will be to co-produce the self-care pathways with patients, carers, stakeholders and the third sector.
- ***Self-Care/Management*** - The Early Intervention, Self Care and Prevention Steering Group approved the proposal to embed PAM (Patient Activation Measure) in general practice, this work has commenced with 11 practices expressing an interest to be part of the first phase roll out.
- ***Child Obesity*** - A separate paper to the HWB provides an update on progress on the child healthy weight plan including proposals to run a pilot project with schools to promote healthy eating.
- ***Suicide prevention***. - the NWL postvention support for bereavement counselling is due to go to tender shortly. The Hillingdon partnership group met again in February.

T1. Integrated care for Children and Young People & Children & Adolescent Mental Health Services (CAMHS)

- ***Paediatric Integrated Clinics*** – Joint GP and paediatrician consultations continue to be delivered in primary care settings. Two new schemes focusing on asthma care and cow's milk allergy have been approved and will be supported by the core PIC team. The Asthma Care Scheme will improve the management of asthma in young children and reduce unplanned access to hospital care. The allergy related initiative will ensure that infants prescribed special milk formulas are reviewed appropriately and reduce expenditure from prolonged use of expensive milk products.
- ***Children's Integrated Therapies (CIT)*** – The new CIT model has been mobilised with some initial positive feedback received from parents and primary schools.
- ***Transition of CYP to adult services*** – A business case has been developed to commission a 12-month pilot aiming to improve the transition journey of young people moving from children's to adult health services. The pilot will focus on four groups; CYP with complex needs / multi-morbidities, with long-term conditions, e.g. diabetes, with mental health needs, and Looked After Children (LAC) i.e. care leavers.
- ***Oral health*** – funding has been secured from NHSE to introduce a 'supervised brushing' programme across Hillingdon targeting children aged 3-5years.
- ***Integrated Early Intervention Service***- Hillingdon CCG has hosted three workshops with stakeholders to develop an integrated early intervention model for CYP with emotional well-being, mental health and physical needs. The output from these workshops is the development of a draft service specification for the new model. This has been agreed with local partners. The pilot for the new model will then take place in a designated neighbourhood area in Hillingdon in April 2020. The plan is to evaluate the learning from the pilot with a view to scaling the model across Hillingdon in 2021/22. The benefits will be reduced waiting times and improved access to support for CYP.
- ***KOOTH*** - The CCG commissioned KOOTH an on-line counselling service for CYP aged 11-19, in Hillingdon and for students at Harrow and Uxbridge College. The service demonstrates positive outcomes for Hillingdon Children and young people in 2019/20. These include:
 - ***86% users would recommend KOOTH to a friend.***
 - ***48% CYP are from BAME communities***
 - ***78% CYP use the service outside office hours.***
 - ***70% CYP record improved outcomes***

The CCG plans to continue to commission this service and extend the service provision from 18-25 years in line with the directives in the NHS 10 year Plan.

T2. New Primary Care Model of Care

- ***Neighbourhoods/Primary Care Networks*** - 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. Hillingdon has seven PCNs in place delivering extended access hours. There are a number of additional roles within the PCNs to support patient centred care such as the social prescribers and clinical pharmacists. As of January 2020, there are three transformation managers in place to support the development and transition of the Primary Care Networks. For 2020/21 PCNs will have to deliver a set of seven PCN Directed Enhanced Service specifications.
- ***Extended Access Hubs*** - There are three locality based extended GP access hubs operating outside of core GP hours 365 days of the year from 6.30pm to 8.30pm during weekdays and 8am to 8pm at the weekends and bank holidays. Performance data for December 2019 shows there was a 74% utilisation rate of the service with overall patient satisfaction rated at 100%. From the 1st December 2019 the extended access service expanded its current service model to deliver *30 minutes per 1000 registered population per week*. Previously the offer was *14 minutes per 1000 registered population*. *The additional appointments include a skill mix of staff – GP's, nurse, HCA's and phlebotomists. As of mid-January the extended access service has been offering weekend routine phlebotomy appointments to registered patients.*
- ***Outcomes Based Contracts*** – For 2020/21 Hillingdon will have in place again a single outcome based contract encompassing seven service specifications that are aligned to the CCG's strategic objectives and provide value for money. These contracts offer the opportunity for primary care to deliver a range of out of hospital health and care services for Hillingdon registered patients. All 45 practices signed up the 2019/20 contract to provide 100% population coverage.
- ***IT Software Solution*** – the CCG procured a software solution for practices in 2019/20 to support the delivery of our local contracts. The tool is aimed at reducing bureaucracy through use of a template showing clinicians only the elements they need within the scope of their consultation. It facilitates the opportunity to deliver patient centred care, and works through multiple conditions within a consultation without the need to open and run multiple templates. The benefits include: improved clinical coding, including Quality Outcomes Framework (QOF) codes and primary care contract codes. This provides more accurate prevalence data and leads to improved health outcomes and also reduce variation between practices coding.

DA2 Eliminating unwarranted variation and improving LTC management

T4. Integrated Support for People with Long Term Conditions

- ***Respiratory*** – The pilot of consultant led virtual clinics held in GP Practices is ongoing and a range of issues are being identified. Discussions with the Provider for the new Primary Care Respiratory Service have been held to draft a service specification. This is going through HCCG governance for approval.
- ***Diabetes*** - QISMET Accredited MyHealth is a highly referred programme for patients with Type 2 diabetes. DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) continues to be part of the patient Structured Education. The Diabetes Integrated Community Service specification review is progressing towards consultation. First discussion commenced at January Diabetes Clinical Working Group meeting. .
- ***NWL REWIND (Reducing Weight through Intensive Dietary Support) programme*** – HCCG

agreed to prototype REWIND programme with practice in Hayes based on population needs. Detailed project plan is being developed with the diabetes clinical lead.

- **Diabetes Outcome Based Contract** – The Outcome Based Contract went live on 1/7/2019 across all GP practices. The contract strengthens current arrangements and integrated working across primary, community and secondary care.
- **Integrated Diabetes Community Service** – The community service specification is being reviewed to ensure the service model is ‘fit for purpose’ and meets the needs of patients. It will go through governance early 2020.
- **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 monitored through a ‘diabetes dashboard’. This is used for quarterly monitoring/ reporting tool and monitored at Diabetes Clinical Working Group.
- **Heart Failure (HF)** – The audits resulted in 169 patients being added to the HF register & 370 were added to the HF LVSD (Left Ventricular Systolic Dysfunction) register. 362 Patients are to be reviewed by the CNWL HF team. 31 patients have been reviewed so far and 26% require drugs up-titration and 23% need their blood pressure medication reviewed.
- **Atrial Fibrillation** – Harefield Hospital will hold a stakeholder meeting in March regarding the extension of their AF project which will involve patients picked up through pharmacist AF screening being referred to a Primary Care AF clinic led by the Trust.
- **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

- **Mount Vernon Cancer Centre NHSE Strategic Review** – update in main report 3.1.4
- **Colorectal Cancer** – The uptake by GP practices of Faecal Immunochemical Test (FIT) to detect low risk symptomatic patients with cancer. This is being monitored and Hillingdon has the highest uptake across NWL. New GP cancer leads are working with practices to improve the education and learning around the quality of the two week wait referrals.
- **National Cancer Diagnostic Audit** – In 2019 the London Transforming Cancer Services Team (TCST) announced some limited funding (Wave 1) to London PCNs/practices to participate in the audit that is used as a quality improvement tool to drive early diagnosis of cancer. All of the PCNs in Hillingdon have been successful in obtaining funding to participate in the audit. Interim reports for Wave 1 have been shared with PCNs.
- **Cancer Survivorship** – A project manager has been recruited for the Macmillan Cancer Personalised Care Programme for two years. The post-holder is funded by Macmillan and will work across secondary and primary care to support personalised care for patients through better use of treatment summaries, cancer care reviews and holistic needs assessment, improving access to psychological therapies and access to health and wellbeing events. The HCCG My Health Team and Harlington Hospice held a patient event in October to identify areas to improve in terms of supporting patients with cancer to develop a MyHealth programme to deliver personalised care for patients with cancer.
- **Cancer Decision Support Tool** – HCCG has been one of the four successful CCGs across NWL who will be piloting the CthSigns cancer decision support tool in primary care. This work is led by RM Partners (West London Cancer Alliance) in partnership with NW London. The tool will help GPs to identify patients at risk of cancer earlier. It uses the latest NICE guidelines and covers the entire spectrum of cancer. It detects patient with a 3% risk of cancer or more (1% for children and young people). It is designed to be used within the consultation. The plan is for the tool to be rolled out by the end of March 2020 to all practices across Hillingdon.

DA3 Achieving better outcomes and experiences for older people

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

Michael Sobell House – update in main report; 3.1.2

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

- The service is continuing to support patients at end of life with urgent palliative care needs. It is serving a high number of patients – above the anticipated number forecast – and is seeing a high number of people passing away where they wish to spend their last weeks of life. There is however a need to ensure that more patients without advanced care planning are identified and supported, and increase awareness of the service amongst GPs, 111 and London Ambulance Service teams.

Hillingdon End of Life Strategy

- The Hillingdon End of Life Strategy 2016-2020 will come to a close at the end of the year. Hillingdon CCG has begun early patient and clinical engagement to inform the

future direction of travel for a refreshed strategy. The findings for this are due for early 2020.

T1. Transforming Care for Older People

- **Better Care Fund** - 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** - 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 which has been fully recruited to and has been rolled out across the Borough from 3rd February 2020. This enhanced support will include regular visits from a dedicated nursing team, physical and mental health and anticipatory care planning of a consistent format and quality, provided by the new team, on behalf of the Hillingdon GP the person is registered with.
- **A Weekday Acute Visiting Service** - this builds on the existing weekend and bank holiday advice and visiting service provided by the GP Confederation. This new provision is additional to but will work closely with existing services eg. Rapid Response, LBH Quality Assurance team, Your Life Line, Care Home pharmacist.

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

- **Mental Health Transformation** - work continues to support the MH and emotional wellbeing needs of patients/ carers to integrate community/primary care response for adults and children. Hillingdon Talking Therapies (IAPT) is part of the multi-morbidity developments in PC neighbourhood development.
- **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** – Hillingdon Talking Therapies services continue to meet the needs of a greater number of adults affected by depression and anxiety.
- **NW London Likeminded** – all commissioners are working with Likeminded to support developments across the STP for improvements in CMHTs, Crisis and Perinatal Care.

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

T8. Integration across Urgent & Emergency Care Services

Hillingdon CCG is working with partners to deliver the Urgent and Emergency Care Programme. The CCG leads on Demand Management for UEC services, 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 HIU service targets the 50 most intensive users of A & E through a health coaching approach proactively supporting people to address the underlying causes of their frequent requirement for unscheduled care. There are two Wellbeing Officers in post who actively case manage around 20-25 of the more complex

patients. The caseload is regularly reviewed with some patients being stepped down and new patients accepted. Further work is being developed with the Care Connection Teams to support the less complex cases.

- **Minor Injuries Unit** – In accordance with the commitment by NW London to achieve consistency across urgent care services and equitable care, a review of the MIU at Mount Vernon Hospital has considered four possible options. The preferred option is for the MIU to retain its current state to avoid disruption to the current service provision and a more integrated urgent care service and closer working with other local providers.
- **Hillingdon Hospital Urgent Treatment Centre** - UTC has relocated to its new location within THH and is now fully operational.
- **NHS 111 Re-procurement** - is currently on hold and the CCG is awaiting further updates. The current provider contract has been extended to June 2020. They have been piloting the integrated service.
- **NHS 111 Direct Booking** - 111 direct booking into hubs, appointment slots have been made available for 111 bookings from 3pm Thursday for weekend access. A plan has been agreed between the CCG and the GP Confederation for a number of actions to be taken forward to improve utilisation of the hubs.
- **NHS 111 Direct booking into GP Practices** - all 45 Hillingdon GP practices have been connected for 111 direct booking and 317 appointment slots were booked into 27 of the 45 Hillingdon GP Practices from July to December.
- **Same Day Emergency Care** – a work stream has been set up to increase the number of patients that can be treated in the emergency department and then discharged home on the same day. The aim is that same day emergency care is the default position for all patients unless their clinical needs require admission. The operational hours are currently 7am – 8pm Monday to Friday and 8am – 8pm Sat/Sunday. The team are working to develop further pathways for this service
- **Integrated Discharge** – The Integrated Discharge program is progressing, developing discharge pathways to support THH patient flows. This work will be supported by the development and subsequent implementation of standards for triage. The program will secure formal agreement between system partners for Phase two of the integrated discharge model in the form of either a Memorandum of Understanding or Service Specification. Significant work is in progress to reduce long Length of Stay in the Hillingdon Hospital, and weekly review meetings are undertaken.

Enablers

E1. Developing the Digital Environment for the Future

- Hillingdon is seeing improved access to shared care records. The local system is also implementing a 'Paper Switch Off' date and NWL plans for the delivery of a paperless system.
- Introducing shared digital care and support plans for better integrated care across care settings, integrated with Primary care clinical systems, including EoL care planning and digitally enabled self-care,

Key Programmes:

- **EMIS and TPP S1 interoperability** - for community clinicians to access EMIS GP system to view the patients' medical records and EMIS GP to review consultation

notes/reports on the TTP S1 system.

- ***Patient Online Access*** - for patients to manage bookings / repeat prescriptions. GP's will support patients with this The CCG are on target to achieve national targets set by NHSE
- ***NHS 111 In-Hours direct appointment booking*** - this allows 111 providers to book patients into an appointment slot allocated by the practice for a face to face consultation. This has now been deployed and tested to all but two practices who are being supported to start.
- ***GP WiFi*** – this has been deployed to all GP practices in Hillingdon and the IT team are supporting 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.
- ***Deployment of Docman-10*** - with funds secured 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.
- ***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 video consultation.
- ***Replace Windows- 7 device with Windows-10*** - all NHS organisations must commit to migrating from their current Windows 7/8 estates to Windows 10 by end January 2020. The IT team is making good progress with deployment windows 10 across the estate and are on target to achieve the bulk of the deployment by this date.
- ***Deployment of Advanced threat protection (ATP)*** - across all GP practices and CCG IT estate further securing the IT estate with real time monitoring and support by central NHS CareCERT to effectively and safely dealing with any potential cyber security threat. The IT team have successfully deployed ATP to all active devices.

E2. Creating the Workforce for the Future

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 via Connect to Support and Health Help Now App. Practice Managers and administrators continue to come to bespoke training and share best practice in peer learning groups.
- To support Primary Care Networks (PCN) baseline works force analysis has been conducted with individual workforce planning visits taking place across GP practices. This will also support national requirements to report workforce figures.
- In recognition of the crucial role and leadership of Practice Managers, focused work on IT peer support and business and change management skills has been provided.
- All Brunel's Physician Associate students have been placed and preparations for their medical school placements are underway. Numbers of nurse mentors, supervisors, and students continue to increase.
- All three levels of the Hillingdon Receptionists' Competency Framework has been completed and booklets distributed. The Competency Framework for Health Care Assistants (HCA) is being finalised and one is also being compiled for Practice Managers. This allows for career pathways and training packages to ensure consistency across practices and staff.
- The creation of clinical leads and clinical project work roles in HCCG, the Hillingdon Primary Care Confederation and Harlington Hospice has allowed younger GPs to apply for these roles.

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

A Separate report is included in part 1 setting out progress to all hub developments in the North of Hillingdon and Uxbridge and West Drayton together with issues regarding GP provision at Yiewsley, Hayes and Heathrow Villages. The report also sets out S106 spend on health related projects.

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 including new 28 day Faster Diagnostic Standard
- London Ambulance Response Times

This section also includes performance in key indicators for mental health and community services. Detailed information on under-achieving indicators including recovery plans and mitigating actions are reviewed and monitored.

There is a national 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. The NHS Oversight Framework for 2019/20 has replaced the CCG Improvement and Assessment Framework (IAF) and the provider Single Oversight Framework, and will inform assessment of CCGs in 2019/20. It is intended as a focal point for joint work, between NHS England, NHS Improvement, CCGs, providers and sustainability and transformation partnerships and integrated care systems. The specific metrics that will be used for oversight and assessment will include the measures identified in the NHS Long Term Plan Implementation Framework. Hillingdon CCG was rated 'Good' by NHSE England in the 2017/18 annual CCG's assessment.

E5. Medicines Optimisation

- **Care Homes** - there is a Medicines Optimisation in Care Homes pharmacist supporting Care Homes to optimise medicines and streamline processes to reduce unplanned admissions.
- **Medicines optimisation** – Medicines Management Team engagement with NHSE Clinical Pharmacists in GP practices through regular attendance at their team meeting. Support provided to the clinical pharmacists on prioritised work streams to support medicines optimisation.
- **Long-term conditions** - The 2 Asthma and Diabetes pilots have now concluded. These incorporated 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. The outcomes showed better management of the 2 conditions.
- **Repeat Prescribing Project** – Independent Pharmacist Prescribers are reviewing and streamlining repeat prescription processes in practices i.e. addressing ordering unwanted

items, duplicate items and non-adherence to treatment regimens and over-ordering. Issues are feedback to the practices for sustainability.

- ***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. A dedicated Pharmaceutical Advisor will be driving the agenda forward in GP practices. New resources have been developed and ordered from the TARGET website (Treat Antibiotics Responsibly, Guidance, Education, Tools), for use in GP practices. These will be distributed to practices at the September 2019 subgroup meetings.

Audits:

- An audit on broad spectrum antibiotic prescribing has been sent to practices for completion by June 2019 and a second audit for December 2019. The aim of this audit is to demonstrate adherence to Public Health England (PHE) issued guidance and reduce prescribing of broad spectrum antibiotics which have been associated in community-acquired C. difficile & MRSA infections.
- An audit on antibiotic prescribing for Urinary Tract Infections (UTI) has been sent to practices to be completed by September 2019 and April 2020. The aim of this audit is to reduce inappropriate prescribing for UTI in primary care, supporting the prevention of antibiotic resistance and antibiotic related infections such as MRSA and C.difficile.
- The MMT Pharmacy Technician will be leading an audit to support practices in reviewing the prescribing of broad-spectrum antibiotics. This is due to start in September 2019 in the top 6-outlier practices.
- An audit on Trimethoprim prescribing for over 70 year olds was carried out between July – Nov 2018 by the Medicines Management Team Pharmacy Technician to assess and promote appropriate antibiotic prescribing in accordance with existing local/PHE guidelines and reduce the inappropriate antibiotic prescribing for UTI in primary care. The audit was undertaken in 15 of the highest prescribing surgeries in the borough. The results were shared with the respective practices on completion, to support clinicians in promoting quality improvements by reviewing antimicrobial prescribing within practice. The original 15 practices are being re-audited and additional practices included. This is near completion.
- The Medicines Management Pharmacy Technician continues to undertake audits on the appropriateness of vitamin and mineral prescribing, according to ***NHSE guidance: Guidance on conditions for which over the counter items should not routinely be prescribed in primary care.***

BETTER CARE FUND: PERFORMANCE REPORT (OCT - DEC 2019)

Relevant Board Member(s)	Councillor Jane Palmer Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon Clinical Commissioning Group
Report author	Paul Whaymand, Finance, LBH Tony Zaman, Social Care, LBH Kevin Byrne, Health Integration and Partnerships, LBH Caroline Morison, HCCG
Papers with report	None

HEADLINE INFORMATION

Summary	This report provides the Board with the second performance report on the delivery of the 2019/20 Better Care Fund plan.
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 £92,952k for 2019/20 as at month 9.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- a) notes the progress in delivering the plan during the Q3 2019/20 review period; and
- b) agrees the proposal for the development of the 2020/21 BCF plan.

INFORMATION

1. This is the second performance report to the HWBB on the delivery of Hillingdon's Better Care Fund (BCF) Plan for 2019/20 and the management of the pooled budget hosted by the Council. It updates the Board on the position to 31 January 2020 where possible. The plan and its financial arrangements are set out in an agreement established under section 75 of the National Health Service Act, 2006 agreed by both the Council's Cabinet and Hillingdon Clinical Commissioning Group's (HCCG) Governing Body in January 2020. This followed notification by NHSE on 23rd December 2019 that Hillingdon's plan had been approved.

2. The pooled budget is intended to address issues that can arise for people whose needs cut across health and social care boundaries. It does this by bringing together local authority and health funding into the equivalent of a joint bank account so that the focus is on addressing

need rather than who the funder is. The value of the pooled budget for 2019/20 is nearly £93m.

3. There are three types of measures used to determine the success of the plan:

- *National metrics*: There are four metrics against which every health and wellbeing board area in England is required to report progress to NHSE.
- *Local metrics*: These are local scheme specific measures where progress is reported to the Health and Wellbeing Board and CCG Governing Body only.
- *Delivery plan milestones*: Identify how performance against the agreed delivery plan is progressing.

4. All Health and Wellbeing Board areas in England are required to submit to NHS England a prescribed performance template to provide an update on the delivery of their BCF plans. It is a requirement that templates are signed off by Health and Wellbeing Board chairmen.

National Metrics

5. **Emergency admissions target (also known as non-elective admissions): Slippage** -

During the period April to December 2019 there were 2,075 emergency admissions, which would suggest a forecast outturn of 2,766 admissions against a ceiling of 2,411. This would be approximately 181 admissions over the 2018/19 outturn.

6. It is not possible to compare Hillingdon's performance against this metric with the rest of London. This is because the national emergency admissions target relates to the 18 and over population and Hillingdon's target in 2019/20 is focussed on older people with conditions where early identification of support needs could help to prevent hospital admissions, e.g. diabetes, dementia, chronic obstructive pulmonary disease (COPD).

7. A key objective of the eight Neighbourhood Teams (please see below) established across the borough is to actively manage the 15% of the population at greatest risk of future hospital admission and developing long-term care needs. Although at different points of development across the borough, this work is having results and without it the numbers of emergency admissions would undoubtedly be higher.

Neighbourhood Teams Explained

The eight Neighbourhood Teams are multi-disciplinary teams consisting of staff within a range of GP practices, community health professionals, professionals concerned with the assessment, diagnosis and treatment of adults with urgent medical needs, a mental health professional and voluntary and community sector staff.

8. **Delayed transfers of care (DTOCS): On track.**

DTOCs Defined

A DTOC occurs when a person is ready for transfer from a hospital bed, but is still occupying the bed. A person is ready for transfer when:

- a) A clinical decision has been made that the patient is ready for transfer; AND
- b) A multi-disciplinary team decision has been made that the patient is ready for transfer; AND
- c) The patient is safe to discharge/transfer.

9. Table 1 below shows that there were 2,695 delayed days in the period April to December 2019. This would suggest an outturn for 2019/20 of 3,593 delayed days against a ceiling of 4,964 delayed days imposed on Hillingdon by NHSE for this year.

Table 1: DTOC Performance April - December 2019			
Delay Source	Acute	Non-acute	TOTAL
NHS	1,951	538	2,489
Social care	72	83	155
Both NHS & Social Care	3	48	51
TOTAL	2,026	669	2,695

10. Hillingdon's relative position compared with other London boroughs (and the City of London) for the review period is shown below. The aim is to have the lowest number possible.

- Total delays: 10th lowest
- NHS attributed delays: 18th highest
- Social Care attributed delays: 4th lowest
- Delays attributed to both NHS and Social Care: 18th highest

11. The main reasons for delayed days are:

- *Access to care homes (41% of delayed days)*: The main issue in respect of access to care homes for the NHS concerns people with more challenging behaviours. A solution being explored is to work in partnership with specific care homes to encourage them to accept more complex patients but with additional support. The implementation of the Enhanced support in care homes and extra care service (see below) presents opportunities to deliver this support. However, care homes will always be mindful of the number of residents they have with more complex needs and their impact on other residents;
- *Further non-acute NHS care (17% of delayed days)*: This includes access to specialised mental health services such as secure rehabilitation facilities. There is a national shortage of this type of provision;
- *Patient/family choice (12% of delayed days)*: This is where a reasonable offer of care to meet assessed needs has been refused. Setting expectations at an early stage helps to address this issue and there is an action within the 2019/20 delivery plan focussed on patient information;
- *Housing (9% of delayed days)*: This reason applies to housing delays relating to people for whom the Council does not have a social care responsibility under the 2014 Care Act. This includes asylum seekers, people from overseas, single homeless people or those with no fixed abode who do not meet the national eligibility criteria for Social Care.

13. **Permanent admissions to care homes target: On track** - There were 126 permanent admissions to care homes during the period between April and December 2019, which suggests an outturn for 2019/20 of 168 permanent admissions. The ceiling for 2019/20 is 170 (or 408 admissions per 100,000 people aged 65 and over). 56% of permanent admissions were into

nursing homes and nearly 44% into residential dementia care homes.

14. The Board may wish to note that as part of the Adult Social Care quality assurance process the Assistant Director, Adult Social Work and Head of Service for the Hospital and Localities undertake periodic reviews of placements. The review that was undertaken for placements in Q3 showed that these were all appropriate to the needs of the individual residents concerned. The Board may also wish to note that placement data for 2018/19 showed that our numbers of older people per 100,000 living in permanent placements was the seventh lowest in the capital.

15. A review of this metric and several other ASCOF measures is being undertaken by the Association of Directors of Adult Social Services (ADASS) and may inform the requirements for the 2020/21 BCF plan.

16. **Percentage of people aged 65 and over still at home 91 days after discharge from hospital to Reablement: Data not available** - This metric looks at people who were discharged into Reablement in Q3 and were still living at home at the end of Q4. It will therefore not be possible to report on the 2019/20 performance until the Q4 report to the Board in June 2020. 2019/20 will be the final year of this metric.

Scheme Specific Metric Progress

Scheme 1: Early intervention and prevention

17. **Falls-related Admissions: On track** - This metric includes people aged 65 and over admitted to hospitals as an emergency as a result of a fall. Projections based on April to December 2019 admissions data suggest that there will be 902 admissions in 2019/20, which is broadly in line with the ceiling of 892 emergency admissions. This is an improvement on Q2 data and suggests that the falls management initiatives that are in place are having a positive effect.

Scheme 2: An integrated approach to supporting Carers

18. **Carers' assessments: Slippage** - 694 Carers' assessments took place during the period April to December 2019. On a straight line projection this would suggest an outturn for 2019/20 of 925 assessments against a target of 1,090 assessments. The Board may wish to note that there are services available through the Hillingdon Carers' Partnership that do not require a formal Carer's assessment under the Care Act to be undertaken. In addition, the Hillingdon Carers Partnership model has proved attractive to external funders and enabled additional resources to be obtained to support Carers in the borough. For example, £225k over three years has recently been secured to improve support to Carers of people with acute mental health conditions, as well as for providing support to Carers dealing with their own low-level mental health issues.

19. **Carers in receipt of respite or other Carer services**: During the review period 350 Carers were provided with respite or another Carer service at a cost of £1,340k. This compares to 290 Carers being supported at a cost of £1,190k during the same period in 2018/19.

Scheme 4: Integrated hospital discharge

20. **Seven day working: Slippage** - Table 2 below illustrates performance against the seven

day metric at Hillingdon Hospital. This shows that there has been a reduction in discharges taking place on weekends.

Table 2: Seven Day Discharge at Hillingdon Hospital October - December 2019				
Week Days	Weekends	TOTAL	W/e as % of total discharges Oct - Dec 19	W/e as % of total discharges Apr - Sept 19
6,373	1,294	7,667	16.8	18.7

21. Community partners, including the Council, have the resources in place to support discharges on weekends and the issue appears to be related to infrastructure being established by the Hospital, e.g. medical decision making, access to medication and access to transport. Additional funding has been made available for the period 16th November 2019 to 31st March 2020 and as a result performance during Q4 is expected to improve and this experience will inform investment decisions for 2020/21 and beyond.

Scheme 5: Improving care market management and development

22. ***Emergency admissions from care homes: Slippage.*** - Activity for the April to December 2019 period suggests that an outturn for the year of 966 admissions. This would be similar to the outturn for 2018/19 of 968 but significantly above the ceiling for 2019/20 of 844 emergency admissions.

23. 78% of hospital admissions from care homes for older people go to Hillingdon Hospital. Information about the reasons for admission to the Hospital from care homes and also about length of stay once admitted is now available to partners. This is being used to target support and interventions to those care homes identified as having particular issues. Examples of interventions include allocating a matron or GP from the Enhanced Support in Care Homes and Extra Care Service as explained above. A deep dive into those patients with the highest cost episode of care will be undertaken by a consultant geriatrician in Q4 to identify both the appropriateness of the admission and whether there are any learning opportunities.

Key Milestone Delivery Progress

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

- ***Implement Enhanced Support for Care Homes and Extra Care Service:*** Four matrons started with the service in Q3 enabling the range of support that it provides to be extended to more care homes and also to extra care housing schemes. By the end of February a mental health nurse, speech and language therapist and dietician will all be in post, thus broadening the range of support that the service can provide;
- ***Explore the feasibility of rapid access care provision to prevent admissions that are avoidable:*** A pilot was established in December that enables District Nurses, Guided Care Matrons within the Neighbourhood Teams and the Community Palliative Care Team to deploy urgent day time homecare, sleeping night cover and night sitting cover on a short-term basis where this will prevent an emergency admission. This will be evaluated in March to determine the extent to which it has made a difference to residents

and the health and care system;

- *Develop a lead commissioning pilot for nursing care home provision by the Council on behalf of the CCG:* The Council commissioned six beds for people on behalf of the CCG who were non-weight bearing in order to facilitate timely hospital discharge. The benefits of the Council undertaking this function on behalf of the CCG is being evaluated and will be reported on in due course;
- *Regularise current operational case management arrangements for people with learning disabilities:* The Council provides a case management service to the CCG for people with learning disabilities whose care is funded by the NHS. Approval by both the Council and the CCG of the section 75 agreement clarifies the terms of these arrangements.

25. There is slippage on the following milestones:

- *Criteria-led discharge (CLD):* There are six wards where CLD has gone live and these are a mix of acute elderly, internal rehab, planned surgery, general surgery and respiratory wards. The internal rehab ward and planned surgery are currently the most successful with CLD, achieving approximately 50% of their monthly discharges and showing an increase in the number of patients discharged earlier in the day.
- *Develop training for care homes in how to manage people with challenging behaviours:* The delivery of this milestone is linked to the completion of the tender process for supported living schemes for people with learning disabilities in order to release staff capacity and this will not be completed until 2020/21. It is therefore proposed that this action roll forward to the 2020/21 BCF delivery plan.

Successes and Achievements

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

- Agreement across Hillingdon Health and Care Partners to reconfigure services and streamline management to align common functions. This is critical progress in the journey towards integration as it helps to eliminate duplication and achieves improved efficiency.
- Agreement achieved on the appointment of a Joint Clinical Director (role split between a primary and secondary care clinician) and a joint senior manager to manage services supporting discharge. Both changes will contribute to appropriate staff being deployed according to professional competence and avoid duplication.
- 8 patient flow coordinators based within the Integrated Discharge Team at Hillingdon Hospital all took up their posts. Each post has responsibility for individual wards within the Hospital and liaising with relevant stakeholders to expedite the return home of people who no longer need to be in hospital.

Key Issues for the Board's Attention

2020/21 BCF Plan

27. The NHS Operational Planning Guidance for 2020/21 states that the policy framework and planning guidance for the next iteration of the BCF plan will be published in February. The expectation is that there will be a requirement for a three-year plan aligned to the Comprehensive Spending Review (CSR) that will run from April 2021. As it is understood that the CSR will not take place until October it is unlikely that any further guidance will be published before then. It is therefore proposed that the approach to the 2020/21 plan should be about consolidation and that the schemes within the 2019/20 plan be rolled over with the following

priorities:

- Preventing hospital admission.
- Managing hospital discharge.
- Development of integrated brokerage arrangements.
- Development of integrated homecare.
- Implementing the integrated therapies model for children and young people.
- Development of an integrated model for care and support for people with learning disabilities.

Financial Implications

28. The forecast financial position at the end of Quarter 3 2019/20 is summarised in Table 4 below.

Table 4: BCF Financial Summary 2019/20			
Key Components of BCF Pooled Funding (revenue unless classified as Capital)	Approved Pooled Budget 2019/20	Forecast Quarter 3 2019	Variance as at Quarter 3 2019
	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	39,418	39,008	(409)
LB Hillingdon - Commissioned Services	49,079	50,138	1,058
LB Hillingdon - Commissioned Capital Expenditure	4,455	4,455	0
Overall Totals	92,952	93,601	649

29. The Better Care Fund budget is projecting an overspend of £649k as at Quarter 3 (December 2019). This is due to an overspend of £1,058k on the LB Hillingdon Commissioned Services budgets, which relates to pressures on the Adult placements budgets across Scheme 4: *Improving Hospital Discharge* (£565k overspend); Scheme 5: *Improving Care Market Management and Development* (£1,125k overspend) offset by an underspend in Scheme 8: *Integrated Care & Support for LD*. The overall position assumes the receipt of monies owed of over £800k in relation to an Ordinary Residence case, awarded to Hillingdon following High Court judgement. This will continue to be monitored closely over the remainder of the year.

30. This is netted down by an underspend of £409k on the Hillingdon CCG Commissioned Services budgets, which predominantly relates to underspends across Scheme 5 (*Improving Care Market Management and Development*) and Scheme 8 (*Integrated Care & Support for LD*) of £745k, alongside an overspend of £336k in Scheme 4: *Improving Hospital Discharge*.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

32. *2020/21 BCF Plan proposals* - This will provide the Board with an opportunity to give

feedback on the proposal from officers on the content of the plan for 2020/21. The proposal is intended as a pragmatic response to current uncertainty about Government requirements, which will facilitate the submission of the next iteration of the BCF plan within the nationally set timescale. The expectation is that the latter is likely to be no longer than six weeks from the date of publication of the planning guidance.

Consultation Carried Out or Required

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

Policy Overview Committee Comments

34. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

35. Corporate Finance have reviewed this report and concur with the financial implications above, noting the overspend reported against the Better Care Fund. The financial position reflects that reported in Month 9 monitoring, with part of the pressure falling within the Council's Development and Risk Contingency budgets. Corporate Finance note that the pressure reported has been covered within the Council's Social Care position, which is reporting a net underspend of £383k across the service.

Hillingdon Council Legal Comments

36. 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

NIL.

CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING UPDATE FEBRUARY 2020

Relevant Board Member(s)	Dr Ian Goodman Councillor Jane Palmer
Organisation	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
Report author	John Beckles Commissioner Transformation Lead Emotional Well-being and Mental Health CYP
Papers with report	N/A

1. HEADLINE INFORMATION

Summary	<p>In Sept 2019, the Board delegated authority to approve the annual refresh of the (CYPMH LTP) for submission to NHSE on 31st October 2019, to the Chairman of the Board in consultation with the Chairman of Hillingdon CCG and Chair of Health watch Hillingdon.</p> <p>The Hillingdon CCG Local Transformation plan was successfully assured by NHSE in February 2020. Hillingdon CCG received a high level of assurance 80% rated at Green.</p> <p>Of note this quarter is that the CAMHS specialist Service achieved the referral to treatment 18 week target for the last 3 months consecutively.</p> <p>The report highlights the progress made in development of the Children and Young people early intervention and prevention model with local Partners and the commencement of prototyping the new CAMHS model in Yiewsley.</p> <p>The continued progress and performance of the new on –line Counselling Service KOOTH. The service provides increased access, prevention and early intervention for children and Young People in Hillingdon with emotional well-being and mental health issues. The contract with this service has been renewed for a further year to July 2020.</p> <p>This paper provides an update on the continued engagement with Hillingdon schools. Hillingdon CCG will take part in the National Link programme which will commence in Autumn 2020. The Link Programme is led by the Centre, funded by the Department for Education and supported by NHS England.</p>
Contribution to	Previous Health and wellbeing reports

<p>plans and strategies</p>	<p>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)</p>
<p>Financial Cost</p>	<p>This paper does not seek approval for costs.</p>
<p>Ward(s) affected</p>	<p>All</p>

2.0 RECOMMENDATIONS

That the Health and Wellbeing Board notes the progress made:

- 1. 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 development of the early intervention prototype in Yiewsley and the continued progress and performance in Q2/Q3 2019/20, by the new on-line counselling service KOOTH which has increased access to emotional well-being and mental health services for children in Hillingdon in 2019/20.**
- 2. In developing the offer available to families Getting More Help: where the support required is a multi-agency intervention. The Specialist CAMHS has followed its recovery plan and has achieved the 18 week RTT waiting list standard in this quarter.**

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 the 9th July 2018. The service provides immediate access to support for children and young people with emerging emotional well-being and mental health issues. Monthly contract performance meetings are in place to review performance.

The service continues to perform exceptionally well and is increasing access to emotional well-being and mental health services in Hillingdon at an increasing rate.

The contract with the service has been renewed to July 2020

Some of the main highlights from the Q/3, 2019/ 2020 report.

Significant highlights include:

- Q3 has seen 139 new registrations compared to 141 in Q2.
- Q3 has seen 636 Logins compared to 645 in Q2, with 76 % returning to engage with the service.
- Q3 has seen 74% of service users accessing Kooth out of office hours (office hours are defined as weekdays 9am – 5pm).compared to 81% in Q2
- New registrations who identified as BME represented 50% in Q3.Similar to Q2 44%.

- There were no complaints or safeguarding issues raised during this reporting period.

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). KOOOTH is able to evidence positive outcomes and increase in positive outcomes for the children that it sees and the data will be available in future reports.

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 continue to be represented as the top two places young people heard about Kooth in Hillingdon, with Friends being the next most popular. In Quarter 3, 2019/20, 50% heard about KOOOTH through their local school. 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.

4.4 Kooth: Areas of Development.

The service will be developing in the following areas:

The service currently engages more young women than men ratio 4:1.

- Work has started with local football club – Ruislip Rangers and will extend to local Boxing clubs in the Hillingdon area.

50% children heard about KOOOTH through their local school

- Marketing of the service will extend to cover more schools in Hillingdon in 2020.

4.5 Early Intervention and Prevention model Development

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

The CCG hosted a series of 3 system wide workshops in May – June 2019, with representation from leads within the Local Authority, Young Health watch 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 include 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% 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 with emotional well-being issues is reduced by 10%

4.6 Update

- The CCG and Local Authority met in September 2019, and identified the local areas where our most vulnerable children are resident and where the prototyping for the new early intervention model will start. In the Yiewsley / West Drayton areas. This relates to the Hayes and Harlington and Colne Union Primary Care networks. It was agreed that the new model should be piloted in 2 neighbourhood areas.
- The Hillingdon system partners met in October – December 19, to review the plans to develop the model and identified those from their respective agencies that would lead on prototyping the new model.
- The prototyping commenced in Yiewsley, in Feb 20, and will run over a period of 6 – 8 weeks.
- Co- production with Young Health watch and local parents to develop the prototype started in Feb 2020.
- A meeting will be arranged in April 2020, with all local stakeholders to evaluate the prototype and finalise arrangements and the content for the business case.

The business case for the new model will need to go through due governance and a Key challenge will be getting the model approved through the respective governance processes of all the key agencies.

4.7 VCSE Health and Wellbeing Fund 2019 - 2022: 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 DOH Health and wellbeing fund. This funding can be used to 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 August 2019 the Department of Health informed P3 that they have been successful in their bid.

The VCSE Health and Wellbeing Fund 2019 - 20: Health and Wellbeing Fund” is part of a national programme to improve mental health services for young people across England. The Fund aims to support services that focus on improving support for young people and reducing health inequalities, supporting the objectives of a Shared Delivery Plan (2015-2020) with the Department of Health, Public Health, and NHS England.

Organisations were invited to apply for up to £300,000 for the first year (June 2019 – Mar 2020), fully funded by DO. For the further 2 project years (Apr 2020 – Mar 2021 and Apr 2021 – Mar 2022), applicants are required to secure match-funding from the CCG at 50%, 80% respectively.

4.8 Update

P3 will publicise and hold a system wide launch day event in April 2020, to provide local partners and stakeholders the opportunity to meet the staff, learn about the service. P3 will also

use this open day to promote learning and share service impact. Young people will help deliver the day and share their ideas.

P3 have recruited 4 WTE Emotional well-being workers and a service manager and work has begun via engagement with the LA, local schools and Specialist CAMHS.

P3 premises in Yiewsley is being refitted and altered to meet needs of scaled up project and ensure we offer a welcoming space that meets young people's needs.

P3 is actively working with system partners to develop the prototype work and the meetings to review the referrals is at the P3 offices in Yiewsley.

4.9 Link Programme - Early Intervention and Prevention in Schools

The Link Programme is led by the Anna Freud Centre, funded by the Department for Education and supported by NHS England and will reach every school and college in England over the next four years.

Training will focus on two workshops, about six weeks apart, which will be coordinated by Clinical Commissioning Groups (CCGs).

Hillingdon CCG has been invited in August 2019, to take part in the programme and information will be sent out to education and mental health professionals from the CCG in autumn 2020.

The Anna Freud Centre have been trialling the programme over the last four years and an independent evaluation has found that it:

- Strengthened communication and joint-working between schools and NHS children and young people's mental health services
- Improved understanding of mental health services and referral routes
- Improved knowledge and awareness of mental health issues among school lead contacts
- Improved timeliness and appropriateness of referrals

This work will be reported on in future reports to the Board.

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.

In quarter 3, 2019/20, the CAMHS Specialist service successfully met the performance targets. Hillingdon CCG commissioners have been working with CNWL on a recovery plan detailing the activity / trajectory to meet the required target by quarter 3.

5.1 Outcome Recording CAMHS Specialist Service

HCCG has outlined a service delivery plan in 2019/20 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.

The level of outcome recording in the service has improved and this quarter the service reports that 70% of young people discharged with CYPIAPT/ CAMHS Outcome Research Consortium (CORC) measure showing improvement between acceptance and discharge. Year to Date 79% children discharged have shown improvement. The threshold for NWL teams is 60%.

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

NIL.

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UPDATE: STRATEGIC ESTATE DEVELOPMENT

Relevant Board Member(s)	Dr Ian Goodman, Chair, Hillingdon CCG Councillor Jane Palmer
Organisation	Hillingdon Clinical Commissioning Group London Borough of Hillingdon
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 2020

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

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

3. HILLINGDON ESTATE STRATEGY - OVERVIEW

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

Health & Wellbeing

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

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

Care & Quality

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

Finance & Efficiency

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

Key Drivers & Challenges

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

Key points emerging from the Strategic Estates Plan

- The need to progress the aims of the 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 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 including consideration of any potential impact from the Southall Gas Works site development in Ealing on Hillingdon practices.
- Address short term concerns relating to Yiewsley Health Centre and secure long term site with the view to secure additional capacity to respond to local residential development.
- The need to improve access to health care for people living in the Heathrow Villages.
- 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 Hillingdon Hospital Trust with the future re-provision of the hospital.

Current status of strategic estate priorities

New healthcare facility in North Hillingdon

As members will be aware the existing Northwood and Pinner health centre and community hospital is owned by NHS Property Services. Following positive discussions with the Council planning team and NHS Property Services the site feasibility work is now completed. The planned solution subject to planning consent will be to create the new healthcare facility within the existing community hospital that is fully refurbished and adapted for modern 21st century healthcare needs with the existing health centre demolished and development of new housing in line with Council planning policy. This preserves the heritage of the community hospital to continue to serve the local population. The CCG has agreed that the full 1450sqm for the scheme will be required for both existing and new services.

In addition to above the business case for the GP selection process has been approved by the Transformation Group and the Primary Care Board on 28 November 2019.

Three new workstreams have started as follows:

1. Design of the new health facility has commenced with clinical and non-clinical stakeholders;
2. A formal pre application being prepared and submitted to Hillingdon Council; and
3. Development of the business case required to be approved under NHS governance.

Timeline for the completion of the new health facility remains unchanged for March 2022.

New healthcare facility in Uxbridge / West Drayton

As members will be aware the plan for a new healthcare facility was to demolish the existing Uxbridge Health Centre and build a new state of the art health facility. The site is owned by Central North West London NHS Foundation Trust (CNWL) who have been actively working with Hillingdon CCG and the Council to develop this. One of the major constraints surrounding the project was locating and refurbishing a suitable facility to decant existing services in order to demolish the existing health centre which would add significant cost to the scheme.

CNWL has presented a new option to the CCG for consideration. CNWL has recently acquired Beaufort House in Cricket Field Road which is a 5 storey building with a total footprint of 43,223sqft of space. At present there are a number of business occupiers but also CNWL provide health services in this facility where they secured a change of use (D1 consent).

In order to consider this proposal the CCG will be required to revisit the options appraisal and compare against the preferred health centre option to redevelop on the Uxbridge Health Centre against the new Beaufort House site. This will require an additional 3 months to complete. However, if Beaufort House becomes the approved option, this will give a potential for greater value for money as the costs and disruption of a decant will not be incurred and refurbishment of an existing building instead of a new build option. Uxbridge Health Centre would then be surplus to requirements which CNWL will engage with Hillingdon Council on the long-term future of the site.

In addition to above the business case for the GP selection process has been completed with Primary Care Transformation Group approval in December 2019 and Primary Care Board

approval in January 2020.

The next workstream which has now commenced is the options appraisal which involves completing the quantitative and qualitative evaluation of the new option against the existing preferred option and take this through NHS Governance.

Overall timeline remains unchanged for delivery in March 2022. However, short term timelines will alter to facilitate for completion of the options appraisal. It will be expected that the delivery of the new healthcare facility will be implemented in stages.

Building capacity for Hayes and Harlington

There are two healthcare opportunities being pursued in the local area as follows:

- Old Vinyl Factory - As previously reported Heads of Terms have been provisionally agreed subject to District Valuer sign off on the rental figure and NHS approval. The next step is for the CCG to meet with interested GP practices to explore their plans for the space. These meetings are taking place and feedback will be communicated to the developer. The CCG is committed to deliver additional primary care capacity within this space with the increased demand in population and services.
- Nestle Site - No further feedback has been received on the Nestle Factory Canteen building since the CCG proposed various options for health and social care services. The current understanding is that the Council is reviewing options for the future provision of services.

Yiewsley Health Centre

The agreement for lease is now signed and construction has commenced at the site. The projected completion date for the works is 31 March 2020. 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.

New Healthcare facility for Shakespeare Medical Centre and Yeading Court Surgery

Following a number of discussions, it has been confirmed that the scheme at Woodside will no longer proceed with the GP component. The design and build approach taken to the tender did not provide sufficient assurance to the practices with regards to liability for potential risk and therefore the agreement for lease could not be signed off. The two GP practices will be working with the CCG to seek an alternative solution.

Heathrow Villages provision

Members will be aware from the previous meeting that a potential site has been identified in Harmondsworth for a multi-use facility which could house health provision. The CCG has obtained details of portacabin provision that could be utilised on the site. However, it will require a leaseholder to contract for the unit as well as agreement from the site freeholder.

Improving Access to Primary Care

Of the 11 Improvement Grant schemes supported by the CCG, one scheme has completed under an early delivery option, three schemes have withdrawn from the process, four schemes are progressing this financial year and three schemes have been deferred for delivery in 2020/21. All Improvement Grant schemes that progress this year must be completed by 31 March 2020.

The practices that have completed due diligence and have received approval to progress their schemes from NHS England:

- Glendale Medical Centre
- Oakland Medical Centre
- Church Road Surgery
- Ladygate Lane Surgery

The total value of the improvement grant schemes progressing across the two financial years (2019/20 and 2020/21) is approximately £740,000 with the NHS funding £485,000 and GPs funding the remaining £255,000.

There is a mix of CQC compliant, DDA compliant and Equality Act compliant works and larger premises improvements, i.e., internal reconfigurations and extensions.

FINANCIAL IMPLICATIONS

On 26 March 2019, the Minister for Health confirmed to Parliament that the Shaping Healthier Future programme had 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 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 30 June 2019. The Council has not received any further contributions since the last report to the Board in June. As at 30 June 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, Hillingdon CCG 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 30 June 2019, there is £3,109,208 of Social Services, Housing and Health S106 contributions available, of which £1,862,916 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.

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 of the Council and the Cabinet Member for Finance, Property and Business Services. All reports submitted under this procedure include legal advice to ensure that the release of funds is authorised by the Section 106 agreement.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2020)
			AS AT 31/12/19	AS AT 31/12/19			
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 facilities in the Authority's Area including (but not limited to); expansion of health premises to provide additional facilities and services to meet increased patient numbers or, any new facility required to compensate for the loss of a health facility caused by the development. No time limits.
H/28/263D *81	South Ruislip	Former South Ruislip Library, Victoria Road, Ruislip (plot A). 67080/APP/2010/1419	3,353.86	3,353.86	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend
H/36/299D *94	Cavendish	161 Elliot Ave (fmr Southbourne Day Centre), Ruislip. 66033/APP/2009/1060	9,001.79	9,001.79	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/44/319D *44	Northwood Hills	117 Pinner Road, Northwood 12055/APP/2006/2510	24,312.54	24,312.54	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/46/323G *104	Eastcote	150 Field End Road, (Initial House), Eastcote 25760/APP/2013/323A	14,126.88	14,126.88	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/48/331E *107	Eastcote	216 Field End Road, Eastcote 6331/APP/2010/2411	4,320.40	4,320.40	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
H/51/205H *110	Eastcote	Former RAF Eastcote (Pembroke Park), Lime Grove, Ruislip 10189/APP/2014/3354 & 3359/3358 & 3360	17,374.27	17,374.27	No time limits	North Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development.
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.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2020)
			AS AT 31/12/19	AS AT 31/12/19			
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			125,452.33	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 facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/39/304C *97	Yeading	Fmr Tasman House, 111 Maple Road, Hayes 38097/APP/2012/3168	6,448.10	6,448.10	2020 (Aug)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. HCCG is now considering other projects to ensure that these funds can be spent towards a valid scheme within the prescribed time limit.
H/55/347D *114	North Uxbridge	Honeycroft Day Centre, Honeycroft Hill, Uxbridge 6046/APP/2013/1834	12,162.78	12,162.78	2022 (May)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to spent/committed within 7 years of receipt (May 2022).
H/47/329E *106	Townfield	Land at Pronto Industrial Estate, 585-591 Uxbridge Road, Hayes 4404/APP/2013/1650	14,066.23	14,066.23	2024 (July)	Ux/WD Hub	Funds received the cost of providing healthcare facilities within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2020)
			AS AT 31/12/19	AS AT 31/12/19			
H/49/283B *108	Uxbridge North	Former RAF Uxbridge, Hillingdon Road, Uxbridge 585/APP/2009/2752	624,507.94	447,149.63	2024 (Aug)	Ux/WD Hub	Funds to be used towards the provision of healthcare facilities serving the development in line with the Council's S106 Planning Obligations SPD 2008. Funds to be spent within 10 years of receipt. £177,358 from this contribution is allocated towards capacity improvements at Uxbridge Health Centre (Cabinet Member Decision 12/06/2015). £177,358 transferred to HCCG July 2015.
H/58/348B	North Uxbridge	Lancaster & Hermitage centre, Lancaster Road, Uxbridge 68164/APP/2011/2711	7,587.72	7,587.72	No time limits	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/64/387E *136	Uxbridge North	Norwich Union House, 1-2 Bakers Road, Uxbridge. 8218/APP/2011/1853	15,518.40	15,518.40	2023 (Sept)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to be spent within 7 years of receipt.
Total "earmarked" towards Uxbridge/West Drayton Hub			697,951.28	520,592.97			
H/42/242G *100	West Drayton	West Drayton Garden Village off Porters Way West Drayton. 5107/APP/2009/2348	337,574.00	337,574.00	No time limits	New Yiewsley HC	contribution received towards providing additional primary healthcare facilities in the West Drayton area (see agreement for details) . Earmarked towards the provision of a new health centre facility in the Yiewsley/West Drayton area, subject to request for formal allocation.
H/50/333F *109	Yiewsley	39,High Street, Yiewsley 24485/APP/2013/138	12,444.41	12,444.41	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Earmarked towards the provision of a new health centre facility in the Yiewsley area, subject to formal allocation.
H/59/356E *120	Yiewsley	Packet Boat House, Packet Boat Lane, Cowley 20545/APP/2012/2848	14,997.03	14,997.03	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits
H/60/359E *121	Yiewsley	26-36 Horton Rd, Yiewsley 3507/APP/2013/2327	25,291.09	1,691.16	2023 (Jan)	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 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. Remaining balance £1,691.16 earmarked towards development of a new health centre site in the Yiewsley area.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2020)
			AS AT 31/12/19	AS AT 31/12/19			
H/61/382F *128	West Drayton	Kitchener House, Warwick Rd, West Drayton. 18218/APP/2013/2183	8,872.64	8,872.64	2026 (April)	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Spend within 10 years of receipt (April 2026).
H/62/384F *128	Yiewsley	Caxton House, Trout Road, Yiewsley. 3678/APP/2013/3637	15,482.07	15,482.07	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limits for spend.
H/67/402E	Yiewsley	21 High Street, Yiewsley 26628/APP2014/675	18,799.72	18,799.72	No time limits	New Yiewsley HC	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. No time limit for spend
Total "earmarked" towards existing/new Yiewsley Health Centre			433,460.96	409,861.03			
H/18/219C *70	Yeading	Land rear of Sydney Court, Perth Avenue, Hayes. 65936/APP/2009/2629	3,902.00	3,902.00	No time limits	Pine Medical Centre	Funds received towards the cost of providing health facilities in the Authorities Area. No time limits. £1,800 earmarked towards improvements to Pine Medical Centre, subject to formal approval. Confirmation received from NHS PS to confirm that the scheme is still valid. £1,800 allocated towards Pine Medical Centre improvements (Cabinet Member Decision 29/05/2015).
Total "earmarked" towards Pine Medical Centre			3,902.00	3,902.00			
H/30/276G * 85	Townfield	Fmr Hayes FC, Church Road, Hayes. 4327/APP/2009/2737	104,319.06	35,620.80	2022 (Feb)	To be determined	Funds received as the first and second instalment towards the cost of providing health facilities in the Authority's area including the expansion of health premises to provide additional facilities, new health premises or services (see legal agreement for details). Funds to be spent within 7 years of receipt (July 2019). £68,698.86 allocated towards HESA extension (Cabinet Member Decision 4/12/2014). Formal request from NHS PS received to transfer funds. £68,698.86 transferred to NHS PS 24/02/2015. Final instalment (£35,620.80) received. Remaining balance to be spent by February 2022.
H/69/404F	Botwell	The Gatefold Building, land east of the former EMI site, Blyth Road, Hayes 51588/APP/2011/2253	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 facilities and services to meet increased patient or user numbers or, new health services at the local level; any new facilities required to compensate for the loss of a health facility caused by the development. Funds 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).

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid February 2020)
			AS AT 31/12/19	AS AT 31/12/19			
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	1,515,948.19	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 and Sean Bidewell - HCCG
Papers with report	None

1. HEADLINE INFORMATION

Summary	<p>This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses:</p> <ul style="list-style-type: none"> • NW London CCGs single operating model • Primary Care Networks in Hillingdon • Finance update • QIPP delivery • Changes to Mental Health Services
Contribution to plans and strategies	<p>The items above relate to the HCCGs:</p> <ul style="list-style-type: none"> • 5 year strategic plan • Out of hospital (local services) strategy • Financial strategy • Joint Health and Wellbeing Strategy • Better Care Fund
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Select Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes the update.

3. INFORMATION

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

3.1 NW London CCGs single operating model

The NHS Long Term Plan, published in January 2019, stated that by April 2021 there will typically be one CCG for each integrated care system in England. The NW London CCGs engaged with staff, stakeholders and practices earlier in the year on the case for change for a single CCG culminating in the 8 governing bodies recommending that we move to a single CCG from April 2021 with the development of a single operating model during 20/21 to support the move towards integrated working, streamlined decision-making and the delivery of our challenging financial targets.

There will continue to be locally based teams throughout NW London that will focus on:

- The development of primary care networks (PCNs) and neighbourhoods
- The development of borough partnerships
- Development and delivery of transformational service and financial change to deliver local targets

Consultation with staff on the proposed model commenced on 3 February and will end 13 March with the proposed changes coming into effect from April 2020 pending the outcome of the consultation process.

There will also be changes to the CCG leadership team as Mark Easton (Chief Officer – NW London CCGs) will be retiring from the end of March and Paul Brown (Chief Financial Officer – NW London CCGs) will be leaving us to take up a role in Staffordshire. Jo Ohlson (Director of Commissioning – NW London CCGs) will act into the Chief Officer role whilst the recruitment process takes place.

In November recruitment took place for the independent chairs of the 5 integrated care systems in London. Dr Penny Dash has been appointed as Chair for the NW London ICS (covering the STP footprint) and is expected to come into post during April.

3.2 Primary Care Networks in Hillingdon

Following the publication of the primary care direct enhanced service (DES), work continues to develop primary care networks within Hillingdon. There are 7 networks in the borough aligned to our multi-disciplinary neighbourhood teams. The services currently provided through the DES include:

- Extended hours
- Access to social prescribing

From April 2020, these will be joined by:

- Structured medication review and optimisation
- Enhanced health in care homes
- Anticipatory care

The CCG, primary care confederation and HHCP are working closely with practices on a development programme that includes communications and engagement, support for PCN administration, the development and embedding of business intelligence and population health within PCNs and the development of GP IT systems to support joined up working.

Two practices in Hillingdon (West London and Church Road) have not joined a network and are

not currently providing the necessary information for their patients to be able to access the available services. Whilst it is not compulsory for practices to sign up to a network they must work with a network that is local to them to ensure their patients have access to services. The CCG has now issued contractual notices to the practices which requires remedial action to be taken within 28 days. Following that period should the practices continue not to comply with the national contract the CCG will consider the contractual and regulatory options available.

3.3 Finance update Month 9

Overall at Month 9, the CCG is reporting on target against its YTD in-year deficit of (£1.3m) and forecasting achievement of its (£1.7m) planned in-year deficit by year end. There has been a significant favourable movement in month within the Acute budgets however there remain forecast outturn (FOT) cost pressures within Acute (£0.5m). We have continued the NWL wide approach by scaling up our forecast Acute position to reflect anticipated over performance. The impact specifically for HCCG is an additional seasonality provision for the winter months of which £0.6m relates to Hillingdon Hospital.

Other significant FOT pressures remain within GP Prescribing (£1.2m adverse FOT variance). Further to this, there has been a deterioration to the Community Services position (£1.2m adverse FOT variance), which is largely due to pressures on the Community Equipment contract with LBH (£0.4m). Further to this, there are pressures relating to slippage on QIPP delivery outside of the CNWL contract (£0.8m).

At M9 there is an overall net risk of £1.6m, which is a £1.1m favourable movement from M8. The movement relates to £0.5m community equipment risk now reflected in the position and £0.6m relating to NWL recovery schemes which no longer feature in the position due to the improvement described above. Total gross risks of £2.7m largely relates to QIPP savings apportioned to THH during the last quarter (£0.8m), GP Prescribing Category M (£0.5m), the financial agreement for our End of Life SPA PONs (£0.4m) and Overseas Bad Debt Provision (£0.4m). Total mitigations of £1.1m to offset these risks largely relate to THH provisions not fully maturing £0.6m, UCC Bad Debt provision £0.4m and 18/19 Creditor Opportunities £0.1m.

The underlying position at M9 is currently a £2.5m deficit, which is a £0.3m adverse movement from M8. This is due to balance sheet gains released in month which are treated as non recurrent. Deterioration from plan recognises full Acute risk reflected in the FOT position and the full impact of the 19/20 PPA profiling which has been applied to the GP Prescribing position.

Overall Position – Executive Summary Month 9 YTD and FOT

Budget Areas	Year to Date Position			Forecast Outturn Position			
	YTD Budget	YTD Actual	YTD Variance	Annual Budgets	FOT	FOT Variance	FOT QPP Variance
	£000	£000	£000	£000	£000	£000	£000
Commissioning of Healthcare							
Acute Contracts	176,953	176,617	336	235,329	235,849	(520)	(1,431)
Acute/QIPP Risk Reserve	0	0	0	580	444	136	227
Other Acute Commissioning	8,120	8,260	(139)	11,317	11,645	(329)	0
Mental Health Commissioning	27,144	27,374	(230)	36,646	37,080	(434)	(5)
Continuing Care	17,077	17,343	(267)	22,819	22,838	(19)	(0)
Community	26,886	28,162	(1,276)	38,610	39,774	(1,163)	(452)
Prescribing	26,791	27,990	(1,198)	35,378	36,614	(1,236)	(753)
Primary Care	5,745	5,847	(102)	9,630	9,799	(169)	0
Primary Care Delegated Commissioning	30,601	30,266	334	41,574	41,213	361	0
Other Programme	4,212	4,354	(142)	5,740	5,832	(92)	0
Sub-total Commissioning of Healthcare	323,528	326,212	(2,684)	437,624	441,088	(3,464)	(2,414)
Reserves & Contingency							
Contingency	1,229	0	1,229	2,060	0	2,060	0
2018/19 Balance Sheet Gains	0	(1,289)	1,289	0	(1,289)	1,289	0
NML Recovery	0	0	0	0	0	0	2,015
Sub-total Reserves & Contingency	1,229	(1,289)	2,518	2,060	(1,289)	3,349	2,015
Total Programme	324,757	324,923	(166)	439,684	439,799	(115)	(400)
Running Costs	3,878	3,711	166	5,170	5,055	115	(10)
Total Planned Expenditure (Before In-Year Surplus/(Deficit))	328,635	328,635	0	444,854	444,854	0	(410)
In-Year Surplus/(Deficit)	(1,275)	0	(1,275)	(1,700)	0	(1,700)	0
Total In-Year Position	327,360	328,635	(1,275)	443,154	444,854	(1,700)	(410)
MEMORANDUM NOTE							
Historic Surplus/(Deficit)	1,788	0	1,788	2,384	0	2,384	0
TOTAL	329,148	328,635	513	445,538	444,854	684	(410)

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

Acute Contracts

Budget Areas	Year to Date Position			
	Annual Budgets	YTD Budget	YTD Actual	YTD Variance
	£000	£000	£000	£000
In Sector SLAs				
Chelsea And Westminster Hospital NHS Foundation Trust	3,447	2,574	2,561	12
Imperial College Healthcare NHS Trust	14,375	10,771	11,077	(306)
London North West Hospitals NHS Trust	19,386	14,539	14,565	(26)
Royal Brompton And Harefield NHS Foundation Trust	7,953	5,955	5,790	165
The Hillingdon Hospitals NHS Foundation Trust	151,128	113,844	113,844	0
Sub-total - In Sector SLAs	196,288	147,684	147,838	(154)
Sub-total - Out of Sector SLAs	36,859	27,637	27,196	442
Sub-total - Non NHS SLAs	2,182	1,632	1,583	49
Total - Acute SLAs	235,329	176,953	176,617	336

Continuing Care

Budget Areas	Annual Budgets £000	Year to Date Position		
		YTD Budget £000	YTD Actual £000	YTD Variance £000
Mental Health EMI (Over 65) - Residential	2,227	1,670	1,253	417
Mental Health EMI (Over 65) - Domiciliary	253	190	235	(45)
Physical Disabilities (Under 65) - Residential	3,222	2,417	2,524	(107)
Physical Disabilities (Under 65) - Domiciliary	2,774	2,081	1,671	410
Elderly Frail (Over 65) - Residential	2,732	2,049	2,314	(265)
Elderly Frail (Over 65) - Domiciliary	797	598	744	(146)
Palliative Care - Residential	602	451	381	70
Palliative Care - Domiciliary	562	422	429	(7)
Sub-total - CHC Adult Fully Funded	13,171	9,878	9,550	328
Sub-total - Funded Nursing Care	2,433	1,825	1,985	(160)
Sub-total - CHC Children	2,173	1,630	1,519	111
Sub-total - CHC Other	214	123	115	8
Sub-total - CHC Learning Disabilities	3,907	2,930	3,082	(152)
Total - CHC Assessment & Support	921	691	1,093	(402)
Total - Continuing Care	22,819	17,077	17,343	(267)

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

Acute Contracts

Budget Areas	Year to Date Position		Forecast Outturn Position		
	YTD Actual £000	YTD Variance £000	FOT £000	FOT Variance £000	FOT Q1PP Variance £000
In Sector SLAs					
Chelsea And Westminster Hospital NHS Foundation Trust	2,561	12	3,621	(174)	(15)
Imperial College Healthcare NHS Trust	11,077	(306)	14,854	(480)	(37)
London North West Hospitals NHS Trust	14,565	(26)	19,456	(71)	38
Royal Brompton And Harefield NHS Foundation Trust	5,790	165	7,757	196	181
The Hillingdon Hospitals NHS Foundation Trust	113,844	0	151,718	(590)	(1,638)
Sub-total - In Sector SLAs	147,838	(154)	197,406	(1,118)	(1,472)
Sub-total - Out of Sector SLAs	27,196	442	36,322	538	29
Sub-total - Non NHS SLAs	1,583	49	2,121	60	12
Total - Acute SLAs	176,617	336	235,849	(520)	(1,431)

Continuing Care

Budget Areas	Year to Date Position		Forecast Outturn Position		
	YTD Actual	YTD Variance	FOT	FOT Variance	FOT QIPP Variance
	£000	£000	£000	£000	£000
Mental Health EMI (Over 65) - Residential	1,253	417	1,655	572	
Mental Health EMI (Over 65) - Domiciliary	235	(45)	308	(55)	
Physical Disabilities (Under 65) - Residential	2,524	(107)	3,220	2	
Physical Disabilities (Under 65) - Domiciliary	1,671	410	2,211	564	
Elderly Frail (Over 65) - Residential	2,314	(265)	3,072	(340)	
Elderly Frail (Over 65) - Domiciliary	744	(146)	806	(8)	
Palliative Care - Residential	381	70	518	84	
Palliative Care - Domiciliary	429	(7)	530	33	
Sub-total - CHC Adult Fully Funded	9,550	328	12,319	851	0
Sub-total - Funded Nursing Care	1,985	(160)	2,768	(335)	0
Sub-total - CHC Children	1,519	111	2,017	156	0
Sub-total - CHC Other	115	8	203	11	(0)
Sub-total - CHC Learning Disabilities	3,082	(152)	3,976	(69)	0
Total - CHC Assessment & Support	1,093	(402)	1,554	(633)	0
Total - Continuing Care	17,343	(267)	22,838	(19)	(0)

3.4 QIPP update – 19/20 Month 9

The 2019/20 QIPP target is £9m or 2% of the CCG allocation. The CCG is on target to achieve £6.5m (based on Month 9 accounts), which is a delivery of 72%. Due to the financial pressures within the NWL system each CCG was tasked to identify and deliver a further £2m of savings in year. The CCG achieved this which takes the revised forecast in year delivery to £8.5 or 94%.

The CCG previously achieved £10.5m in both 2018/19 and 2017/18. Prior to this the CCG has historically delivered approximately £7m-£9m QIPP.

Against the original QIPP Plan there has been slippage against some of our transformational programmes in the following areas: Planned Care (-£0.4m), Integrated Care Partnership (ICP) (-£1.4m).

Planned care

Neuro-community service and gastroenterology:

There have been some delays in delivering the impact of the Clinical Nurse Specialists (CNS) appointed for neuro-community services whilst they increase their work load. The CNSs are working closely with the current team and being mentored by the consultants allowing them to now accept any mild and moderate patients already within the system. Hillingdon Hospital is currently closed to new referrals to Neurology however the process outlined above will support the management of capacity across both the community and acute setting to enable the service to reopen. These services will continue into 20/21 where they will work towards taking direct primary care referrals, reducing the secondary care demand.

The Irritable Bowel Syndrome/Irritable Bowel Disease (IBS/IBD) CNS has been appointed and the service went live in 19/20. However the service has faced delays due to the demand and capacity regarding RTT waits at The Hillingdon Hospital. This lead to the nurse post having to focus on regular secondary care activity.

Integrated Care Partnership (ICP)

Hillingdon Health and Care Partnership (HHCP) brings together three statutory NHS organisations, the Hillingdon GP Confederation, 7 Primary Care Networks and a number of third sector organisations (H4All). There has been some slippage against the transformational QIPP programme mainly within A&E. In response to the pressure and increasing demand, the HHCP partners triggered the agreed escalation procedure. This resulted in the implementation of a range of initiatives including:

- Additional primary care capacity available in the community on Mondays and Thursdays, directly bookable from the urgent treatment centre
- A focus on improving the streaming of activity into the urgent treatment centre
- The extension of the care homes service to support the three homes with the highest A&E activity
- Rapid access community phlebotomy
- A 4 week discharge co-ordination centre staffed 9-5 Monday to Friday by senior operational staff from HHCP Partners working alongside senior THH hospital staff and joined by operational colleagues from Adult Social Care.

Early indications show that there has been some impact on A&E activity and length of stay however this will continue to be monitored closely over the coming weeks.

3.5 Changes to mental health services

Following the notice given by LBH to CNWL regarding the s75 arrangements for mental health services the CCG, CNWL and LBH have been working together to understand the impact of the changes on service users, staff and organisations. To date the areas of focus have been understanding the changes to models of care and shared caseloads, communications and engagement of service users and staff and estates.

Models of care and shared caseload: CNWL and LBH staff have disaggregated the existing caseloads within the local teams and are working on the pathways to ensure clarity of case management for patients going forwards.

Communications and engagement: “Q&As” are being developed and engagement will be undertaken with service users regarding the changes to location and service model. As the decision was not a health decision it is not proposed that there is a public consultation. Staff will be consulted on the change of location.

Estates: At time of writing work is underway to confirm the future location of services and the associated cost to the health system. Confirmation of the site and timescales for moving are expected shortly.

4. FINANCIAL IMPLICATIONS

None in relation to this update paper.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

NIL.

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HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Lynn Hill, Chair
Organisation	Healthwatch Hillingdon
Report author	Daniel West, Managing Director, Healthwatch Hillingdon
Papers with report	N/A

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	N/A
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 Managing Director to the Directors/Trustees at the Healthwatch Hillingdon Board meetings and is available to view on the website:

3. **GOVERNANCE**

3.1. **Signposting and Insight Coordinator**

From January 2020, Healthwatch Hillingdon (HwH) has appointed a second Signposting and Insight Coordinate, Vinaya Kulkarni. This now enables 5 day dedicated signposting and will facilitate increased scope for public feedback, information and advice and reporting capabilities.

Following the appointment of Daniel West to the position of Managing Director, Interim CEO Turkey Mahmoud has re-joined the board of trustees as Vice Chair.

4. **OUTCOMES**

Healthwatch Hillingdon wishes to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the third quarter of 2019-20.

4.1. **Access to dentistry for people with disabilities**

During 2019, a review of the accessibility of dentistry services in Hillingdon was undertaken. Initially envisioned as an exercise to evaluate access for people with mobility issues, during the research it was ascertained that a significant number of practices did not fully cater for patients with physical disabilities or sensory impairments.

Using a mystery shopper method, 19 face to face visits were performed by volunteers at NHS funded dentists, recording details on parking, toilet facilities, BSL services, induction loops, step free access, large print/easy read material, lighting and access via public transport.

The review found that, of the 19 practices visited, none were fully accessible to disabled people or people with limited mobility. 53% of the practices visited did not have step free access, 79% did not provide an induction loop, and only 5% had designated disabled parking bays. Whilst physical changes to premises are acknowledged to be costly and impractical in certain cases, lower-impact changes such as installation of hearing loops and braille services would improve access. During the research, it was also discovered that information on the NHS website for dentists was out of date, with several instances of information for practices not being updated since 2010. Given the disparity of the facilities' description on the website and what was available at the time of visit, patients may be dissuaded from attending a given practice if they have requirements that they do not believe will be met – despite the possibility that access may have since improved.

As a result of this review, HwH has recommended the following actions:

- All NHS dental practices should undertake an audit of their disabled facilities and aids and ensure their information is regularly updated on the NHS website (www.nhs.uk). This will provide patients who may use the site to look for an accessible dentist with current information.
- All practices should work towards the full implementation of the Accessibility Information Standard to ensure patients have access to the communication support

they need. This should include the provision of hearing loops, access to BSL interpreters and access to information in an alternative format. More information can be found at: <https://www.england.nhs.uk/ourwork/accessibleinfo/>.

- Where possible, new practices should be planned or adapted to ensure they are fully accessible for wheelchair users and people with mobility issues.

This report can be found on our website at: <https://healthwatchhillingdon.org.uk/news-and-reports>

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

With the MHWB and PST programmes now complete, the final report has now been produced. Delivered across 8 schools in the Borough, the programmes were evaluated against the following key outcomes:

Mental Health, Wellbeing and Life Skills

1. An increase in the % of participants/students who agree that they know how to improve and protect their own mental health.
2. An increase in the % of participants/students who agree they know where to go for mental health information and support.

For both outcomes, an increase was recorded for both direct (students who participated in the learning sessions and delivered the campaign) and indirect (a sample of the whole school's students) beneficiaries in the 5 schools the programme was delivered in.

Peer Support Training

1. The knowledge and confidence of participants following the training.
2. If the peer support provided by the trained students had a positive impact on the emotional wellbeing of the students using the service.

Across the two schools in which we delivered the training, data shows that: **94.6%** of participants agreed to the statement "The Peer Support Training Programme has given me a better understanding of mental health and wellbeing", **94.6%** of participants agreed to the statement "The Peer Support Training Programme has prepared me for my role as a Peer Supporter", and **87.5%** of Peer Support Service users reported the service had a positive impact on their emotional health and wellbeing.

Additional outcomes as part of the MHWB and PST programmes include 3 schools continuing to hold assemblies and sessions beyond the completion of the HwH project, the reporting of safeguarding issues that may not have otherwise come to light, a request for further peer support training due to its success, and a number of direct beneficiaries joining Young HwH.

This report can be found on our website at: <https://healthwatchhillingdon.org.uk/news-and-reports>

4.3. Hillingdon Sexual Health Services Review – Mystery Shopping Report

NB: this report was originally due to be included as part of the cancelled December 2019 Health and Wellbeing Board meeting.

As part of the sexual and reproductive health services review initiated by Public Health Hillingdon, Young Healthwatch Hillingdon (YHwH) was invited to conduct a mystery shopper exercise to ensure the services met the needs of local young people (YP).

Carried out by 7 YHwH members, services were identified and mystery shopper scenarios were devised that would address diverse situation and barriers that CYP may face:

- Young person (YP) is in a new relationship, thinking of having sex but wanting advice and information.
- YP had sex with a partner and the condom split so looking for information and advice.
- YP had missed a contraceptive pill but continued to have sex. Nervous to go to regular GP (who provides prescription) for advice and information.
- MSM (men who have sex with men) YP with older partner who suggested trying chemsex. YP is uncertain and looking for information and advice.

Activities included 10 clinic and 8 pharmacy visits, telephone calls for appointment booking and advice and information and detailed reviews of online services. Findings and recommendations have been made based on the service types, with some key points being:

- Online Services - Clearer pathways to information, with a more complete range of services that can be accessed.
- Telephone Services – With inconsistent results and difficulty accessing the services, a digital route was preferred by YHwH.
- Pharmacies – Mixed experiences with information and advice provided being a positive point, but suitable spaces for confidentiality was raised as a concern.
- Clinics – With staff cited as being friendly helpful, certain pathways to booking appointments were less straightforward than expected. Discretion was another common theme, ranging from signage to where conversations could be conducted.

This report is attached, and can be found on our website at:

<https://healthwatchhillington.org.uk/news-and-reports>

4.4. Young Healthwatch Hillingdon (YHwH)

In Q3, YHwH members completed 77 volunteering hours across the following activities:

- 3 panel meetings to plan and discuss YHwH work;
- Hosting a stall at the annual LBH Care Leavers' Conference;
- Facilitating a workshop with young people with long term health conditions as part of the NHS Takeover Challenge Transitions Project;
- Provided feedback to representatives from Hillingdon Hospital about the THH Safeguarding Strategy; and
- Creating the annual YHwH newsletter.

Other engagement activity conducted by CYP Community Engagement Officer:

- Providing support to Healthwatch Central West London in the development of Young Healthwatch Westminster.

- Interviewing and training 5 new members of YHwH.
- Meeting with representatives from P3 to discuss the development of a peer mentoring programme linked to YHwH.
- Attending various strategic meetings including:
 - 2 CYP Task and Finish Group meetings (led by HCCG)
 - 1 CYP Wellbeing Early Intervention and Prevention Co-design Group
 - 1 Early Intervention, Self-care and Prevention Steering Group
 - 1 Local Safeguarding Children Board
 - 1 LBH Obesity Strategy Group

5. **ENQUIRIES FROM THE PUBLIC**

Healthwatch Hillingdon recorded 206 enquiries from the public this quarter. This saw 33 people's experiences being logged on our Customer Relationship Management database and 173 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 Accident and Emergency - feedback being more negative than positive - with issues around admission and communication among patients and staff. On the other hand, the departments with the next highest feedback received - the Minor Injuries Unit and Cancer Services, both at Mount Vernon Hospital - was 100% positive.

Outside of hospital services, GPs were again the number one service residents gave feedback on, with three negative experiences recorded and one positive. The reasons cited for these were: staff attitudes and communication; and waiting times to get an appointment. This quarter, there were also negative experiences recorded with dental surgeries. Following the report into accessibility in dentistry services, further investigation will be performed by HwH to understand challenges faced by the public, and the potential negative effects on oral health.

Table A

Hospital Services	Positive	Mixed	Neutral	Negative
Accident & Emergency	1	-	-	2
Outpatients	-	-	-	1
Pain management clinics	-	-	-	1
Minor injuries unit	2	-	-	-
Cancer Services	2	-	-	-
General Surgery	-	-	-	1
Patient Transport	-	-	-	1
Paediatrics	1	-	-	-
Care of the Elderly	1	-	-	-
Cardiology	1	-	-	1
Acute care	-	-	-	1
Obstetrics & gynae	1	-	-	-
Phlebotomy	1	-	-	-

Social Services	Positive	Mixed	Neutral	Negative
Care Home	-	-	-	-
Home Care	-	-	-	1
Primary Care Services	Positive	Mixed	Neutral	Negative
GP	1	1	-	3
Dentist	-	-	-	2
Other Services	Positive	Mixed	Neutral	Negative
Community Mental Health Team	-	-	-	-
CAMHS	-	-	-	-
Podiatry	-	-	-	1

Table B (below) indicates the categories of key staff that patients have listed in their feedback to us and *Table C* highlights the top 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, with this centring around communication, access to services and diagnosis. The next highest category was Administrative staff – all feedback received was negative. Booking appointments was the main issue patients reported having difficulties.

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.

Table B

Key staff categories	Positive	Not positive	Mixed/Neutral
Doctors	2	5	-
Admin / Receptionist	-	6	-
All Care Professionals	4	-	-
Allied Care Professionals	-	1	-

Table C

Key Themes	Positive	Not positive	Mixed/Neutral
Health & safety	-	-	1
Quality of care	7	-	-
Service delivery, organisation and staffing	6	2	-
Staff attitudes	2	3	-
Quality of treatment	6	1	-
Communication between staff and patients	1	4	-

5.2 Healthwatch Support

Residents continue to seek support from HwH in a variety of circumstances, for example:

- We were contacted by an individual whose husband is using the services of Opcare. The husband had been having problems getting the right equipment for his wheelchair since the beginning of 2019. There had been a long wait for the seat and back rest, which, when finally received, were not comfortable or safe. The couple felt

that they had not been listened to and their needs were not being addressed. They came to HwH to seek advice on getting more help. HwH contacted Opcare about this and was assured by the regional services manager that they would get the situation looked into. We then heard back from the service user who told us: "I've had a call from Opcare, it's fantastic. Thank you for all your help. I'm so pleased I dropped into your service."

- We were contacted by a family member of a resident who was trying to re-register with their local GP practice, but were refused. The resident had recently been taken off the SAS (Special Allocation Scheme) and advised to return to their preferred practice following discharge. However, the local practice had not been informed that they were no longer part of the scheme. Due to medication needed for the resident, they were forced to attend Hillingdon Hospital in order to be prescribed the medication, which was not only impractical but also recognised by those affected as a 'waste of hospital time'. HwH liaised with the CCG to understand the process for refusing registration and informed the family member that 2 other local GPs had been advised as alternatives. The resident has since been registered with one of these practices.
- Phone call received from a person who helps a wheelchair user who has dementia and other issues. The person told us how the individual had waited so long for the hospital transport to take them to Hammersmith Hospital that they were marked down as a non-attender, and therefore could not be seen for their appointment. They managed to get the hospital to give the individual an emergency appointment. However, there were then issues with the hospital transport taking the patient back home: the journey took three hours, and they did not secure the individual's wheelchair, causing it to move about in the bus, hitting another elderly passenger twice. The caller said that they had made a complaint to the transport provider, Falks, following the incident on 18th November - but had not had any response. They wanted to know what to do to press this further. HWH informed the caller that they could contact PALS, but the caller said they had little confidence in PALS dealing with the complaint. HWH then discussed how Pohwer could help with making a formal complaint to the hospital. Also advised the caller to contact Healthwatch Central West London, to give them feedback on Hammersmith hospital and the transport service.

5.3 Signposting Service

During this quarter we recorded a total of 173 enquiries from residents which resulted in us providing information, advice, signposting or referral. 147 of these we would categorise as universal and 26 as a result of advising individuals following a complaint, or concern. We signpost individuals to a wide range of statutory and voluntary organisations across health and social care. The following table illustrates the reasons for people contacting our service and the ways in which we can help them through signposting to appropriate organisations.

How did we assist?	Qty	% of total
Signpost to a health or care service	48	28%
Signpost to voluntary sector service	56	32%
To other (CAB, Social services, LBH other)	8	5%
Requesting advice, information & assistance	23	13%
Other Enquiry	38	22%
Total	173	

Most signposted to?	Qty	% of total
Voluntary Sector other (excludes H4All partners)	24	14%
NHS - other	10	6%
Mental Health	2	1%
Hospital	4	2%
Social Services	4	2%
CAB	12	7%

6. REFERRING TO ADVOCACY

We continue to provide people with the information they need to make complaints about the services they have received, including signposting them to POhWER and AVMA for advocacy support (see table below).

Advocacy Referrals	Qty
POhWER	13
AVMA	2
Total	15

7. ENGAGEMENT

7.1. Overview of engagement activity

During the current reporting period, our engagement team (including our volunteer community ambassadors) attended 16 community events and activities. This resulted in us directly engaging with 264 members of the public through surveys, signposting residents to other services and awareness raising.

Between October to December we attended the Assembly for Older People, Hillingdon Carers Health MOT Day, Christmas Jumper Day at Hillingdon Sports and Leisure Complex and Hillingdon Carers AGM. We also participated in Hillingdon CCG's Heathrow villages support week which was aimed at engaging with residents of the Heathrow villages who are under threat of the third runway.

7.2. Highlights

Hillingdon CCG dermatology service review

In the previous quarter it was reported that Hillingdon CCG were undertaking a review of local dermatology services and asked for our help to engage with dermatology patients at

The Hillingdon and Mount Vernon Hospitals and the community clinics. During a 6 week period of engagement we collected almost 100 responses from patients currently accessing these services. The feedback gathered through our engagement activity will help to inform decisions on how further dermatology services will be delivered.

Macular Society

The Macular Society is a national charity that supports those with macular degeneration, their families and their carers through offering counselling and other services as well as funding research into the group. There is a local group that meets regularly at Uxbridge Library. In November we were invited to speak to a group of 25 attendees and raise awareness of Healthwatch Hillingdon. Many of those who attended the group were unaware of the services of Healthwatch Hillingdon prior to our visit but told they would happily access our services in the future.

Heathrow Villages support week

As part of the My Health Education Programme, we were invited to participate in Hillingdon CCG's Heathrow villages support week. A series of events were held in October to offer information, advice and support to residents in Harmondsworth and Sipson some of whom were under threat of the third runway. Organisations including Kooth, Talking Therapies and P3 Charity, the Third Age Foundation were also present and although attendance was lower than anticipated, as a group, we discussed ways in which we could better engage with residents residing in that part of the borough.

7.3. Events

Event	Attendance	Direct Engagement	Age Category				Communities of Interest
			Under 5s	6 - 21	22 - 65	Over 65	
Health and wellbeing Day (Hillingdon Leisure Centre)	60	15			13	2	General Public
Dermatology engagement (Mountwood Surgery)	N/A	15			12	3	Patients
Dermatology engagement (THH)	N/A	17			17		Patient
Hillingdon Carers AGM	80	30			15	15	General Public
Dermatology engagement (THH)	N/A	25			15	10	Patients
Dermatology engagement (Mount Vernon Hospital)	N/A	30			20	10	Patients
3 x Heathrow villages events (MYHealth Programme)	10	7			7		General Public
Hillingdon Carers – Health MOT Day	35	20			5	15	General Public
Macular society – awareness raising	25	25				25	General Public

Event	Attendance	Direct Engagement	Age Category				Communities of Interest
			Under 5s	6 - 21	22 - 65	Over 65	
Assembly for people with disabilities	90	22			11	11	General Public
Dermatology engagement - Woodlands Surgery	N/A	16			16		Patients
Assembly for older people	100	30				30	General Public
Christmas Jumper Day – Hillingdon Sports & Leisure Centre	35	5			5		General Public
SEN event	60	7			7		General Public
THH Clinical Services Review	N/A	33			27	8	Patients
LBH Care Leavers Conference	60	25		25			General Public
Total		322					

7.4. Social Media

We have continued to see an increase in followers to our Instagram channel. Our followers typically engage with us through comments and likes. Since the last period, we have seen an 11% increase in followers who generally respond positively to any photos we post featuring our volunteers work and posts that raise awareness of health issues such as mental health.

Our twitter engagement has remained steady with little change in the last 6 months. We continue to remain active on Twitter as it is an effective way to share surveys, new stories and events. Our top tweet this quarter referred to International day of the older person which earned us 535 tweet impressions and two retweets.

		Q4 2018/19	Q1 2019/20	Q2 2019/20	Oct	Nov	Dec	Q3 2019/20
Twitter	Followers	1248	1257	1266	1268	1269	1266	1266
	Impressions	11962	12550	10832	4,113	3,703	2,444	10260
	Profile Visits	450	282	1636	142	316	20	478
Facebook	Likes	443	473	494	496	499	498	498
	Post Reach	11504	44602	18833	9540	1902	951	12393
	Post Engagement	445	2449	924	415	61	53	529
Instagram	Followers	344	374	450	476	500	535	535

8. VOLUNTEERING

Volunteers contributed 93 hours of their time to Healthwatch Hillingdon. They participated in engagement activities by staffing stalls at community events, they have undertaken

PLACE Inspections, mystery shopping assignments and have managed our social media channels.

Compared to this time last year we have seen a significant increase in the number of volunteer enquiries, some of which have come via our new website. During the current quarter we have recruited mystery shoppers who will be participating in a mystery shopping project with Hillingdon Public Health as well as a Newsletter Editor.

Brunel University Volunteers Fair

On the 3rd December we attended a volunteer recruitment event at Brunel University. The event coincided with Giving Tuesday and Plant-A-Tree day and was aimed at Brunel Staff and Student volunteers to raise awareness of the many volunteering opportunities available locally. Every year, Brunel university staff are gifted 36 hours a year to volunteer with a charity of their choice and so this event provided with a unique opportunity to recruit volunteers with specialist skills.

9. FINANCIAL STATEMENT

To end of Quarter 3 (2019-2020)

Income	
Funding received from local authority to deliver local Healthwatch statutory activities	39500
Bought forward 2018/2019	95391 *
Additional income	245
Total income	135136 *

Expenditure	
Operational	5100
Staffing	33929
Office	2939
Total expenditure	41969
Surplus to c/f	93167 *

*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 the Managing Director, and Signposting and Insight Coordinator vacancies which have now been filled, as of December 2019 and January 2020 respectively.

10. KEY PERFORMANCE INDICATORS

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), aligned to Healthwatch Hillingdon's strategic priorities and objectives, have been set for 2017-2020. The following table provides a summary of our performance against these targets during Q3 2019.

It is noted that for Q3, both KPI's 1 and 2 have not been met by a short margin. KPI 1 is however on tract to exceed the yearly target, and KPI 2 has already exceed the yearly target.

KPI no.	Description	Relevant Strategic Priority	Quarterly Target 2019-20	Q1			Q2			Q3			Q4			2018-2019 Total	
				2017-2018	2018-2019	2019-2020	2017-2018	2018-2019	2019-2020	2017-2018	2018-2019	2019-2020	2017-2018	2018-2019	2019-2020	Target	YTD Actual
1	Hours contributed by volunteers	SP4	525	540	629	644	504	689	731	363	729	508	564	669		2100	1883
2	People directly engaged	SP1 SP4	330	220	444	720	675	713	345	2027	427	322	440	317		1320	1387
3	New enquiries from the public	SP1 SP5	200	208	243	254	286	267	271	247	215	206	235	194		800	731
4	Referrals to complaints or advocacy services	SP5	N/A*	24	21	21	23	13	14	17	18	15	6	18		-	50
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	62	62	50	70	52	51	52	52	52	49	50		200	153
6	Consumer group meetings / events	SP1 SP7	15	26	19	27	23	18	16	16	14	16	31	17		60	59
7	Statutory reviews of service providers	SP4 SP5	N/A*	-	-	-	-	-	-	-	-	-	-	1			0
8	Non-statutory reviews of service providers	SP4 SP5	N/A*	5	3	1	2	2	3	2	2	1	1	1			5

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

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HILLINGDON'S JOINT STRATEGIC NEEDS ASSESSMENT AND PUBLIC HEALTH PRIORITIES

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Dan Kennedy, London Borough of Hillingdon
Papers with report	Appendix 1 - Hillingdon's Health Profile 2019

1. HEADLINE INFORMATION

Summary	The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health needs of Hillingdon's residents used to inform commissioning plans to improve health and wellbeing. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local Health and Wellbeing Board. This paper provides an overview of the key health and wellbeing needs in Hillingdon from the JSNA for 2019, developments to the JSNA and then key priorities for the remainder of this financial year.
Contribution to plans and strategies	The Joint Strategic Needs Assessment provides insight into the prevailing needs within Hillingdon and guides commissioning decisions across a broad range of areas to ensure services meet the needs of local residents.
Financial Cost	There are no direct financial implications arising from the recommendations set out within this report. The findings from the JSNA are considered in developing commissioning plans which will be presented to the Health and Wellbeing Board for consideration.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and wellbeing Board:

- 1) agree the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) for 2019 and comment on the key work priorities for 2019/20 (as set out in paragraphs 10-12 below) so as to ensure that it remains a key source of local intelligence to underpin effective service planning.**
- 2) agree the proposed Public Health priorities for 2020/21.**

3. INFORMATION

Background to the Joint Strategic Needs Assessment (JSNA)

1. The Joint Strategic Needs Assessment is an assessment of the current and future health needs of the local community. The JSNA represents a key source of local intelligence which exists to underpin the work of Hillingdon's Health and Wellbeing Board to develop local evidence-based priorities for commissioning to improve health and reduce inequalities. The JSNA is a requirement set out in legislation. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments to be discharged through the local Health and Wellbeing Board.

2. The JSNA in Hillingdon is informed by a range of data. This includes the demographics of the area, and needs of people of all ages including how needs vary for people at different ages; the needs of people with complex and multiple needs; and wider social, environmental and economic factors that impact on health and wellbeing.

Summary of Hillingdon's Joint Strategic Needs Assessment

3. When comparing Hillingdon to the England & London averages, key headlines from the JSNA (see also appendix 1) shows that:

- Life expectancy for men is higher.
- The mortality rate from all causes is lower.
- Numbers of those killed and seriously injured on Hillingdon's roads is lower.
- Emergency hospital admissions rate for hip fractures is lower.
- Estimated diabetes diagnosis rate is higher.
- Teenage conception rate is lower.
- Percentage of children in low income families is lower.
- Statutory homelessness rate (eligible homeless people not in priority need) is lower.
- Violent crime (including sexual violence) hospital admissions for violence is lower.
- Infant mortality is lower.

4. However, as with all boroughs, local analysis indicates some challenges to improve health and wellbeing when compared to London and England. These include:

- The mortality rate from all cardiovascular diseases is higher.
- Percentage of cancer diagnosed at early stage is lower.
- Percentage of physically active adults is lower.
- Smoking prevalence in adults is higher.
- Smoking prevalence in adults in routine and manual occupations is higher.
- TB incidence rate is higher.
- Childhood obesity continues to be a challenge particularly in the proportional increase in overweight and obese children between reception and Year 6 – where Hillingdon ranks higher than national and regional averages.

5. The biggest cause of death in Hillingdon continues to be cardio-vascular disease (heart disease and stroke), cancer and respiratory diseases. Diabetes is a significant cause of illness (morbidity) and predisposes to other diseases e.g. heart disease and stroke, kidney disease and blindness. Cancer screening rates (breast, cervical and bowel) tends to be lower in Hillingdon relative to the national average.

6. Certain lifestyle factors will increase the risk of ill-health, including smoking, poor diet, lack of regular exercise and higher levels of alcohol consumption and/or binge drinking. The estimated 2017 prevalence of smoking in Hillingdon was 11.6%; this has now increased to 17.16% (2018), which is higher than both London and England averages (13.9% and 14.4%). The increase in smoking prevalence in the adult population is likely to be an artefact due to a change in survey methodology undertaken by the ONS. The ONS have advised caution in comparing results from different survey years, due to the changes in survey methodologies

7. Age and other related conditions also affect health and wellbeing. Many people aged 65 and over are diagnosed with one or more long term conditions, of whom over half are typically diagnosed with multiple long term conditions which increases dependency on care and support. Other conditions include learning disability and child and adult mental health, including dementia.

8. To improve health and wellbeing, commissioning plans should continue to focus on how to prevent ill-health, early identification of any long-term condition, early intervention to prevent harm from long term conditions and tackling risk factors.

9. The purpose of the JSNA is to not only provide an evidence base against key issues – but also prompt further action to address any gaps that are identified. To this end, it is important to draw reference to schemes of work that are ongoing to improve how Hillingdon performs against those issues listed in paragraph 4. This includes priorities under the borough's Joint Health and Wellbeing Strategy focussing on early intervention, prevention and self-care, work of the Safer Hillingdon Partnership to continue to keep crime levels low and extensive work undertaken by the Safeguarding Children's Board. These and other streams of work will ensure that for those areas that Hillingdon is an outlier – progress will be made to improve and monitor performance.

Hillingdon's JSNA work plan

10. There are a number of routinely available demographic, health and social care data sets which are used to update Hillingdon's JSNA. This includes data available from the NHS and the Office for National Statistics: mortality, birth rates and the prevalence of disease. These datasets available for local use and have been recently updated within the Hillingdon JSNA. Updates to the JSNA are shared with commissioners as they are produced.

11. During 2019 updates to the JSNA have included the demographic profile of the Borough, mortality and the National Child Measurement Programme.

12. In terms of the work plan for 2020/21, this covers a broad range of topics from the impact of Heathrow expansion, updating prevalence profiles at Ward level through to updated analysis of mortality rates, women's health and maternity and long-term conditions. A revised chapter on Autism has also been developed.

13. The JSNA and Hillingdon's Public Health Priorities

The JSNA is the evidence behind decisions on commissioning of services. It also supports our work on public health and the wider determinants of health. Based on the JSNA and the Public Health Outcome Framework data plus the priorities set by Hillingdon's Health and Wellbeing Board through the Joint Health and Wellbeing Strategy, we have identified the following areas for priority attention for 2020/2021. These also include the mandatory functions required under the Act:

1	Deliver against mandatory Public Health functions, in the most efficient and effective manner The mandatory PH functions cover NHS Health Checks, Health Protection, National Child Measurement Programme, Sexual Health and the provision of a public health advice service to the CCG and the 0-19 health service.
2	Reduce Childhood Obesity. Working collaboratively, across partners to support families to provide healthy food choices and increase physical activity. Using data from the National Child Measurement Programme to develop interventions that support children identified as overweight or obese.
3	Improve Sexual Health. Ensure provision of open access sexual health services within the borough including genitourinary medicine teenage pregnancy prevention, school nursing services, community and post-pregnancy contraception services and cervical screening (for women who do not access GP services for sexual health).
4	Reduce alcohol and substance misuse, including smoking. To continue to support residents – especially those from key target groups (pregnant women, young people, people with mental health conditions, manual worker) to quit smoking. Also support residents to recover from substance misuse.
5	Improve mental health and wellbeing amongst vulnerable groups <ul style="list-style-type: none"> • Early intervention and prevention of mental health conditions. • Reduce suicide. • Reduce isolation and loneliness and increase independence in older people. • Provide support for those with dementia or autism. • Provide support for those with long-term conditions and learning disabilities. to ensure that they lead fulfilling lives. • Provide support for carers.
6	Increase adult physical activity Improve health and reduce obesity levels within the borough's adult population.
7	Tackle violent crime, through the; <ul style="list-style-type: none"> • Reduction and prevention of domestic abuse • Support victims • Reduce and prevent knife crime
8	Reduce homelessness and rough sleeping. Reducing homelessness in the borough, assisting families to find permanent accommodation and addressing the challenge of rough sleeping.
9	Ensure Children have the best start in life by: <ul style="list-style-type: none"> • Encouraging breastfeeding • Reducing tooth decay in 5yr olds • Family immunisations <p>Ensure effective commissioning and delivery of health visiting and school nursing service.</p>
10	Reduce the risks to residents from poor air quality Address impact of poor air quality due to Heathrow and road network especially around schools and other high risk areas,

Financial Implications

There are no financial implications arising from this report. Commissioning proposals stemming

from any JSNA recommendations will be subject to further reports.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

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

Consultation Carried Out or Required

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

Policy Overview Committee comments

None.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

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

Appendix 1 - Hillingdon Health Profile 2019, published 22/10/19

Health summary for Hillingdon

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	↑ Increasing / Getting worse	↑ Increasing / Getting better
Not significantly different	Significantly higher	↓ Decreasing / Getting worse	↓ Decreasing / Getting better
Significantly better	Significance not tested	↑ Increasing	↓ Decreasing
		↑ Increasing (not significant)	↓ Decreasing (not significant)
		— Could not be calculated	→ No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2015 - 17	n/a	80.8	80.5	79.6	↑
2 Life expectancy at birth (female)	All ages	2015 - 17	n/a	83.8	84.3	83.1	↑
3 Mortality rate from all causes	<75 yrs	2015 - 17	1,913	307.0	309.5	331.9	↑
4 Mortality rate from all cardiovascular diseases	<75 yrs	2015 - 17	441	73.8	73.2	72.5	↑
5 Mortality rate from cancer	<75 yrs	2015 - 17	751	124.1	123.6	134.6	↓
6 Suicide rate	10+ yrs	2016 - 18	74	9.7	8.1	9.6	↓

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2015 - 17	234	26.0	32.2	40.8	↑
8 Emergency hospital admission rate for intentional self-harm	All ages	2017/18	279	91.3	83.6	185.5	↑
9 Emergency hospital admission rate for hip fractures	65+ yrs	2017/18	195	462.7	515.0	577.8	↓
10 Percentage of cancer diagnosed at early stage	All ages	2017	423	50.9	52.7	52.2	↑
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	82.6	71.4	78.0	↑
12 Estimated dementia diagnosis rate	65+ yrs	2019	1,899	68.8 *	72.6 *	68.7 *	↑

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2015/16 - 17/18	46	21.4	18.0	32.9	↓
14 Hospital admission rate for alcohol-related conditions	All ages	2017/18	1,537	592.7	532.6	632.3	↑
15 Smoking prevalence in adults	18+ yrs	2018	39,682	17.1	13.9	14.4	↑
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	60.6	66.4	66.3	↓
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	62.4	55.9	62.0	↑

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	75	14.8	16.4	17.8	↓
19 Percentage of smoking during pregnancy	All ages	2017/18	241	6.5	5.0	10.8	↑
20 Percentage of breastfeeding initiation	All ages	2016/17	3,334	85.2	-	74.5	↓
21 Infant mortality rate	<1 yr	2015 - 17	38	2.9	3.3	3.9	↑
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2017/18	771	22.0	23.1	20.1	↓

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	18.1	-	21.8	=
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	33.6	23.6	25.4	↑
25 Inequality in life expectancy at birth (male)	All ages	2015 - 17	n/a	7.6	7.2	9.4	↑
26 Inequality in life expectancy at birth (female)	All ages	2015 - 17	n/a	5.6	4.9	7.4	↑

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
27 Percentage of children in low income families	<16 yrs	2016	9,830	16.0	18.8	17.0	↑
28 GCSE attainment (average attainment 8 score)	15-16 yrs	2017/18	n/a	49.7	49.7	46.7	↑
29 Percentage of people in employment	16-64 yrs	2017/18	149,700	74.1	74.2	75.2	↓
30 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	48	0.4	1.0	0.8	↑
31 Violent crime (including sexual violence) - hospital admissions for violence	All ages	2015/16 - 17/18	368	38.5	44.4	43.4	↑

Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
32 Excess winter deaths index (single year)	All ages	Aug 2016 - Jul 2017	127	21.8	22.9	21.6	↑
33 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	1,776	888.3	1713	850.6	↓
34 TB incidence rate	All ages	2016 - 18	227	25.0	21.9	9.2	↓

For full details on each indicator, see the [definitions tab of the Local Authority Health Profiles online tool](#).

For a full list of profiles produced by Public Health England, see the fingertips website: <https://fingertips.phe.org.uk/>

Available online:

<https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e09000017.html?area-name=hillingdon>

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CHILD HEALTHY WEIGHT ACTION PLAN

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon.
Report author	Steve Hajioff, Public Health, LBH Kevin Byrne, Health Integration and Voluntary Sector Partnerships, LBH
Papers with report	Appendix 1 : Child Healthy Weight Action Plan

1. HEADLINE INFORMATION

Summary	This report provides the Board with an update on actions in the Child Healthy Weight partnership Action Plan.
Contribution to plans and strategies	The report delivers on a key element of the Hillingdon Joint Health and Wellbeing Strategy and the NWL Sustainability and Transformation plan.
Financial Cost	No financial cost arising directly from action plan. Costs for proposed project to promote healthy eating and physical exercise estimated at £6k for initial stage.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) agrees the updated delivery plan at Appendix 1 of the report; and
- 2) notes progress and comments on proposals for taking forward outstanding areas for action, particularly the proposed project working with schools to encourage and support healthy eating and physical activity.

3. INFORMATION

Supporting Information

3.1 The Board endorsed the Healthy Weight action plan at its meeting on 24 September 2019. The Board agreed that actions should focus on increasing work with schools, promoting healthy eating, and strengthening the evidence base. The Board also fed back that the plan should be focussed on key areas where it can make a difference. Officers were asked to identify a small number of actions to make a specific, tangible difference, and to report back on progress. Discussion at the Board highlighted work to promote breastfeeding or family-based physical activity as areas to consider. Proposals have been drawn up by the task and finish partnership group.

Breastfeeding and Family based physical activity

3.2 Data on breastfeeding initiation levels shows that Hillingdon already performs well compared to the London and England averages. Through partnership working, agencies have achieved good levels of accreditation to UNICEF "baby friendly" standards across maternity, neonatal, health visiting and children's centres.

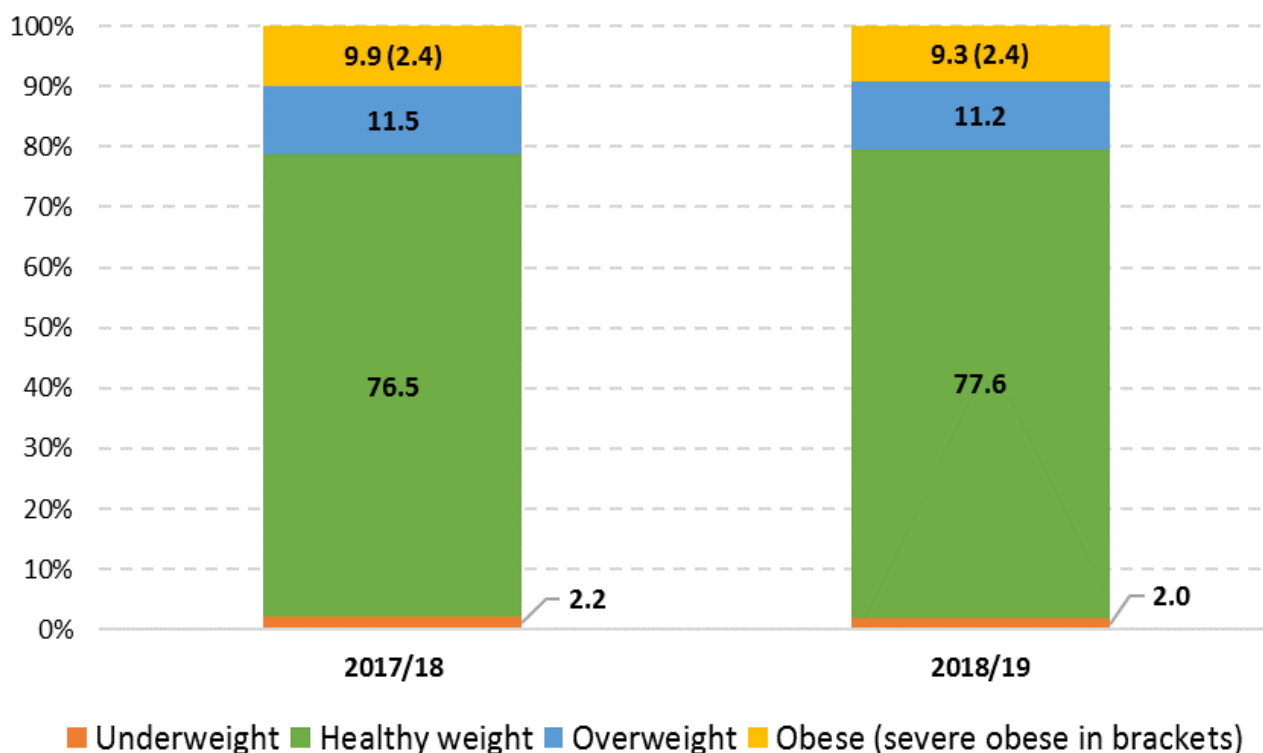
3.3 Annual sample survey data shows that the measured level of adults (19+) engaging in physical activity is lower than the London and England average. Physical activity rates remain a "red" indicator in the public health outcome framework, along with the level of child overweight and obesity at year 6. The separate JSNA paper compares the borough with London and the rest of England.

3.4 Hillingdon has excellent sport and leisure facilities, green and open spaces, with activities that are strongly promoted. A focus on family-based interventions for physical activity could work well alongside work to improve healthy eating choices and nutrition, and in supporting schools as part of the child healthy weight programme. This is developed further below.

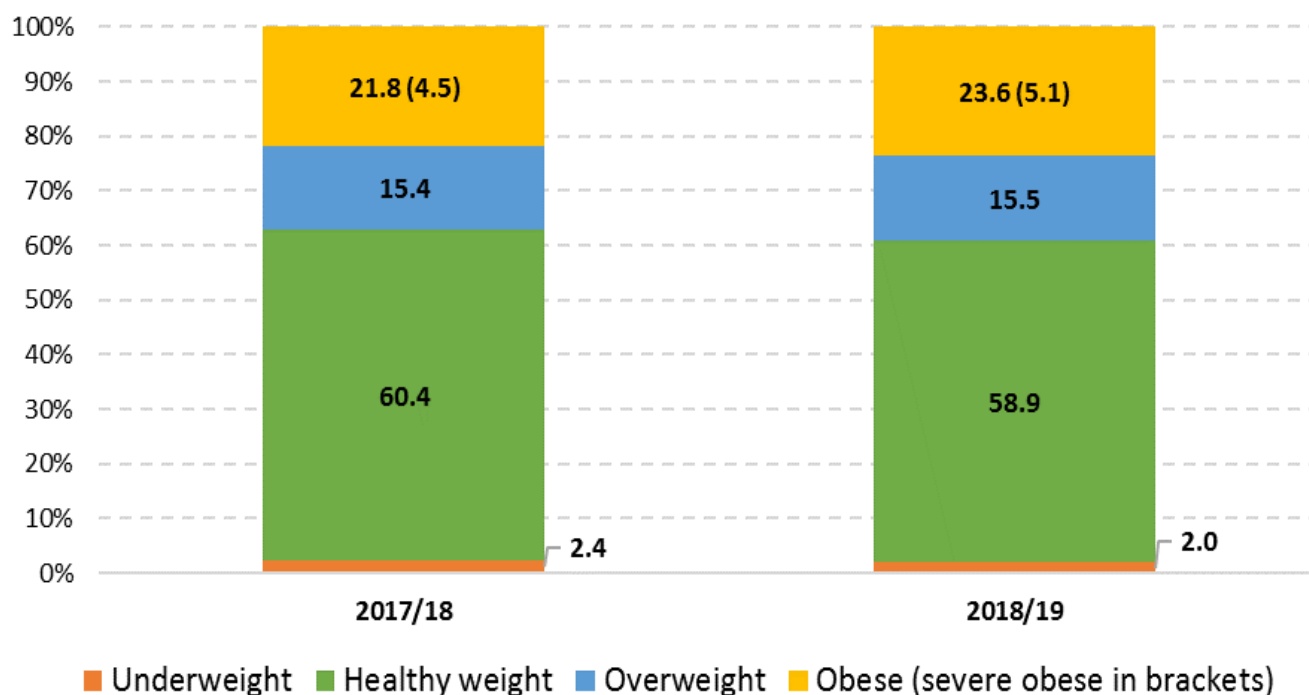
National Childhood Measurement Programme

3.5 Since the last Board meeting, National Childhood Measurement Programme (NCMP) data for 2018/19 at borough level has been produced. Rates of overweight (including obese & severely obese) children at Reception year have slightly reduced to 20.4% (down from 21.3% in 2017/18), but have risen to 39.1% for year 6 (up from 37.2% in 2017/18). Levels of severely obese have remained stable in reception, but have increased in year 6.

Prevalence of weight by BMI category, Reception



Prevalence of weight by BMI category, Year 6



3.6 Data for individual schools across Hillingdon shows that the proportions of children measured as overweight, obese or severely obese ranges from 36.4% to 8.7% in Reception Year, and from 56.7% to 7.7% in Year 6. In 41 out of 54 schools at Year 6, more than one in three children age 10-11 are overweight, obese or severely obese.

Developing priorities: Schools, Healthy Eating and evidence base

3.7 The task and finish group has taken on board the Board's comments and considered how to develop interventions that might support the priorities identified. The Board is invited to note the following points:

- The licensing arrangement for the MEND programme has come to an end. A renewed weight management programme, 'My Choice', was developed locally, is provided by CNWL, and is now delivering. My Choice currently consists of a 12 week programme offered as an after school club at Key Stage 2. Key Stage 1 courses will start later. The methodology is evidence-based and has proven effectiveness. However, there is a limited capacity of 3 courses per year run for up to 15 children and their families.
- The 0-19 services public health contract is now under review by the Council's BID programme to review the specification, with a view to re-tender and go live March 2021. This may present opportunities to re-specify how healthy weight in children is encouraged and develop alternative provision.
- The 'Healthy Start' scheme offers vouchers for vitamin supplements, milk and fresh fruit and vegetables to women who are pregnant or have children under 4 and are in receipt

of qualifying benefits. The scheme is being relaunched in Hillingdon to increase take-up, with training for front-line staff in a range of agencies across the Borough.

- Adult and Community Learning are considering the development of workshops, classes and interventions to provide healthy food support for families.
- The new Primary Care Networks in Hillingdon have a proactive role to identify patients with developing long term conditions - they do not as yet have a focus on children but as they develop there is an opportunity for local action in support of those who may be demonstrating early signs of becoming overweight or otherwise be seen as "at risk". Social prescribing can offer the earliest intervention route from PCNs and neighbourhood wellbeing teams, and might offer a more systematic way of supporting families.
- Hillingdon CCG have indicated a willingness to include child healthy weight under their 'My health' programme and to develop a patient activation measure (PAM) to support potential interventions. Key to this will be development and training of workforce and defining pathways of what support can be offered for weight management and, healthy eating and physical activity.

3.8 A proposal has been developed to promote healthy eating and physical activity to children and parents through a project commissioned in schools. The proposed project would provide a 4 week course to give children and their parents a better understanding of food choices, without being judgmental or negative, and provide practical experience of preparing and eating healthy meals, with physical activities built into the sessions.

3.9 The Food Education Manager at Colham Manor School has developed an outline for the SMILE project to deliver:

- Learning basic cooking skills (16 healthy dishes prepared from fresh ingredients)
- Increased knowledge about foods that are high in sugar, salt and fat
- Better understanding of how unhealthy food choices can affect physical health, including the links to obesity, diabetes and poor dental health
- Awareness of the relationship between food intake and physical activity
- Increased uptake in pupils opting for healthy school meals

3.10 No children or families would be stigmatised because of their weight. The emphasis is on giving positive messages and not criticising lifestyle or food choices. Participants are offered a choice of healthier alternatives and equipped with knowledge to enable informed food choices.

3.11 Families would join the programme voluntarily. Everyone at the school would receive information on the SMILE club through newsletters and learning mentors who are already in touch with children and parents. Leadership and commitment from schools who decide to be involved will be critical to establishing the supportive culture needed, so setting up a sustainable programme with schools would need to include careful consideration of how participants are recruited, how sessions are provided, and the space and facilities available. In addition to the experience acquired through delivery of MEND and now My Choice, Colham Manor school has previously delivered the SMILE project successfully, in children's and early years centres.

3.12 The project would run in two stages, with the first a smaller pilot programme in one school anticipated to cost approximately £5.8k. As this project meets the Public Health objectives for Hillingdon, it is proposed that this amount be funded as a one off through the Public Health

reserve, which currently stands at £2.4m. Following evaluation of the first stage, the intention would be to roll the programme out to 6 schools.

Next Steps

3.13 A more detailed proposal for the above-mentioned SMILE project has been sent to the Chairman of the Health and Wellbeing Board and to the Leader of the Council for consideration. The task and finish group is also continuing to consider the development of other key actions to make tangible differences to rates of child obesity.

Financial Implications

The proposed project is subject to agreement. If approved the project would run in two stages, with the first a smaller pilot programme anticipated to cost approximately £5.8k.

Should the pilot be successful, it is then proposed to commission Colham Manor School to roll out the programme to 6 schools during the course of the 2020/21 academic year. This would come at a total cost of approximately £16.2k.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The recommendations will enable officers and partners to progress work of child healthy weight with schools and in local areas and to develop proposals.

Consultation Carried Out or Required

Consultation has largely been through existing partners, the task and finish group and the Health and Wellbeing Board. The proposal includes wider consultation, especially with schools and local groups.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed this report and concurs with the financial implications above, noting that there are no direct financial costs incurred from this report, with further costs anticipated coming from future projects pending the outcome of this report.

Hillingdon Council Legal comments

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

Relevant Service Groups

The report reflects input from across council services.

6. BACKGROUND PAPERS

NIL.

1. [EARLY YEARS & MATERNITY](#)
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, MESSAGING AND COMMUNICATIONS](#)

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	Status	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.	<p><i>Complete</i></p> <p>THH & CNWL have achieved Level 2 BF Standards working towards Level 3 submission April 2020.</p> <p>Children's Centre staff are all trained in line with UNICEF guidelines</p>	<p>Anita Hutchins THH</p> <p>Claire Fry LBH</p>
1.2. Increase levels of breastfeeding	Increase the number of babies being partially or completely breastfed at 6-8 weeks.	<p>More babies are being breastfed at 6-8 weeks.</p> <p>Parents are readily able to access advice and support to breastfeed in their community.</p>	<p>Education on the benefits of breastfeeding through antenatal classes and contacts.</p> <p>Provide breastfeeding support groups and specialist clinics in Children's Centres.</p>	<p><i>In progress</i></p> <p>The Breastfeeding Strategy Group meets quarterly and reviews data on BF at ward level.</p> <p>Data provided for levels of BF initiation and then</p>	<p>Sally Crowther (CNWL)/Julia Masdin (THH)</p>

		Unicef Baby Friendly Accreditation at stage 3 for Health Visiting and Maternity services.	Midwifery, Health Visiting and Children's Centre staff trained to support responsive feeding.	sustained after 6 weeks at ward level.	
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.	<p>Clear information on opportunities for physical activity is readily available.</p> <p>Information is included in development of child obesity pathway.</p> <p>Information given to parents at HV health reviews at 8 month and 2 years.</p>	<p>Produce clear mapping of physical activity sessions across children's centres and early years settings including:</p> <ul style="list-style-type: none"> • Xplorer • Scootercise • Forest school • Daily activity guidelines • BHF Early Movers. • 'Tummy time' <p><u>Early Years Settings and Childminders</u></p> <ul style="list-style-type: none"> • Centralised training on the revised Early learning goal for physical development • Good practice guidelines for gross motor development published • Outdoor play and learning training - making use of Ruislip Lido - following forest school ethos. <p>Building upon the previous LBH healthy EY accreditation - 20 childminders and 6 PVI settings to achieve level one of the Mayor Of London's Healthy Early Years London scheme,</p>	<p><i>In progress</i></p> <p>Mapping of location of sessions and numbers participating to be produced.</p> <p>Baseline and targets to be set with aim to raise participation.</p>	<p>Claire Fry LBH</p> <p>Sue Hynds LBH</p>

			over the next year, with a view to building upon this in the following years.		
1.4. Increase awareness of and access to healthy food and snacks for young children	Ensure information and advice on healthy nutrition is made available to parents and children.	<p>Clear information on healthy diet is readily available.</p> <p>Information is included in development of child obesity pathway.</p>	<p>Produce clear mapping of healthy eating information and advice including:</p> <ul style="list-style-type: none"> • 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 • Healthy Early Years London programme • Free Adult Education classes for parents around healthy eating <p><u>Early Years Settings and Childminders</u></p> <ul style="list-style-type: none"> • Centralised training on the revised Ofsted guidelines in relation to mealtimes and food • Good practice and guidelines disseminated on portion size and nutrition information for PVI settings 	<p><i>In progress</i></p> <p>Produce a clear picture of the nature, location and attendance at groups and workshops.</p> <p>Produce description of activities and courses and their availability</p> <p>Produce description of implementation of national healthy eating and other campaigns.</p> <p>Campaigns such as Brush for Life & Sugar Swap are an integral part of Stay and Play activity sessions</p>	<p>Claire Fry LBH</p> <p>Sue Hynds LBH</p>

			<ul style="list-style-type: none"> Building upon the previous LBH healthy EY accreditation - 20 childminders and 6 PVI settings to achieve level one of the Mayor Of London's Healthy Early Years London scheme, over the next year with a view to building upon this in the following years. 		
1.5. Improve children and young people's oral health	Address the link between obesity and poor oral health	Improvements in brushing techniques and reductions in fillings and extractions	Explore scope and opportunity for interventions such as supervised brushing	<i>In progress</i> Funding secured from NHSE to develop supervised brushing programme in schools and nurseries for 1000 children targeted to areas of need.	Carol McLoughlin HCCG
1.6. Increase awareness and uptake of Healthy Start Scheme	To ensure more women eligible to receive HSS vouchers are enabled to receive HSS vouchers to obtain fresh/frozen fruit and vegetables, cows' or formula milk, and vitamin coupons.	Increased take up of scheme. Increased awareness of scheme among front-line midwifery and other services.	Task and Finish Group has identified key partners and is developing a strategic marketing plan and organising a training event for March 2020.	<i>In progress</i>	Sharon Daye/Viral Doshi
2. ACCESS TO GREEN SPACES AND SUPPORTING MORE PHYSICAL ACTIVITY					
Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	Status	Lead contact

2.1. Increase physical activities in local sports and leisure and open space facilities	Integrate physical activities into Children's Centre programmes	Increase levels of physical activity by young people and families via Children's Centres	Promote Outdoor play through Children's Centre led park visits, Playday and library storytime sessions 10 Fun things to Do outside integrated into Children's Centre timetables.	<i>In progress</i> Aim to document number of sessions run by children's centres and uptake of sessions.	Julia Heggie
	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.	<i>Complete</i> 3 sites have system installed. Programme ran April-Sept. .	Julia Heggie
	Increase community tennis provision in local parks	Measurable increase in use of facilities.	Install gate access system, provide Tennis For Free sessions Promote <i>Nature Valley</i> Big Weekend events	<i>In progress</i> Started Sept. Gate access system installed in 3 parks. Registration system monitoring usage. Positive early results	Priscilla Simpson
	Provide multi-activity programme of free and low cost activities in local parks.	A diverse and accessible programme of activities is available and promoted.	Commission Our Parks programme	<i>In progress</i> Programme commissioned - 5 sessions per week over 50 weeks targeting areas of low physical activity started October Menu of free activities aimed at inactive people. SLA will include monitoring take-up amongst more inactive people	Julia Heggie

	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.	<p><i>In progress</i></p> <p>All leisure facilities are accessible to enable disabled people to take part in activities including swimming lessons, health and fitness gyms and sports hall activities such as badminton. The Hillingdon LeisureLink scheme provides savings on leisure activities to concessionary groups including people with disabilities, 16 plus students and looked after children.</p> <p>Disability sports club at Queensmead Sports Centre on a Saturday afternoon for 8 to 19 years old. Activities include trampolining, football, table tennis and volleyball.</p>	Nicky McDermott LBH
	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.	<p><i>In progress</i></p> <p>Twice a year clubs are asked to run taster sessions</p>	Priscilla Simpson
	Children aged 7-17 are able to participate in a range of competitive sports.	High levels of participation from target age group.	<p>Deliver the London Youth Games programme.</p> <p>Deliver the Mini Marathon trials and event.</p>	<p><i>Ongoing November - July</i></p> <p>Jan- April 2020</p>	Mekaya Gittens

2.2. Physical activity programmes targeted at those most inactive	Develop targeted programmes to increase physical activity amongst inactive people	High levels of participation from target groups.	Examine scope for and design of targeted programmes: <i>Active Hillingdon</i>	<i>In progress</i> Active Hillingdon programme will bring together new and existing activities. Communications plan to be developed	Julia Heggie
3. SCHOOLS					
Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	Status	Lead contact
3.1. Improve links with schools	Identify ways to build and maintain links with schools	<p>Healthy Schools London programme promoted as a tool for evidencing Personal Development requirements in Ofsted 2019 inspection framework</p> <p>Number of schools who have Healthy Schools London :</p> <ul style="list-style-type: none"> • Foundation level • Silver Awards for healthy eating or physical activity. • Gold Awards for healthy eating or physical activity. 	<p>Promote Healthy Schools London award to School Improvement Service. Provide free Healthy Schools London award training as part of LBH Learning and Development Offer to schools.</p> <p>Provide a quality assurance function to assess HSL applications</p> <p>Map healthy eating and physical activity involvement in schools (through submission of HSL Foundation level).</p>	<p>Engagement with schools is a key challenge. More schools need to move to silver/gold levels by developing and implementing action plans on healthy eating and exercise.</p> <p>Healthy Schools rating scheme to be reviewed to map school engagement.</p> <p>HSL project to reduce levels of fat , sugar and salt in lunch boxes.</p>	Julia Heggie
3.2. 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 in the Learning and	As above engagement is a key challenge. Daily Mile activity could be part of an HS action plan.	Julia Heggie

		<p>Schools cite TDM in Healthy Schools London (HSL) awards</p> <p>Schools engage in annual TDM events</p>	<p>Development training programme for schools.</p> <p>Encourage TDM to be an activity schools implement for HSL awards.</p> <p>Promote TDM events in Head Teacher briefings and forums.</p>		
3.3. Improve school healthy food provision	<p>Increase availability and take up of healthy food in schools.</p> <p>Decrease availability of unhealthy food</p>	<p>Good availability of fresh water to replace sugary drinks</p> <p>Good access to and awareness of healthy food</p>	<p>Introduce water fountains into schools</p> <p>Through Healthy Schools London programme:</p> <p>Increase School Meal uptake</p> <p>Develop School food staff training</p> <p>Implement 'Sugar Smart' campaign</p>	<p><i>In Development, subject to agreement</i></p> <p>consider project to coordinate, support and interventions with, firstly, primary schools.</p>	TBC
3.4. Extra-curricular activities	Facilitate extra-curricular physical activity sessions	<p>Primary PE and Sport Premium funding is used to improve physical activity offer in schools:</p> <ul style="list-style-type: none"> • Providing 30 minutes in school each day • Increased participation in sport and physical activity 	<p>Undertake a review of school action plans and see how funding is being used and how funding is allocated.</p> <p>Share examples of activities that have had a positive impact on increasing participation in physical activity throughout the school day.</p>	<p><i>In Development, subject to agreement</i></p> <p>consider project to coordinate, support and interventions with, firstly, primary schools.</p>	TBC
3.5. Increase Active Travel to and from	Encourage more schools to undertake TFL	More schools STARS accredited.	Investigate scope to promote STARS awards scheme to schools	<i>In Progress</i>	Lisa Mayo Transport Team

school and outside of school time	<p>STARS (School Travel Accreditation awards)</p> <p>More schools enable active travel including cycling</p> <p>More children are equipped to cycle safely to school and outside school time.</p>	<p>More schools encouraging and increasing active travel.</p> <p>Improved school provision of secure cycle storage.</p> <p>Regular programme of cycle training for schools.</p>	<p>Provide Bikeability training to 2300 pupils (in years 6/7)</p> <p>Provide Practical Pedestrian Training to 10,200 pupils at infant and junior schools</p> <p>Map and encourage school cycle storage facilities</p>	<p>16 schools signed up to STARS so far.</p> <p>Bikeability training to 2128 pupils in 2018/19</p>	
3.6. Explore additional intervention with schools	To consider developing a nutrition and physical activity programme for schools and families	<p>Clear programme with costings for consideration.</p> <p>Agreement with schools and families on content</p> <p>Development of sustainable funding model</p>	TBC	<i>Under consideration</i>	Kevin Byrne

4. ACCESS TO HEALTHY FOOD

Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	Status	Lead contact
4.1. Increase availability of Healthy food	Current activity at 1.4 and 3.3. above.	Increased availability of healthy food, especially in areas where healthy food is less accessible.	Investigate scope for developing work in this area.	subject to business case development	TBC
4.2. Increase availability of information on healthy eating and increase family cooking skills		Range of sessions available to increase healthy home cooking	Deliver course via adult education function	<p>Cooking activities are taking place in some children's centres</p> <p>A trial programme in development for children's centres</p>	TBC

				Adult learning offer courses to promote healthy eating at children's centres including: <ul style="list-style-type: none"> • Food to Make You Feel Good • Nutrition and Balance • Healthy lifestyles 	
5. PUBLIC AND COMMUNITY SETTINGS					
Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	Status	Lead contact
5.1. 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	<i>in progress</i> Early Years Centres contract includes requirements to follow Healthy Eating Guidelines: new menus developed Leisure Centres Management contract is being re-tendered from Feb 2020. Contractor asked to provide a healthy, balanced menu. At least 20% of the items provided in vending machines must be healthy options.	Claire Fry Children's Centres Nicky McDermott Leisure Centres
6. WEIGHT MANAGEMENT SERVICES					
6.1. Weight management services or pre-school via children	support children and families to ensure best start through health eating	Fewer numbers of children reporting at reception as overweight or obese.	Consider developing proposals for intervention for this cohort,	<i>In Development, subject to agreement</i>	Claire Fry

centres and EY settings			e.g.successor to Mini MEND scheme	Healthy eating course for parents will be piloted in spring	
6.2. 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	More referrals translate into full participation in weight management programmes	Review the referral pathway from NCMP to weight management services	<i>In Progress</i> Review letter wording and follow-up process	Shikha Sharma
6.3. Weight management services as part of pathway for overweight/obese children	Review MEND programme and develop new programme	Increased take up of participants and reduced levels of overweight and obesity at year 6	Revised programme is developed and implemented with measurable outcomes	<i>In development subject to agreement-</i> Current MEND programme runs to end Dec 2019. New 'MyChoice' programme in development to commence from Jan 2020. Evaluation underway utilising Brunel students	Shikha Sharma / Nicola Nuttall / Claire Fry
6.4. Increase take-up of weight management programme	Higher proportions of referrals convert to participation in programme	0-19 KPI currently 74% against target 75%	Review the referral pathway from NCMP to weight management services Review KPI target and performance	<i>In progress</i> Current scheme running at full capacity. Review programme capacity and referral pathway	Shikha Sharma / Nicola Nuttall / Claire Fry
6.5. Increase numbers of children completing weight management programme		0-19 KPI currently around 77% against target 80%	Review KPI target and performance	<i>In progress</i> Monitor participation and increase completion rate	Shikha Sharma / Nicola Nuttall / Claire Fry
6.6.	Ensure NHS Tier 3 intensive clinical support is available for severely obese children		Review demand for and availability of Tier 3 provision	<i>In progress</i>	Carol McLoughlin

7. EVALUATION, CAMPAIGNS, MESSAGING AND COMMUNICATIONS					
7.1. 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	<i>To be developed</i>	Steve Hajioff LBH
7.2. 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	<i>In progress</i> TBC	Kevin Byrne LBH
7.3. Increase public awareness through promotion of 'Change for Life' Messages	Consistent messages on diet and nutrition are promoted and targeted information is provided	Increase understanding and awareness of healthy weight messages amongst target group and families	Develop Health Weight communications plan	<i>In progress</i> Draft in place	Christine Bramble LBH Comms
7.4. Agree monitoring and reporting framework to measure impact and ensure delivery of agreed actions.	There are clear mechanisms for measuring and reporting progress	Regular performance reporting on progress regarding workstreams	Reports to Group and HWB	<i>In progress</i>	Kim Overy LBH

h:\policy\policyteam\obesity\child obesity hwb 2019\child health weight group 2019\latest plan\2. healthy weight action plan v1.3 jan 2020.docx

THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST UPDATE

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Sarah Tedford, The Hillingdon Hospitals NHS Foundation Trust
Papers with report	None

1. HEADLINE INFORMATION

Summary	To update the Board on the recovery programme at THH.
Contribution to plans and strategies	The content of this report relates to the Trust's: <ul style="list-style-type: none"> • Recovery and Improvement plans; and • 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

The Hillingdon Hospitals NHS Foundation Trust Recovery Plan - Context

Sir Amyas Morse has been appointed as the chair of the Trust. A number of new executives and non-executives have been appointed, and the current executive are shown in the organogram at Figure 1. Terry Roberts, Director of People and OD, has recently left the Trust and a process is in place to appoint his replacement. The Trust is also out to advert for a permanent Director of Communications and Engagement.

Figure 1: Trust Management Structure



The Trust has established a purpose pyramid, which sets out the organisation's purpose and direction on a single page, to encourage alignment of all work across the Trust to be focussed and coordinated. The purpose pyramid is at Figure 2.

Figure 2: Trust Purpose Pyramid



Of note is that the point of the organisation's existence, and therefore the point of the pyramid, is the patient. The Trust has a vision and mission which set out what it wants to be and do. There is a set of behaviours which the Trust seeks to embody, and a number of strategies which set out the road map for its future development.

The purpose of the Trust is underpinned by the CARES+ improvement practice, which seeks to develop a culture of continuous improvement. The work builds from the Trust's core values of Communication, Attitude, Responsibility, Equity and Safety to enable staff to:

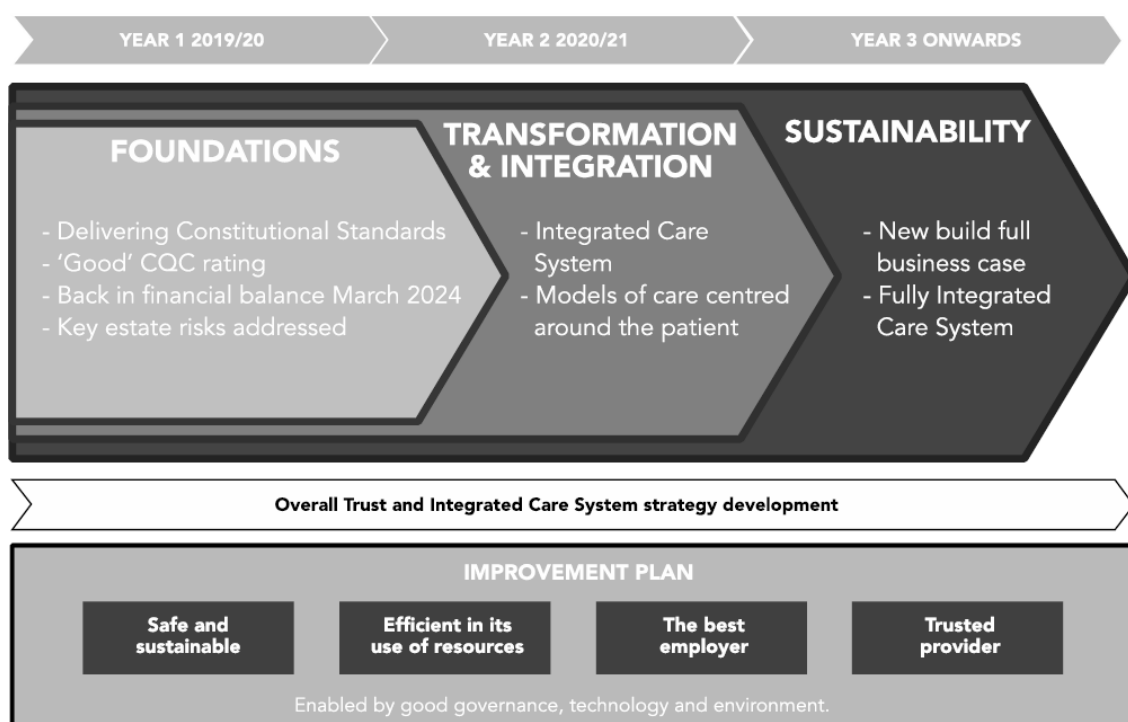
- critically examine their own work;
- find the areas where improvements could be made – for patients, for staff and to better meet the organisational objectives;
- take responsibility for making those changes; and
- feel they have the authority to make changes.

As previously shared, the Trust is continuing working through its three year plan as set out in Figure 3. The Trust objectives for 2020-2021 will be developed shortly and will be aligned to this plan.

Figure 3: Trust Journey 2019-2022 onwards



Our journey



Ministerial Visit

In February 2020, the Trust was visited by Matt Hancock, the Secretary of State for Health and Social Care.

Quality

Hillingdon Improvement Plan

In response to the Care Quality Commission (CQC) inspection in March 2018 where the Trust was rated as Requires Improvement, the Hillingdon Improvement Plan was delivered. The plan addresses the “Must Do” and “Should Do” actions set out by the CQC, ensuring these are completed and are now being embedded across the organisation. However, the plan has a greater ambition than just these issues, seeking to create a wider and deeper culture of quality and safety across the organisation.

The work of the Hillingdon Improvement Plan continues, with progress being made against the 13 work streams, each working towards delivering key milestones. External partners (including Healthwatch Hillingdon, CQC, 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.

Outcomes, deadlines, what good looks like, and how the Trust will assure improvements are delivered and sustained has 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.

Care Quality Commission Inspection 2020

The Trust has received the Provider Information Request (PIR) which precedes the next organisational inspection. The CQC analyses the PIR and this helps to inform its schedule when the inspection takes place. The visit will be scheduled within 6 months of the PIR request and therefore the inspection is expected imminently.

Improvement Practice

The Trust has invested in the establishment of the CARES+ 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 ten practice coaches are now qualified and working on local improvement projects in their places of work. A further seven practice coaches are expected to qualify in the next three months, and the second cohort of staff begin their training in March – this is expected to be a group of ten individuals. The CARES+ team has delivered three five-day improvement events and a number of shorter workshops.

The benefits realised through these events include quantitative measures such as a 24% reduction in length of stay on the Frailty unit, and a 20% reduction in on-the-day theatre cancellations due to patient request or DNA. Teams have worked on areas which directly affect the Trust's financial position, such as stores and overstocking in clinical areas and out of hours booking of bank and

agency staff. There have also been qualitative staff and patient experience benefits, including improved communication between teams, better planning of discharge across the multidisciplinary team and a revised system for booking pre-operative assessments, reducing the number of times patients need to visit the hospital when awaiting elective surgery.

The most recent event run by CARES+ was focussed on ward quality and safety, and has resulted in improvement work being undertaken across the organisation by the ward managers, focussed on 12 priority areas, including Safety Huddles, Patient Handover, Documentation Completion and Fire Safety.

Winter Activity and Performance

Emergency Department patient attendances have been significantly higher in winter 2019-20 compared to last year. Figure 4 shows the volume and percentage increases in both Type 1 and All Type attendances (Type 1 is attendances to the main Emergency Department only, All Types includes Minor Injuries and Urgent Treatment Centres).

	October	November	December	January
All Types	815 (6.0%)	534 (3.9%)	1,114 (7.9%)	100 (0.7%)
Type 1	638 (11.5%)	457 (7.6%)	647 (10.3%)	98 (1.6%)

Despite this increase in demand, the number of patients admitted has reduced over the same time period by 14%. This is largely due to the increased use of same day emergency care pathways (SDEC), which provide treatment for patients whilst avoiding hospital admission.

The Trust has recently re-established the Surgical Assessment Unit, allowing surgical teams to focus on delivering SDEC pathways in parallel with their medical colleagues, which is already showing benefits in improved surgical emergency flow.

Work has also been undertaken in relation to discharge from the hospital, with a particular focus on patients who are medically optimised and therefore only in hospital for ongoing social care needs or community rehabilitation support, and on those patients staying in hospital for more than 21 days and more than 7 days. Focussed work with system partners in January has delivered reductions in bed days for these groups of patients of 16% and 13% respectively.

Further improvement work in the emergency department and in non-elective patient flow is continuing, and this area will be a principle part of ongoing improvement in 2020-2021.

Financial Recovery

The Trust faces a challenging requirement for delivery of the forecast financial position in the final months of the financial year. Weekly meetings, chaired by the Executive Team, are being held with each of the Divisional teams to support in delivery of the financial forecast.

Workforce

The Trust recognises that staff are its most important asset. Development of a committed and supported workforce is a key objective for the organisation. A major organisational development programme has started, adding to existing programmes within the Trust. The new programme is initially focussed on managers at 8A and above, seeking to ensure staff have the skills they need now, and the skills that they will need in the future.

The Trust has also relaunched its internal health and wellbeing board, chaired by the Chief Executive. The board will have four principal areas of focus: physical health, mental health, financial health and family health.

At the beginning of February, the Trust welcomed 38 nurses recruited from overseas, principally from India and the Philippines. These nurses will work in different areas across the Trust and will be a big support to the working of the organisation. The Trust has provided them all with accommodation and they are being made welcome, to the Trust and to Hillingdon.

Strategy

The development of the Trust clinical strategy is well underway. The strategy has been developed with strong involvement from the clinical teams to reflect the ambitions of the whole organisation. The draft strategy went to the board in February.

Work is continuing with the London North West University Healthcare NHS Trust in developing the strategy of the Outer North West London sector of the North West London Health and Care Partnership. This work will promote closer working between the two provider organisations in the sector and enable shared working on the integrated care agenda.

Estate

In September 2019, the Government announced the Health Infrastructure Plan (HIP) with the intention of building 40 new hospitals. The Trust is part of HIP2, the second phase of this plan. We received confirmation in late January of £5m of seed funding.

The £5m will be used to develop our business case for our new hospital. The money will help us start health care planning that looks at the likely needs of our community in the future, feasibility studies, develop some options, undertake programme management and governance support and then, vitally, undertake communications and stakeholder engagement. The Trust will be going out to tender with a specification to support and produce the business case. The anticipated timescale for HIP2 is to start building between 2025 and 2030, although the Trust will bring this timescale forward if it can.

In the meantime, the Trust is continuing to develop key areas of its estate. A new modular ward will be installed by the end of March 2020 on the Hillingdon site. This will enable the Trust to empty wards in the tower block, one by one, and undertake a refurbishment programme. This will significantly improve patient experience in the hospital, as well as addressing some key estate risks.

Later in 2020, the Trust will provide two further wards of 32 beds each which will enable the re-provision of a ground floor paediatric unit, to replace the temporary facility in the tower block, established after the forced closure of the Peter Pan and Wendy wards in autumn 2019. The two new wards will also enable the Trust to close the annexe wards, built in the 1930s, which will again provide a significant improvement in the experience of patients being cared for in our hospitals.

4. BACKGROUND PAPERS

NIL.

HILLINGDON'S KNIFE CRIME REDUCTION PLAN

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Jacqui Robertson
Papers with report	None

1. HEADLINE INFORMATION

Summary	To update the Board of the multi agency actions being taken in Hillingdon to reduce knife crime as detailed in the Hillingdon partners Knife Crime and Serious Violence Plan 2019-20.
Contribution to plans and strategies	Hillingdon's Joint Health and Wellbeing Strategy 2018-2021
Financial Cost	There is no direct cost arising from the recommendation set out in this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board acknowledges and endorses the multi agency work being taken in relation to knife crime.

3. INFORMATION

Supporting Information

What is knife crime?

There is no Home Office definition of 'knife crime'. The phrase was adopted by the media and is now popularly used to refer primarily to stabbings but also to the illegal carrying of knives by people in a public place or other premises. However, 'knife-enabled crime' includes a variety of other offences involving a bladed weapon.

Knife crime includes:

- carrying a knife
- trying to buy a knife if you are under 18
- threatening someone with a knife
- owning a banned knife
- injuring or fatally wounding somebody with a knife

- intent to injure or harm somebody with a knife
- a robbery or burglary where a knife was carried as a weapon

What's the law?

Setting aside the damage inflicted by a knife on a life, the potential legal consequences for those who carry, and use in acts of violence, a knife are severe. For simply carrying a knife in a public place, the maximum penalty if convicted is four years in prison. Those found on more than one occasion to be in possession of a knife face a minimum sentence of six months. Offences when a knife is used on another person or in the commission of a crime (i.e. street robbery), the punishments become even more life-changing. Using a knife or another bladed instrument, depending on the circumstances and nature of injuries caused, can lead to offenders being charged with a range of offences, from assault to Section 18 Causing Grievous Bodily Harm (GBH) with intent, from attempted murder to manslaughter and ultimately murder. Such offences can lead to many years in prison. While committing murder carries a mandatory life sentences, offenders can also be sentenced to life in jail for committing a Section 18 GBH offence. If someone is injured or killed by a knife while you are present you too could be prosecuted. You could potentially be sent to prison for murder in a joint enterprise.

Statistical Data

Using statistical data obtained from the Metropolitan Police during the year December 2018 – December 2019, 411 knife crime offences were recorded and during the month of December 2019 there were 26 recorded knife crime offences.

The table below shows recorded knife crime offences for each of the London boroughs for December 2019. Of those, Hillingdon remains one of the safer boroughs in London, with the 9th lowest number of knife crime offences (joint with two other boroughs).

Borough	Type	Number
Westminster	Knife Crime	129
Enfield	Knife Crime	64
Southwark	Knife Crime	63
Haringey	Knife Crime	58
Barnet	Knife Crime	55
Hackney	Knife Crime	52
Newham	Knife Crime	51
Brent	Knife Crime	50
Camden	Knife Crime	50
Tower Hamlets	Knife Crime	48
Kensington and Chelsea	Knife Crime	48
Croydon	Knife Crime	44
Lewisham	Knife Crime	43
Islington	Knife Crime	42
Ealing	Knife Crime	41
Greenwich	Knife Crime	40
Wandsworth	Knife Crime	35
Lambeth	Knife Crime	35
Redbridge	Knife Crime	29

Borough	Type	Number
Waltham Forest	Knife Crime	29
Barking and Dagenham	Knife Crime	27
Hillingdon	Knife Crime	26
Hounslow	Knife Crime	26
Bexley	Knife Crime	26
Harrow	Knife Crime	23
Bromley	Knife Crime	19
Hammersmith and Fulham	Knife Crime	18
Havering	Knife Crime	13
Sutton	Knife Crime	9
Merton	Knife Crime	8
Richmond upon Thames	Knife Crime	8
Kingston upon Thames	Knife Crime	7

Boroughs in Police West Area Basic Command Unit shown in bold text

Since the last report was submitted to the Board on the 24th September 2019, the number of reported incidents in knife crime in Hillingdon is shown in the table below:

Month	Crime Count
September 2019	22
October 2019	47
November 2019	24
December 2019	26

Over the four month period there is an average crime count of 29.75 reports.

Over the last decade, there have been peaks, troughs and a spike again in knife crime across London Boroughs. It is clear that knife crime has a detrimental effect to the health and wellbeing of all, causing fear, anxiety and trauma to both victims, their families and the wider community as a whole due to the direct effects caused by persons that carry and use a knife.

Through the London Knife Crime Strategy, that is the Greater London Authorities comprehensive plan of partnership action to tackle the immediate threat to safety posed by knife crime in London, there are six action strands included, those being:

- Targeting lawbreakers
- Offering ways out of crime
- Keeping deadly weapons off our streets
- Protecting and educating young people
- Standing with communities, neighbourhoods and families against knife crime
- Supporting victims of knife crime

These action strands are mirrored in Hillingdon's Community Safety Partnership Knife Crime and Serious Violence Plan 2019/20.

The West Area Police are reporting that a reduction in robberies and domestic abuse will have a significant impact on decreasing the number of knife crime offences. In addition, as group offending contain a higher proportion of young victims and serious injuries suffered, it can be referred to as a high harm aspect of knife crime, even though it may not be considered high in

volume.

The Police have and continue to run a number of initiatives and they remain focused operations on reducing knife crime and delivery of programmes into schools and prevention projects. Operation Magnitude has commenced which brings in territorial support group officers into Hillingdon for four weeks from 17th February, as well as a week of action from Operation Venice, an anti robbery taskforce.

Key findings of a recent Knife Crime Analysis undertaken by the Police shows that in Hillingdon, current knife crime data show that from 1st December 2018 to 31st December 2019,

- 411 knife crime offences occurred in the London Borough of Hillingdon.
- 28.9% (119) resulted in an injury.
- 45 victims with injuries who were under the age of 25, with six of those being in relation to domestic abuse.
- According to the data, no knife crime offences whereby the victim was under the age of 25, was flagged as being gang related.

The Knife Crime & Serious Violence Strategic Group meets on a monthly basis to monitor and drive the progress of actions in the Safer Hillingdon Partnership Knife Crime and Serious Violence Plan 2019/20. Actions are grouped under the following themes:

- Governance;
- Targeting Lawbreakers (Enforcement and criminal justice response to knife crime);
- Keeping Deadly Weapons Off Our Streets (Addressing the accessibility and availability of knives);
- Protecting And Educating Young People (Recognising the importance of prevention and working alongside schools);
- Standing With Communities, Neighbourhoods and Families Against Knife Crime;
- Supporting Victims Of Knife Crime (Ensuring that improving support to victims is at the heart of a holistic response);
- Offering Ways Out Of Crime (Recognising that young people should be offered interventions which help them move away from criminality).

There are a total of 42 actions within the plan that are currently all on track to be completed by March 2020.

The Hillingdon Community Safety team are instigating a number of additional actions that are connected to Knife Crime & Serious Violence. Officers now completing a wide ranging "mapping project" looking at the use and supply of controlled drugs and psychoactive substances. This work will involve gathering information from various internal teams and external agencies so that we can fully understand the size of the problem, for example the types of controlled drugs and psychoactive substances being used/supplied in the Borough; the locations in the Borough where controlled drugs and psychoactive substances are being used/supplied; known user/supplier profiles; and links to other crimes including Knife Crime and Serious Violence. The outcomes will provide evidence to target interventions in areas and with groups having the highest needs, linking to knife crime.

Community Engagement events continue to be held to raise public confidence in the Police. These events are being run regularly with ward Safer Neighbourhood Teams taking a lead role, events include weapons sweeps in close proximity of a school, educational or other facility known to be frequented by young people.

The Hillingdon Community Safety team has facilitated a programme of partnership work with the Police to address incidents of serious anti-social behaviour in one part of the Borough that involved groups of young person's causing alarm and distress to local residents and traders. This work has culminated with officers working with the management of a local fast food outlet that was identified as the central gathering point for the young persons, gathering intelligence, engagement with the young people and the Police undertaking direct enforcement for drug, weapons and other such offences. The actions taken have had a marked improvement that has been noticed by local residents and local traders. A local business watch group is now being formed that will act as the "eyes and ears" of the local business community.

Due to the successes made in this initiative a further two areas affected by serious anti-social behaviour have been identified. It is planned to use similar methods at these locations to achieve positive outcomes to reduce anti-social behaviour and a fear of crime.

In addition the Community Safety team are driving a series of activities aimed at young people and the community working with a range of partners, including schools. The activities include rolling out programmed activities and one off activities. The activities include but are not limited to the following:

- Test purchase operations (e.g. under age knife sales).
- Knife Crime Conference with the Police
- Weapons Sweeps
- Films / presentations and awareness events across schools
- Targeted Problem Solving
- Drug Mapping Exercise
- MOPAC funded Diversionary Projects
- Monitoring / emptying of Knife Bins
- Police & Army 'outward bound' events

4. FINANCIAL IMPLICATIONS

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

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

Reassurance that relevant agencies are working together taking a multi strand approach to tackle knife crime and resulting consequences.

Consultation Carried Out or Required

No consultation is required at this stage due to this report being an update report.

Policy Overview Committee comments

None at this stage.

6. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance have reviewed the report and concur with the Financial Implications above, agreeing that there are no direct financial implications relating to the recommendation in this report.

Hillingdon Council Legal comments

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

7. BACKGROUND PAPERS

None.

HOMELESSNESS / ROUGH SLEEPING UPDATE

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Mark Billings, Hillingdon Council Debby Weller, Hillingdon Council
Papers with report	None

1. HEADLINE INFORMATION

Summary	The report provides an update related to the connections between homelessness, rough sleeping and ill health and work in Hillingdon to prevent homelessness and support homeless people. This is a follow up to a report in September 2019.
Contribution to plans and strategies	The links between health and homelessness and housing more widely are of relevance to Housing and Homelessness Strategies, the Health and Wellbeing Strategy and the Better Care Fund.
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board notes the contents of this report.

3. INFORMATION

Supporting Information

The meeting of the Health and Wellbeing Board on 24 September 2019 received a report on homelessness as it was recognised as a cross-cutting area of concern that impacted on the health and wellbeing of residents. The Board agreed that a further report on this issue be added to the agenda for the meeting on 3 March 2020.

The previous report noted a wide range of negative health impacts relating to homelessness, rough sleeping and insecure accommodation and national and local initiatives to address them. This report provides an update.

National policy

Homelessness and particularly rough sleeping remains high on the national policy agenda. The government's Rough Sleeping Strategy published in 2018, commits to halving rough sleeping by 2022 and ending it by 2027.

In January 2020, the Housing Secretary Robert Jenrick MP announced an extra £112 million funding, a 30% increase this year for councils to move more rough sleepers off the streets and into safe accommodation.

The February 2020 edition of 'Health matters'¹ a professional resource for local authorities and commissioners, focused on preventing and ending rough sleeping. This notes that the recent Homelessness Reduction Act and Rough Sleeping Strategy, underpinned by the Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeping Initiative, and actions taken by other government departments, Public Health England (PHE) and NHS England mark a significant shift in Government's response to rough sleeping. Health matters also provides information regarding poor health outcomes for homeless people including infectious diseases, such as tuberculosis, HIV and hepatitis C, musculoskeletal disorders and chronic pain, skin and foot problems, dental problems and respiratory illness. Compared with the general population, common mental health conditions (such as depression, anxiety and panic disorder) are over twice as high among people who experience homelessness, and psychosis is up to 15 times as high.

Hillingdon Homelessness data

The most recent rough sleeper count took place on 30 January 2020. The total number of rough sleepers counted was 144. This consisted of 8 in-borough and 136 at Heathrow airport and is 38 higher than at the previous count on 28 November 2020.

Hillingdon activity related to homelessness and health

The Council has successfully bid for further Rough Sleeper Initiative (RSI) funding for 2020/21 to continue work with rough sleepers, especially at Heathrow Airport where numbers remain higher. This will be the 3rd year of RSI funding that the Council has received. Details are being finalised, however the potential amount involved is a significant increase on the funding made available in the previous two years.

This will strengthen the multi-partner team to prevent rough sleeping. It will include a significantly strengthened outreach team supplied by Thames Reach (homelessness partner) as well as a post at Heathrow Travel Care, dedicated Council staff, floating support services and a complex needs worker provided by Trinity Homeless Projects (homeless partner) and accommodation managed by Trinity. Discussions are being finalised regarding additional services that may be provided at the Airport.

Health funding in West London has enabled the recruitment of two posts to provide additional mental health support and meet the needs of rough sleepers with chaotic lifestyles. These will work predominantly with rough sleepers at Heathrow Airport.

Additional rough sleeper provision for the winter includes:

- A winter night shelter in Hillingdon opened 20 January 2020 until 1 March 2020;
- A cold weather fund and provision for EEA nationals under a suspension of derogation to enable support that would not otherwise be available;
 - Up to 20 rolling bed spaces for UK nationals.

¹ <https://www.gov.uk/government/publications/health-matters-rough-sleeping>

- Up to 10 spot purchase bed spaces for EEA nationals for 2 months.
- Associated support and subsistence.
- Securing three houses in multiple occupation housing for 5 people each and associated costs.
- Associated coaching, subsistence, reconnections and personalised budgets.
- The existing RSI and Rapid Rehousing Pathway (now combined with RSI) projects for 2019/20 continue to be delivered.

Hillingdon Homelessness Prevention and Rough Sleeping Review and Strategy

The Hillingdon Homelessness Prevention and Rough Sleeping Review and Strategy was approved by Cabinet on 17 December 2019. One of the six priorities of the strategy is to eliminate the need to sleep rough in Hillingdon and there are numerous references to the physical and mental health needs of homeless households under this and a number of the other priorities in the strategy. Specific relevant actions in the strategy include:

- Review pathways and consider specialist support for homeless people with a dual diagnosis of substance misuse and poor mental health;
- Explore options to provide mental health support to rough sleepers (note the health funding for two mental health workers is addressing this action);
- Review membership of housing and social care panel and consider health/mental health input; and
- Review the Public Health Outcomes Framework (PHOF) and health profiles for Hillingdon as they relate to homelessness to inform future service delivery.

Joint work is currently being undertaken between housing, health and social care on a High Impact Change Model to address delayed transfers of care by ensuring focused and timely processes for identifying those in hospital who do not have a home to return to or are unable to return to their usual home.

The number of households requiring a full homelessness assessment is projected to be 1,984 for 2019/20 compared to 2,035 during 2018/19. There are, on average, 37 new placements into temporary accommodation each month.

Financial Implications

As noted in the report above, the Council has been very successful in attracting grant for a number of Council initiatives. However, as this report is for information only, there are no financial implications arising directly from this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

Activities referenced in the report to address ill health and/or homelessness will benefit the residents concerned.

Consultation Carried Out or Required

Issues related to health and homelessness were taken into account in the development of the Homelessness Prevention and Rough Sleeping Review and Strategy. A formal consultation

process took place between 30th October 2019 and 26th November 2019.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

Hillingdon Homelessness Prevention and Rough Sleeping Review and Strategy 2019 to 2024.

INTEGRATED CARE PARTNERSHIP UPDATE

Board Member	Dr Ian Goodman
Organisation	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	None

1. HEADLINES

Summary	This reports provides the Board with the latest update on the Integrated Care Partnership (ICP) achievements, progress for 2019/20 and our emerging plans for 20/21.
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 financial costs – however the programme will be impacting on financial positions of all partners.
Relevant Ward(s)	All Hillingdon Borough Wards

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) reviews and provides feedback on the progress update on Hillingdon ICP development – February 2020 update.
- 2) notes the proposed the direction of travel for our Hillingdon ICP development for 2020/21 focused on the 6 'High Impact' Change areas.

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.

What is our focus for 19/20?

- 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.

Summarised Update

1. **The overall programme** focus has now moved from implementation (mobilisation) to operationalising the new models and driving benefits realisation.
2. **The HHCP Escalation Plan** was implemented from the 20 January 2020 following the triggering of the Financial Early Warning System in December 2019. Data analysis showed that the deterioration in the year to date position in A&E is principally driven by a relatively marginal shift in Urgent Treatment Centre (UTC) performance against contractual plan.

The Escalation Plan put in place additional Primary Care Capacity (80 appointments per week) from the 20 January 2020 particularly in the 3 Southern Neighbourhood Teams to enable diversion away from the UTC and A&E and to support the UTC to deliver to their contractual targets.

Greenbrook (Urgent Treatment Centre Provider) have reported that that performance

against these KPI's for the first 10 days of February is as follows:

KPI	Target	Year to Date	February
Patients streamed away from A&E	85%	79.1%	80.6%
Patients streamed to A&E from UTC	5%	6.78	6%
Redirected to alternative Pathways	6%	4.6%	8.5%

These represent a progressive improvement since the implementation of the Escalation Plan. In fact, since the implementation of the plan on the 20 January, type 1 A&E attendances have reduced by 8% overall (as at 9 February). However, it is early days and we will continue to work with both the UTC to maintain these improvements and with THH colleagues to understand the drivers behind the shift between Category 1 and 3 attendances.

In response to bed related system pressures in the post-Christmas period, HHCP set up a **short term Pop-Up HHCP Co-ordination Centre on site at THH for 4 weeks** from Monday 13 January 2020. The purpose of the centre was to better co-ordinate and leverage out of hospital health and social care capacity in order **to expedite increased and accelerated hospital discharges**. Our principal target was to work together intensively as a system to free up hospital beds by reducing the number of stranded patients from 238 to 150 as set out in the Winter Plan.

The Centre was staffed 9-5 Monday to Friday on a rota basis by Senior Operational Staff from HHCP Partners together with Senior Operational Colleagues from Adult Social Care. **The operation of the Pop-Up Co-ordination Centre was associated with a statistically significant step change reduction in the number of stranded patients from 238 to 161.** One of the benefits of the co-ordination centre was that the seniority of its system staff enabled it to shorten decision making time by constructively challenging people, systems and processes.

We are continuing to embed this change, we will be delivering the following actions by end of March 2020.

- Ward and IDT staff jointly develop and implement a simple Standard Operating Procedure for discharges and inter ward transfers (including the process of escalating internal delays) with clear KPI's, accountabilities and performance reporting arrangements
- HHCP Partners and LBH collectively appoint a Senior Manager with delegated authority for operational management of an integrated health and social care IDT. Timeline to Delivery: 6 week.
- Urgent solution is developed that enables a single view of systems for IDT staff. This would provide the necessary transparency for the system and more efficient working practices.
- Consideration be given to bringing therapy staff together into a single Hillingdon wide Therapy service underpinned by a robust rotation scheme across hospital/community/primary care to establish consistency in approach and the best use of resources.

- Review of the Rehabilitation Pathway is led by the Clinical Director for Intermediate Tier with appropriate external support.

3. Transformation and Financial Management: Significant discussions have taken place between HHCP Partners and NWL CCG regarding the development of a **Medium Term (3 Year) Financial Strategy** for Hillingdon. **Proposals based on these discussions were discussed and approved by the HHCP Delivery Board as follows:**

- A **System Transformation Plan** will be developed that implements new models of care, addresses rising service demand and progressively reduces the system financial deficit through an agreed joint transformation and efficiency programme. The programme will use shared benefits to reduce the system deficit across the health and care system. The programme will focus on 6 Joint System Wide 'High Impact' workstreams: Each led by an Executive SRO from a Partner Organisation and supported by a system programme management office (PMO):
 - Urgent and Emergency Care (incorporating Intermediate Tier, Long Terms Conditions, Prevention and End of Life Care) with SRO Caroline Morison, HCCG
 - Neighbourhood (PCN) Development with SRO Edmund Jahn, HPCC
 - Planned Care (Elective) with SRO Jason Seez, THH
 - Children & Young People with SRO Joe Nguyen, HCCG
 - Mental Health and Learning Disabilities with SRO Graeme Caul, CNWL
 - Non clinical efficiencies e.g. back office, estates, integrated management with SRO to be confirmed





4. Outpatient Transformation: For 2019/20, the HHCP Delivery Board has set up 5 priority area task and finish groups: MSK (T&O, Pain and Rheumatology), Ophthalmology, Dermatology, Gastroenterology and Gynaecology. These account for approximately 50% of all Hillingdon CCG OP activity and spend.



The output from the Task and Finish Groups will be incorporated within a single integrated business case for Outpatients. The OP IBC will be developed by the HHCP Team with support from Business Development colleagues at THH. The timeline for completion and associated governance approval process is proposed as follows:





- 20 March 2020: Task and Finish Groups complete their work
- 23 March 2020: Draft OP IBC presented to Out Patient Transformation Board
- 26 March 2020: OP IBC System Workshop at Brunel University
- 2 April 2020: OP IBC presented to Strategic Finance Group
- 9 April 2020: OP IBC presented to HHCP Delivery Board
- April/May 2020: OP IBC presented to Partner Governance

Detailed Progress Report

The high-level summary below accompanies the programme-level milestone plan and includes operationalising key initiatives that have been accelerated as part of the Intermediate Tier programme in order to support winter planning and resilience.

Programme	High level summary assessment	Deployment	Benefits Realisation
Neighbourhood development	<ul style="list-style-type: none"> The service is now fully mobilised and operational CCT target caseload set out in the IBC has now been achieved and continues to increase: Caseloads have increased to 1,391 from 1,269 patients. A recently completed CCT impact analysis for YTD M8 19/20 referrals shows activity reduction of 975 A&E attendances (saving of £137,568) and 514 NELs (saving of £955,217). As part of the recent Delivery Board Escalation Plan, we have re-iterated with Primary Care that CCT's must only be used for the purpose for which they were set up; Admission and ED avoidance for the in-scope cohort. In addition, CCT's must follow the agreed case finding algorithm. This is to ensure that the right patients are selected for case management. We are currently also undertaking an audit to compare CCT caseload with those patients admitted non electively from the 6 practices with the highest year to date admission rates This is based on data allowing for 6 months to have passed in order to monitor impact All OD sessions have now been delivered to the CCT staff to build relationships and increase understanding of roles, process, governance and the rationale for working as part of an integrated team. This relates to a key programme risk around under-utilisation of H4All WSAs. . The 3 Transformation Managers have started 3/2/3030, Rachael Broadribb, Helen Steward, Sunoj Jacob and are currently in the process of meeting all stakeholders 		
Network development	<ul style="list-style-type: none"> NWL, Network and HHCP priorities have been mapped and proposals for alignment developed. Paper from the CEO of the Confederation on the 16 January Delivery Board Agenda setting out the overall approach was approved Draft PCN service specifications developed and circulated to clinical leads and relevant senior stakeholders. A new specification has been sent out to PCNs Head of Business Transformation for the Confederation has developed a template business plan with the mapped priorities and is meeting with all CDs to explain the framework Linking into population health data to further inform plans <p>Key areas of focus include the following –</p> <ul style="list-style-type: none"> Collectively develop and support practice managers working together and identify skills and skills needs A programme to support Clinical Directors collective effectiveness plus the effectiveness of each PCN team Improving change management skills and their application across PCNs and Neighbourhoods Identifying and upskilling 'change agents' across the system 	-	-
HIU programme	<ul style="list-style-type: none"> The service is now fully mobilised Programme has exceeded the original target for collectively case managing the top 50 HIU patients (i.e. top 50 patients are managed collectively by the CCTs and HIU teams). Month 8 YTD data shows that, when compared to the 7 months prior to active case management, there has been a reduction of 395 A & E attendances (saving of £31,170) and 155 NEL admissions (saving of £179,172). Total combined saving of £223,642. When this is projected to year end for the full target caseload, this will deliver savings of £560k Further ongoing PDSA work being undertaken to understand how these patients are being actively case managed in a way that will impact on a reduction in A&E attendances and 		

Programme	High level summary assessment	Deployment	Benefits Realisation																																																																																																						
	NEL admissions.																																																																																																								
Care home & acute visiting service	<ul style="list-style-type: none">• The service is now fully mobilised• All 8 GPs are now in post, and the vacancy for 1 GP on Fridays has now been recruited to. It is anticipated that the additional GP on a Friday will commence at the end of March.• SALT commenced 6th January and is currently undertaking a period of induction and shadowing members of the Care Home team.• Dietician & Mental Health Nurse commenced on the 3rd February.• The Tissue Viability Assistant has been appointed and will commence at the beginning of April in line with the Financial Budget. <p>Following the Escalation Meeting on 18th December, 3 outlier Care homes with significant over performance were identified as Ashwood Centre, Hayes Cottage Care Centre and Poplars Care Homes. Initial short-term actions were identified for each home and implemented.</p> <p>As part of operationalising the model and increasing reporting as part of monitoring benefits realisation, NELs for Care home patients are reported routinely to SOLT alongside the FEWS. More detailed reporting includes drilling down to the top 5 Care Homes with highest cost and volume to determine what is driving high cost including looking at relevant clinical information & LoS for selected patients to determine appropriateness.</p> <p>The Confederation has been monitoring the LAS call out and transfer data associated with the care homes that are covered under the specification. When comparing 2019/20 against 2018/19 data it is clear to see that there has been a 5% reduction in LAS call outs and a 13% reduction in patients conveyed to hospital. These are fantastic benefits considering the service has been implemented using a phased approach.</p> <table><thead><tr><th colspan="2">KPI Description</th><th>Target</th><th>2018/19</th><th>2019/20</th><th>Variation</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th></tr></thead><tbody><tr><td rowspan="4">LAS Call Outs by the Care Home</td><td>Monitor for</td><td>2018/19</td><td>136</td><td>150</td><td></td><td>136</td><td>126</td><td>112</td><td>119</td><td>145</td><td></td></tr><tr><td></td><td>2019/20</td><td></td><td></td><td></td><td>150</td><td>117</td><td>119</td><td>123</td><td>117</td><td></td></tr><tr><td>Variation</td><td></td><td></td><td></td><td>14</td><td>(9)</td><td>7</td><td>4</td><td>(28)</td><td></td><td></td></tr><tr><td>Variation</td><td></td><td></td><td></td><td>10%</td><td>(7%)</td><td>6%</td><td>3%</td><td>(19%)</td><td></td><td></td></tr><tr><td rowspan="4">LAS call outs when a patient is conveyed to hospital</td><td>Monitor for</td><td>2018/19</td><td>116</td><td>115</td><td></td><td>116</td><td>104</td><td>92</td><td>105</td><td>126</td><td></td></tr><tr><td></td><td>2019/20</td><td></td><td></td><td></td><td>115</td><td>86</td><td>92</td><td>102</td><td>97</td><td></td></tr><tr><td>Variation</td><td></td><td></td><td></td><td>(1)</td><td>(18)</td><td>-</td><td>(3)</td><td>(29)</td><td></td><td></td></tr><tr><td>Variation</td><td></td><td></td><td></td><td>(1%)</td><td>(17%)</td><td>-</td><td>(3%)</td><td>(23%)</td><td></td><td></td></tr></tbody></table> <p>Kingsley Court Nursing Homes transferred to Hillingdon GPs from 2nd January (apart from 15 patients who remain with the original Ealing GP). The Confederation is providing support for these patients and are undertaking initial care planning visits in a schedule way; this however will take some time to get through all patients as Kingsley Court is an 85 bedded unit. Acute visiting support is also being provided. Kingsley Court is a very high user of LAS and therefore the Matron will be working closely with the home to try and reduce this activity.</p> <p>As of the 3rd February, the service was fully rolled out to cover all Care Homes for Older People and Extra Care Housing for patients registered with a Hillingdon GP and has become BAU.</p>	KPI Description		Target	2018/19	2019/20	Variation	Apr	May	Jun	Jul	Aug	Sep	LAS Call Outs by the Care Home	Monitor for	2018/19	136	150		136	126	112	119	145			2019/20				150	117	119	123	117		Variation				14	(9)	7	4	(28)			Variation				10%	(7%)	6%	3%	(19%)			LAS call outs when a patient is conveyed to hospital	Monitor for	2018/19	116	115		116	104	92	105	126			2019/20				115	86	92	102	97		Variation				(1)	(18)	-	(3)	(29)			Variation				(1%)	(17%)	-	(3%)	(23%)				
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Programme	High level summary assessment	Deployment	Benefits Realisation
End of Life care	<p>Nurse-led End of Life In-reach model – One internal applicant has been shortlisted and interviews planned for w/c 17th. As it is an internal applicant, if successful, there is confidence that the recruitment checks can be expedited</p> <p>Information Dashboard: Agreed metrics to be collected and Social Finance are supporting the programme in developing this data into an information dashboard. It is anticipated that the first draft will be reviewed at February's EoL Programme board</p> <p>Michael Sobell House</p> <ul style="list-style-type: none"> 6 beds now open and the unit will transition to 10 beds over the coming week. The transition period will allow to safely manage the pressure on the members of staff There still remain few referrals from THH. MSH are meeting with cardiologists, respiratory and geriatricians to identify people at the end of life and not known to palliative care services. The Admission & Discharge nurse has updated the bed state daily to include MSH. Referrals to hospice at night service are also encouraged 		
Intermediate Tier	<ul style="list-style-type: none"> Community point of contact and coordination successfully commenced in December 2019 – Hillingdon points of access to services summary updated to incorporate feedback from H4All, Confed and CNWL contact centre. This is being rolled out in early January to the Contact centre team and is being shared with THH IDT as a useful point of reference; H4All staff, relevant LBH colleagues (which establishes the link to LBH social care and safeguarding triage team) and CNWL MH SPA and Older Adults Duty Team. Cellulitis pathway implementation: the pathway changes are starting to work well in practice in terms of releasing THH capacity. Patient rep sign off and resolving of final queries expected by 14th Feb. The GP and patient comms will complement the clinical decision-making tool and RRT referral process which have also been recently updated Integrated Discharge Point of Coordination: To support Winter Planning, this programme has accelerated and strengthened delivery of an enhanced discharge coordination function that is based at the hospital and managed by the THH Integrated Discharge Team (IDT). Progress remains on track – PoC went live in early Dec as planned and continues to be closely monitored: <ul style="list-style-type: none"> A review of the roles and responsibilities of the IDT has been undertaken to align with the enhanced service. A system-wide escalation process has been implemented to support the Trust when Full Hospital Protocol is instigated. A number of KPIs have been developed to monitor the impact of the expanded IDT - the teams are being inducted and allocated to their respective wards – once this has been completed data will be available to monitor impact The service enhances the already established integrated discharge team by working across health and social care to better manage patient flow. Out of hospital sitrep report developed and implemented which sets out community health and 		

Programme	High level summary assessment	Deployment	Benefits Realisation
	<p>social care capacity – this is being used by the IDT at daily bed meetings. In addition, although an effective workaround was developed the THH fire wall issue has been resolved. Next step is to include the key information in the Site Office screen which THH information team are working on.</p> <ul style="list-style-type: none"> As part of reforming same day emergency care at THH, work is ongoing to: <ul style="list-style-type: none"> trial a number of options that will lead to extending Same day emergency care opening hours to improve access (e.g. SDEC team is reviewing impact of opening 7am until 8pm compared with 8am to 10pm) and; ensure the GP heralded pathway is fully promoted and implemented in a consistent way – GP communications developed and disseminated in December Falls and falls prevention <ul style="list-style-type: none"> Locations for existing falls prevention classes and exercise provision have been mapped Work underway to simplify referral pathways for planned interventions and align to Community point of Contact and Co-ordination and PCN and Neighbourhood developments PCN DES investment in Advanced Practice Physiotherapist roles in 2020/21 to be taken into account within service development proposals Identification of falls related outcome measures in draft PCN DES specifications and inclusion in combined PCN/Neighbourhood planning 		

BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix 1 - Board Planner 2020/2021

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 2020/2021 Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2020/2021, 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 2020/2021 were considered and ratified by Council at its meeting on 16 January 2020 as part of the authority's Programme of Meetings for the new municipal year. The dates and report deadlines for the 2020/2021 meetings have been attached to this report as Appendix 1.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

NIL.

BOARD PLANNER 2020/2021

23 June 2020 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 5 June 2020 Agenda Published: 15 June 2020
	Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI) and 2020/2021 BCF Plan	LBH	
	Hillingdon CCG Update (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Hillingdon CCG Operating Plan	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	PART II - Update: Strategic Estate Development (SI)	HCCG	
22 Sept 2020 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 4 September 2020 Agenda Published: 14 September 2020
	Hillingdon's Joint Health and Wellbeing Strategy 2018-2021 (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	HCCG Commissioning Intentions 2020/2021	HCCG	
	Healthwatch Hillingdon Update (SI) - <i>including Annual Report</i>	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Board Planner & Future Agenda Items (SI)	LBH	
	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	

1 Dec 2020 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 13 November 2020 Agenda Published 23 November 2020
	Hillingdon's Joint Health & Wellbeing Strategy 2018-2021 (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	Hillingdon's Joint Strategic Needs Assessment	LBH	
	Children and Young People's Mental Health and Emotional Wellbeing (incl.CAMHS) (SI)	HCCG	
	Board Planner & Future Agenda Items (SI)	LBH	
	PART II - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	PART II - Update: Strategic Estate Development (SI)	HCCG	

2 Mar 2021 2.30pm Committee Room 6	Business / Reports	Lead	Timings
	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Friday 12 February 2021 Agenda Published: 22 February 2021
	Hillingdon's Joint Health and Wellbeing Strategy: Performance Report (SI)	LBH	
	Better Care Fund: Performance Report (SI)	LBH	
	Hillingdon CCG Update (SI) - <i>to include update on Financial Recovery Plan / QIPP Programme savings update</i>	HCCG	
	Healthwatch Hillingdon Update (SI)	Healthwatch Hillingdon	
	Update: Strategic Estate Development (SI)	HCCG / LBH	
	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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