



HILLINGDON  
LONDON



# VIRTUAL Health and Wellbeing Board

**Date:** TUESDAY, 1 DECEMBER  
2020

**Time:** 2.30 PM

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### 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 Sir 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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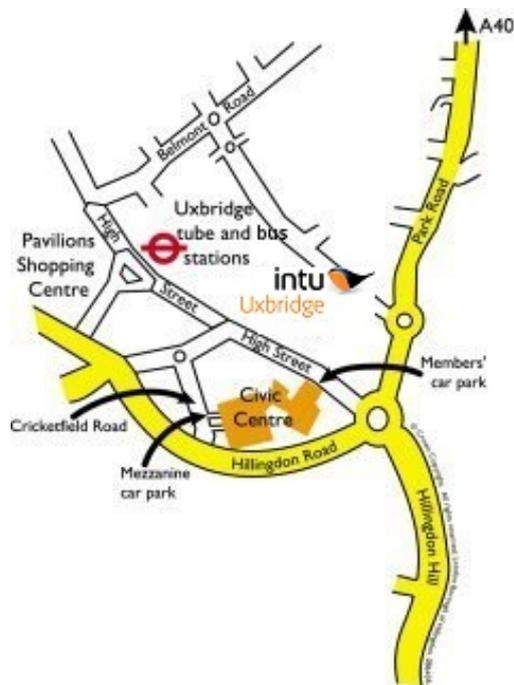
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# Agenda

## **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 22 September 2020 1 - 10
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

## **Health and Wellbeing Board Reports - Part I (Public)**

- 5 COVID-19 Local Outbreak Control Plan 11 - 18
- 6 2020/21 Integrated Performance Report 19 - 34
- 7 Developing Hillingdon's Health & Wellbeing Board and the Joint Health and Wellbeing Strategy From 2021 35 - 38
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- 13 Update: Strategic Estate Development 99 - 112
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- 15 Board Planner & Future Agenda Items 125 - 128

## **Health and Wellbeing Board Reports - Part II (Private and Not for Publication)**

*That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as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.*

- |           |  |           |
|-----------|--|-----------|
| <b>16</b> | To approve PART II minutes of the meeting on 22 September 2020                                   | 129 - 130 |
| <b>17</b> | Update on current and emerging issues and any other business the Chairman considers to be urgent | 131 - 132 |

## Minutes

### HEALTH AND WELLBEING BOARD

22 September 2020

**VIRTUAL - Live on the Council's YouTube channel: Hillingdon London**



HILLINGDON  
LONDON

	<p><b>Statutory Voting Board Members Present:</b> Councillors Jane Palmer (Chairman), Jonathan Bianco (Vice-Chairman), Richard Lewis and Susan O'Brien, and Dr Ian Goodman and Mr Turkay Mahmoud (in place of Ms Lynn Hill)</p> <p><b>Statutory Non Voting Board Members Present:</b> Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services Sharon Daye - Statutory Director of Public Health (substitute)</p> <p><b>Co-opted Board Members Present:</b> Graeme Caul - Central and North West London NHS Foundation Trust (substitute) Sarah Crowther - Hillingdon Clinical Commissioning Group Dan Kennedy - LBH Director Housing, Environment, Education, Performance, Health and Wellbeing Caroline Morison - Hillingdon Clinical Commissioning Group (substitute) Jason Seez - The Hillingdon Hospitals NHS Foundation Trust</p> <p><b>LBH Officers Present:</b> Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Alex Coman (Head of Service for Safeguarding and Partnerships), Claire Solley (Head of Service Safeguarding Adults and Principal Social Worker for Adults) and Nikki O'Halloran (Democratic Services Manager)</p>
1.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillors Keith Burrows, Philip Corthorne, Douglas Mills and Sir Ray Puddifoot, and Ms Lynn Hill (Mr Turkay Mahmoud was present as her substitute), Dr Steve Hajioff (Ms Sharon Daye was present as his substitute) and Ms Robyn Doran (Mr Graeme Caul was present as her substitute).</p>
2.	<p><b>TO APPROVE THE MINUTES OF THE MEETING ON 24 SEPTEMBER 2019</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 24 September 2019 be agreed as a correct record.</p>
3.	<p><b>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</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 1 to 14 would be considered in public and Agenda Items 15 and 16 would be considered in private.</p>

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

The Chairman noted that it had been a long time since the Board had last met. This meeting was being held virtually at a challenging time, whilst facing the most serious issue of a generation. She thanked health partners for the work that they had undertaken during this time.

The Board agreed that Mr Jason Seez replace Ms Sarah Tedford as The Hillingdon Hospitals NHS Foundation Trust non-voting co-opted member.

**RESOLVED: That the Health and Wellbeing Board:**

1. **noted that the Council's Cabinet Member for Social Care, Health and Wellbeing had been appointed as its Chairman and the Council's Deputy Leader had been appointed as its Vice Chairman; and**
2. **agreed that Mr Jason Seez replace Ms Sarah Tedford as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted member on the Board.**

5. **COVID-19 - LOCAL OUTBREAK CONTROL PLAN UPDATE** (*Agenda Item 6*)

Mr Dan Kennedy, the Council's Director of Housing, Environment, Education, Performance, Health and Wellbeing, echoed the thanks for the recent health protection work that had been undertaken in the Borough. At the start of the pandemic, there had been tragic consequences for some. This had been followed by restrictions as infection prevention and control measures were put in place to reduce the number of COVID-19 cases. Although this had reduced the infection rate, levels were now rising again and the Prime Minister was due to make further announcements about control measures later in the day.

Although the infection rate in Hillingdon had been generally lower than the London average, it was important not to be complacent. Partners had put together a COVID-19 Local Outbreak Control Plan (LOCP) which covered seven key areas:

1. Care homes and schools;
2. High risk places, locations and communities;
3. Local testing capacity;
4. Contact tracing in complex settings;
5. Data integration;
6. Vulnerable people; and
7. Governance / local boards.

The Council had worked with schools at the end of the summer term to ensure that they would be prepared and ready for reopening in September and had provided them with PPE starter packs. Since restarting, there had been some classes that had had to isolate when pupils or staff had tested positive but, on the whole, schools had been coping well.

It was noted that Environmental Health Officers had been providing advice and guidance to local businesses. They had also been undertaking unannounced visits to check business compliance.

Hillingdon Health and Care Partners (HHCP) had been meeting on a regular basis to share up to date information and ensure that services were coordinated effectively. The North West London (NWL) Summary Out of Hospital Recovery Plan had set out actions that had been taken by HHCP during the first wave and the associated learnings. The Plan also identified actions for dealing with a second wave as well as

future considerations. Although not designed to be a long term plan, it did seek to ensure that care was delivered in a safe and effective way.

The Hillingdon COVID-19 Health Protection Board had been set up to provide oversight and coordination of the LOCP and the measures that had been put in place to prevent and control infection. Measures would need to be in place to support the urgent care response and to get things going again. Primary care premises would need to be made safe, including providing diagnostics in hot hubs, and recall systems would need to be established for immunisations and vaccinations. Community services would also need to be reviewed to maximise capacity and reduce non-clinical contact time.

With regard to care homes in the Borough, the Board was advised that it was a changeable situation with a programme of repeat testing in place. Mr Tony Zaman, the Council's Director of Social Care, advised that the Council had been working with providers to ensure that they had access to all of the PPE that they needed and to ensure that robust plans were in place. Although there had been a recent increase in the number of residents and staff in Hillingdon's care homes testing positive, the infrastructure was in place to measure and monitor this. It was likely that the pandemic had impacted on the financial viability of some care homes.

Concern was expressed that parents were not adhering to social distancing guidelines at school drop off and pick up times. Mr Kennedy advised that the schools had been regularly reminding parents of the need for social distancing outside the premises and many had staggered the start and finish times for different classes to mitigate this issue.

With regard to Hillingdon residents that were attending university elsewhere in the country, consideration was now being given to any possible impact from them returning to the Borough at Christmas. Mr Kennedy advised that the Council had been in discussions with the university leadership team but that, as there was currently no Government guidance available about this matter, it would need to be revisited at a future date. However, students were being placed in household bubbles whilst at university and lectures were socially distanced.

Mr Kennedy noted that verbal and written messages regarding guidelines had been communicated widely by the Council's communications team. In addition, faith leaders and community networks had been used to get messages out to as wide an audience as possible.

Dr Ian Goodman, Hillingdon Clinical Commissioning Group (HCCG) Board Chair, noted that the flu vaccination campaign had started via GPs and pharmacies and it was expected that uptake would be higher than previous years. As well as vulnerable individuals, the vaccine was being offered to those aged 50+. The transfer of information between pharmacies and GPs had improved so that the vaccination information could be collated at a NWL level. Data from the schools vaccination programmes would somehow need to be fed into GPs so that a fuller picture was available. It was agreed that Mr Kennedy would investigate this further with schools.

**RESOLVED: That:**

- 1) the work to date and underway by the Council and Board Members to prevent and control the spread of the COVID-19 virus be noted; and**
- 2) regular reports on the action Board Members were taking to prevent and control the spread of the COVID-19 virus be considered at future meetings.**

Ms Caroline Morison, Managing Director of Hillingdon Clinical Commissioning Group (HCCG), noted that the report set out system wide working and some reforms in Hillingdon. The 2019 NHS Long Term Plan had set out the future direction at three population levels:

1. Integrated Care System (ICS) – North West London (NWL) wide;
2. Integrated Care Partnership (ICP) – place based model, Hillingdon wide; and
3. Neighbourhood level – six coterminous neighbourhoods/primary care networks had been identified within Hillingdon that incorporated community mental health services and links to social care.

It was anticipated that the merger of the eight NWL CCGs would bring about strategic alignment. In the week commencing 7 September 2020, a vote had been taken across the eight practice memberships and Hillingdon and six of the other seven CCGs agreed to move to a single NWL CCG. Hillingdon's Governing Body would be meeting on 23 September 2020 to talk about the proposal.

There would continue to be a Borough team and a Borough Committee was being set up at commissioning level to include GPs and the Director of Public Health. It would effectively be a formal sub committee of the NWL CCG and would retain a level of local accountability.

Hillingdon's ICP had already made specific agreements with regard to functional delivery and emergency care fed into this. The governance of the Hillingdon Health and Care Partnership (HHCP), the Borough-based partnership for Hillingdon, had been formalised to take joint working to the next level. The Board was advised that Central and North West London NHS Foundation Trust (CNWL) would be the lead organisation on the HHCP Health and Care Delivery Board. Going forward, the winter would bring additional pressures that would need to be addressed alongside the impact of a second wave of COVID-19.

The development of a new local integrated system was working well and progress had included local authority services to ensure that residents received the full benefit. It was suggested that the merger of the NWL CCGs was often nudged into the ICS conversation but this was thought to be a separate and different matter. Across NWL, the health sector was facing a financial deficit of more than £200m. Until evidence had been provided of how this deficit would be addressed, the Council was not looking to become a formal partner of the ICS.

Although the London Borough of Hillingdon was not a member of the NWL ICS, the Council was still involved, officers worked closely with those partners on the ICS to ensure that services were aligned and the Chairman of the Hillingdon Health and Wellbeing Board now attended NWL ICS meetings. Mr Graeme Caul, CNWL Managing Director, recognised Hillingdon's concerns and advised that consideration was being given to the creation of an associate member status so that there was no risk for the Council but so that the local authority still had a seat at the table.

Mr Tony Zaman, the Council's Director of Social Care, commended Ms Morison on her performance as Managing Director at Hillingdon CCG. Concern was expressed that the current congruence experienced in Hillingdon would be lost with the merger of the eight NWL CCGs. This harmony had been partly facilitated as a result of more than 80% of hospital patients being local residents, and the coterminosity of the local authority and CCG. As such, the Council's view was that it made sense to leave Hillingdon as more of a standalone entity.

**RESOLVED: That the governance structure set out with the HHCP Health and Care Delivery Board working to ensure that care is integrated at an operational level across the Borough, reporting to the Health and Wellbeing Board (and to sovereign governing bodies) be supported.**

**7. HILLINGDON'S HEALTH AND WELLBEING STRATEGY, JOINT STRATEGIC NEEDS ASSESSMENT AND PUBLIC HEALTH PRIORITIES (Agenda Item 8)**

The Joint Health and Wellbeing Strategy (JHWS) had originally been agreed in 2018, with origins from the 2016 Sustainability and Transformation Plan for North West London. Consideration was now being given to the next iteration of the JHWS and it was agreed that an outline plan be included on the agenda for the next Health and Wellbeing Board meeting.

Mr Kevin Byrne, the Council's Head of Health Integration and Voluntary Sector Partnerships, advised that there were a number of plans in place which included the Hillingdon Health and Care Partnership Delivery Plan and the Joint Strategic Needs Assessment (JSNA) which would all feed into the new JHWS.

The JSNA would be delivered in conjunction with the Clinical Commissioning Group (CCG) and other partners. The appendix in the report provided a health summary for the Borough and scored Hillingdon against the London and England averages. The biggest cause of death in Hillingdon continued to be heart disease and stroke, cancer and respiratory disease. On each of these issues, officers were able to drill down to identify any action needed to address gaps. Data was also being used to help in the review of the Public Health priorities. Ten proposed Public Health functions had been included in the report and would form part of the Public Health Action Plan, these included all mandatory functions.

Ms Caroline Morison, Managing Director at Hillingdon CCG, noted that the use of this data would prove very important but that it would be difficult to quantify a measure of success. Once the indicators had been agreed, granular data would need to be collected. Ms Morison offered to liaise with Mr Byrne to work this through and ensure that data collection was aligned across partners.

The Chairman was pleased to note that domestic abuse featured as a Public Health function. Mr Turkey Mahmoud, Vice Chair of Healthwatch Hillingdon, noted that the reduction of childhood obesity also featured as a priority. He suggested that ensuring children had healthy diets was life changing but that there also needed to be support for inactive young people to get active. Mr Byrne advised that the agreed Smile Project, led by Colham Manor Primary School, had been on hold due to the pandemic, but alternative means of delivery were now being explored. Subject to its success, the project could be rolled out to more schools elsewhere.

**RESOLVED: That:**

- 1. that officers come back to the next Board meeting with proposals for developing the next iteration of Hillingdon's Joint Health and Wellbeing Strategy from 2021, in light of current pandemic and period of substantial change in health and care in Hillingdon.**
- 2. the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) for 2020 be agreed; and**
- 3. the Hillingdon Public Health priorities for 2020/21 be agreed.**

**8. THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST UPDATE (Agenda Item**

9)

Mr Jason Seez, Acting Chief Executive Officer at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that Ms Sarah Tedford had now left THH and that Ms Cathy Cale, THH's Medical Director, would also be leaving in October 2020. Mr Seez noted that staff personal development reviews were now taking place which linked to the organisation's objective setting. The workforce staff survey was also currently being conducted.

The Board was advised that the Care Quality Commission (CQC) had completed an unannounced visit to Hillingdon Hospital on 4 and 5 August 2020 in relation to its COVID-19 pandemic planning and infection prevention and control practices. The Trust had subsequently been issued with a Section 31 notice, identifying five areas of concern which THH had taken immediate action to address:

1. Health and safety;
2. Fit mask testing;
3. Environmental risk assessments;
4. Infection Prevention and Control (IPC) action plan; and
5. The management of the education centre.

The CQC's formal inspection report was not likely to be publicly available until mid-October 2020. It was likely that there would be a number of follow up inspections undertaken by the CQC to ensure that the proposed action was taking place and that it was effective in addressing the issues of concern. The Trust would work with partners and external experts to ensure that improvements were made and that the organisation's standards were higher than those of the CQC. Whilst action had already been taken, the challenge would be to ensure that changes became systematic.

Mr Seez noted that the Trust had worked closely as a system with partners in relation to COVID-19 planning. This had resulted in great joint delivery. Action was now being taken to ensure that plans were in place for lessons to be learnt from the first wave.

During the first half of the 2020/2021 financial year, money had been secondary on the agenda. However, consideration would now need to be given in the second half of the year to driving efficiencies.

Over the last 12-18 months, significant progress had been made regarding the proposals for a new Hillingdon Hospital. The plans had proved to be one of the most ambitious programmes being put forward with the Outline Business Case (OBC) expected to be submitted in spring 2021. Modular buildings were already being erected on site for services to be decamped so that they could remain operational during the building works.

The Board was advised that any new hospital development had to comply with the Green Book process. The Trust was currently at the OBC stage where it needed to work with the local authority planners. Concern was expressed that, with a deadline to complete the new build by 2025, NHS processes might hinder progress. The Chairman stressed the importance of engaging with the public at every stage of the process.

**RESOLVED: That the update be noted.**

9. **2020/2021 BETTER CARE FUND PLAN** (*Agenda Item 10*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the Better Care Fund (BCF) provided a legal framework to improve efficiency and effectiveness in the provision of health and care through increasing integration between health and social care. The first plan had been introduced in 2015/2016 when the focus had been on older people. Now, the focus had extended to included learning disabilities and support for children and young people.

It was anticipated that the statutory planning requirements for 2020/2021 would be released in the first half of October 2020. The report provided examples of joint working to support residents such as testing, the provision of PPE and financial support in care homes in the Borough which had been welcomed by the care providers.

Mr Collier advised that the BCF was part of a broader integration programme for Hillingdon. It was noted that the BCF Plan would cover a three year period from 2021. More detail would follow the comprehensive spending review which was expected in the autumn.

It was noted that there had been some issues with regard to discharges to care homes early on in the pandemic. However, a combination of better information availability and input from care home staff and the discharge team had resolved these issues. Although there were still occasional incidents, feedback was now much more positive.

Mr Graeme Caul, Managing Director at Central and North West London NHS Foundation Trust (CNWL), advised that Community Services Teams had been aligned to each of the care homes in Hillingdon to provide in-reach services as an exemplar. An enhanced service had been launched for care homes with regard to PPE and train the trainer training for testing and screening. Care homes had also been offered increased contact. Mr Caul noted that the Council's care home support team had been working well in conjunction with partners.

Mr Tony Zaman, the Council's Corporate Director of Social Care, advised that care homes had been the focus of much work since the start of the BCF. A methodology had been developed which mirrored what had been published by the Government and a range of quality assurance officers undertook visits to ensure quality.

**RESOLVED: That:**

- 1. the outline Better Care Fund plan and delivery priorities for 2020/21 be approved; and**
- 2. subject to national BCF requirements being as described in this report, authority to sign-off the final plan prior to submission be delegated to:**
  - a. the Council's Corporate Director of Adult and Children and Young People's Services and the Managing Director of Hillingdon CCG; and**
  - b. the Chairman of the Health and Wellbeing Board, the Chairman of Hillingdon CCG's Governing Body and the Chairman of Healthwatch Hillingdon's Board.**

**10. UPDATE: STRATEGIC ESTATE DEVELOPMENT (Agenda Item 11)**

Ms Caroline Morison, Managing Director at Hillingdon Clinical Commissioning Group (HCCG), advised that there had been a hiatus during COVID-19 with some of the work that had been planned. However, elements of this work were now starting to move forward again.

With regard to the Out of Hospital Hub in Northwood, it was noted that HCCG was in discussions with NHS Property Services who owned the proposed facilities. These

discussions had included the preservation of the façade; the design had been agreed and the three work streams were now moving forward. Concern was expressed that the timescales for this project had again slipped. Ms Morison was conscious of the time slippages and hoped that, when the application process had concluded, the process would start to gain pace. It was noted that the outline components had already been determined and that the full business case would be brought forward at a North West London level by early in the new year. Ms Morison would seek to confirm what action was being taken to relocate the London Ambulance Service which was currently on the site.

It was also questioned whether consideration had been given to the reduced need for office space given the increased use of virtual meetings. Ms Morison noted that the business cases had been reviewed to ensure that IT considerations had been dealt with. It was also recognised that less of a face-to-face model of care delivery would be needed moving forward. The heritage element had taken a long time.

Central and North West London NHS Foundation Trust (CNWL) owned the proposed site for the Uxbridge Hub. It was noted that this site would have meant that the existing services provided there would have had to have been decanted whilst building work was undertaken. However, a new option had come to light and action was now being taken to investigate the use of Beaufort House. This new site would be able to accommodate the Out of Hospital Hub services as well as a large GP practice and there would be no need to decant. As there were currently tenants in Beaufort House, there was likely to be a time lag whilst they were re-accommodated.

Two healthcare facilities were being pursued in the Hayes and Harlington area to add additional primary care premises. HCCG was currently working through the Heads of Terms at the Old Vinyl Factory and a practice had been identified to occupy the new health centre. The other facility at the Nestle site had not yet moved forward as further conversations were needed.

The Board was advised that, with regard to the provision of GP services in Heathrow Villages. HCCG had identified a site in Harmondsworth Lane but noted that further work was needed to move this forward. The provision of services in this area continued to be a priority for HCCG.

A number of improvement grant schemes had been completed and one had been deferred to 2022. Improvement grant funding had been used to undertake work at the Yiewsley Health Centre which was now complete. Although new reception space had been added, additional space was still needed in Yiewsley to accommodate the increasing population.

**RESOLVED: That the progress being made towards the delivery of the CCGs strategic estates plans be noted.**

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

Mr Turkey Mahmoud, Vice Chair of Healthwatch Hillingdon (HH), advised that the organisation's work had changed significantly during the COVID-19 pandemic. Because of lockdown, HH had not been able to undertake as much engagement with residents as they would have previously.

HH had been approached by Public Health Hillingdon to carry out a review of the integrated sexual and reproductive health services in the Borough. Following mystery shopping, HH had produced a report which had included a number of

recommendations (a mystery shopping exercise had also been undertaken by older people but the report for this had not yet been completed). Concern was expressed that the findings had included instances where dignity had been compromised. Mr Mahmoud noted that the recommendations had been passed to North West London and that action was being taken to address the issues raised. The implementation of these actions would be monitored by HH.

Young Healthwatch Hillingdon (YHwH) had undertaken digital engagement during lockdown via Zoom. This work had included planning and facilitating Healthfest2020 sessions.

Prior to the pandemic, work had started to look at investing in HH's IT. However, it became apparent that the requirements for engagement going forward would need to include social media tools. The use of applications such as Twitter, Facebook and Instagram offered opportunities for growth which would need to be built upon.

**RESOLVED: That the report be noted.**

12. **HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT** (*Agenda Item 13*)

Ms Claire Solley, the Council's Head of Service Safeguarding Adults and Principal Social Worker for Adults, advised that this was the first annual report that had been produced under the new arrangements. The report was in final draft version but had not yet been signed off by the Safeguarding Children Partnership or the Safeguarding Adult Board.

The report had brought about a sharp focus on the review of safeguarding arrangements with new and ambitious objectives being set. Local arrangements for safeguarding adults had been reviewed and it had been reassuring that the service had been seen to be robust. The new safeguarding arrangements had led to some shared areas: a Serious Case Panel; modern day slavery; and Practice Development Forum.

Priorities that had been brought forward from 2019/20 to the current year included: financial abuse; modern day slavery; and domestic abuse. An action plan had also been developed around making safeguarding personal. It was noted that there had been an increase of more than 20% in safeguarding adult concerns raised since last year and, in 84% of enquiries, the adult had been asked what it was that they wanted to happen. 94% of adults had had their preferred outcomes partially or fully met.

The report noted the robust procedures that had been put in place to prevent escalation. Ms Solley also stated that the Deprivation of Liberty Safeguard (DoLS) Team had continued to be well respected and high performing and that a MASH was in development for adults to complement the one that was in place for children. The children's MASH had been strengthened in the past year to ensure the participation of partners at key stages. Central and North West London NHS Foundation Trust (CNWL) now had new referral pathways. The Chairman praised the DoLS training that she had recently attended.

Mr Alex Coman, the Council's Head of Service for Safeguarding and Partnerships, advised that the introduction of new safeguarding arrangements had worked well as it had been borne from existing strong relations with partners. Partners had worked jointly to identify solutions and risks through a whole system approach and dealt with neglect and exploitation. Learning had been extracted from elsewhere, compared to the situation in Hillingdon and implemented where appropriate.

Mr Coman advised that the Adolescent Team had introduced a new innovative way of working with teenagers who were at risk of harm, to build confidence and trust. Following the Ofsted visit in January 2020, a letter had been published in February 2020 which recognised that the new way of working had made a real difference to residents. LAC had been encouraged to participate in meetings that involved them and had been co-chairing some meetings. During the year, more than 300 LAC had attended meetings.

**RESOLVED: That the achievements of Hillingdon Safeguarding Partnership in the year 2019-20 and the strategic priorities for 2020-21 be noted.**

13. **BOARD PLANNER & FUTURE AGENDA ITEMS** (*Agenda Item 14*)

It was agreed that an update on the COVID-19 response be included on the agenda for the next meeting on 1 December 2020. It was also agreed that regular updates be received from The Hillingdon Hospitals NHS Foundation Trust (THH) in relation to service and procedural improvements as well as the development of a new hospital.

Mr Graeme Caul, Managing Director at Central and North West London NHS Foundation Trust (CNWL), advised that there had been changes to the delivery of mental health services in the Borough. These changes had been in relation to transformation, increasing access and separate social work away from care. It was agreed that this would be brought to the Board's next meeting on 1 December 2020.

The Chairman noted that the report on Children and Young People's Mental Health and Emotional Wellbeing had dropped off the agenda for this meeting. Going forward, it was thought important that this update report be included on every agenda.

**RESOLVED: That, subject to the agreed additions, the amended 2020/2021 Board Planner be noted.**

14. **DEVELOPING HILLINGDON'S HEALTH AND WELLBEING BOARD** (*Agenda Item 15*)

Consideration was given to the development of the Health and Wellbeing Board.

**RESOLVED: That officers liaise with the Board Chairman, HCCG Chair and HH Chair about organising a workshop.**

15. **UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT** (*Agenda Item 16*)

Consideration was given to the funding for the provision of support during the COVID-19 pandemic.

**RESOLVED: That officers investigate the matter further.**

The meeting, which commenced at 2.30 pm, closed at 5.10 pm.

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

## COVID-19 LOCAL OUTBREAK CONTROL PLAN

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer, Chairman, Health and Wellbeing Board
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Dan Kennedy, Hillingdon Council
<b>Papers with report</b>	None

### 1. HEADLINE INFORMATION

<b>Summary</b>	This report updates the Health and Wellbeing Board on Hillingdon's Local Outbreak Control Plan. This plan sets out how the Council and partners are working with residents, businesses, schools and a wide range of other organisations to prevent and contain the spread of the Covid-19 virus.
<b>Contribution to plans and strategies</b>	The Covid-19 Local Outbreak Control Plan contributes to Hillingdon's Health and Wellbeing Strategy by helping to protect the health of residents.
<b>Financial Cost</b>	There are no direct financial costs arising from the recommendations set out within this report.
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATION

**That the Health and Wellbeing Board notes the work to date and underway by the Council and Board Members to prevent and control the spread of the Covid-19 virus.**

### 3. INFORMATION

#### Supporting Information

- In line with much of London and many other areas of the country, Covid-19 infection rates in Hillingdon and London have increased since September. As at 12<sup>th</sup> November 2020 Hillingdon's infection rate was 168 per 100,000 people compared to a London Average of 150 per 100,000 people. Hillingdon is eighth highest in London, which is mainly derived from community based transmissions of the virus.
- As part of the national effort to reduce the spread of the Covid-19 virus, every local authority was required to prepare a Local Outbreak Control Plan (LOCP) which sets out how the local authority and partners are working together to help reduce the likelihood of further outbreaks of Covid-19, particularly for some of the most vulnerable residents, such as those

living in care homes. It is structured around 7 prescribed core themes and where relevant also includes the roles and responsibilities of different stakeholders. The plan presents preventative action as well as what the approach will be in the event of an outbreak. Hillingdon's plan was published on 30 June 2020, on time.

### Settings

3. Particular attention is being given to higher risk settings such as care homes, schools and accommodation for homeless individuals to ensure that infection controls are in place and are robustly adhered to. Standard Operating Protocols are in place to set out what to do when there is an outbreak. In most cases, deep cleaning of the premises, rapid testing for the presence of the virus and self-isolation are effective measures to control the spread of the virus.
4. Care Homes continued to have 'wrap around' support to enable them to continue to provide safe services to the residents of Hillingdon, prevent the spread of infection and ensure that safe visiting takes place.
5. The multi-agency support is as follows:
  - Grant funding for the management of staffing resources - specifically non transfer of staff between homes/establishments, stopping the use of public transport for staff to get to work & pay for replacement staff when others are isolating.
  - Nominated Quality Assurance Support from the Council - daily contact to support with adequate staffing resources, PPE and testing regimes and outcomes.
  - Daily ward rounds [virtually] by the named Care Home Matron, to help manage health issues and in particular, Covid symptoms and the health of Covid Positive residents.
  - Infection, Prevention & Control standards monitoring - site visit by QA officer, action plans in place to ensure compliance with the standards.
  - Onsite and virtual training by CNWL on infection control, effective swab testing, the donning and doffing of PPE.
  - Support with contact tracing of staff/residents who have tested positive to establish sources.
  - Support with creating and implementing protocols around visiting in care homes.
  - Daily and weekly guidance updates and a QA officer available for advice on implementation 7 days per week.
6. In line with latest guidance, the Council and CCG will manage the discharge of patients who have tested positive for Covid-19 from hospital to designated beds for isolation. All patients that are to be discharged from hospital to a care setting will be tested and their Covid status known. For those residents who are tested negative, they will be discharged to 'step down' facilities or to their original care home placement to enable a further period of isolation at home to continue.
7. The latest visiting guidance for Care Homes aims to ensure that residents may safely have visits from family and friends and the Council will work with providers to ensure that residents rights are upheld. This will mean innovative and creative ways of working and some grant funding is available to care homes through the IPC grant to do this.
8. All schools in Hillingdon have completed risk assessments and put in place arrangements which restrict the movement of pupils and staff in the school building, implemented

increased cleaning regimes and where appropriate introduced staggered start and finish times to minimise the likelihood of groups of individuals gathering on the school site. Schools have and continue to be reminded of infection control practices.

9. Housing providers in the Borough have been contacted and provided with nationally published information to share with tenants living in shared housing. This sets out what they can do to keep safe and to help prevent the spread of the virus. Landlords of shared accommodation and their tenants have been written to by the Council setting out practical advice and guidance to prevent the spread of the infection. For vulnerable residents testing has been undertaken and is available.

### Community Locations

10. Officers across the Licensing, Food Health & Safety and ASBET Teams have been carrying out compliance checks on all public facing businesses in the Borough to ensure that businesses are doing all they can to reduce the likelihood of Covid-19 transmission.
11. The checks have included the following, which are under the Councils jurisdiction to enforce (prior to the second lockdown):
  - Display and use of the NHS QR Code system for track & trace
  - Closure of hospitality premises by 22.00 hours
  - Tables spaced adequately within hospitality premises
  - Use of table service only within hospitality premises
  - Limiting groups of 6 outdoors and to one household indoors
  - The use of face coverings for staff and customers in applicable premises
12. Any breaches of the above can result in Fixed Penalty Notices of up to £10,000 and officers have been working on a stepped approach to educate, warn and fine as a last resort. Since the regulations came into force in mid-September, officers have conducted over 620 visits during working hours and during evenings and weekends.
13. To date, only 6 FPN's have been issued for 4 premises which demonstrates that the level of compliance after a warning is extremely high. The 6 FPN's mentioned have been issued for breaches of the 10pm curfew.
14. The second lockdown commenced from 5 November 2020 and officers are carry out visits and compliance checks on those premises who are not permitted to trade. Premises who are permitted to trade will be checked for compliance with Covid-secure requirements.
15. The new business closures include:
  - all non-essential retail, including, but not limited to clothing and electronics stores, vehicle showrooms, travel agents, betting shops, auction houses, tailors, car washes, tobacco and vape shops.
  - indoor and outdoor leisure facilities such as bowling alleys, leisure centres and gyms, sports facilities including swimming pools, golf courses and driving ranges, dance studios, stables and riding centres, soft play facilities, climbing walls and climbing centres, archery and shooting ranges, water and theme parks,
  - entertainment venues such as theatres, concert halls, cinemas, museums and galleries, casinos, adult gaming centres and arcades, bingo halls, bowling alleys, concert halls, zoos and other animal attractions, botanical gardens;

- personal care facilities such as hair, beauty and nail salons, tattoo parlours, spas, massage parlours, body and skin piercing services, non-medical acupuncture, and tanning salons.
16. Food shops, supermarkets, garden centres and certain other retailers providing essential goods and services can remain open. Essential retail should follow Covid-secure guidelines to protect customers, visitors and workers.
  17. Work is continuing with the universities and colleges in the Borough as well as transport operators to ensure that high standards of hygiene and compliance with social distancing and the use of face coverings is in place, along with good communications to residents and commuters about their responsibilities. The Public Health Team and partners from health services meet virtually on a regular with university Covid-19 leads to ensure the latest guidance is being applied.
  18. To ensure that compliance with NHS guidelines remains high in the Borough, the Environmental Health Team are undertaking regular unannounced monitoring and compliance checks during the working week, evenings and weekends.
  19. Overall, the proactive preparatory work in these sectors has helped businesses to prepare for operating under Covid-19 secure arrangements and has ensured that a high standard of best practice is operated across the Borough. During monitoring and compliance visits, the overall standard has been extremely good and businesses have felt supported by the Council at a time where they have been extremely vulnerable.

### Testing

20. A key element of the national strategy to reduce the spread of the Covid-19 virus is to establish a robust testing strategy, targeting specific occupations, such as care staff. Working jointly with the Clinical Commissioning Group, the Council has put in place regular testing arrangements for care settings. In terms of the broader approach to testing, in Hillingdon this has involved:
  - Mobile testing units visiting on a regular basis;
  - Access to home testing kits, available to all residents;
  - Pop-up testing sites as required;
  - Local testing sites (walk through).
21. The Council and partners have recently commissioned a further walk-in local testing centre at Brunel University to complement the regional testing at Heathrow and our mobile testing unit in Hayes. The most recent data indicates that Hillingdon is conducting a higher proportion of testing that our neighbouring boroughs in West London (second highest testing rate per population in London).

### Contact Tracing

22. The Council has successfully applied to PHE / NHS Test & Trace Service to introduce a localised enhanced service which will apply local resources to contact tracing the circa 30% of contacts not currently reached through the national process.
23. The Council will combine the ability to search our records for alternative contact details with utilising 'outreach' workers to visit residents' homes, if required, to enhance the

effectiveness of the service. The new local service in Hillingdon went live on 11 November, managed by the Council.

### Monitoring / Surveillance

24. Covid-19 infection rates are closely monitored by the Council on a daily basis (seven days a week) so that any patterns in infection rates are swiftly identified and responded to in order to limit the spread of the virus. Monitoring includes the following:
- The rate of infection for Hillingdon per 100,000 population (the standard measure used by Public Health England which allows for comparison across local authorities);
  - The number of new infections registered for Hillingdon in the last 24hrs;
  - Cumulative demographic information on gender, age and ethnicity;
  - Number of tests completed and the positive infection rate;
  - Incidences of infection broken down at ward level; and
  - Comparative information from geographic neighbours (West London and Home Counties).
25. In addition, officers of the Council are working closely with colleagues in the Clinical Commissioning Group and health partners to exchange information to help track changes in infection rates. Analysis and interrogation of Covid-19 related data continues to evolve and develop as the understanding of patterns of infection becomes more sophisticated and the data available to the Council improves.

### Supporting Vulnerable Residents

26. The Council is putting its residents first during the Covid-19 pandemic and continues to coordinate support, working with partners for vulnerable residents who need to self-isolate. This helps to keep residents safe by helping to prevent the spread of the virus.
27. Hillingdon's approach to protecting and supporting residents is centred on:
- Practising social distancing and hand and respiratory hygiene and wearing Personal Protective Equipment (PPE) in line with government guidance;
  - NHS testing for the presence of coronavirus if residents display symptoms;
  - Supporting the tracing system if residents have tested positive and have been in close contact with others; and
  - Supporting self-isolation for those who have tested positive or have been in close contact with those who have tested positive for the presence of the virus.
28. During the pandemic, the Council has maintained a Covid-19 Community Hub throughout the pandemic within the Council's Contact Centre to respond to Covid-19 enquiries. The service has recently been scaled up again in response to rising demand. We have a dedicated contact centre which responds to resident queries. The Council is supporting local foodbanks to provide food parcels where required and signposting residents to Hillingdon 4 All and other charities to provide support.
29. The Council has held discussions with H4All regarding their activities and capacity to meet the anticipated increase in demand for their services and they are prepared with access to additional volunteer resources if required. Regular update meetings have been scheduled.
30. Residents on low income can claim the £500 financial support payment when self-isolating

through the Hub. Schools and other businesses enquiries have been routed into the contact centre.

31. The Hub is fully scalable to increased demands and relevant data is monitored to ensure correct resources are allocated. The Council maintains the ability to reactivate its own food distribution service if the local food bank capacity is exceeded.
32. The NHS regularly provide the Council with an updated list of new residents who are clinically extremely vulnerable to Covid-19 and either the Community Hub or Social Work teams contact everybody on this list to understand if they have any requirements for additional support, such as access to food deliveries, medicines and other. Letters to over 17,000 residents on the NHS 'shielding' list have been sent giving details of our Community Hub services.
33. The Council (and partners) is ready to scale up its Community Hub to meet increases in demand for services, such as food provision, not only to residents who are clinically extremely vulnerable, but also to those who may be self-isolating or require help because of the pandemic.

#### Governance / Local Boards

34. Within the Council, action has been coordinated and delivered by an officer working group, led by the Deputy Chief Executive and Corporate Director, Residents Services. Regular updates are provided to Elected Members and the Corporate Management Team of the Council.
35. To oversee and govern the arrangements for preventing and controlling any local outbreak of Covid-19, a prescribed 'Covid-19 Health Protection Board' has been established. Membership of the Board includes representation from the Council, the Clinical Commissioning Group, health providers, the voluntary sector, the police and Hillingdon Healthwatch. The Board meets monthly and exchanges updates and agrees shared actions. On a daily basis, health and care partners meet to share updates and co-ordinate services in response to the spread of the virus.

#### Communications and Engagement

36. The Council, together with partners has and continues to be proactive in delivering health protection messages to residents using a range of communication channels.
37. The Council's Corporate Communications team continues to deliver a range of materials across all of the Council's communications channels to support coronavirus communications.
38. Since the start of the pandemic, the team has publicised key guidance to residents and businesses, ensuring that they are aware of:
  - Important health, testing and any restriction/lockdown messages
  - The impact on Council events and services
  - The Council support available, i.e., community hub
  - Various government campaigns
  - The easing of restrictions and subsequent recovery of Council services

39. Coronavirus messaging has been widely communicated using all available Council channels, including the Council's website (including the specially created coronavirus subsection), social media platforms, media relations, regular e-newsletters (the frequency of these has been increased), Hillingdon People, JC Decaux boards, lamp post banners, posters and signage, and internal communications.
40. The team produced communications plans and localised assets for raising awareness of coronavirus, local outbreaks, the tier alert levels and the second national lockdown.
41. A campaign to support the Borough's high streets was also developed and included press releases, posters (including JC Decaux), lamp post banners, social media and the creation of a new online business directory.
42. The team is also working with a range of services to support their messaging, ensure consistency and amplify/target messages to their audiences. This has included services working with schools and universities, businesses, and community and faith groups.
43. Corporate Communications has also linked up with a variety of communications colleagues from neighbouring, pan-London and outer London local authorities, PHE and partner agencies to share best practice and resources, and in the case of partners amplify messages via each other's channels.

#### Targeted Actions

44. Whilst there is a degree of confidence that the action taken to date has helped to limit the spread of the Covid-19 virus in the Borough, there is no room for complacency. It is recognised, therefore, that there will be a need for a range of ongoing proactive actions to keep Covid-19 infection rates as low as possible. This includes continuing to deliver a communications and engagement campaign, restating national infection control messages, quality assuring and inspecting care services, the hospitality sector and retail organisations to support them to ensure compliance with Covid-19 guidelines; supporting the expansion of Covid-19 testing and vaccination arrangements; and providing support to residents who need assistance to keep safe and well.

#### **Financial Implications**

There are no direct financial costs arising from the recommendations set out within this report.

### **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

#### **What will be the effect of the recommendation?**

Preventing and controlling the spread of the Covid-19 virus will help to keep Hillingdon's residents safe.

#### **Consultation Carried Out or Required**

The development of Hillingdon's Covid-19 Local Outbreak Control Plan has involved joint working with a range of partner organisations, including the Clinical Commissioning Group, NHS

provider organisations and the Police, amongst others. The plan will continue to be kept under review and will be updated, in line with the latest NHS guidance and advice.

### **Policy Overview Committee comments**

None at this stage.

## **5. CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance comments**

Corporate Finance has reviewed the report and concur with the Financial Implications set out above, noting that there are no direct financial implications arising from the report recommendations.

### **Hillingdon Council Legal comments**

The Borough Solicitor confirms that the Council's Local Outbreak Control Plan complies with the requirements of the Coronavirus Act 2020 and associated legislation. In addition, detailed legal advice on individual cases is provided whenever necessary to enable the Council to minimise the spread of Covid-19.

### **Relevant Service Groups**

The development of the Covid-19 Local Outbreak Control Plan has involved all Council Directorates.

## **6. BACKGROUND PAPERS**

Nil.

## 2020/21 INTEGRATED PERFORMANCE REPORT

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer Dr Ian Goodman
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Kevin Byrne, Resident Services, LBH Tony Zaman, Social Care Directorate, LBH Caroline Morison, Managing Director, HCCG
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	<p>This report combines reporting on the delivery of the Hillingdon Health and Care Partners' Covid-19 recovery plan and the Better Care Fund (BCF) delivery plan. The production of an integrated performance report is intended to reflect the connectivity between the two so that they are identified as integral parts of the integration agenda in Hillingdon. This first iteration of an integrated report provides the Board with an opportunity to give feedback to shape the future format of performance reports.</p> <p>The Better Care Fund (BCF) is a Government initiative intended to improve efficiency and effectiveness in the provision of health and care through increasing integration between health and social care.</p>
<b>Contribution to plans and strategies</b>	The Hillingdon Health and Care Partners' Covid-19 recovery plan and the Better Care Fund make significant contributions to delivering the objectives within Hillingdon's Joint Health and Wellbeing Strategy. The Better Care Fund also meets requirements of the Health and Social Care Act 2012.
<b>Financial Cost</b>	The provisional total amount for the BCF for 2020/21 is £91,534k.
<b>Ward(s) affected</b>	All

### RECOMMENDATIONS

**That the Health and Wellbeing Board:**

- 1) notes the content of the report; and
- 2) gives feedback to officers about the content and structure of future integrated performance reports.

## INFORMATION

### Strategic Context

1. Hillingdon Health and Care Partners (HHCP) is the local Integrated Care Partnership (ICP), i.e. the vehicle for delivering integrated care at a Borough (also referred to as '*place-based*') level as required under the NHS Long-term Plan published in January 2019. HHCP comprises of the GP Confederation, Central and North West London NHS Foundation Trust (CNWL), The Hillingdon Hospitals NHS Foundation Trust (THH) and the H4All third sector consortium. H4All includes Age UK, Carers Trust Hillingdon, Disablement Association Hillingdon (DASH), Harlington Hospice and Hillingdon Mind. There is a legally binding agreement in place between members and delegated authority for the Primary Care Confederation to act on behalf of the 6 Primary Care Networks (PCNs).
2. Although not at present a formal signatory to HHCP, the Council is aligned to it and is represented on its board by the Corporate Director for Adult, Children and Young People's Services to ensure that care is integrated at an operational level across the Borough. The Better Care Fund (BCF) provides the legal framework for delivering integration between health and social care where this is necessary and appropriate to deliver better outcomes for residents. HHCP has a Covid-19 recovery plan and there is a 2020/21 delivery plan for the BCF. There are considerable synergies between the two, which should really be seen together as there are deliverables reflected in both. This report is an attempt to recognise this and present the Board with a single performance update.
3. The Board may wish to note that the planning requirements for the 2020/21 BCF have still not been published and the content of this report is based on what has been identified by partners locally as in the interests of residents and the sustainability of the Hillingdon's health and system. This does, however, reflect known national requirements.
4. The Board may wish to note that the Covid-19 Recovery Plan builds on service transformation work that was already being undertaken by partners, which followed the publication in October 2014 of the NHSE's Five Year Forward View. This was further shaped by the NHS Ten Year Plan previously mentioned. The earlier development work in response to these policy directives put Hillingdon in a good position to address the challenges presented by the pandemic, which has accelerated change in some areas and necessitated new developments in others.
5. The Recovery Plan comprises of five service transformation workstreams:
  - **Workstream 1 (W1):** Primary Care Networks (PCNs)/Neighbourhoods
  - **Workstream 2 (W2):** Elective Care Recovery
  - **Workstream 3 (W3):** Urgent & Emergency Care
  - **Workstream 4 (W4):** Children and Young People
  - **Workstream 5 (W5):** Mental Health and Learning Disability
6. There are eight BCF schemes and these are:

- **Scheme 1 (S1):** Early intervention and prevention.
- **Scheme 2 (S2):** An integrated approach to supporting carers.
- **Scheme 3 (S3):** Better care at the end of life.
- **Scheme 4 (S4):** COVID-19 hospital discharge.
- **Scheme 4A (S4A):** Integrating hospital discharge and the intermediate tier.
- **Scheme 5 (S5):** Improving care market management and development.
- **Scheme 6 (S6):** Living well with dementia.
- **Scheme 7 (S7):** Integrated therapies for children and young people (CYP).
- **Scheme 8 (S8):** Integrated care and support for people with learning disabilities and/or autism.

7. Table 1 below shows the interrelationship between the workstreams and the BCF schemes. This illustrates the cross-cutting nature of schemes 2 and 5 that are effectively key enablers to the delivery of the workstreams.

<b>Table 1: Interrelationship between HHCP Recovery Plan and BCF Schemes</b>	
<b>HHCP Recovery Workstream</b>	<b>BCF Scheme</b>
• W1: Urgent & Emergency Care	S2, S3, S4, S4A, S5
• W2: Elective Care Recovery	S2, S4A
• W3: Primary Care Networks (PCNs)/Neighbourhoods	S1, S2, S5
• W4: Children and Young People	S2, S7
• W5: Mental Health and Learning Disability	S2, S5, S8

8. The respective workstreams and the projects that sit under them are at different levels of development, but it is the intention of this report to provide the Board with the following for the review period, which is April to September 2020 unless otherwise stated:

- Workstream Highlights
- Key performance indicator update, where appropriate

### **Workstream 1: Primary Care Networks (PCNs) and Neighbourhoods**

9. Under this workstream sit a series of projects and these are:

- Proactive Care
- Core General Practice
- PCN/Neighbourhood Development
- Community Development
- Care Homes
- Medicines Management

## Workstream Highlights

10. **High Intensity User (HIU) Service:** This service is provided by H4All and started in January 2019 with a focus on supporting the people with top 50 attendances at A & E. During the review period a third support worker was recruited and is now in post to assist in delivering the key objective of reducing unnecessary A & E attendances and admissions as well as avoidable calls to the London Ambulance Service (LAS).

11. The Board will be interested to note that the service received the Social Prescribing Programme of the Year Award at the 2020 UK Annual Social Prescribing Link Worker Awards on 8 October 2020. The award was made by the National Association of Link Workers. The judges reflected on how a £90k investment in the team had generated a total saving of £253k to the local health and care economy through their intensive support to just 22 residents.

### Social Prescribing Explained

Social prescribing is a means of enabling health professionals to refer people to a range of local, non-clinical services. It recognises that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors.

Examples of the services to which people would be referred through social prescribing include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

12. **Development of Single Shielded/Extremely Clinically Extremely Vulnerable List:** During the first phase of the pandemic a single list owned by the CCG was produced and shared between partners. Shielding has ended but been replaced with the clinically extremely vulnerable (CEV) list that has again been shared with partners. A task and finish group has been established to coordinate support through the second wave. Once again practical support will be provided through the community hub based at the Civic Centre and on-going care needs managed through primary care.

13. **Proactive Care Clinics:** These multi-agency clinics offering patient assessment and care planning and are intended to proactively support residents with at least one long-term condition and who are included within the 13% of the adult population at risk of escalating needs. This includes people on the CEV list referred to in paragraph 12 above. A key objective is to support residents to self-manage their health needs to prevent deterioration. People who may benefit from clinic support are identified through the Whole Systems Integrated Care (WSIC) database managed by the North West London Integrated Care System (NWL ICS), formerly known as the NWL Collaboration of CCGs.

14. The local Proactive Care Clinic model has been developed with the support of the NWL ICS and the CCG has developed a specification in line with this that will be taken to the Local Medical Council (LMC) and Hillingdon's Primary Care Board for approval.

15. **Alignment of Neighbourhood Teams with PCNs:** The original eight Neighbourhood Teams have been aligned with the six new PCNs and discussions are in progress about alignment between the eight Care Connection Teams (CCTs) and the PCNs.

## Terms Explained

Care Connection Teams	Neighbourhood Teams	Primary Care Networks
<p>The CCT model seeks to proactively identify the top 2% of people within a Neighbourhood at high risk of hospital admission or attendance. Each CCT is comprised of:</p> <ul style="list-style-type: none"> <li>• <i>Practice GP lead</i> – They have oversight over the whole care pathway within primary care, with additional time spent with those patients at most risk of becoming unstable;</li> <li>• <i>Guided Care Matron (GCM)</i> – They are responsible for case management, daily monitoring of patients and referring to other services; in-reach support to care homes and supported housing and linking with Rapid Response for out of hours care.</li> <li>• <i>Care Coordinator (CC)</i> – They assist the Guided Care Matron in proactive care of patients, pulling practice and system intelligence on patients and updating care plans and communicating with other providers.</li> </ul>	<p>Neighbourhood Teams (NTs) are multidisciplinary teams but with a core team of GPs, community staff, social care staff and health and wellbeing officers and wider third sector staff, mental health professionals, practice staff and acute consultants.</p> <p>There are 6 NTs in Hillingdon aligned to the PCNs. Each team is supporting a population of between 30 and 50,000.</p> <p>The NTs identify and manage 15% of people within their population at greatest risk of future hospital admission or attendance.</p> <p>At risk people are identified through:</p> <ul style="list-style-type: none"> <li>• Use of risk stratification tools.</li> <li>• Intelligence gathering from health and care providers.</li> <li>• Frequent user information from the ambulance service and acute hospital</li> </ul>	<p>PCNs are collaborations of GP practices serving a total population of between 30 and 50,000 people.</p> <p>Each PCN has a clinical director and must agree a collective system of governance, including identification of the lead practice for accepting funding.</p> <p>Practices within a PCN must collectively decide which one will lead on enhanced services, such as extended opening or support for care homes.</p> <p>The PCN workforce will include a pharmacist and social prescribing link workers in addition to a clinical director.</p>

**16. My Health Programme:** H4All and the Confederation have won a joint bid to deliver the programme, which consists of a series of workshops for residents and other stakeholders intended to assist in the prevention or self-management of a range of long-term conditions that include childhood asthma, asthmas in adults, chronic obstructive pulmonary disease (COPD), diabetes prevention and type 2 diabetes. A programme is being developed to reflect the needs of the population in each Neighbourhood/PCN.

**17. Delivery of the Care Home Direct Enhanced Services (DES) Contract:** The new contract imposes new requirements on the PCNs with regards to support for care homes. Hillingdon was already in a good position prior to the DES coming into effect on the 1<sup>st</sup> October as a Care Home Support Service had already been established with three Care Home Matrons supporting the care homes for older people. Each care home for older people is currently contacted daily by the matrons to identify whether support is required. The Care Homes Support Service's Registered Mental Health Nurse contacts the care homes for people with learning disabilities and/or mental health needs on a weekly basis pending the appointment of two additional care home matrons, which will then lead to all care homes being contacted daily. This is in addition to the daily calls that the homes receive from the Council's Quality Assurance Team.

**18. Care Home Multidisciplinary Team Meetings (MDTs):** Weekly care home MDTs started prior to the implementation of the DES and have now become established in the care homes for older people. The intention behind the MDTs is to consider the needs of people considered to be at risk of escalated needs identified as a result of the daily calls by the care home matrons.

19. **Transition of Care Homes Supported by Harrow:** GP support for four care homes in the Borough had previously been provided by practices in Harrow. In order to simplify access to community services, which is linked to GP registration, these homes are being brought under local PCN support arrangements. Two have transferred already and arrangements for ensuring the transfer of the other homes in the near future are under discussion.

20. **Flu campaign:** GP practices have started to run flu vaccination clinics for eligible groups as shown in table 2 below. The PCNs are coordinating vaccinations of residents in care homes and officers are working with three community pharmacies to coordinate access to vaccinations for care home staff. There are unfortunately no reliable data sources for rates of health and social care staff across the system who have been vaccinated.

<b>Table 2: 2020/21 Flu Vaccination Campaign Eligibility and Uptake Ambition</b>		
<b>Eligible Groups</b>	<b>Uptake Ambition</b>	<b>Current Position</b>
• Aged 65 years and over	<b>At least 75%</b>	71%
• Clinically vulnerable		36%
• Pregnant women		27%
• Children aged 2 and 3 years old		42%
• Frontline health and social care workers	<b>100% offer</b>	N/A

## **Workstream 2: Urgent and Emergency Care**

21. The projects that sit under this workstream include:

- Track and Trace
- End of Life
- Step-down Physical Needs
- Integrated Urgent Response Hub (IURH)
- THH Emergency Department Flow

### **Workstream Highlights**

22. **Track and Trace:** Track and trace is largely being managed nationally within the remit of NHS Track and Trace, although the Council has recently acquired responsibility to trace anyone who has not been contactable by the Public Health England London Coronavirus Response Cell (LCRC) within the first 48 hours following notification. The local focus is therefore on testing. Key priorities concern residents and staff in care homes, extra care and supported living settings, which all support the most vulnerable residents and venues at scale that therefore pose the greatest risk of transmission. Access restrictions to the national portal in August and September were addressed by local arrangements, as were limitations on availability to testing in extra care and supported living settings. Local plans are in place for the re-prioritisation of local laboratory capacity in the event there are issues with national testing arrangements over the winter period.

23. **End of Life:** A new 24-hour service called *Your Life Line* led by CNWL went live on 2<sup>nd</sup>

November and is intended to assist people aged 18 and over who are in the last weeks or months of life to support them to remain in their own home, prevent avoidable admissions to hospital and respond to their choice about their preferred place of care at the end of their life. This is supported by a 2-hour face to face response service that is delivered by the third sector, i.e. Harlington Hospice. An in-reach palliative care nurse has also started at THH to support the discharge process for people on the palliative care pathway.

24. **Step-down Physical Needs:** Step-down provision to facilitate timely discharge comprises of a combination of bed-based and home-based supported. Non-weight bearing provision for Pathway 2 (see below) is delivered through the Hawthorn Intermediate Care Unit provided by CNWL and through beds commissioned by the CCG at Franklin House. 6 flats at Park View Court extra care scheme have been used for step-down purposes since May 2020 and will continue to be used for this purpose for the remainder of 2020/21.

#### **Discharge to Assess Pathways Explained**

- **Pathway 0:** 50% of hospital discharges – simple discharge, no formal input from health or social care needed once home.
- **Pathway 1:** 45% of hospital discharges – support to recover at home; able to return home with support from health and/or social care.
- **Pathway 2:** 4% of hospital discharges – rehabilitation or short-term care in a 24-hour bed-based setting.
- **Pathway 3:** 1% of hospital discharges – require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

25. The D2A homecare service provided by Comfort Care Services supports the discharge of people from the Hospital. Care is provided for 72 hours pending a handover to Reablement or long-term care if required. Where there are clinical needs these are addressed by CNWL's D2A Community Service.

26. **Designated settings:** In October 2020 the DHSC directed that no one with Covid-19 should be discharged from hospital to a care home and that alternative venues should be identified that would subsequently need to be approved by the CQC. One 25 bed nursing home in Ealing has been commissioned by the NWL ICS but officers to continue to work with partners to identify alternatives in the event that there is insufficient availability within this facility to meet Hillingdon's needs as the pandemic develops over the winter period. Two proposed sites specifically for people with learning disabilities have been tentatively agreed by CQC and will be progressed.

27. **Single Point of Coordination within Hillingdon Hospital for Hospital Discharges:** An Interim Head of Integrated Discharge has been appointed and this post is jointly funded by the Council, CNWL, Hillingdon Hospital and HCCG.

28. **Criteria-led Discharge Roll Out:** '*Criteria-led*' discharge sets out the parameters under which clinicians other than doctors can approve discharges, e.g. nurses. Currently in limited use within THH, discussions are in progress with the intention of applying this in surgical and

medical wards to assist in expediting discharge.

**29. Integrated Urgent Response Hub:** This pilot service opened on the 2<sup>nd</sup> November 2020. The service is delivered by a multi-agency team comprising of GPs, Emergency Nurse Practitioners, Rapid Response, Mental Health and Age UK. The objective of the service is to prevent unnecessary referrals to the Emergency Department at Hillingdon Hospital. It is intended for people who:

- Need medical help fast, but the matter is not a 999 emergency;
- Do not know who to call for medical help;
- Have attended the Urgent Treatment Centre (UTC) inappropriately or are unsure if they need to go to A & E or another urgent care service;
- Need health information or reassurance about what to do next; or
- Require continuity of care when in-hours GP services are closed.

### **Key Performance Indicators**

30. The following key indicators have been agreed across the system in respect of workstream 2:

- **Daily bed occupancy rate at Hillingdon Hospital:** The bed occupancy rate should be at no more than 90%, i.e. 31 bed capacity at the start of each day. On track – Currently weekly average is 87%.
- **Length of stay of seven days or more:** Percentage of people in hospital with a length of stay of seven days or more (known as ‘stranded patients’) should be no more than 30% of the bed base, i.e. 90 based on 315 core beds. Slippage – This is currently at 39% of bed base.
- **Weekend surplus of discharges (people admitted as emergencies) v admissions (people admitted as emergencies) should be more than or equal to 1.** Slippage – current weekly average is -14.
- **Out of hospital capacity:** Health and social care capacity at no more than 90% utilisation. On track – weekly average is 86%.

31. The following are mandated BCF indicators:

- **Permanent admissions to care homes** - This applies to permanent admissions to care homes by the Council of people aged 65 and over. The target (or ceiling) for 2020/21 is 170 permanent admissions. The outturn for 2019/20 was 174 admissions against a target of 170. On track – There were 31 placements during the review period and this low number is linked to a reduction in the number of homes accepting placements during the first wave of the pandemic.
- **Effectiveness of reablement** - This is seeking to identify the proportion of people aged 65 and over who have been discharged home from hospital into reablement who are still at home 91 days after the discharge. The review period for the national metric is people discharged in Q3 who are still at home by the end of Q4. The target in 2019/20 was 90% and the outturn was 89.4%. The target for 2020/21 is 90%. The outturn data for this metric will not be available until May 2021.

32. The Board may wish to note that it was expected that a target for emergency admissions would be set for 2020/21 as part of the BCF requirements. In the absence of the BCF planning requirements no specific BCF target has been set and this is in the context of emergency admissions to THH for the review period being 28% below the same period in 2019/20. In addition, attendances at THH during the review period is also 23% below the same period in 2019/20.

### **Workstream 3: Elective Care Recovery**

#### **Workstream Highlights**

33. **Elective Care Business Case:** Redesign on the delivery of elective care pathways focused on 5 specialities which account for over 50% of outpatient activity, namely: musculoskeletal (MSK), ophthalmology, dermatology, gynaecology and gastroenterology in order to address current and 'backlog' demand related to the pandemic. The business case is scheduled to be considered by the HHCP Delivery Board in December 2020.

34. **Integrated Advice and Guidance Hub:** A new pilot Advice and Guidance system (A&G) went live across Hillingdon GP practices, THH, community and primary care providers in June 2020. The scope of the project was focused on enabling GPs to obtain rapid access to consultant advice and guidance prior to a routine/urgent referral being requested across all specialties. During this period the service has successfully enabled consultants to triage approximately 50% of requests to primary care and ensure that patients that require an outpatient appointment are prioritised. This pilot was part of the process of reinstating planned care on a phased basis and the outcomes from it fed into the business case referred to in paragraph 33 above.

### **Workstream 4: Children and Young People (CYP)**

35. The projects that sit under this workstream include:

- Community step up/step-down model (Providing Assessment & Treatment for Children at Home (PATCH))
- Children and Adolescent Mental Health Service (CAMHS) Early Help and Intervention Hub
- Preparation for Adulthood (PfA)
- Special Educational Needs (SEND) Review and Education, Health and Care Plans

#### **Workstream Highlights**

36. **Community step up/step-down model:** With the intention of establishing the PATCH service as soon as possible, THH is in the process of recruiting to vacant CYP nursing posts and CNWL is exploring the feasibility of providing short-term temporary support.

37. **CAMHS Early Help and Intervention Hub:** CAMHS is the subject of a separate report on the Board's agenda.

38. **Preparation for Adulthood:** Two new PfA nurses have joined the service to support young people in the transition from Children to Adult Services. A steering group has been established to oversee this service development with good engagement and wide representation from stakeholders, which in addition to the Social Care includes THH, CNWL and Young

Healthwatch. A framework for the involvement of young people has been developed through a proposed quarterly Young People's Transition Network meeting and supported by Young Healthwatch.

## **Workstream 5: Mental Health and Learning Disability**

39. The projects that sit under this workstream include:

- Mental Health Single Point of Access
- Multimorbidity Mental Health Rehab and Recovery
- Mental Health Urgent and Crisis Care
- Learning Disabilities Integration

### **Workstream Highlights**

40. **Mental Health Single Point of Access:** A multi-agency project group has been established to explore how the current model can be improved. This work is in its early stages.

41. **Multimorbidity Mental Health Rehabilitation and Recovery:** This is focused on the step down and person flow across the wider system. This is linked to the SPA project and is also in its early stages.

42. **Mental Health Urgent and Crisis Care:** The Coves safe haven for adults aged 18 and above who are in mental health distress or crisis was commissioned by CNWL and delivered by Hestia and sent live during the review period. This is open from 4pm until midnight 7 days a week and is intended to divert people from attending A & E unnecessarily.

43. **Learning Disabilities Integration:** An options paper exploring the different integration models for community teams for people with learning disabilities is in development for consideration and decision in Q4 and implementation during 2021/22.

44. **Supported living setting model for people with learning disabilities that maximises independence:** Following a competitive tender, contracts for the provision of care and support to people with learning disabilities living in ten supported living schemes will transfer from six different providers to two. Completion of the transfer process has been delayed by the pandemic but will be completed by the end of 2020/21. This will facilitate stronger working relationships between providers and relevant partners within HHCP.

### **Enabling Workstreams**

45. The successful and sustainable delivery of the five workstreams are dependent on five key enabling workstreams and these are:

- Supporting Carers.
- Care Market Management and Development.
- Digital, including Business Intelligence
- Workforce Development
- Estates

46. **Enabler 1: Supporting Carers:** The critical role that Carers have in supporting the local care system is now accepted by partners across Hillingdon's health and care system and the

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agreed focus during 2020/21 is on embedding the achievements of the 2018-2021 Carers' Strategy as business as usual pending the availability of new data about Carers and their needs being published from the national census that is due to take place in March 2021. The Council is the lead organisation for this enabling workstream.

47. A detailed report on the delivery of the Carers' Strategy was considered by the Council's Cabinet and the CCG's Governing Body in May and June 2020 respectively. This report can be accessed via the following link

<https://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CId=115&MId=3483&Ver=4>. An update report was also considered by the Council's Social Care, Housing and Public Health Policy Overview Committee on 26 November 2020 and this report can be accessed via this link <https://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CId=385&MId=3709&Ver=4>

48. **Enabler 2: Care Market Management and Development:** In accordance with its duties under the Care Act, 2014, the Council is the lead organisation for this enabling workstream, the primary objective of which is to support the sustainability of the market during the pandemic and beyond and integrate commissioning arrangements where this will produce better outcomes for residents and the local health and care system. The key components of this workstream are set out below.

### **Workstream Highlights**

49. **Provider Engagement Plan:** During the first wave of the pandemic weekly conference calls were held with providers registered with CQC to deliver personal care in the different care settings, i.e. care homes, homecare, supported living. After a period where this was stepped down to once a month it has now increased to fortnightly and calls also include a range of partners across HHCP. The provider fora present an excellent opportunity to both update providers about developments but also get feedback on what is happening in their respective care settings. The fortnightly calls are supplemented by a weekly newsletter that goes to all registered providers operating within the Borough.

50. **Single Point of Contact (SPoC):** A named individual has been identified for registered providers and partners and this person is based in the Council's Quality Assurance Team (QAT).

51. **COVID-19 Testing for Care Providers:** In addition to paragraph 22 the Board may wish to note that the QAT staff currently address outbreak, testing and results issues with care home managers on their daily calls with care home managers. Care home managers are required to update this information on Capacity Tracker, which is database developed by the NHS. Unfortunately, the accuracy of the data on this system is still evolving, thus necessitating a separate situation report being updated twice a week for submission to NWL. The QAT are also in daily contact with supported living schemes and identify outbreaks and testing issues. Data about the outbreak and testing situation in supported living will be included in the sitrep reporting referred to Gold Command via NWL. Additional staff resources have been allocated to the team funded through the BCF in order to provide additional capacity to support providers.

52. **Infection Control Fund:** This grant was introduced in May 2020 to prevent the transmission of Covid-19 between care homes and support workforce resilience. Of Hillingdon's total allocation of £2,114k, £1,635k was paid as required under the grant conditions to the 39 providers of Hillingdon's 48 care homes that were supporting up to 1,486 care home residents.

The Council decided to use its discretionary allocation from the Fund to pay £452,278 to 17 providers of 43 supported living schemes in the Borough that were supporting the independence of approximately 470 residents. A second round of the grant has been introduced covering the period between 1 October 2020 and 31 March 2021 and Hillingdon has been allocated £2,052k, 80% of which must go to care homes and providers registered with CQC to deliver personal care to residents in their own homes, including in extra care and supported living settings. In view of the higher levels of risk of Covid transmission in settings where people are receiving personal care, the Council has decided to use its £410k discretionary allocation to also support CQC registered providers.

**53. Personal Protective Equipment (PPE):** During the first phase of the pandemic the Council used funding from its allocation from the Government's Covid-19 emergency funding to purchase for distribution to care homes and homecare providers in the Borough. Providers are now able to access PPE through a national portal. The Council, however, continues to maintain a stock for emergencies.

**54. Lead Commissioning Arrangements:** During the first wave of the pandemic, i.e. from 19<sup>th</sup> March to 31<sup>st</sup> August 2020 the Council led on behalf of the CCG in the commissioning of homecare and residential care home provision and the CCG led on the commissioning of nursing care home placements, although the Council's Brokerage Team provided support. This arrangement has continued post 1 September and discussions are in progress about the development of integrated brokerage arrangements.

**55. Training Programme for Care Home Staff:** Clinical support has been provided to care homes by CNWL via the care home matrons and other staff on a range of issues, including falls management, tissue viability, nutrition and medication. This has been supplemented, particularly for homes supporting people with learning disabilities and/or mental health needs by support from the NWL Care Home Support Team about infection control and the 'donning' and 'doffing' of PPE.

**56. Enabler 3: Digital, including Business Intelligence:** The main objectives of this enabling workstream are to reduce the risk of Covid-19 transmission through the application of digital technology and to utilise the opportunities present by it improve efficiency across the health and care system. This includes the improved utilisation of data to inform interventions and the allocation of resources.

### **Workstream Highlights**

**57. E-consultations in primary care:** e-Consultation best practice has been developed following a trial in some surgeries and this will be extended to all practices. This is with the intention of scaling up e-consultation across all PCNs.

**58. Remote Consultations in Care Homes:** 29 tablets have been distributed to 14 care homes for older people in Hillingdon through a national campaign coordinated by the NWL ICS to facilitate easier access to GP and other health professional support without the necessity of an in-person visit to care homes. This has been supplemented by an i-pad offer through NHSx, the unit within the DHSC with responsibility for setting national policy and developing best practice for National Health Service technology, digital and data, which will benefit care homes in the Borough supporting people with learning disabilities and/or mental health needs.

59. **Remote monitoring:** NWL is currently in the process of commissioning a company to deliver a system that will monitor vital signs in care homes and the results of the process should be known in the New Year. Vital signs include oxygen saturation, heart rate, respiratory rate, temperature, blood glucose level, blood pressure and weight.

60. The Board is reminded that the Council also has in place its TeleCareLine Service, which includes access to a range of sensors, e.g. exit, movement, epilepsy, involuntary bed wetting (enuresis), and detectors, e.g. falls, smoke, carbon monoxide, flooding. This is available free of charge to residents aged 70 and over and the service is supported by a mobile response service for residents who do not have anyone who can act as a first responder in the event of a call or in instances where this person cannot be contacted.

61. **Integrated Business Intelligence:** The business intelligence function across HHCP is being integrated to ensure consolidation and consistency of data. This will link into activity data provided at an NWL level, as well as through the Whole Systems Integrated Care System (WSIC) that will help to ensure that the resources allocated across PCNs are directly linked to the health needs of local populations. This function also links into the Council's own Business Intelligence Team and will contribute to shaping the Joint Strategic Needs Assessment (JSNA).

62. **Enabler 4: Workforce Development:** The sustainability of Hillingdon's health and care system is dependent on having a workforce with the capacity and capability to meet the needs of the local population.

### **Workstream Highlights**

63. **Workforce Wellbeing:** A psychological therapy service called *Keeping Well* is available to support health and care workers working in the eight boroughs across North West London, including Hillingdon. This service is intended to support staff through any mental health challenges they are facing during the coronavirus pandemic and beyond.

64. **Integrated Community Workforce Plan:** A plan is under development intended to expand and embed integrated roles across HHCP to reduce duplication and improve efficiency, e.g. integrated management structures for Neighbourhoods, Intermediate Tier Services (also known as step-up or step-down services) and End of Life.

65. **Independent Sector Workforce Resilience:** It is the responsibility of each social care provider to ensure that they have a sufficient and appropriately qualified workforce available to meet their CQC registration requirements. However, the QAT monitors vacancy and retention levels and identifies possible interventions to provide support where there are issues. This can include training delivered by HHCP partners as previously mentioned.

66. **Enabler 5: Estates:** This workstream concerns maximisation of available property assets to meet current and future needs of the health and care system. There is a separate item on the Board's agenda about strategic estates development across HHCP partners.

### **Finance**

67. Provisional financial arrangements for the 2020/21 BCF plan were reported to the Board at its September 2020 meeting and for ease of reference these are summarised in tables 3 and 4 below. The provisional arrangements were pending the publication of the final planning

requirements by NHSE, which has not occurred. In the meantime, discussions have been taking place to secure agreement on the respective financial contributions by the Council and the CCG to meeting Covid-19 hospital discharge related costs. A resolution of this issue will enable the Council and the CCG to finalise the financial aspects of the 2020/21 BCF plan, as it is now understood from NHSE that a formal assurance process following a plan submission is not going to be required due to the lateness in the year. As reported to the September Board, the Council has approached discussions based on a cost neutral position for the authority, which means that our contribution will be the budgeted allocation for homecare and residential packages during the year.

68. The financial contribution mechanism for hospital discharge arrangements has been agreed in principle across NWL, although final agreement has yet to be formally reached. This is expected imminently. Once agreed, it will be possible to finalise the financial provisions of the BCF plan and utilise the approval delegation arrangements agreed at the September Board meeting, i.e. sign-off by the Chairman and Chairmen of HCCG's Governing Body and Healthwatch Hillingdon. The Council and CCG can then proceed to secure formal sign-off of the agreement under section 75 of the NHS Act, 2006, that will give legal effect to the agreed 2020/21 BCF arrangements.

69. It is understood that the Council will be required to submit a detailed financial template at the end of the financial year confirming the use of the funding streams within the BCF.

<b>Table 3: 2020/21 BCF Mandated Financial Requirements Summary</b>			
<b>Item</b>	<b>2019/20 Income</b>	<b>2020/21 Income</b>	<b>% Difference</b>
DFG (LBH)	4,504,510	4,504,510	0
Minimum CCG contribution	18,361,811	19,401,312	5.4
iBCF (LBH)	6,207,140	7,248,248	0
Winter Pressures (LBH)	1,041,108		
<b>Minimum Total</b>	<b>30,114,569</b>	<b>31,154,070</b>	<b>3.4</b>
To Adult Social Care from minimum CCG contribution	6,695,773	7,057,345	5.4
NHS commissioned out of hospital services	5,217,906	5,513,302	5.4

Key: DFG: Disabled Facilities Grant

<b>Table 4: Summary of Financial Contributions by Scheme, 2020/21</b>					
<b>Scheme</b>		<b>Financial Contribution</b>			
		<b>2019/20</b>		<b>2020/21</b>	
		<b>HCCG (£,000s)</b>	<b>LBH (£,000s)</b>	<b>HCCG (£,000s)</b>	<b>LBH (£,000s)</b>
1	Early intervention and prevention	2,566	3,373	2,566	3,315
2	An integrated approach to supporting Carers.	19	983	19	939
3	Better care at the end of life.	819	0	819	0
4.	Covid-19 hospital discharge	0	0	tbc	tbc
4A	Integrated hospital discharge and the intermediate tier.	15,039	6,094	15,039	6,270
5	Improving care market management and development.	12,549	11,949	12,549	12,099
6	Living well with dementia.	0	372	0	379
7	Integrated therapies for children and young people.	2,231	441	2,246	542
8	Integrated care and support for people with learning disabilities.	6,195	30,322	5,224	29,530
<b>TOTAL</b>		<b>39,418</b>	<b>53,534</b>	<b>38,462</b>	<b>53,072</b>
<b>GRAND TOTAL</b>		<b>92,952</b>		<b>91,534</b>	

## **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendations?**

70. The Board will be able to see how integration and partnership working is proceeding in Hillingdon in order to support the health and wellbeing of residents during the pandemic and beyond. It will also guide officers and partners on how the Board wishes to see information presented to future meetings.

### **Consultation Carried Out or Required**

71. HHCP and the CCG have been consulted in the drafting of this report.

### **Policy Overview Committee comments**

72. None at this stage.

## **CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance comments**

73. Corporate Finance has reviewed this report, noting that there are no direct financial implications associated with the recommendations set out above. Council contributions to the Better Care Fund outlined with the financial implications section of this report are fully reflected in the Council's monthly budget monitoring position.

### **Hillingdon Council Legal comments**

74. Section 223GA of the NHS Act, 2006, provides the legal basis for the BCF and gives NHSE power to make any conditions it considers reasonable in respect of the release of NHS funding to the BCF. Where it considers that an area has not met these conditions it also has the power, in consultation with the DH and DCLG, to make directions in respect of the use of the funds and/or impose a spending plan and impose the content of any imposed plan.

## **BACKGROUND PAPERS**

None.

## DEVELOPING HILLINGDON'S HEALTH AND WELLBEING BOARD AND JOINT HEALTH AND WELLBEING STRATEGY FROM 2021

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Kevin Byrne, Head of Health Integration and Voluntary Sector Partnerships
<b>Papers with report</b>	None

### 1. HEADLINE INFORMATION

<b>Summary</b>	Outline proposals as to how to take forward development of Hillingdon's Health and Wellbeing Board and how that work could lead into the next iteration of the Joint Health and Wellbeing strategy.
<b>Contribution to plans and strategies</b>	Hillingdon Joint Health and Wellbeing Strategy. NHS Long Term Plan
<b>Financial Cost</b>	No direct costs.
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) comments on and agrees to the approach to holding a developmental workshop as set out at 3.3 and 3.4 below.
- 2) notes that the proposed Board development workshop will be the starting point for the next iteration of the Borough's Joint Health and Wellbeing Strategy

### 3. INFORMATION

#### Supporting Information

#### Developing Hillingdon's Health and Wellbeing Board

3.1. At its meeting on 22<sup>nd</sup> September the Board agreed in principle to review how it works, its priorities and its future role, recognising the substantial changes faced by partners in responding to the current pandemic, the ambitions of the NHS long term plan and the pressures in health and social care along with the opportunities presented for local working through Hillingdon Health and Care Partners.

3.2. Officers were asked to explore the possibility of utilising the services of the Local Government Association's facilitated programme for the development of HWBs and to report back to the Board for a steer as to how it wished to proceed.

3.3. Preliminary discussions have been held with LGA. Their offer is entirely flexible and would be bespoke to Hillingdon, so it is important that all members of the Board have their input to how to proceed. The objectives are suggested as:

- To develop an agreed vision for the Health and Care economy in Hillingdon and enable the Board to fulfil its "leadership of place" role
- To agree across all partners how the HWB can be meaningful for them and integrated into their strategic thinking and planning
- To agree broad priorities for its future strategy
- To explore how the HHWB wishes to work to deliver on its ambitions.

3.4. The suggestion at present is that we should:

- Seek to hold a 3 or so hour workshop around end of February or early March 2021 (to avoid key winter pressure times, coincide with the municipal calendar and major changes some of which take effect from April 2021).
- To prepare for the workshop by holding one to one interviews with each Board member in advance to receive feedback and take account of all views.
- To identify a facilitator (or even small team) to lead the session. The LGA have a panel of former senior local authority and NHS personnel who would be approached, for agreement.
- The workshop would probably need to be held virtually.
- The workshop would consider priorities for Hillingdon's Health and Care economies and provide a framework for the subsequent work on the Joint Health and Wellbeing Strategy from 2021.

3.5. There would be the opportunity to come back for a further session – perhaps later in the year if felt useful and to support ongoing development.

### **Joint Health and Wellbeing Strategy**

3.6. The current JHWBs runs to 2021. A key outcome of board development session should be to set broad priorities for next few years so that the board can achieve its ambitions. These would be captured into the next strategy.

3.7. A central challenge for developing the next iteration of Hillingdon's Joint Health and Wellbeing Strategy (JHWBS) will be to ensure that the focus on key health priorities is not lost as organisations respond to Covid-19, but also adapts in ways that enable us to address the challenges we have identified as public health priorities and through the JSNA.

3.8. This is no easy task when organisations are dealing with the immediate crisis created by the pandemic. However, at the same time as organisations bring in substantial changes to governance structures and other changes aimed at protecting health services, it is important that organisations consider how they can retain a focus on monitoring and improving the health and wellbeing of Hillingdon's population. The current challenges identified through the JSNA are as follows:

- 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.
- The increase in overweight and obese children between Reception and Year 6 is higher than national and regional averages.

3.9. The Public Health priorities, identified based on the JSNA and the Public Health Outcomes Framework, are:

- Deliver against mandatory Public Health functions, in the most efficient and effective manner.
- Reduce Childhood Obesity.
- Improve Sexual Health.
- Reduce alcohol and substance misuse, including smoking.
- Improve mental health and wellbeing amongst vulnerable groups, including early intervention and prevention of mental health conditions, reducing suicide, reducing isolation and loneliness and increase independence in older people, providing support for those with dementia or autism, for people with long-term conditions and learning disabilities, and for carers.
- Increase adult physical activity.
- Improve health and reduce obesity levels within the Borough's adult population.
- Tackle violent crime, by reducing and preventing domestic abuse, supporting victims and reducing and preventing knife crime.
- Reducing homelessness in the Borough, assisting families to find permanent accommodation and addressing the challenge of rough sleeping.
- Ensure children have the best start in life by encouraging breastfeeding, reducing tooth decay in 5-year olds, encouraging family immunisations, and ensuring effective commissioning and delivery of health visiting and school nursing service.
- Reduce the risks to residents from poor air quality.

3.10. Maintaining a clear focus on well-defined and shared priorities will help at a time of substantial pressure and change affecting services across health and social care. The new Strategy should seek to include a smaller number of key priorities.

3.11. Hillingdon's Local Outbreak Control Plan will continue to affect the operation of health and social care services, with work being overseen by a partnership COVID-19 Health Protection Board. The work of Hillingdon's Public Health Team is heavily focussed on the pandemic. Responsibility for contact tracing now rests with local authorities.

3.12. The Covid-19 pandemic has of course had a huge impact on health service provision and this will continue into the foreseeable future. The North West London Out of Hospital Recovery Plan has set out the ambition to adopt an integrated, partnership approach to delivering health and social care services out of hospital. The approach includes both reactive and proactive care and a focus on caring for the whole person, through an integrated service team at the local level. The timeline for implementation involves three phases: *Responding* to the first wave of the crisis (Feb-July 2020), *Rebalancing* to restart wider services and prepare for a second wave: (August 2020-April 2021 and *Renewing* to develop Plans which renew services from April 2021.

- 3.13. Elements within each of the above three phases will have some impact on the ability of the JHWBS to address health and care priorities. For example, the *response* phase included the shift to ‘virtual by default’ and ‘triage way of working’ approaches to contact with patients, which continue in the *rebalancing* phase. Digital access becomes standard as and when services can *renew*. There are already concerns about people accessing health services during the pandemic and serious illnesses going undetected so an understanding of how early diagnosis will be maintained and improved will be important as services are accessed and delivered in new ways. The plan for Hillingdon includes the development of community-based approaches to managing long-term conditions.
- 3.14. Communication and engagement will be a crucial part of the new health and social care landscape. This has been evident in the pandemic response with the need to deliver public information messages and to engage with a diverse range of communities. As health services are transformed to provide appointments and treatment in different ways, community engagement will be vital.
- 3.15. The next JHWBS therefore will reflect the Board’s agreed priorities taking into account all of the above - it will consider both the “what” and the “how” so that the major changes afoot are supported across partners to maximise benefits to residents health and care.

### **Financial Implications**

There are no direct financial consequences arising from this report. The LGA offer is supported by the Department of Health and Social Care and is offered at no cost. The JHWBS will have consequences for services but does not take decisions on resourcing or replace usual decision making through sovereign governance bodies.

## **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendation?**

Strong leadership from the borough’s HWB and a clear JHWBS would support improvements in health and social care for residents.

### **Consultation Carried Out or Required**

No wider consultation at this stage. A full consultation would be envisaged for the JHWBS during 2021 before approval is given.

### **Policy Overview Committee comments**

None at this stage.

## **6. BACKGROUND PAPERS**

NIL.

## HILLINGDON CCG UPDATE

<b>Relevant Board Member(s)</b>	Dr Ian Goodman
<b>Organisation</b>	Hillingdon Clinical Commissioning Group
<b>Report author</b>	Caroline Morison; Rebecca Whitworth; Joe Nguyen
<b>Papers with report</b>	None

### 1. HEADLINE INFORMATION

<b>Summary</b>	<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"> <li>• NW London CCG Merger</li> <li>• Hillingdon System Covid Response</li> <li>• Winter planning</li> <li>• Flu programme</li> <li>• Finance update</li> </ul>
<b>Contribution to plans and strategies</b>	<p>The items above relate to the HCCGs:</p> <ul style="list-style-type: none"> <li>• 5 year strategic plan</li> <li>• Out of hospital (local services) strategy</li> <li>• Financial strategy</li> <li>• Joint Health and Wellbeing Strategy</li> <li>• Better Care Fund</li> </ul>
<b>Financial Cost</b>	Not applicable to this paper
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	External Services Select Committee
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATION

**That the Health and Wellbeing Board notes this update.**

### 3. INFORMATION

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

### 3.1 NW London CCG merger

Following the publication of the NHS Long Term Plan in January 2019 the 8 CCGs in NW London have undertaken a programme of commissioning reform, developing a proposal to become a single CCG from April 2021 on which the membership have now voted and agreed.

The next phase of work to deliver a single CCG includes:

- Submitting an application to merge the CCGs to NHSE/I for approval
- Further development of the new CCG constitution including the confirmation of local oversight and accountability through the establishment of 8 Borough Committees which will include representation from local authorities, Healthwatch and local GPs and lay members
- Ongoing development of local integrated care partnership arrangements (Hillingdon Health and Care Partners)

Each CCG will remain a statutory organisation until April 2021.

The 8 CCGs have also undertaken a management re-organisation to support the move to a single operating model and deliver financial efficiencies to support our recovery plans within NW London.

We are still implementing the changes however the confirmed senior team in Hillingdon from 1<sup>st</sup> December will be:

- **Brent, Harrow, Hillingdon Chief Operating Officer:** Sheik Auladin (previously Managing Director – Brent CCG)
- **Borough Director:** Sue Jeffers/Richard Ellis (previously Associate Directors for Primary Care – NW London)
- **Associate Director Primary Care Delivery:** Tarvinder Kalsi (previously Associate Director Primary Care Hillingdon CCG)
- **Associate Director Integration and Delivery:** Sean Bidewell (previously Associate Director Strategy, Transformation and Planning, Hillingdon CCG)
- **Finance Business Partner Brent, Harrow, Hillingdon:** Rebecca Whitworth (previously Head of Finance, Hillingdon CCG)

Joe Nguyen (Hillingdon CCG, Deputy Managing Director) leaves the borough to take up the Borough Director role for Central London CCG (Westminster). We thank him for his contribution to Hillingdon and wish him every success in his new role.

Caroline Morison (Hillingdon CCG, Managing Director) leaves the CCG but will remain in the borough having been appointed to the new role of Managing Director for Hillingdon Health and Care Partners.

### 3.2 Hillingdon System Covid Response

Local partners in Hillingdon have responded to the Covid pandemic collectively through establishing the Hillingdon Covid Hub which during wave 1 saw daily updates and actions agreed across health, social care, public health, the third sector and broader partners including the police. We have now also included Brunel University in our core membership.

Current priorities for the hub include:

- Refreshing the support available for the ‘clinically extremely vulnerable cohort’
- Expanding our ‘Escalated Care Clinics’ that provide face to face and remote support for patients with Covid in the community
- Focussing on the delivery of the flu vaccine to vulnerable groups

We have focussed on maintaining service delivery in primary care and practices are working to ensure that there is sufficient access to services, in particular uptake of childhood immunisations (where public health data shows there is no backlog) and delivery of cervical smears (all practices are delivering these and activity is beyond the recovery trajectory).

Infection prevention control measures are in place across all our practices including a ‘virtual first’ approach to consultations which reduces the risk of crowded waiting rooms and enables clinicians to triage based on need however face to face appointments are also available where clinical or patient need requires. There is currently around a 50% split of face to face vs non-face to face activity in general practices in the Borough.

### 3.3 Flu programme

The flu programme for 2020 is the most ambitious yet setting a national ambition of uptake of 75% by the end of November for a number of vulnerable groups. Our practices, primary care networks and community pharmacies have been working hard towards meeting the targets set despite significant challenges related to the availability of vaccine stock (in particular for the under 65 ‘at risk’ population).

Hillingdon uptake at the 9th November is shown below:

Cohort	Uptake (including refusals)
Over 65s	65% (71%)
Under 65s in a clinically vulnerable group	32% (36%)
2-3 year olds	37% (42%)
Pregnant women	23% (27%)

The health and care workforce are a priority group for vaccination, although low stock levels have restricted access over the first few weeks. We are continuing to work with partners to get messages through providers regarding the routes to access vaccination and its importance. In addition, we are working with colleagues across the ICS and London to provide myth-busting communications to attempt to reduce the refusal rates.

### 3.4 Winter planning

The Hillingdon system is committed to sustaining planned care delivery over the coming months in line with the NHSE/I requirements to restore elective and proactive care. Partners in Hillingdon have jointly developed a winter plan to maintain services in primary, community and

acute care alongside the management of surge pressures. The plan is focussed on three areas:

Step up care:

- Integrated urgent response (led by the Hillingdon Primary Care Confederation) - assessing and where appropriate redirecting patients away from UTC/ED and into primary and community care services
- Integration of rapid response service with redirection service and maximising the available caseload
- Enhancing the use of the mental health safe haven to support redirection from ED

Hospital processes:

- Focus on same day emergency care pathways
- Criteria led discharge and 7 day a week discharge support to support flow in to and out of beds
- Additional hospital bedded capacity for escalation

Community discharge:

- Enhancement of discharge to assess service, maximising the utilisation of care hours, third sector support and integrating key pathways including end of life
- Ensuring sufficient complex care provision in the community through bedded support in care home and local authority units

### **3.5 M6 Finance update**

A temporary financial regime was put in place in response to Covid-19 for the period 1 April 2020 to 30 September 2020. CCG budgets were set using a National Model based on 19/20 Month 11 year to date expenditure. The CCG was monitored against these issued budgets to M6. Actual expenditure incurred was reviewed on a monthly basis and a retrospective non-recurrent allocation adjustment was issued by NHSE which brought the CCG back to a breakeven position (including additional costs incurred relating directly to Covid-19).

The CCG expects to achieve a breakeven position at Month 6. At the time of writing, the CCG has received a retrospective allocation adjustment for M1 to M5 of £6.2m, which has brought the financial position to breakeven at Month 5. The £6.2m is made up of Covid related expenditure of £5.5m (£3.4m relates to hospital discharges, £0.7m to escalated care clinics to support the management of Covid in the community, £0.7m GP/Primary care related costs for overtime, PPE etc, and £0.4m of 19/20 prescribing pressures). The remaining £0.7m is smaller, non Covid related pressures across various reporting categories. The CCG is awaiting a further adjustment for Month 6, to bring the position back to breakeven in the same manner.

For M7-12 CCG budgets have been set based on what was spent in the first half of the year (M5 Costs forecasted to M6 excluding Covid) as a starting point. An assessment was then made on the likely increase in costs that would be incurred in the remainder of the year that could not be managed within the straight line projection of spend. These totalled £41.6m across NWL, £23.6m of which were already accounted for in the system envelope leaving a budget gap of £18m across NWL CCGs. All CCGs are expected to breakeven by year end and hence this gap is likely to be addressed by applying an efficiency target to each CCG of around 1% (or £2m for Hillingdon CCG), planning is underway to identify plans for delivery against this target.

For the remainder of the financial year, there will continue to be block contracting arrangements in place with all NHS Providers and CCGs budgets have been amended to reflect this. These block contracts continue to replace all existing smaller contracts.

**4. FINANCIAL IMPLICATIONS**

None in relation to this update paper.

**5. LEGAL IMPLICATIONS**

None in relation to this update paper.

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## THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST: KEY DEVELOPMENT UPDATE

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Jason Seez, Acting Chief Executive, THH
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	To provide an update to the Health and Wellbeing Board on a number of developments at the Trust, to include: <ul style="list-style-type: none"> <li>• Trust recovery programme and inspection updates</li> <li>• Local collaboration arrangements</li> <li>• Redevelopment plan progress</li> </ul>
<b>Contribution to plans and strategies</b>	<ul style="list-style-type: none"> <li>• Recovery and Improvement plans</li> <li>• Clinical strategy</li> <li>• Quality and Safety strategy</li> </ul>
<b>Financial Cost</b>	N/A
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	N/A
<b>Ward(s) affected</b>	N/A

### RECOMMENDATION

**That the Health and Wellbeing Board discusses and notes the update.**

### INFORMATION

#### 1.0 Introduction

Following the update provided to the Health and Wellbeing Board in September 2020, there have been a number of developments at the Trust. This paper seeks to provide an update on a number of material programmes, to include the further development of our recovery and improvement plans following a joint Care Quality Commission (CQC) and Health and Safety Executive (HSE) inspection on 29 and 30 September 2020, the further development of local collaboration arrangements between the Hillingdon Hospitals NHS Foundation Trust and Chelsea and Westminster Hospital NHS Foundation Trust and finally, progress with the Hospital

redevelopment programme.

## **2.0 Inspection and Recovery Programme Update**

As previously reported, a CQC inspection was held on the 4 and 5 August 2020. The August inspection was an unannounced inspection primarily focused on infection and prevention controls following an outbreak of COVID-19 within the hospital.

A joint focussed CQC and HSE inspection team visited the Trust on 29 and 30 September 2020. This was a planned unannounced inspection in follow up to the August inspection. Following this inspection, the Trust has been issued with a section 29A warning notice from the CQC, with improvements required across a select number of infection, prevention and control (IPC) issues across the emergency department and medical wards. The Trust was also issued with an improvement notice by the HSE in connection with the associated storage and testing of our reusable respiratory protective equipment in the Emergency department.

Detailed work is underway to ensure compliance with the above notices within the required timeframes, with the Hillingdon Improvement Plan having been updated to reflect the requirements from the most recent inspections.

## **3.0 Local Collaboration Arrangements**

The Trust is being closely supported by Chelsea and Westminster Hospitals NHS Foundation Trust (CWFT) in delivering the required improvements for our staff and our local population. CWFT is supporting the strengthening of our senior leadership capacity and capability, and the systematic improvement of the way our hospitals operate.

## **4.0 Redevelopment Plan Progress**

The first stage of our business case process, the Strategic Outline Case (SOC), was approved in principle at the Department of Health and Social Care and NHS England/Improvement Joint Investment Committee at the start of October 2020.

The SOC identifies a new hospital build on the Hillingdon Hospital site as the preferred way forward.

The approval from the Department of Health and Social Care and NHS England/Improvement is subject to further work at the next stage, the Outline Business Case (OBC), particularly in relation to making sure the hospital is the right size for future needs, that it is affordable, that the procurement strategy delivers value for money and that the plan makes full use of modern methods of constructions and reduces our carbon footprint.

It is also worth noting that on 2 October 2020 the Department of Health and Social Care announced their commitment to funding the 40 HIP schemes of which Hillingdon is one.

In support of our redevelopment programme, our communication and engagement activity continues at pace. This includes launching our monthly redevelopment newsletter which is circulated to our stakeholders, community groups and those who have signed up through the feedback survey or website. We have also established a monthly series of webinars, with dedicated sessions for staff and patients. The webinars seek to provide an update on progress followed by a panel Q&A with members of the Trust Executive team and clinical staff.

We have also recruited 52 members of the public to our new Hospital Redevelopment Public Partnership Forum. Members have been assigned to working groups based on their interest and lived experience and we have a wide range of ages and backgrounds. The first meetings of the digital group, maternity group and communications group are taking place in the first week of November with the rest due to follow shortly.

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## MENTAL HEALTH SERVICE DELIVERY IN HILLINGDON

<b>Board Member</b>	Graeme Caul, Managing Director, CNWL
<b>Organisation</b>	Central and North West London (CNWL) & Hillingdon Health and Care Partners (HHCP)
<b>Officer Contact(s)</b>	Vanessa Odlin, Director for Hillingdon & Mental Health, CNWL
<b>Papers with report</b>	None

### 1. HEADLINES

<b>Summary</b>	This report provides the Board with the latest update on the progress towards aligning Hillingdon adult mental health services, with the NHS Long Term Plan.
<b>Contribution to our strategies</b>	This contributes to the Health & Wellbeing Strategy, Hillingdon Clinical Commissioning Group (CCG) Operating Plan and individual organisational strategies for Hillingdon Health and Care Partners (HHCP).
<b>Financial Cost</b>	Not applicable
<b>Relevant Ward(s)</b>	All

### RECOMMENDATION

**That the Health and Wellbeing Board notes the report.**

### INFORMATION

#### 1. Executive Summary

The aim of this paper is to update the Health & Wellbeing Board on the current developments in aligning Hillingdon adult mental health services with the NHS Long Term Plan. The paper highlights key areas of development over the current financial year as well as laying out ambitions for the next twelve months.

CNWL is using Long Term Plan and locality investment to take forward:

- New First Response Service offering 24/7 assessment to our residents, wherever they are in the community
- “The Cove” crisis haven for Hillingdon population, 365 days a year for non-clinical evening offer
- If a bed is required, a new Central Flow Hub will find a suitable bed in a timely way and is supporting the elimination of the use of beds out of area through external providers (Out of area placements – OAPs) via improved flow management
- Inpatient admission is supported by new investment embedding Trauma Informed Approach and the See, Think, Act Framework on wards

- Develop and improve our Home Treatment Team (HTT) model
- Expansion of Primary Care Mental Health Teams
- Development of a Complex Emotional Needs Service (CENS)
- Enhance the older adult mental health services through the community framework
- Develop a 0-25 pathway
- Enhance the High Intensity User (HIU) Service

Working with the Hillingdon Health and Care Partners (HHCP) CNWL is leading on the transformation of a further three key areas:

- Development of the One Stop Shop for easy access to mental health support and wellbeing services for the people of Hillingdon
- Enhancing the care home support offer in Hillingdon
- Developing Complex Rehabilitation to deliver more support out of hospital and in a least restrictive environment
- Emergency & Urgent Access: Introduce new processes across the system, to support adults with a mental health crisis and in turn, avoid admission to an acute inpatient unit
- Patient Flow and Discharges to ensure we are able to treat people in the least restrictive environment

## 2. Key Matters for the Board

The board is asked to note the strategy and approach for the future of mental health services in Hillingdon, which is outlined in this paper.

## 3. Background and Overview

### Proposal for the future of the Mental Health Services in Hillingdon:

The key drivers for this approach:

- *National and Regional Policy*: Supporting the delivery of the NHS Long Term Plan & Five Year Forward View for Mental Health which centres on local community provision of services to support people at home as well as aligning with standards for providing care in a therapeutic and fit-for-purpose environment for all patients.
- *Local Vision and Clinical Objectives*: Aligning our estates strategy/portfolio with existing transformation work and priorities to provide care in the least restrictive environments and move care closer to home in the community.
- *Quality of the Estate*: Ensuring the best provision for our local patients in a therapeutic environment that is fit-for-purpose.

## 4. National and Regional Policy

### CNWL has major transformation work underway to deliver against national expectations whilst responding to local needs in Hillingdon

The Independent Commission on Acute Adult Psychiatric Care, established and supported by the Royal College of Psychiatrists, reported that the current reliance on acute beds means that it is often difficult for people to access care near home and that this is exacerbated by a lack of community services, particularly Crisis Response and Home Treatment Teams (CRHTTs).

The [NHS Long Term Plan](#) also supports the shifting of care from inpatient to community-based settings where clinically possible and appropriate as laid out in several objectives:

- *New and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses [will give them] greater choice and*

control over their care, and support them to live well in their communities.

- The NHS will ensure that a 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21. Services will be resourced to offer intensive home treatment as an alternative to an acute inpatient admission.
- We will also increase alternative forms of provision for those in crisis. Sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis

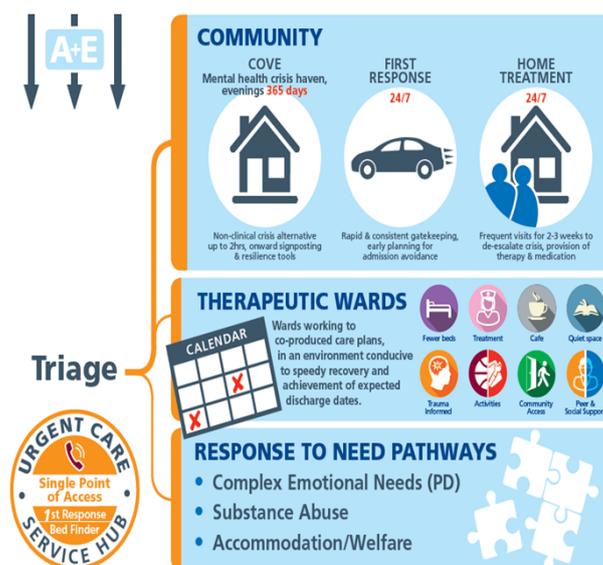
## 5. Local Vision and Clinical Objectives

Looking forward and in line with these national asks, locally we recognise that care for our local people should be provided in the least restrictive setting and closer to home, by shifting provision to a more community-based offer. This includes expanding existing, and developing new, provision available within the community to ensure care, support and interventions are available and accessible locally.

CNWL is currently investing in and delivering transformation work in the areas below, with the aim to develop further to provide the best possible care for Hillingdon residents. This approach spans mental health services across adults and older adults services.

- Moving care closer to home wherever clinically possible and appropriate
- Working with local VCSE, facilitating a broader offer to our population
- Working to prevent admissions unless no clinical alternative
- If admission is needed, it will be purposeful and in a therapeutic environment with dedicated identified beds within the NWL system for Hillingdon patients
- Building on existing rehabilitation services to offer step-down care from an acute inpatient setting. The model offers service users with ongoing but less complex rehabilitation needs a short-term (8-12 week) admission at a Community Rehabilitation Unit prior to moving to supported or independent living with community services support

Figure 1. Our Care Closer to Home Vision & Model Overview



## 6. CNWL is using Long Term Plan and locality investment to take forward:

- New **First Response Service** offering 24/7 assessment to our residents, wherever they are in the community which enables quicker access to support “**The Cove**” crisis haven for

Hillingdon population, 365 days a year for non-clinical evening offer (as above)

- If a bed is required, a new **Central Flow Hub** will find a suitable bed in a timely way and is supporting the elimination of the use of beds out of area through external providers (Out of area placements – OAPs) via improved flow management
- Inpatient admission is supported by new investment embedding **Trauma Informed Approach and the See, Think, Act Framework** on wards. This will support the clinicians' understanding of the patient's life, emotions and psychology to shape and influence safe individualised co-produced care and treatment within the hospital.
- Develop and improve our **Home Treatment Team (HTT)** model to:
  - Refocus function to ensure fidelity to a recommended model that offers a genuine alternative to admission, 24/7, 365 days a year
  - Make HTT responsible for staying within their local bed allocations and enabling HTT to in-reach to wards to facilitate early discharge
- **Expansion of Primary Care:** The Primary Care Mental Health Team has been expanded to enable alignment to the PCNs. The team is made up of Registered Mental Health Nurses (RMNS), senior support workers (SSW) and Occupational Therapists (OTs). The team will take over all initial assessments for routine non-complex mental health referrals (this means that the patients' needs as such require an assessment within 28 days (20 working days))
- **Complex Emotional Needs Service (CENS):** It has been increasingly recognised that patients who have a primary diagnosis of Personality Disorder do not always receive the right care and treatment from mental health services. As a result, Hillingdon Mental Health Services are moving forward with a new model of care. This will include individual and group work; psychological therapies tailored to specific needs and are drawn from empirical research and an increasing evidence base
- **High Intensity Users:** To build on the High Intensity Users (HIU) service in Hillingdon to support people who are presenting to A&E on multiple occasions
- **Older Adults Mental Health:** There will be investment in partnership working for the last quarter of 20/21 and further investment in 21/22 for the OA. OAMH services to PCNs, work more collaboratively with the VCSE sector to enhance the offer for older people
- **0-25 pathway:** Development of an integrated CYP (0-25) Early Intervention and Multi-Agency care and support model. The team expanded and developed the model to deliver an integrated early intervention response across the whole borough to meet the new needs and potential gaps in provision. This included extending both Kooth and Think Ninja services to support the model, which has now been up and running since May, with funding secured for the model until December 2020

## 7. **CNWL and Hillingdon Health Care Partners**

Working with the Hillingdon Health Care Partners (HHCP) CNWL is leading on the transformation of a further three key areas:

- Development of a **One Stop Shop** with partners in 3rd sector and local authority to create an Open Access service for Hillingdon residents
- **Enhancing the care home support offer in Hillingdon** through investment from the GP DES (Directed Enhanced Services) funding. CNWL will be working in partnership with the Care Home Support teams, to include both Learning Disability and Mental Health Homes. A key aim of this initiative is to provide appropriate care and management in the care home setting to avoid unnecessary admissions and attendances at A&E.
- Developing **Complex Rehabilitation:**
  - Transform Open Rehab to be able to offer complex community rehab (not sure it's clear what this means)
  - Work with LA to deliver complex community rehab and reduce ECRs for complex rehab

- Remodel and Re-specify rehab services – shift from ward based, to community based rehab services – potentially phasing parallel step-up crisis and step-down recovery provision by the third sector to prevent long length of stay on wards
- **Emergency & Urgent Access:** Introduce new processes across the system, to support adults with a mental health crisis and in turn, avoid admission to an acute inpatient unit focusing on
  - Out of hours case management
  - Increasing use of the crisis coves
- **Patient Flow and Discharges** to ensure we are able to treat people in the least restrictive environment. We are planning a focussed piece of mental health pathway work as well as daily operational calls with system partners to be responsive and ensure timely discharges.

## 8. **Community Estates Transformation**

- On Wednesday 9th October 2019, London Borough of Hillingdon (LB Hillingdon) served CNWL, notice to terminate the Section 75 (S75) Partnership Agreement for Adult Mental Health Services in Hillingdon. This is a formal notice which will take effect on 10th April 2020.
- This presented an opportunity to review where and how the mental health services in the borough are delivered. Since October 2019, there has been a concerted effort to transform community mental health services within the borough. This includes the development of a 'hub and spoke model' to support the integration of physical and mental health.
- Mill House: Initial assessments and high-risk patients will be seen at Mill House. Mill House will also have space for group sessions including a kitchen area for occupational therapy, an area for music therapy and the new 'Complex Needs' provision within psychology. The long-term plan is for Mental Health services to run from a North and South hub in the borough.
- Uxbridge Health Centre: Running the Clozapine / Depo clinic from Uxbridge Health Centre and clinics for follow up low risk patients at community sites. Building work is required at Uxbridge Health Centre and it is anticipated that this will be complete for January 2021.

## 9. **Considerations and Next Steps**

CNWL seeks close working and support from membership of the Health and Wellbeing Board as we move forward with the described approach. This will include a continuation of the transformation work outlined above and close working with the GP confederation, Primary Care Networks, London Borough of Hillingdon, The Hillingdon Hospital, Hillingdon Health Care Partners and Hillingdon CCG as we move towards formal public consultation.

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## CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING

<b>Board Member</b>	Dr Ian Goodman
<b>Organisation</b>	Hillingdon Health and Care Partners (HHCP)
<b>Contact Officers &amp; Report contributors</b>	John Beckles, CCG Steven Trippier, HHCP Jackie Shaw, CNWL Zara Sweet, P3 Rob Brindley, CAMHS, CNWL
<b>Papers with report</b>	Appendix - Evaluation report for the Navigator Plus offer, Supporting young people to thrive on their transition to adulthood

### 1. HEADLINES

<b>Summary</b>	This report provides the Board with the latest update on the Integrated Early Intervention Service (IEIS) for Children and Young People, the achievements, progress and proposed developments for the 20/21 programme of work.
<b>Contribution to our strategies</b>	This contributes to the Health & Wellbeing Strategy, Hillingdon Clinical Commissioning Group (CCG) Operating Plan and individual organisational strategies for Hillingdon Health and Care Partners (HHCP).
<b>Financial Cost</b>	N/A
<b>Relevant Ward(s)</b>	All

### 2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) reviews and provides feedback on the progress update for phases 1 and 2 of Hillingdon's Integrated Early Intervention Service developments.
- 2) reviews and provides feedback on the future development (Phase 3) of the CYP Early Intervention and Multi-Agency Care and Support Model for Hillingdon's Integrated Early Intervention Service.
- 3) considers and provides feedback on the requirement for formal agreements between agencies, around their involvement and time requirements, rather than relying on goodwill and relationships between individual professionals.

### 3. SUPPORTING INFORMATION

Colleagues across the Hillingdon partnership understood the need to work together and deliver the vision to offer children and young people the best start in life, and improving child and

adolescent mental health and wellbeing outcomes for children and young people. We continually strive to develop and transform all services that children and young people may access, to enable one and all the best possible opportunities for excellent health and wellbeing, throughout their lives and particularly as they make the transition to adulthood.

Too many children, young people and their families do not have these good opportunities and are worried about their futures. We are committed to working together to change this by collaborating with each other and with children, young people and their families to overcome the barriers to good opportunities and outcomes. This means making the best use of shared resources to achieve integrated agendas for change.

The case for change evidenced that children's services in Hillingdon were in need of reform, birth rates were rising whilst the wellbeing needs of children and young people (CYP) were increasing. Significant funding pressures across the whole system supported the need to consider how services were delivered, as they were perceived to be fragmented and complex, with multiple access points and assessments, resulting in duplication and inefficiency. Parents and carers tell us they do not want to keep telling their story over and over to different professionals. They want us to work together to understand their needs and support them to resolve their own problems.

Following a series of partnership workshops in early 2019 to develop the vision for CYP services in Hillingdon, progress has been driven forwards by the **development of an integrated CYP (0-25) Early Intervention and Multi-Agency care and support model**.

The aspiration considered by the partnership was a CYP Integrated Single Point of Access (CYP ISPA) Team, delivered by a multi-agency, integrated approach. Services such as the Multi-Agency Safeguarding Hub (MASH), Child and Adolescent Mental Health Service (CAMHS) and P3 Navigator (a national CYP charity) would come together to provide a single point of advice, access and triage, using multi-disciplinary assessment and short-term intervention.

Good progress has been made to date and Professionals are seeing real value of being part of a multi-disciplinary team, in terms of learning from each other and improved understanding of what is going on for different children and how best to meet their needs

#### **Phase 1:**

During February - March 2020 the integrated partnership team prototyped elements of an emergent early intervention model, in the two neighbourhoods identified with highest need in the borough, these being Colne Union and Hayes & Harlington. Those partners who started this journey together include; CAMHS, P3, MASH and Hillingdon CCG.

#### **Phase 2:**

Based on the learning from Phase 1 and considering the COVID-19 pandemic, the team expanded and developed the model to deliver an integrated early intervention response across the whole borough to meet the new needs and potential gaps in provision. This included extending both **Kooth** and **Think Ninja** services to support the model, which has now been up and running since May, with funding secured for the model until December 2020.

Weekly joint review meetings for all CAMHS referrals not accepted for CAMHS assessment / intervention

Fortnightly complex case forums are held, where people from different agencies have been able to get support on cases with more complexity

The integrated team has, so far, received representation from the following services / service areas; CAMHS, P3, Key working / Early Help, Educational Psychology, Special Educational Needs and Disability (SEND) advisory services, Child Wellbeing Practitioners and the CCG.

There is now a further opportunity to expand and develop the model to continue to meet the unmet and changing needs of CYP in Hillingdon, which will be delivered under Phase 3.

It should be noted that the Child Wellbeing Practitioners funding ends in January 2021, where and that CNWL are not continuing with final cohort of trainees, therefore this offer, as part of the Integrated Early Help and Prevention offer, will not be available post January 2021. This may present a risk to the Integrated Early Intervention Service “offer”

### **Phase 3:**

Following a series of development workshops during September and October, the team consider this model to have one of an emergent nature of maturity.

The evolution of the current model would look to simplify the many referral forms that currently exist across services, considering the use of E-Consult that adult services use for early, digital triage. Additionally, Children’s Therapy services such as Speech and Language Therapies (SALT) would look to be integrated into the model.

The IEIS would be keen to further develop the model with EPS and SEND Advisory team, who have shown an interest in a co-produced approach.

Additionally, the model could benefit for further discussions and co-production with LBH Early Help Services, as they look to re-design their services, as there could be benefit to more complete and joined up suite of services across Early Help, through education, health and social care.

The intention is to develop the model further, by 4 keys ways:

- a) **Expanding the ‘front door’** into early intervention services through raising the awareness of schools and other professionals that they can refer directly to the early intervention service. This is not about creating ‘one front door’, this is about improving awareness and ease of referral – there should be **‘No wrong front door’**
- b) **Including GDPR statements on all referral forms across partner agencies** to enable families to consent to the sharing of information with other agencies as required which will improve the efficiency and responsiveness of the model
- c) **Formalising the offer** – the current model is dependent on goodwill and relationships between the professionals involved – the partnership would benefit from establishing formal agreements across service providers to ensure the long-term sustainability of the offer, whilst developing the team to include different expertise (e.g. Speech and Language Therapists)
- d) **Building in engagement with the family** where required and/or appropriate

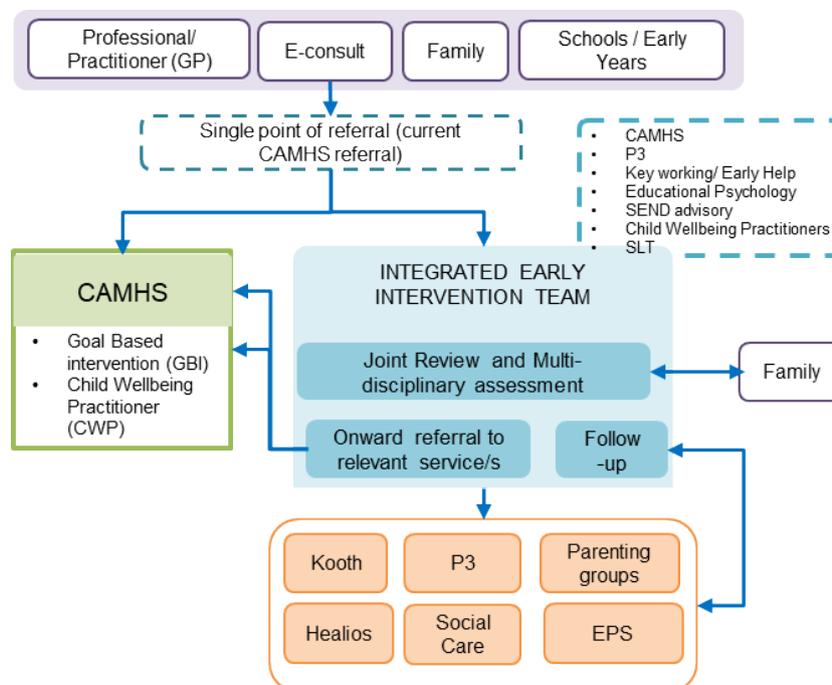


Diagram: Sketch model for the IEIS

### Key outcomes so far:

- CYP are successfully accessing the services they need rather than getting lost in the system.
- Core CAMHS is getting P3 involved much earlier when CYP are on the waiting list for intervention and at the start of interventions, which is likely to have a positive long-term outcome as they are being connected with post-discharge support earlier
- Complex Case Forums have in the main, been used for young people presenting with complex neurodevelopmental conditions and / or complex multi-agency involvement. They were originally planned to be purely learning-focused, but the vast majority are being signposted to a relevant agency, therefore avoiding families bouncing around the system. Additionally, this is allowing for a truly interagency, collaborative care plan to be developed
- The service / team is engaged with Young Healthwatch so they can continue to ensure that the development of the model reflects the needs of our CYP going forward
- Initial development of an internal directory for early intervention services to help the prototype members navigate what is available – the vision is that this will feed into existing work by the CCG and Healthwatch.

### Key statistics for the model to date:

There have been **142** referrals brought to the referrals meeting so far.

- Of those **142** referrals, **32** referrals were passed back to CNWL CAMHS for action. Of those **32** referrals, **6** were accepted for screening appointments in core CAMHS due to neurodevelopmental complexity, **6** were accepted for a screening appointment in core CAMHS due to mental health concerns within the context of safeguarding concerns, **6** were accepted for Goal Based Intervention (GBI) and **14** were accepted for the Child Wellbeing Practitioner (CWP) service. **It should be noted that GBI and CWP sit within the Early Intervention offer, but are managed by CNWL CAMHS.**
- The remaining **110** referrals were signposted to and / or known to other services. The majority were signposted to the Key Working / Early Help Service, P3 and the Educational Psychology Service. **It should be noted that some referrals were signposted to more**

**than one agency / service.**

- 31 for Key Working / Early Help Assessment
- 24 for EPS
- 23 for liaison with multiple education-based agencies (e.g. Behaviour Support Team, EPS, SEND Advisory Service etc.)
- 23 for P3
- 16 for Brilliant Parents
- 12 for Centre for ASD and ADHD in Harrow & HACS
- 4 to ASD specific parenting groups (e.g. Early Bird, Cygnet, etc.)
- 4 for SEND Advisory Service
- 3 lived outside of Hillingdon and so were signposted to their local services
- 3 to Kooth
- 2 to Link Counselling
- 2 to Targeted programmes
- 2 to community / third-sector bereavement services
- 2 to adult mental health services (for parent / carer)
- 1 to PBS consultancy
- 1 to Young Carers
- 1 to CDC
- 1 to Axis
- 1 to ARCH

**Key benefits of the model:**

- The team have successfully been prototyping a useful, integrated back office function that has connected the varying parts of the system, and has stopped children bouncing between services, ensuring that they receive the right support from the right service, at the right time
- The model has brought the key agencies together to provide a coordinated response to COVID-19, enhanced collaboration, upskilling and knowledge-sharing across partners. Workforce across agencies have system support and options for implementing extending and expediting early interventions and emotional wellbeing support
- Hillingdon CCG have commissioned an additional Early Intervention resource within the prototype – Goal Based Interventions (GBI), funded from NHSE waiting time initiative funding
- The model will ensure that the borough has a comprehensive support offer for CYP, that provides proactive support and resilience building where possible to avoid escalation of need
- Virtual multidisciplinary meetings make the most of time and people can be dialled in as appropriate

**Additional Early Intervention and Prevention updates since the last Report (Q3 2019/20)**

**Kooth**, the online counselling support and advice service for 11 – 19 year olds continues to grow from strength to strength.

**Kooth** are pleased to report on activity for Q1 2020-2021 which demonstrates how they have continued to engage users against the backdrop of the Covid-19 crisis.

To address the continued impact of Covid-19 and the significant impact of the traditional integration and mobilisation strategies, they have worked to deliver their work digitally and creatively throughout.

In June 2020 **Kooth** launched their first digital asset repository that will be accessible to key stakeholders and partners and is available through the Integration and Participation (I&P) worker.

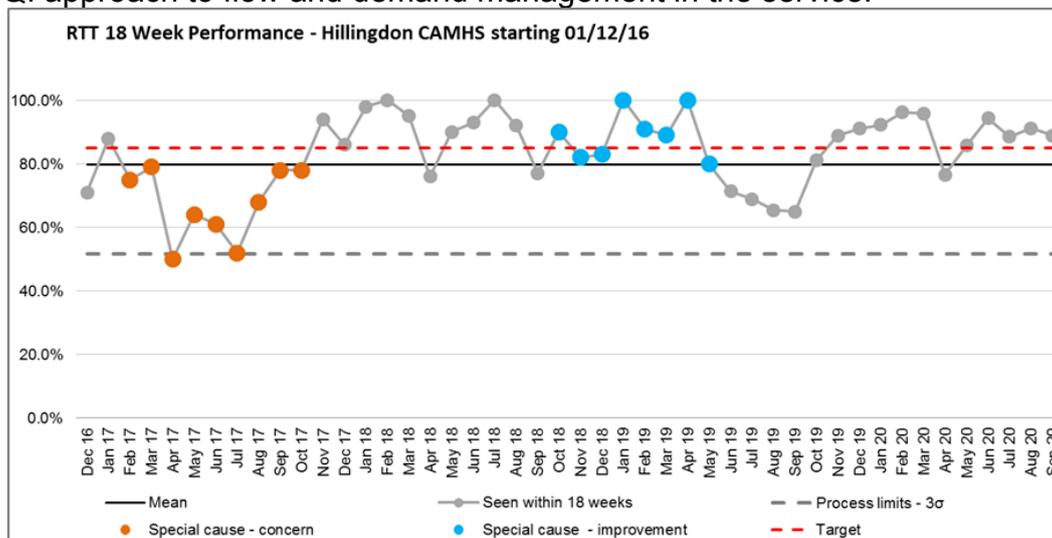
The integration and participation work prepared proactively for the autumn term, working with partners on the most appropriate activity to suit the cohorts return to places of education, care, youth services and activities.

Some of the highlights include:

- Q1 (2020/21) has seen 194 new registrations compared to 139 in Q3 (2019/20).
- Q1 (2020/21) has seen 1,192 Logins compared to 636 in Q3 (2019/20) with 80% (74% Q4 2019/20) returning to engage with the service.
- Q1 has seen 66% of service users accessing Kooth out of hours, compared to 74% in Q3 2019/20.
- New registrations who identified as BME represented 52% in Q1 (2020/21), similar to Q3 (2019/20) at 50%.
- Commissioned contract hours during Q1 was 510. The 19-25 mobilisation took place 6 weeks into the Quarter, therefore the target contract hours of 660 have been reduced by 1.5 months (150) to reflect the alteration. From Q2 the new target total will be 660.
- There were no complaints or safeguarding issues raised during this reporting period.

### Hillingdon Core CAMHS Service

During 2019/20 the core CAMHS service failed to achieve the 18 weeks RTT target however Graph 1 demonstrates improvement over time aside from the slight dip during the initial Covid Wave in March 2020. This was due to capacity being reduced, as 6 of the staff – 50% - were impacted on by COVID early on in the pandemic. The service has achieved and sustained this improvement through review of job plans and specific Quality Improvement (QI) methodology in order to improve the referral and triage assessment process. The service line now has plans to develop a QI approach to flow and demand management in the service.



Graph 1: RTT 18 week performance 1<sup>st</sup> December 2016 to September 2020

In addition, it is important to note that in Hillingdon COVID has impacted on crisis presentations with a steady increase of cases in and OOHS. The Crisis team is undertaking an audit to understand more about the YP attending A&E, i.e., where they are from, whether they are known to any services and therefore make recommendations to the wider system on what needs to be

in place to provide ongoing support. The CYP seen within the Urgent Care service are followed up in core CAMHS.

Reporting Month	Ma r	Ap r	Ma y	Ju n	Ju l	Au g	Se p	Grand Total
<b>CAMHS Urgent Care - Hillingdon Hub</b>	<b>61</b>	<b>9</b>	<b>14</b>	<b>29</b>	<b>28</b>	<b>28</b>	<b>45</b>	<b>214</b>
<i>Out of Hours</i>	8		1	7	3	3	5	27
<i>Working Hours</i>	53	9	13	22	25	25	40	187
<b>CNWL CAMHS - Out of Hours Nursing Team</b>	<b>18</b>	<b>1</b>	<b>5</b>	<b>9</b>	<b>20</b>	<b>18</b>	<b>33</b>	<b>104</b>
<i>Out of Hours</i>	18	1	4	8	20	17	33	101
<i>Working Hours</i>			1	1		1		3
<b>Grand Total</b>	<b>79</b>	<b>10</b>	<b>19</b>	<b>38</b>	<b>48</b>	<b>46</b>	<b>78</b>	<b>318</b>

### Hillingdon Navigator Plus Offer

Please see appendix 1 for the full evaluation report for the Navigator Plus offer, Supporting young people to thrive on their transition to adulthood

This report provides an interim evaluation of the Hillingdon Navigator Plus project following its initial start on 1st November 2019 until 31st March 2020. The project is funded through the Department of Health Wellbeing Fund.

The project is led by P3 charity (People, Potential, Possibilities) and is designed to enhance the mental wellbeing of young people aged 16-25. The ultimate aim of the project is to offer a person-centred approach to help young people thrive on their transition into adulthood. This is consistent with the Thrive Framework for system change (2019) which has significantly influenced the development of the project.

The project is led by a team of skilled Wellbeing Workers based at the P3 Navigator Hub in Yiewsley. The Wellbeing Workers provide a person-centred mentoring service to help young people devise their own Goals Based Outcomes (GBOs) to help improve their mental wellbeing.

The project aims to uphold the principles of 'no case turned away' and has been designed to offer a responsive service to support young people in need. 82% of young people referred into the project have received an initial session with their Wellbeing Worker within 9 days referral. This compares favourably with the 18 week Referral to Treatment (RTT) targets observed by Hillingdon Child and Adolescent Mental Health Services (CAMHS).

The project aims to provide support for two distinct age groups of young people. A schools service is targeted at young people aged 13-16 years old and is delivered within a schools setting. By comparison a service for 17-25 year olds is delivered through the Yiewsley Navigator Hub. Further details on the underpinning service model, including a theory of change, can be found in section two of the full report (Appendix 1).

Over the period 1st November 2019-20 a total of 103 young people have engaged with the project. The project has a gender split of 52% female and 48% male. 55% of young people have engaged with the schools element of the project. 45% of young people have engaged directly with the project through the P3 Navigator Hub. The average age of participants engaging across the project is 17.6 years. To date 67% of young people engaging with the project have been white

British and 33% represent Black Asian Minority Ethnic and Refugee (BAMER) groups.

The schools work targeted at young people aged 13-16 has been particularly well received by local schools and young people. The evidence collated reveals this element of the project is helping to fill a gap in the mental-health system for school-aged young people.

By comparison the 17-25 years age group accessing the project has to date proven to be a more challenging cohort to engage. Further work is required over the next twelve months to explore both engagement and disengagement factors associated with this group. The emerging evidence so far suggests that young people who are residing in hostel accommodation may prefer group-based sessions.

Encouragingly where young people have committed to the project this is reflected in higher Goals Based Outcome (GBO) scores when compared to those of young people who disengage early from the project.

Overall the evaluation reveals a project that is beginning to have a significant impact on the mental wellbeing of young people across Hillingdon. Section six suggests a number of recommendations that could be employed over the next twelve months to further enhance the impact of the project and its role within the wider mental health system across Hillingdon.

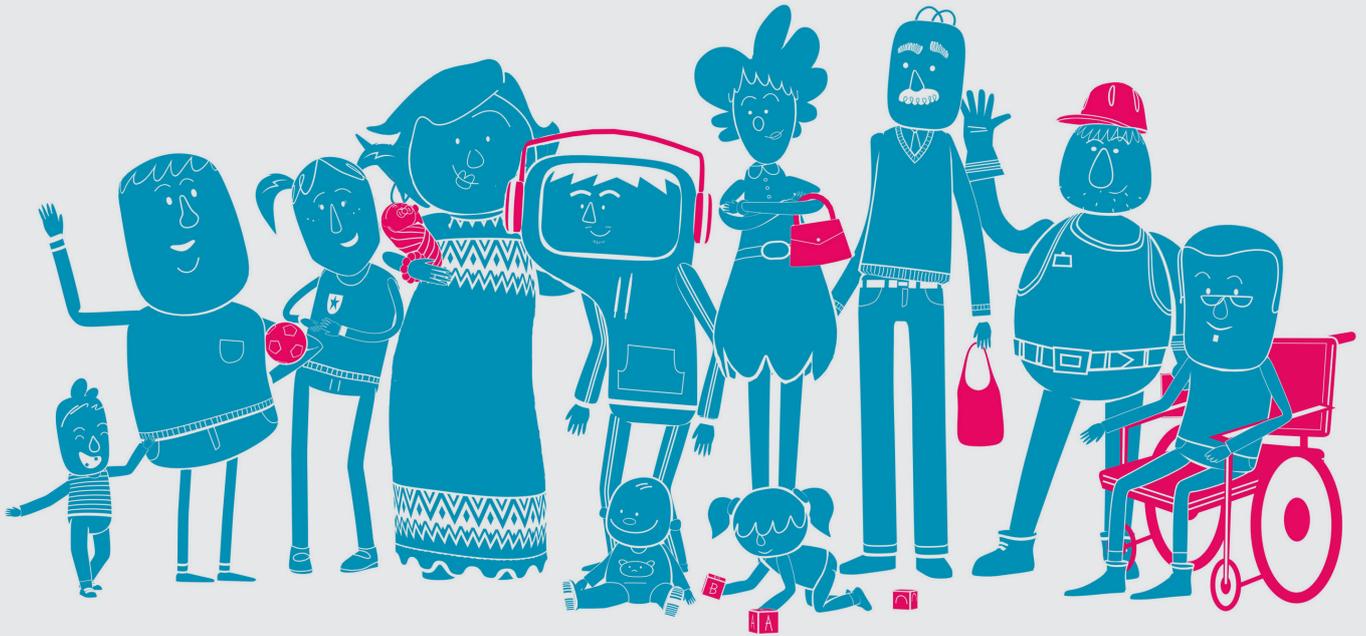


PEOPLE  
POTENTIAL  
POSSIBILITIES

ConnectMore  
Solutions Limited  
Evolving effective public services

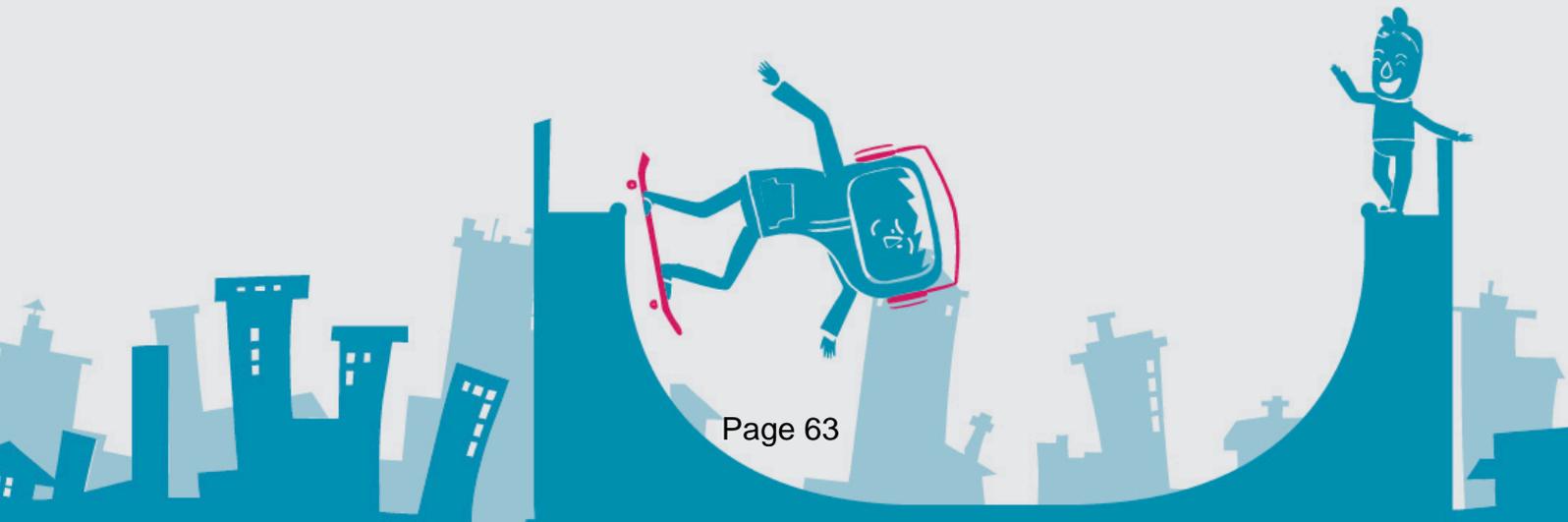
Department  
of Health &  
Social Care

NHS  
Hillingdon  
Clinical Commissioning Group



## Hillingdon Navigator Plus evaluation

Supporting young people to thrive  
on their transition to adulthood

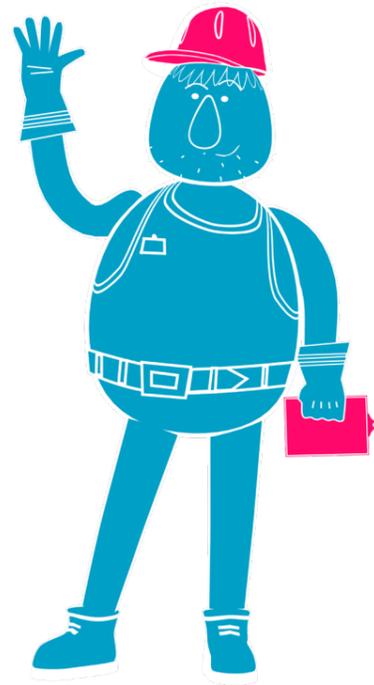




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## Executive Summary

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# SECTION ONE

## Exploring the need for the P3 Navigator Plus project in Hillingdon

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Across the United Kingdom it is clear that there is a growing recognition of the need to innovate new mental health services to positively contribute to the health and wellbeing of our young people. These services are required to support young people to navigate through the significant life challenges that they are likely to face on their journey through adolescence into adulthood.

The available evidence in the public domain released by the Government, NHS England and the Care Quality Commission reveals a mental health system struggling to cope with the diverse range of needs which young people face today on their journey into adulthood. Too often service provision is fragmented and unable to offer inclusive, timely and person-centred support to young people in need.

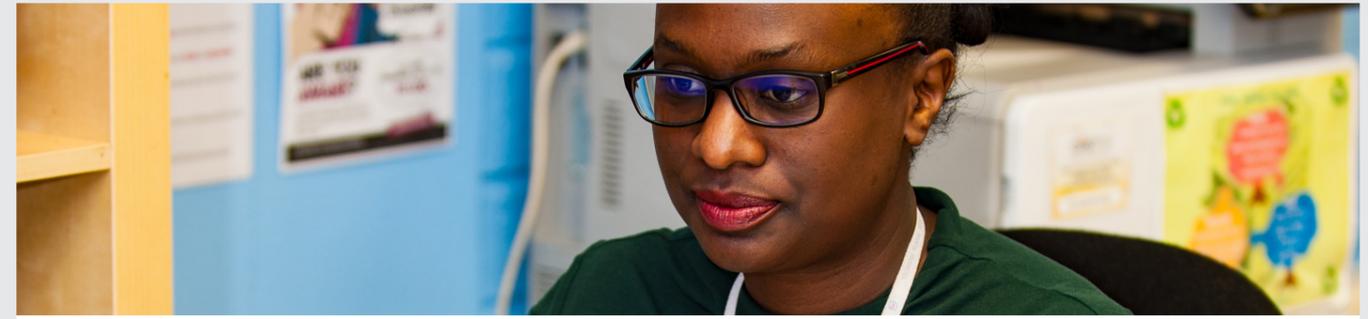
We also heard that mental health care did not always feel person-centred and responsive to children and young people's needs. Some reported that their care was not always age-appropriate or tailored to their stage of development, and many talked about wanting to be more involved in decisions about their care as they got older.

**Source:** CQC, Review of children & young people's mental health services, phase one report (2017)

Over recent years these challenges have been also apparent in the London Borough of Hillingdon. In 2015 Hillingdon Healthwatch released the 'Seen & Heard. Why not now report?' A report which provided numerous insights into some of the difficulties young people experienced when engaging with local mental health services in Hillingdon.

In response to these difficulties the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (CYPMH LTP) was established. Among a range of new initiatives which have been established, local partners actively supported the social inclusion charity, P3 in 2019 to make an application to the Department of Health wellbeing fund. This application was ultimately successful and funding was secured to commence a pilot project within the Borough known as the 'Navigator Plus'. Based in Yiewsley, the Navigator Plus project has been specifically designed to support young people across Hillingdon who have emerging mental health needs. Services are designed to provide a range of social and practical solutions and support for young people in the community.

Service delivery on the Navigator Plus project commenced in earnest in November 2019. This interim report provides an initial evaluation of the evidence accumulated over the initial five months of service delivery from 1st November 2019 until 31st March 2020.



The evaluation has been designed to provide the reader with an insight into the development of the project over this time. Although the available evidence has been assembled within the wider limitations of the UK nationwide lockdown associated with the COVID-19 pandemic. The information has been supplied from available project monitoring data and on-going dialogue with the project team. Where possible this has been supplemented with dialogue with young people accessing the project, local schools and local health and social care professionals.

All the information released in this evaluation is designed to contribute to a wider discussion of the role of the Navigator Plus project to support the mental wellbeing of young people across the Borough of Hillingdon.

The remainder of this evaluation has been structured within the following 6 sections:

**SECTION TWO** - provides an introduction to the P3 Navigator Plus service model and associated theory of change.

**SECTION THREE** - provides a profile of the young people accessing the project.

**SECTION FOUR** - provides an interim evaluation of the schools-based element of the project which primarily targeted school-aged children within the 13-16 year old age group. This is delivered locally on school sites across the borough.

**SECTION FIVE** - provides an interim evaluation of the 17-25 year old age groups accessing the project through the P3 Navigator Hub in Yiewsley.

**SECTION SIX** - provides an overview of the year ahead and makes a series of recommendations surrounding the future development of the project.

Two supporting case studies have also been included within the evaluation report to further illustrate the principles of the service provision targeted at both the 13-16 year old and 17-25 year old target cohorts.

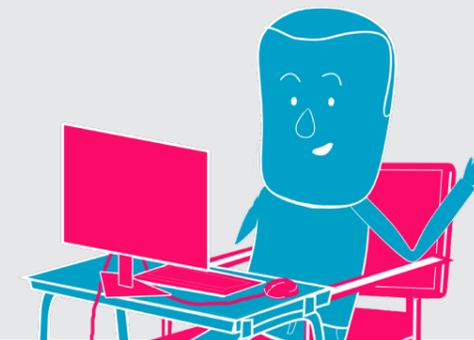
**Richard Hazledine**  
Lead Evaluator, ConnectMore Solutions

**Jo Bradley Fortune**  
Associate Evaluator



# SECTION TWO

## An introduction to the P3 Navigator Plus service model



The P3 Navigator Plus project has ultimately been designed to support young people across Hillingdon to thrive on their transition into adulthood. The model has been developed in response to the significant changes that all young people face on their transition through adolescence as recognised by the Care Quality Commission (CQC).

Childhood and adolescence is a period of physical, emotional, social and psychological development. It also has a great influence on our lifelong mental health.

### The influence of the THRIVE framework

The P3 Navigator Plus model has been intentionally developed to help young people respond to these challenges. The model has been based on a 'needs-led' approach and has been significantly influenced by the THRIVE Framework for System Change developed by Anna Freud National Centre for Children and Families in conjunction with the Tavistock and Portman NHS Foundation Trust.

The THRIVE Framework is needs-led. This means that mental-health needs are defined by children, young people and families alongside professionals through shared decision making.

**Source:** Wolpert, M. et al., THRIVE Framework for system change (2019)

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings.



In Hillingdon the P3 Navigator project has been primarily designed to help young people get help through a goals-based-outcomes (GBOs) approach. Where necessary the project will also offer advice services and signposting to support young people.

At the heart of the service is a team of six **Wellbeing Workers** who work intensively on a one-to-one basis with each young person over a period of 12 sessions.

All Wellbeing Workers receive P3 core skills training across a comprehensive range of subject areas. Subject areas include diversity & inclusion, fire safety, first aid, health and safety, lone working, mental health skills training, personal safety awareness, professional boundaries, psychologically informed environments, safeguarding and child sexual exploitation, suicide prevention and trauma informed care.

The existing team of workers have an extensive range of skills and experience of working with the mental health agenda, mentoring, coaching and delivering support work. Two members of the team hold degrees in psychology. Two further members of the team are involved with part-time degree course studies associated with psychology. The ability of this team to form a strong rapport and trust with each young person represents a crucial part of the project.

All the Wellbeing Workers housed within the project work to the following principles:

- Provide a needs-led service to support young people to move forward within their current circumstances.
- Uphold the principles of a 'no-case' turned away service.
- Provide an empathetic, person-centred approach to enable young people to define their own goals and outcomes.
- Proactively support young people to build their own mental wellbeing and resilience on the transition into adulthood.

The project has been separated into two key groups of young people as follows:

- School aged children aged 13-16 years old.
- Young people aged 17-25 years of age.

**Source:** CQC, Review of children & young people's mental health services, phase one report (2017)

The CQC recognises that these transitional years in the lives of young people have a significant influence on life-long mental health. To help navigate these challenges most young people will require a consistent stream of advice, support and encouragement on their respective journeys into adulthood. This is can be problematic if a young person has difficulty accessing appropriate forms of support that they trust. Where appropriate support is not available the ability of young people to thrive on their transition into adulthood can be significantly compromised. These difficulties can be particularly acute for young people growing up in disadvantaged backgrounds. In such situations young people can find themselves caught up in a confusing myriad of decisions with the potential to adversely impact their mental wellbeing at a time when their emotional resilience is often under-developed.



# SECTION TWO



## Understanding the Goals-Based-Outcomes approach

The project has a central focus on Goals-Based-Outcomes (GBOs). These 'needs-led' GBOs are set by each young person. Each young person can set up to three GBOs to work towards over a series of 12 sessions with their Wellbeing Worker. At the end of each session the young person is encouraged to self-reflect on their progress towards their goals on the following 0-10 scale.

- A score of 0 reveals that no progress has been made towards the achievement of that goal.
- A score of 5 indicates that the goal has been partially achieved.
- A score of 10 indicates that the goal has been fully achieved.

To help each young person make progress on their journey through the project it is expected that each meeting between the young person and their Wellbeing Worker acts as stimulus to review progress, address barriers and consider different courses of action necessary for onward progression.

The conceptual basis of 'how' and 'why' this change happens is explained in greater detail in the theory of change illustration for the P3 Navigator Plus project on the opposite page.

## SECTION SUMMARY

- The P3 Navigator Plus project represents a 'needs-led' service provided by a team of six Wellbeing Workers housed at the Navigator Hub in Yiewsley.
- The project has been influenced by the THRIVE framework for system change devised by Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust
- The project aims to support young people to develop the necessary resilience, skills and knowledge required to function and thrive on their journey into adulthood.
- The project has been designed to work with two distinct age groups. School-aged young people aged 13-16 and 17-25 year olds.
- Each young person accessing the service is encouraged to devise up to three Goals-Based Outcomes that they would like to work towards over a period of 12 sessions with their Wellbeing Worker.
- Progress towards each goal is regularly reviewed during one-to-one sessions between each young person and their Wellbeing Worker.

## P3 Hillingdon Navigator Plus Project – Theory of Change



### Assumptions

- Young people face a diverse range of challenging life issues on their journey into adulthood
- Not all young people have access to effective support networks to help inform how they should address existing life issues
- Unresolved life issues can provide the right conditions for mental health issues to begin to develop eg anxiety and depression.
- Young people are more likely to be able to effectively navigate the transition into adulthood with the support of a Wellbeing Worker who they respect and trust.
- Young people can be empowered to effectively identify and resolve their life issues within the context of a 'needs-led' service.

### Inputs

- Young people are supported by a qualified Wellbeing Worker.
- Working with their Wellbeing Worker young people actively design their own package of support and key goals through a 'needs-led' approach.
- Young people work collaboratively with their Wellbeing Worker to tackle their self-defined key goals to boost wellbeing.
- The Wellbeing Workers are housed within an Advice Hub setting with access to a range of complementary expertise surrounding housing & homelessness, employability, welfare rights, financial resilience, domestic violence, drug and alcohol support.
- Young people are signposted and supported to attend complementary activities housed within the Navigator Hub.

### Outputs

- Development of a goals based outcome plan
- Provision of one to one coaching based support sessions
- Provision of needs led wellbeing activities
- Supervised peer support sessions
- Provision of schools wellbeing awareness sessions
- Parenting support sessions
- Advice Centre provision to provide assistance with wider life circumstances impacting mental health eg housing, income.

### Outcomes

- Young people develop resilience and coping strategies
- Young people develop the ability to self-reflect on their own life circumstances
- Young people develop the ability to self-care for their own health & wellbeing
- Young people build improved hope for and aspirations for the future
- Young people have improved levels of confidence
- Young people report reduced levels of stress, anxiety and depression

### Ultimate goal

Young people are supported to develop the necessary skills, knowledge and resilience to thrive on their transition into adulthood regardless of their background.

Demand for Child and Adolescent Mental Health Services support is reduced across Hillingdon through an early intervention approach which resolves life challenges that might otherwise lead to more serious mental ill-health.

## Enabling factors

- Young people build an effective bond and rapport with their Wellbeing Worker
- Wellbeing Workers are adept at coaching and self-reflection strategies

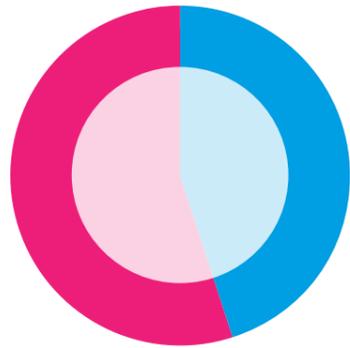
- Wider family networks are supportive of engagement with P3
- Local schools SENCO/Pastoral Support officers are supportive of P3 provision
- Effective referral partnerships are established with NHS and social care partners.

# SECTION THREE

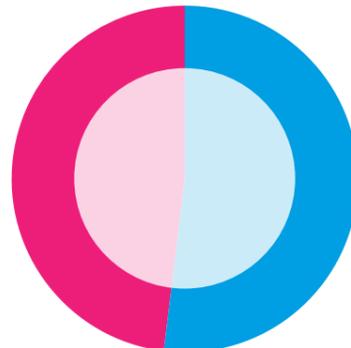
## Profile of participants accessing the project

Over the period 1st November 2019 to 31st March 2020 a total of 103 young people accessed the P3 Navigator Project. This section of the report is designed to provide readers with some complementary statistics on the profile of the young people engaging with the project.

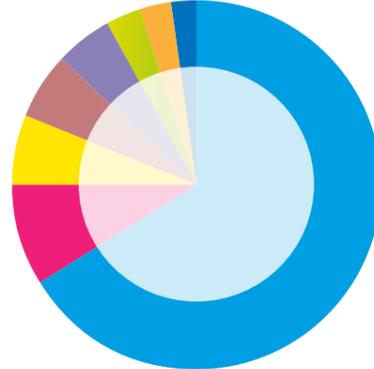
### Project split by target group



### Gender split of participants

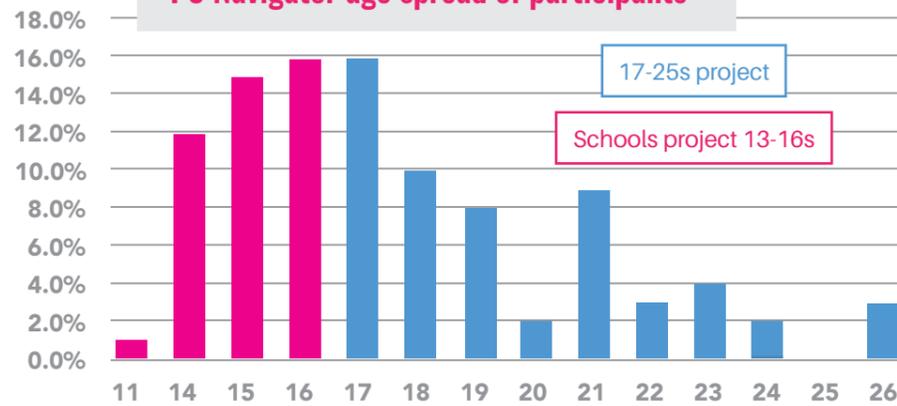


### Participant Ethnicity



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### P3 Navigator age spread of participants



- The average age of participants across the 17-25 age group equates to 19.9 years
- The average age of participants across the 13-16 age group equates to 15.1 years
- The average age of all participants across the entire project is 17.6 years



### Navigator project – referral routes

From the 103 participants accessing the project so far, 46 (45%) have engaged through the schools-based sessions and 57 (55%) have engaged directly with the Navigator Hub in Yiewsley.

Whilst the direct referrals into the Navigator Hub in Yiewsley are predominately from the 17-25 age group there is an anomaly of six young people within the 13-16 age group who have accessed the programme independently of a school. Where this has happened the associated referral has taken place directly through Child and Adolescent Mental Health Services (CAHMS), Social Services or parents.

### Ethnic profile of participants

Analysis of the ethnic profile of participants reveals that 67% of participants accessing the project are White British. By comparison, the remaining 33% of participants are made up of Black, Asian, Minority Ethnic and Refugee (BAMER) groups.

Hillingdon Joint Strategic Needs Assessment (JSNA) (2018) suggest the ethnic split across the borough is 41.7% White British, 8.3% White Other and 50% BAMER groups. Whilst it is necessary to make some allowances for the fact the project is focused on a 13-25 year old age profile there is an evident need to further monitor the ethnic profile of participants to assess the equality of access into the project over the next twelve months.

To help build referrals across the community the project recognises the importance of reaching out to parents and wider family networks to help raise awareness and understanding of the services provided.

### Understanding young people's Goals-Based Outcomes

All young people accessing the project are encouraged by their Wellbeing Worker to think about three goals-based outcomes (GBOs) they would like to work towards as part of their time on the project. These goals are self-defined by each young person and could in theory encompass a diverse range of issues.

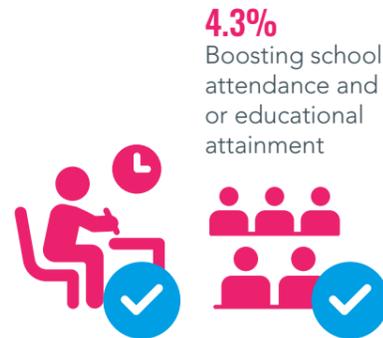
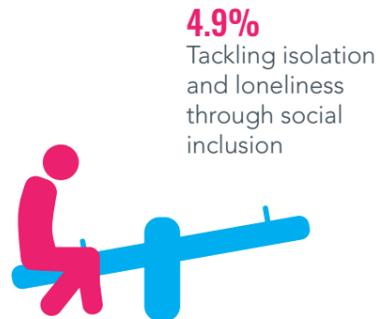
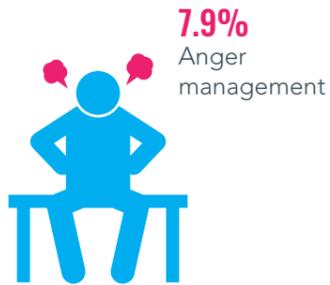
As the table below reveals, the top four ranked goals are centred around young people's need to build confidence and self-esteem, whilst at the same time providing support to help young people manage negative emotions and feelings. These issues account for 56% of the goals established by young people.

The goals ranked 5th-7th reveal an associated recognition of the need for young people to build the necessary foundations to promote wellbeing around the themes of healthy relationships, healthy lifestyles and learning to relax. The goals ranked 8th-11th feature the themes of social isolation, educational attendance and attainment and employability.



# SECTION THREE

## The most popular Goals Based Outcomes (GBO's) established by young people



A further 12.2% of the goals logged do not neatly fit into any of the above categories but cover a diverse range of issues including:

- Finding and sustaining employment
- Housing issues
- Preparing to have a baby
- Preparing to move out of the family home
- Smoking cessation
- Substance misuse
- Understanding an autistic spectrum diagnosis
- Understanding the potential consequences of gang involvement

Also hidden within the data was an emerging correlation between anger management and an Attention Deficit Hyperactivity Disorder (ADHD) or Autistic Spectrum Disorder (ASD) diagnosis. This was a particular concern for school-age pupils and is something that requires a deeper analysis in the months ahead. The available evidence at this stage tends to suggest that young people receiving an ADHD or ASD diagnosis have the potential to feel misunderstood within a school setting. Both of these issues can signal the start of a growing anger problem as the young person struggles to function within the school environment.

The analysis participant profile of young people contained within this section of the evaluation has implications for the future development of the project which we will return to in the final section of this evaluation.

### SECTION SUMMARY

- 67% of the young people accessing the project are White British. The remaining 33% of participants are from Black, Asian, Minority Ethnic and Refugee (BAMER) groups.
- The gender split of participants is 48% male, 52% female.
- The average age of participants across is spread as follows: 17-25 year olds – 19.9 years, 13-16 school age – 15.1 years, entire project – 17.6 years.
- 45% of referrals are associated with the schools project (13-16 year olds). 55% referrals are linked to provision delivered through the Navigator Hub in Yiewsley, typically for 17-25 year olds.
- Initial categorisation of young people's Goals-Based Outcomes (GBOs) reveals that 56% of the goals set are based around building confidence and self-esteem, managing anxiety, stress and depression.



# SECTION FOUR

## Interim review of schools work with young people aged 13-16 years

### Background

Since the Navigator Plus project commenced in the autumn of 2019 the team have established a working relationship with four schools across Hillingdon. In all four schools this support is targeted at pupils aged 13-16 who may be experiencing mental ill-health, affecting their ability to engage in school life.

The concept of schools-based support builds on some of the recommendations made by Hillingdon Healthwatch. The Hillingdon Healthwatch report 'Seen & Not heard. Why not now?' (2015) includes a specific recommendation for schools to 'put developing social and emotional skills on the timetable.' The report also encourages schools and organisations working with young people to be mindful of the link between early behavioural difficulties and mental health. Indeed, the report highlights the need to:

Recognise children with early starting behaviour problems as one of the groups most vulnerable to later mental-health problems.

**Source:** Hillingdon Healthwatch report, Seen & Not heard. Why not now? (2015)

The presence of behavioural challenges in school-age children in turn places an additional pressure on already stretched teaching staff as acknowledged by the Care Quality Commission (CQC) in 2017. Amongst the most telling insights released by the CQC report on the mental health of school-age children was the notion that teaching staff do not necessarily have the capacity to support young people facing mental health issues.

Teachers are also facing heavy workloads that can make it harder for school staff to support children and young people with mental-health problems.

Many teachers report feeling unprepared to manage mental-health problems.

**Source:** Care Quality Commission, Review of children & young people's mental health services, phase one report (2017)

Whilst these issues are not unique to Hillingdon, they do form one of the primary motivations behind the design of the Hillingdon Navigator project. If teachers do not have the necessary resources and capacity to help pupils experiencing behavioural problems and mental ill-health, how can these pupils be expected to function effectively in a school environment?



### Supporting local schools to enhance the mental wellbeing, skills and resilience of pupils

The schools project developed by P3 has been intentionally designed to assist local school-aged young people from the 13-16 year old age group to build the necessary knowledge, skills and resilience to sensitively address behavioural difficulties and promote wellbeing. Three schools across the Borough of Hillingdon have benefitted from a group-based approach delivered by the Wellbeing Workers:

- Global Academy, Hayes, UB3 1DH
- Northwood School, Northwood, HA6 1QN
- Park View Academy, Hillingdon, UB8 3GA

A fourth school has also benefitted from an individualised approach to support a specific pupil:

- Swakeleys School for Girls, Hillingdon UB10 0EJ

The specific services on offer through the schools project are typically designed to be delivered within a group setting to help enhance the wellbeing of students. The group sessions typically involve a range of creative activities that encourage young people to self-reflect. There is, however, flexibility to adjust this approach as required. Indeed, at Swakeleys School for Girls the situation has been adjusted to offer support centred on a series of one-to-one sessions with an individual pupil. To date the activities at all four schools have been carried out during the school day, on school premises.

Early sessions have focussed on the themes of personal identity, self-reflection, understanding feelings and setting personal goals.

The initial schools based sessions have also proven to be very popular with the young people attending each session. This is reflected in a 95.8% attendance rate over the period Jan – March 2020.

In addition to the above summary it is important to note that six school-aged children, aged between 13-16 years of age have also engaged with the P3 Navigator Plus project independently of any referral through a local school.

### P3 Navigator Plus – A school's perspective

To help provide an early assessment of the effectiveness of the schools provision the appropriate pastoral leads were contacted at all four schools involved with the project. This request took place around the time when the government closed all schools in response to the COVID-19 pandemic on 20th March 2020. Despite these restrictions two schools took up the opportunity to engage in a semi-structured interview with the project evaluator – Park View Academy and Global Academy.

# SECTION FOUR

The interview with the Assistant Special Educational Needs Coordinator (SENCO) at Park View Academy revealed a number of insights into the value of the P3 offer. There was specific recognition given to the ability of the P3 Wellbeing Workers to fulfil a gap in the system where pupils potentially did not meet the Child & Adolescent Mental Health Services (CAMHS) referral criteria.

*'I can see where the P3 school offer fits. CAMHS can only offer so much support due to the high volume of referrals. If our pupils don't meet the CAMHS referral criteria there is often a gap. Teachers and schools can only offer so much support. The P3 schools offer is well placed to fill that gap.'*

**Source:** Assistant SENCO, Park View Academy

These sentiments were also echoed by the Head of Safeguarding at the Global Academy who also recognised the strength of the flexible, person-centred approach offered through the P3 Wellbeing Workers.

*'P3 takes a flexible, totally person-centred approach that effectively fills a significant part of the gap between schools and CAMHS where students do not meet clinical thresholds for mental health support.'*

**Source:** Head of Safeguarding, Global Academy

Amongst the broad range of feedback collated during the interviews with the Assistant SENCO (Park View Academy) and Head of Safeguarding (Global Academy) the following observations on the work of the P3 Wellbeing Workers were offered.

- There was clear evidence that young people were engaging well with the sessions. Evidence had been noted that pupils were keen to regularly attend sessions after their initial experience of a session led by the Wellbeing Workers.
- Pupils engaging with the sessions had been able to effectively interact in practical activities and discussion sessions whilst having fun at the same time. The art-based sessions had been particularly effective at getting young people to learn about topics like building a sense of identity, self-esteem and the ability to self-reflect.
- The Wellbeing Workers were deemed to offer an inclusive approach and have a range of techniques to build trust and rapport with pupils. This was felt to be indicative of the organisational ability of P3 to recruit and oversee the development of individuals with a flair to engage young people across a diverse range of backgrounds.

To help complement the perspective of staff members employed at both schools the evaluator enquired about the potential to conduct a wider survey of pupils engaging with the sessions. Unfortunately, the constraints of the COVID-19 lockdown has made this exercise difficult to undertake. However, one semi-structured interview was secured with a pupil attending the Global Academy. This interview revealed further insights into the approach of the Wellbeing Workers to build a rapport and empathy with young people.



*'The Wellbeing Workers are kind and comforting they do not dictate to me what I should be doing. They listen to me.'*

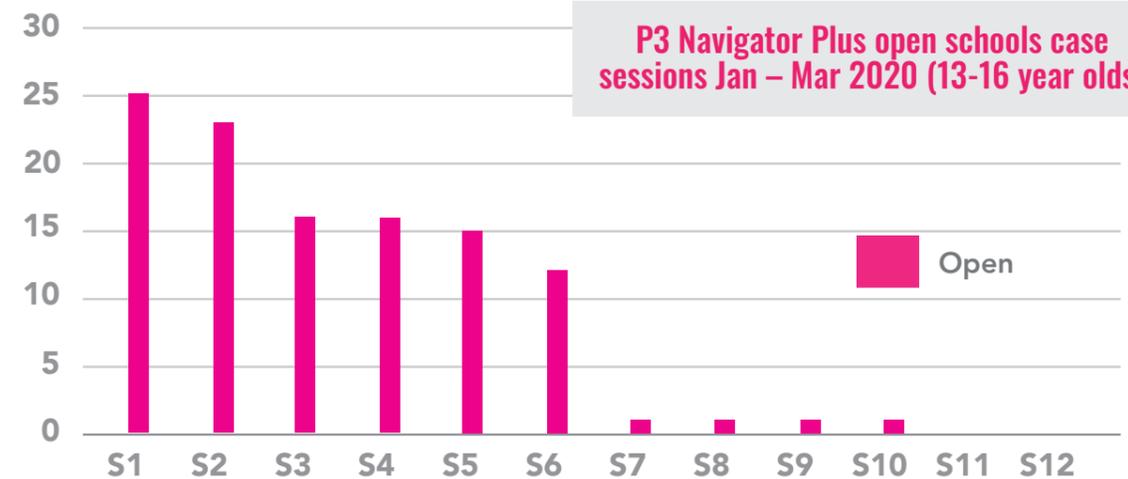
*The sessions have been helpful to work on my self-esteem, they are not pressured and they are helping me make more friends.*

*The sessions have helped me to feel happier and they have also helped me to understand other people's feelings and behaviours and the struggles they may be going through.*

*The P3 staff are genuine and caring. It makes me feel better to know I'm working with someone who cares about your problem.'*

**Source:** Young person from Global Academy engaging with the project

To help provide a further insight into the approach and potential outcomes that have been attained to date



through the schools-based project, please see Helen's case study which can be found at the end of this section of the evaluation.

## Engagement with schools-based Wellbeing Worker sessions

The available quantitative analysis also suggests the early cohort of young people have been able to regularly engage with the sessions. Prior to the COVID-19 lockdown restrictions, increasing numbers of young people were progressing on their 4th, 5th and 6th sessions with their Wellbeing Workers as the bar chart below illustrates.

Over the past six months a total of 46 young people have engaged with the schools-based project. Eleven of these cases have now been closed and where this is the case the mean average Goals-Based Outcome (GBO) assessment increased to 2.44. Where young people have disengaged early from the project it is suggested that the development of a classification system would provide valuable intelligence to understand the nature of these disengagement trends.

By comparison the 35 young people who are classed as 'open' on the project have attracted a GBO increase of 2.92. The average increases to 4.94 when you remove the statistics attached to eight young people who enrolled on the project but were not able to engage before the COVID-19 lockdown took place. The table below provides further details on the progression of young people through the schools-based project.

# SECTION FOUR

## Goals analysis schools work – 13-16 year olds

### Goal 1

Improved outcome goals **28**

Total outcome goals **46**

% Improved outcome goals **61%**

Young people accessing the project so far have tended to focus most of their attention on the attainment of their first goal. By comparison the attainment of their second and third goals attracted improved outcome goal percentages of 29% and 20% respectively.

As young people continue to engage with their Wellbeing Worker over the coming months the Goals Based Outcome performance is expected to increase.

### Future project developments

Whilst the sessions had been very well received, two development points were also logged as part of the dialogue with school representatives and Wellbeing Workers:

- Review of eligibility and case management information – whilst the early evidence suggests that the schools provision had been very well received there was a perceived need to improve the initial information-sharing process between the schools and Wellbeing Workers to identify appropriate young people who would benefit from the project.
- Development of a possible diagnostic tool – Feedback was received that it would be helpful for P3 to agree some form of diagnostic principles with schools to help identify which students would benefit from the support of a Wellbeing Worker.

- Review of pupil progression measures – Whilst the Goals-Based Outcomes (GBOs) exist within the project, one school was keen to engage in a broader exploratory discussion to help consider the most effective metrics to help measure progression. In this respect the Boxall profile tool was sighted as one example of a resource which could be used to help monitor progression of pupils with behavioural challenges.

Following the COVID-19 lockdown and closure of schools on Friday 20th March 2020 the Wellbeing Workers have been endeavouring to maintain engagement with young people via digital technologies.

### SECTION SUMMARY

- The schools-based element of the P3 Navigator Plus project has been designed to assist local schools support young people with their mental health and wellbeing.
- This element of the project has been operating in four local schools – Global Academy, Park View Academy, Northwood School and Swakeleys School for Girls.
- The emerging qualitative evidence from Global Academy and Park View Academy staff representatives reveals that this element of the project fills a local gap in mental health service provision. Staff at both schools recognised the existing eligibility criteria of CAMHS services would make it difficult for many students to access support.
- The team of Wellbeing Workers have typically been providing group-based sessions to help young people consider important principles of good mental wellbeing. The themes covered to date include building a sense of identity, self-confidence and self-esteem and overall wellbeing.
- There is some scope for wider discussions with local schools to consider how this element of the project could be strengthened further through the development of joint case reviews and complementary systems to monitor the progression of young people and evidence outcomes.

## Helen's case study

When Helen initially visited the Navigator Plus project at the start of the year it was clear that she was struggling to function in a school environment. Through regular dialogue with her Wellbeing Worker it quickly became apparent that Helen is growing up in a family dynamic with a variety of multiple and complex needs. These wider family circumstances were exerting pressures on Helen that most teenagers would struggle to manage.

The most pressing demand experienced by Helen is the requirement to support her mother to care for two disabled siblings aged 8 and 22. These demands in turn placed a significant strain on her relationship with her mother who struggles with her own mental health. Perhaps unsurprisingly these challenges made it difficult for Helen to consistently attend school and over a number of years it has taken a toll on her own mental health.

Over recent years Helen has developed a history of self-harming and has suffered from anger, anxiety and depression. To compound these issues Helen is also coming to terms with a past history of traumatic abuse for which she is currently waiting to receive support from Child and Adolescent Mental Health Services (CAMHS).

Unfortunately, these difficulties have impacted on Helen's education and have adversely affected her ability to consistently engage with school activities. Early conversations with her Wellbeing Worker revealed how school activities have the ongoing potential to trigger Helen's anger and as a result she has developed a history of getting into fights at school.

To help Helen move forward within the constraints of her existing circumstances the focus of the sessions with her Wellbeing Worker were designed to help her think through how she might maintain and improve her school attendance. In the past her unresolved anger has meant that Helen has found it difficult to manage negative emotions that might arise within the school

environment. To help Helen resolve some of these feelings she agreed with her Wellbeing Worker that it would be useful to develop creative strategies to help her manage her aggression. One such approach involves Helen writing down any angry thoughts on a piece of paper during the day rather than continue to focus her anger. At the end of the day Helen reads out the list of items and then tears up the sheet of paper. This approach has been working well and in turn has meant that Helen has not been involved in a physical fight at school for over three months since engaging with the project.

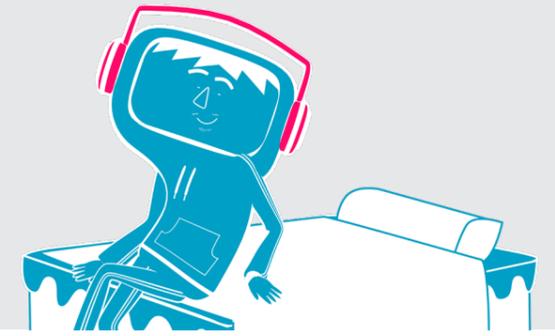
As the sessions with her Wellbeing Worker have continued Helen has also been able to open up about her history of self-harming. This has in turn provided the opportunity to introduce a range of resources to Helen to reduce her tendency to self-harm. One of the most effective resources used by Helen is the calm-harm phone app developed by the NHS. This has proven to be a useful tool for Helen to access whenever she feels the desire to self-harm.

As Helen continues to engage with her Wellbeing Worker it is clear that she has benefitted from the service. The sessions have helped her to manage her negative emotions that might otherwise overwhelm her and it is clear that this has had a positive impact on her relationship with her mother and her ability to engage with school. Recent sessions with her Wellbeing Worker have begun to focus on Helen's desire to secure a childcare apprenticeship. These positive changes have been noticed by the Pastoral Lead at her school who recently passed on the following message to her Wellbeing Worker.

**'I just wanted to say a huge thank you for all your support with Helen. She sees me at school and speaks very highly of you. Really appreciate all you are doing for her and the family.'**

# SECTION FIVE

## Interim review of P3 Navigator plus provision for 17-25 year olds



The second core focus group of the P3 Navigator project is focussed on 17-25 year olds who may benefit from the support as they navigate their transition into adulthood. This service is primarily provided through on-going meetings between young people and their Wellbeing Workers at the P3 Navigator Hub in Yiewsley.

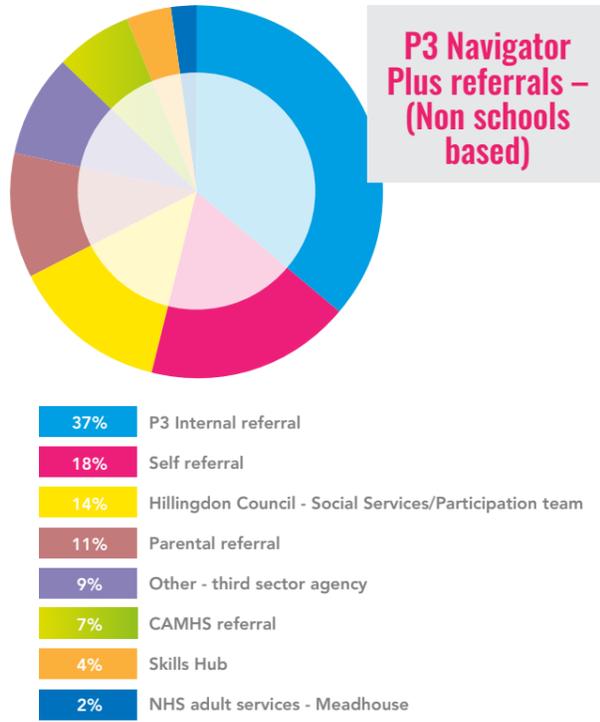
Similar to the schools-based provision the support recognises that young people aged 17+ are likely to be experiencing huge life challenges as they navigate the journey into adulthood. Indeed, this is also the theme that has been featured by Hillingdon Healthwatch in 2015.

**'Just because a person is 18 it doesn't mean they magically have life skills and are able to ask for help.'**

**Source:** Hillingdon Healthwatch report, Seen and Heard. Why not now? (2015)

Since the start of the project the Wellbeing Workers have engaged 57 young people through this part of the service. There are however some anomalies in the data with 6 young people of school age engaging directly with the project rather than through their local school.

The majority of the referrals that have materialised with the 17-25 age group have been clustered through four pathways. 37% through P3 internal referrals, 18% self-referral, 14% Hillingdon Council social services and participation team and a further 10% of referrals through the parents of young people. These four routes account for 79% of the referrals received as illustrated in the following pie chart.



### Referral timescales to see a Wellbeing Worker

Consultation of the project data reveals that 26% of the young people engaging with the service received an initial session with their Wellbeing Worker on the date of their referral. A further 12% of referrals met with a Wellbeing Worker the following day and a further 12% referrals received an initial session within 2-3 days.

**In total 51% of referrals received have been able to undertake their first session with a Wellbeing Worker within the first 72 hours of a referral being made. 82% of referrals have met with a Wellbeing Worker within 9 days of a referral being made.**



From the 16% or 9 referrals that sit outside of these parameters, 5 referrals are associated with young people who decided not to proceed with the service after an initial referral was made and a further 4 referrals are currently pending following COVID-19 lockdown restrictions.

**The available evidence suggests that the P3 Navigator Plus project offers a timely and responsive service to young people who require support.**

These statistics compare favourably with Hillingdon CAMHS services who have a target to work within an 18-week Referral to Treatment Time (RTT)

A closer inspection of the available case notes of young people engaging with the service reveals a variety of issues that can be troubling young people on their journey into adulthood. Some of the frequently raised demands on the service are linked to the following life issues:

- Bereavement, grief and loss
- Culturally sensitive support for refugees
- Employment and employability
- Financial wellbeing
- Maintaining healthy relationships
- Self-harm
- Social isolation
- Substance misuse
- Vulnerably housed individuals

Whilst this list is by no means exhaustive, it does provide an indication of the diversity of challenges which young people face on their journey through adolescence and into adulthood. The ability of each young person to access the appropriate resources and support is likely to have long-term implications for their future wellbeing. An example of the type of support the Wellbeing Workers are able to offer young people making the transition into adulthood is provided in Cory's case study at the end of this section of the evaluation.

### Goal-Based Outcomes analysis

Similar to the schools project, each young person accessing the project is encouraged to establish three Goals-Based Outcomes to work towards. These goals are established through a needs-led approach to help each young person consider how they would like to engage with the project.

At the end of each session each young person makes a self-assessment of their progress towards the attainment of their goals

A closer analysis of the available data reveals that most young people accessing the programme tend to be primarily focussed on the attainment of their first goal.

As at end March 2020 53% of young people had made progress towards their first goal based outcome (GBO).

By comparison 46% young people had made progress on their second GBO and 19% had made progress towards their third GBO. These figures are expected to grow as young people continue to progress through the project.



**Goals analysis – Navigator Hub drop-in referrals**

**Goal 1**

Improved outcome goals **30**

Total outcome goals **57**

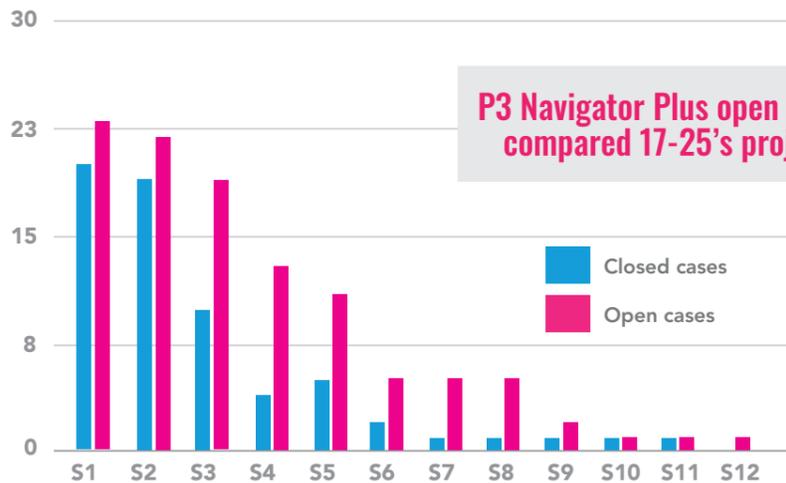
% Improved outcome goals **53%**

Analysis of the 57 young people who have engaged with this element of the project reveals 32 (56%) of these cases were closed by 31st March 2020. The remaining 25 (44%) cases were still in a live status on this date.

**Open case analysis**

For those young people who are still actively engaging with the project as at 31st March 2020 it is clear that a progressive pattern of engagement beginning to emerge. As the bar chart below illustrates this cohort of 25 young people are beginning to progress through the project as was originally intended.

As the bar chart reveals increasing numbers of young people are reaching their 3rd, 4th and 5th sessions with their Wellbeing Worker. This pattern of continued engagement is beginning to be reflected in a higher mean average GBO score associated with open cases when compared with closed cases. For example, the GBO score associated with Goal 1 stands at 3.15 for open cases compared with the closed case GBO average mean score of 1.96. As the relationship



between each young person and their Wellbeing Worker continues to develop these mean GBO scores for open cases are expected to continue to grow.

**Closed case analysis**

At this early stage in the development of the project it is evident young people have been able to benefit from the regular engagement with their Wellbeing Worker.

This has been a significant achievement in the early days of the project given the need to establish all the necessary systems, relationships and processes. This is more remarkable given the complicating factors of the COVID-19 pandemic which have been experienced during 2020.

Whilst this is the case it also evident that not all young people have been able to complete their programme of support before they disengage from the service. Indeed by 31st March 2020 32 cases were in a closed status.

Although it is problematic reading too much into these figures given the limited amounts of data and COVID-19 complications the evidence indicates that when young people disengage from the service at an early stage their progress on the goals based outcomes is limited.

A review of wider available research of community mental health provision for young people reveals some of the similar challenges of maintaining engagement with young people. A study undertaken by Roche et al (2019) outlines the challenges of early disengagement faced by projects working enhance the mental wellbeing of young people.

What is clear from the early analysis of the available project data is that when young people from the 17-25 group commit to engaging with their Wellbeing Worker significant mental health gains can be attained.

**'I've talked to a lot of people in the past but this service feels different somehow. In my experience the service has really helped me a lot. It's like talking to friend. My Wellbeing Worker helps me to lighten my mood. The team make it easy for me to feel open and no one is judged. The sessions are really enjoyable.'**

Young person accessing the 17-25's project

**'When I meet my Wellbeing Worker I like that I am talking to a real person not like someone who is reading from a book – telling me how I'm meant to feel. I don't feel like I'm being judged and I can speak openly.'**

**I feel that other services have forced me to use medication. This has not been the case with P3. My Wellbeing Worker gives me options and makes me feel comfortable.'**

Young person accessing the 17-25's project



To help maximise future engagement with the 17-25 element of the project it is suggested that a deeper case review is conducted to understand the underlying trends behind the early disengagement of the closed cases. As the project prepares to embed the Advice Pro system further analysis of progression linked to referral pathways could also be possible to learn more about the characteristics of young people 'who are' and 'who are not' readily engaging with the project from the outset.

Given the sensitive nature of the support provided it is also suggested that the project could benefit from the development of a behavioural-insights approach to help respond effectively to the typical challenge of potential premature disengagement.



## SECTION SUMMARY

- The 17-25 element of the project recognises that young people are likely to face significant life challenges as they continue on their journey through adolescence and into adulthood.
- The available evidence on waiting times reveals that 51% of referrals receive their first appointment with a Wellbeing Worker within 72 hours of a referral being made. 82% of referrals have received an appointment within 9 days of a referral being made.
- Analysis of participant progression reveals 53% of young people have been able to make progress towards their first Goals-Based Outcome
- From the 57 participants accessing this part of the project on 31st March 2020 44% were still in a live status on this date and working towards their Goal-Based Outcomes. The average GBO figures associated with goal one of live participants stands at 3.15 - this figure is expected to grow as sessions continue.
- Whilst these figures provide an early indication into the performance of the project a more representative sample size is expected to emerge in the next 12 months.

## Cory's case study

When Cory first accessed the Navigator project in early 2020 it became clear that he was a young man struggling to contain his anger. At home his mother had become increasingly concerned that Cory was living in a constant state of anger, which manifested itself in verbal abuse towards her and his younger brother. As a result of these challenges, his mother began to notice how his brother was also starting to adopt increasingly aggressive behaviour patterns. Consequently, his mother referred Cory to the P3 Navigator project to see if anything could be done to support him to manage these feelings.

Cory was in turn allocated a Wellbeing Worker at the Yiewsley Navigator hub to help him explore the current life circumstances which were making him so angry. As a 17-year-old male it quickly became apparent that two of the major stress factors in his life related to his employment and relationship with his girlfriend. The early sessions between Cory and his Wellbeing Worker were designed to provide Cory with a safe space to help process this anger and help him begin to think about the root causes of these negative feelings. Through the use of various on-line resources and conversations with his Wellbeing Worker some underlying patterns began to become apparent.

A significant part of Cory's underlying anger management difficulties were traced back to his employment. Whilst Cory had done exceptionally well to land an engineering apprenticeship, it became clear that his working relationship with his manager was fraught with difficulties. Cory felt that his manager was constantly giving him hassle and unnecessarily ordering him around. This was a new experience for Cory which fuelled a sense of anger deep within him. Whilst Cory was clear that he found this situation very difficult, he did not really know how to resolve it in order to stop his anger spiralling out of control.

To compound the situation, further dialogue between Cory and his Wellbeing Worker revealed the extent of Cory's dependence on his girlfriend. In his opinion, his whole headspace and associated levels of happiness had become dependent on his girlfriend. Following further discussions it became apparent that when his girlfriend became emotionally distant, for whatever reason, this would contribute to Cory's underlying anger.

Through the identification of these two underlying life circumstances Cory and his Wellbeing Worker continued to meet to discuss how these issues could be addressed. Through these discussions Cory began to realise the need to understand the root causes of his anger in order to move forward. To address the anger linked to his employment Cory realised that he needed to tactfully speak to his manager about the way he was being treated. After doing this the working relationship with his manager improved significantly. This outcome helped Cory to realise the importance of effective communication to help reduce stress and alleviate the accumulation of issues that would otherwise contribute to his anger and overwhelm him.

As the meetings with his Wellbeing Worker continued Cory also spent time thinking about his relationship with his girlfriend. This was a long-distance relationship and Cory came to the conclusion that things were not working out and were unlikely to be addressed. Consequently he made the brave decision to amicably end the relationship.

Since accessing the project Cory has regularly attended the sessions with his Wellbeing Worker. Throughout the course of these sessions Cory has increasingly recognised the importance of self-reflection to aid his decision making. In turn Cory now recognises the link between his decision making and his mental wellbeing. In his own words Cory felt that the time spent with his Wellbeing Worker had the following impact:

**'The support has helped me to learn how to deal with certain situations. To take a step back before saying something or acting in a certain way. This has helped me get a new mindset and perspective on things which has improved my wellbeing. I feel more motivated about life.'**

As a young man making the transition through adolescence it is clear that the time Cory has spent with his Wellbeing Worker has helped him to establish new life skills to help boost his resilience and wellbeing. These new skills have positive implications for his future wellbeing, relationships and employment prospects.



# SECTION SIX

## P3 Navigator Plus review of the year ahead

### Recommendations & Conclusion

As the preceding sections of this evaluation have revealed the Navigator Plus project has engaged 103 young people (as at 31st March 2020) since it commenced service delivery on 1st November 2019.

Over this time it is clear the project has been able to provide timely support to young people who are facing a variety of life challenges that affect their mental health.

Although the project is still in its infancy, a number of potential recommendations and action points have been identified during the course of this evaluation to help inform the future development of the project over the year ahead.

This final section of the evaluation reveals in further detail the nature of these recommendations to help build on the success of the project to date. In total nine areas of recommendations have been suggested for further consideration to support the onward development of the project.

Given that the P3 Navigator project is one of a number of mental-health services designed to support young people across Hillingdon it is suggested that some of the recommendations would benefit from a wider discussion with local stakeholders in the interests of the development of an integrated approach to mental-health provision across the local area.

### The nine areas of recommendations

#### 1. Build project engagement across the 17-25 age group

Although the project is still in its infancy the emerging evidence reveals that the project has found it is easier to build up a consistent dialogue with young people aged 13-16 rather than the 17-25 age group. This may be because the school-age element of the project is delivered on a group basis in surroundings that are familiar to young people. By comparison the 17-25 element of the project typically requires young people to access support in surroundings they may not be familiar with. Similarly the progression of referrals from young people aged 17-25 who are residing in local hostel accommodation has also proven to be challenging to undertake on a one-to-one basis.

For these reasons it is suggested that a close focus is kept on the progression of the 17-25 age group over the coming months.

**ACTION POINT:** Development of focus groups with the 17-25 cohort over the coming months to help assess how engagement rates could be boosted.

**ACTION POINT:** Develop group-based sessions at Chilton House (P3 accommodation project) to improve the accessibility of the project for the 17-25 year old group.

**ACTION POINT:** Apply behavioural-insights approach across the project aligned with the EAST model (Easy, Accessible, Social and Timely).



#### 2. Build the ethnic profile of people engaging with the project

At this early stage in the development of the project the emerging evidence suggests the ethnic profile of people does not necessarily match published data on the ethnic profile of Hillingdon. Consultation of the Hillingdon Joint Strategic Needs Assessment (JSNA) 2018 reveals 41.7% of the local population are White British. The trends on the ethnic profile of participants collated on the project so far reveals that 67% participants have been White British. This suggests an under representation of Black, Asian, Minority Ethnic and Refugee (BAMER) groups.

A wider discussion of this trend with the P3 management team revealed that on the housing and families project, also delivered through the Yiewsley Navigator hub, over 55% of participants accessing the project were from minority ethnic groups. There is a perception that the ethnicity of the project is in part affected by the residential address of young people accessing the project. On the delivery of past projects it is acknowledged that addresses in Hayes had a greater prevalence of BAMER residents when compared with Yiewsley. At this stage in the project it is difficult to definitely state why BAMER groups appear to be under represented. One possible explanation could also be related to the different cultural attitudes of ethnic groups towards mental-health projects. In some cultures, mental health could be considered a taboo subject for discussion.

**ACTION POINT:** Closely monitor the ethnic profile of referrals over the next year.

**ACTION POINT:** Review ethnic profile of 13-16-year-old groups accessing the project with school partners over the next twelve months to assess BAMER engagement with the project vs local demographic profiles.

**ACTION POINT:** Develop complementary resources to help raise parental awareness and understanding of the project for circulation across the community.

**ACTION POINT:** Develop links with local BAMER voluntary and community sector groups to raise awareness of the project and mental-health issues affecting young people.

Liaise with Hillingdon's Voluntary Sector Development Officer / Stronger Communities Co-ordinator to develop project links with relevant organisations.

#### 3. Utilise project learning to positively contribute to the development of the prototype multi-agency model in Hillingdon

At this early stage the emerging evidence suggests that learning from the project has the potential to inform the development of new approaches to enhance the mental wellbeing of young people across Hillingdon. As the project continues to develop it is expected that learning associated from the early intervention approaches will help to shape how service provision could be developed to complement local Child and Adolescent Mental Health Services (CAMHS). This in turn should help to relieve pressure on the wider mental-health system. For example, discussions undertaken in the course of this evaluation revealed that Hillingdon CAMHS received 1,224 referrals from the period 1st April 2019 to 1st April 2020. This represents a glimpse of the scale of the challenge facing Hillingdon CAMHS each year.

**ACTION POINT:** P3 project staff to continue to engage in the development of the prototype multiagency model in Hillingdon.

**ACTION POINT:** Explore the potential for the project to assist CAMHS with 'step-up' and 'step-down' services to support young people on 'entry' and 'exit' into or from CAMHS provision. Discharge support planning is a potential area of closer partnership working with CAMHS as is the family advisory service developments for families with young children from 5-13 years of age.



**ACTION POINT:** Explore the potential to create CAMHS ready/P3 ready resources to help young people and their parents and carers understand the nature of local mental health services similar to leading work taking place in Staffordshire. <https://www.camhsready.org/>

**ACTION POINT:** Explore the potential to invest in the development of complementary social prescribing models with underpinning community link workers to help raise awareness of complementary networks of local third-sector organisations designed to support mental wellbeing.

**ACTION POINT:** Explore the potential to forge stronger links with NHS adult mental health services to help support young people progressing into adulthood. Assess the potential for partnership working with local NHS Mead house and Mill house projects.

#### 4. Develop schools provision

As section four of this evaluation revealed, the schools provision developed to date has been a resounding success with the local schools who have developed a partnership with the P3 Navigator Plus project. The available evidence reveals the Wellbeing Workers have been able to support local young people to enhance their mental wellbeing within a school environment. While these developments represent a very encouraging start to the project it is evident there are some emerging recommendations to consider to further strengthen the schools-based element of the project.

**ACTION POINT:** Review the potential to implement complementary systems to monitor the progression of school-aged young people through the project. One such suggestion received from a local school relates to the 'Boxall profile'. The Boxall profile represents an online resource to assess young people's social, emotional and behavioural development in all educational settings. This is something which requires further exploratory discussions with the schools involved to assess feasibility.

**ACTION POINT:** Review development of an integrated and expansive case-review system to fully equip the Wellbeing Workers to understand the situation and

support needs associated with each young person from the outset of engagement.

**ACTION POINT:** Explore the potential opportunity to expand the early intervention approach of the project to encompass young people aged 11 (Year 7). This extension would be specifically targeted at young people who are making the significant transition from a primary education setting into a secondary education setting.

#### 5. Review Advice Pro data to help identify underlying mental health demand patterns

As the project continues to become established over the coming months P3 have made an investment into the Advice Pro system. Whilst the core Advice Pro system is likely to capture much of the required data to manage and evaluate the project there is a window of opportunity to consider if there are complementary datasets that could also be collated to evidence need. Potential complementary datasets for consideration are listed in the recommendations below. This list is by no means exhaustive and may help to promote further discussion with local partners on potentially helpful complementary data-collection measures.

**ACTION POINT:** Review the potential development of a re-engagement flag for young people re-connecting with the 17-25 element of the project after completing the schools element.

**ACTION POINT:** Review the potential development of an educational re-engagement flag to identify young people who are Not in Education, Employment or Training (NEET) who have been supported to re-engage with some form of educational provision following support from their Wellbeing Worker.

**ACTION POINT:** Review the potential development of a CAMHS marker flag or NHS adult mental-health services flag to identify young people who have past experience of wider NHS mental-health service provision.



**ACTION POINT:** Review the potential development of a learning difficulties or behavioural difficulties marker flag to help understand the potential correlation with mental-health conditions.

#### 6. Use project data to inform the Continuing Professional Development (CPD) of the Wellbeing Workers

Through the process of conducting the evaluation it is clear that young people accessing the project are likely to be facing a diverse range of issues which adversely affect their mental health and wellbeing. No two young people accessing the project are the same and may respond very differently to different tools and approaches designed to enhance mental wellbeing. In this respect it is crucial for the Wellbeing Workers to be supported to undertake Continuing Professional Development (CPD) to help build their knowledge base of a range of effective approaches which could be employed. For example, the anecdotal evidence collated in this evaluation suggests an emerging link between an Autistic Spectrum Diagnosis (ASD) and a self-defined need to help manage anger issues. This places a demand on Wellbeing Workers to understand ASD and potential anger-management approaches. Similarly, if a young person discloses self-harming tendencies or suicidal thoughts this places a different requirement on the Wellbeing Workers to sensitively support that young person. As the project continues to develop there is evident scope to create an evolving training pathway in response to the mental health demand patterns that begin to emerge.

**ACTION POINT:** Ensure all Wellbeing Workers complete certified coaching training which was subsequently postponed during the UK lockdown associated with the COVID-19 pandemic.

**ACTION POINT:** Monitor and develop training pathways and core skills training for Wellbeing Workers in response to emerging mental-health needs of young people.

**ACTION POINT:** Assess the potential to utilise Wellbeing Workers mental-health expertise to devise

short mental-wellbeing briefings to help promote the service to young people, schools and associated local stakeholders.

#### 7. Evaluate the individual elements of the P3 Navigator Plus service model

Whilst the Wellbeing Workers attached to the Navigator Plus project were able to engage with 103 young people before the onset of the COVID-19 pandemic, it is evident that wider elements of the original service model have been adversely affected by the pandemic. At the time of writing the planned developments surrounding the following elements of the service model have been delayed.

- Wellbeing activities.
- Weekly supervised peer support sessions through Hillingdon Healthwatch.
- Weekly visits from CAMHS children & wellbeing practitioner.
- Development of talking therapies sessions from Central & North West London (CNWL) NHS foundation trust.
- Development of a parent support group.

Although it is evident that discussions surrounding the development of these activities were underway with partners during the first quarter of 2020, the onset of the pandemic has made it problematic to translate these discussions into service-delivery activity. Although the wellbeing activities did commence towards the end of the quarter it is too early to formulate a meaningful assessment of their impact.

**ACTION POINT:** Undertake a follow on-evaluation of these complementary elements of the service model over the next twelve months



## 8. Evaluate the ability of the project to support mental wellbeing in response to the COVID-19 pandemic

Despite the on-going difficulties associated with the COVID-19 pandemic and the associated social-distancing restrictions, it has become evident that the project has been able to innovate new approaches to safely engage with young people. One such example of this is represented by the development of 'self-care packages' which have been distributed to young people across the local area. Each package contains a range of resources and activities that are designed to promote good mental wellbeing. At a time when young people have been unable to physically meet their Wellbeing Workers the positive impact from receiving a self-care package has begun to become evident:

'Personally I would even buy one of these self-care packs to give to my friends and family—it's amazing! I don't know who came up with this idea, but I'd just like to point out that they're a genius. You can tell that great care and thought went into making this.'

**Source:** Young person in receipt of P3 self-care packages

At the time of writing around 80 self-care packages been delivered to young people. Although the self-care packages were not part of the original project plan the

ability of P3 to devise, develop and launch this type of initiative at the current time provides a further insight into the capacity of the project to develop interventions which help young people enhance their mental wellbeing within the constraints of their day-to-day circumstances.

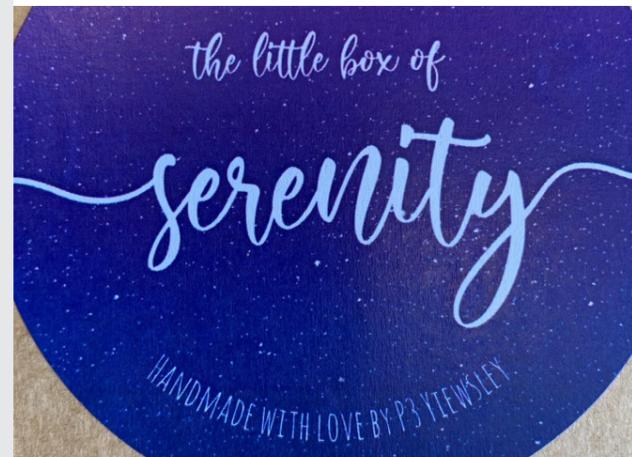
**ACTION POINT:** Undertake a wider review of the ability of the project to support young people during the COVID-19 pandemic over the next twelve months.

**ACTION POINT:** Review project use of digital media platforms to help maintain engagement with young people unable to meet in person with a Wellbeing Worker.

## 9. Explore the future potential for a 'Value for Money' assessment of the P3 Navigator Plus project

Whilst the emerging evidence collated to date has been largely focussed on the initial engagement of young people with the project there is a wider requirement to consider complementary forms of evaluation of the project. This includes a 'Value for Money' assessment of the services provided and their potential long term impact on the young people who engage with them. This is likely to be a complex exercise which would require the support of multiple stakeholders across the local area to be undertaken effectively. The first starting point would be to assess the commitment and capacity of local stakeholders to support a 'Value for Money' exercise of the P3 Navigator Plus project.

**ACTION POINT:** Arrange exploratory discussions with Hillingdon Clinical Commissioning Group, Hillingdon CAMHS and wider healthcare partners to assess the feasibility of a 'Value for Money' assessment of the P3 Navigator Plus project.



## Conclusion

Whilst this evaluation has been performed at a challenging time associated with the COVID-19 pandemic, the available evidence indicates that the P3 Navigator Plus project is having a positive impact on the mental health and wellbeing of the young people who engage with it. This is a significant achievement given the scale of the COVID-19 restrictions over this time and provides an early indication of the strength and resilience of the underpinning service model.

Although the numbers of young people engaging with the project are still relatively small compared with the total population of Hillingdon the feedback collated from local schools and young people accessing the service has also been positive.

Over the past few months it is clear that the project has demonstrated some emerging core strengths. These are strengths which have been recognised by both young people accessing the service and wider partners. They include:

- The evident ability of the Wellbeing Workers to build trust and rapport with a diverse range of young people accessing the project.
- The ability of the project to fill a gap in the existing mental health system to complement Child and Adolescent Mental Health Service (CAMHS) provision.
- The ability of the project to provide an early intervention service to support young people address their mental health needs. This in turn has hugely significant implications for reduced referral to treatment times (RTT) across the local area.

As would be expected with a project of this size and complexity there are some operational issues that need to be carefully monitored over the year ahead. This notably includes the development of referral pathways and close monitoring of disengagement rates alongside the ethnic profile of participants.

Given that the P3 Navigator Plus project operates within an evolving landscape of mental health services within Hillingdon it is also crucial that the project continues to collaborate with local system partners to help maximise the benefits of the services on offer to young people as they navigate their journey into adulthood.

Over the course of the next twelve months it is expected that a clearer picture of the positive impact of the project will continue to emerge.



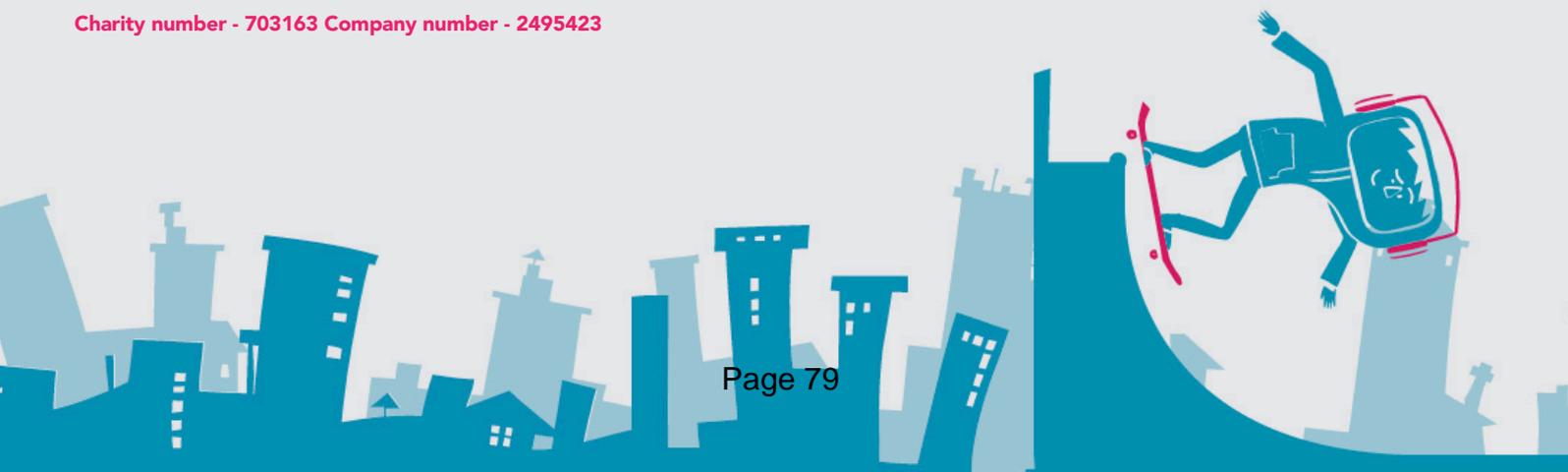
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## ACKNOWLEDGEMENTS

The evaluators would like to thank everyone who has supported the evaluation process. Particular thanks must go to the P3 team associated with the Navigator Hub in Yiewsley. Thanks are also extended to the young people, local schools and CAMHS representatives who have also made a valuable contribution to the evaluation process.

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## CHILD HEALTHY WEIGHT- UPDATE

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Kevin Byrne, Health Integration and Voluntary Sector Partnerships
<b>Papers with report</b>	Appendix 1: Child Healthy Weight action plan

### 1. HEADLINE INFORMATION

<b>Summary</b>	The report provides the Board with an update on actions in the Child Healthy Weight Partnership Action Plan.
<b>Contribution to plans and strategies</b>	The report delivers on a key element of the Hillingdon Joint Health and Wellbeing Strategy and the NWL Sustainability and Transformation plan.
<b>Financial Cost</b>	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.
<b>Ward(s) affected</b>	All

### 2. RECOMMENDATION

**That the Health and Wellbeing Board notes the progress against the earlier plan and comments on proposals for taking forward actions to support children's healthy weight across partners and in the light of the current pandemic.**

### 3. INFORMATION

#### Supporting information

- 3.1. The Hillingdon Child Healthy Weight action plan was developed at the request of the Board to map activities that promote child healthy weight and to seek cross-partner support to work together to impact on the large number of children and young people who are overweight or obese. A task and finish group was established to co-ordinate discussions and identify ways in which activity could be developed.
- 3.2. The action plan as at March 2020 is at Appendix 1. The Covid-19 pandemic has directly impacted on partners' ability to deliver projects as some staff were redeployed and facilities and schools were closed. While several activities were able to recommence over the Summer, the second lockdown from 5<sup>th</sup> November once again curtailed activity including at sports clubs and leisure centres.
- 3.3. The pandemic provides an additional incentive for children and families to seek to

achieve a healthy weight. In July 2020, the government published *Tackling obesity: empowering adults and children to live healthier lives*. The report acknowledged that there is now “consistent evidence that people who are overweight or living with obesity who contract coronavirus (COVID-19) are more likely to be admitted to hospital, to an intensive care unit and, sadly, to die from COVID-19 compared to those of a healthy body weight status”. It also seems likely that the lockdown period will have impacted on young people and restricted their access to leisure and exercise, for example in terms of school and community sport.

3.4. Actions from the plan and updates are covered below.

### **National Child Measurement Programme**

3.5. National Childhood Measurement Programme (NCMP) data collection for 2019/20 was suspended in March 2020 due to lockdown and schools closing, so the 2019/20 data is based on measurement of around 50% of children rather than the usual over 95%. The process of measuring children at both reception and year six under the NCMP has recommenced as schools have returned.

3.6. Data for 2018/19 showed that 77.5% of children in Reception year were of healthy weight. For Year 6 the figure was 59.3%. The partial data for 2019/20 should be interpreted with caution, but indicates that 76% of children in Reception Year were of healthy weight, as were 61.6% of children in Year 6.

3.7. Data for individual schools across Hillingdon (2018/19) 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.

3.8. This means that in Hillingdon, we still have broadly one in five children at reception age who are overweight or obese and this increases to two in five at year 6 and this can vary considerably between schools. In addition, it is likely that the situation will have deteriorated over the lockdown period although we do not have the data yet to prove that.

### **My Choice**

3.9. The intervention that follows NCMP is a weight management programme offered to families of children identified as overweight or obese. This was formerly the ‘MEND’ programme (Mind, Exercise, Nutrition, Do It) but the licensing arrangement for MEND has finished and has been replaced by a locally developed weight management programme entitled ‘My Choice’ which went live at the beginning of 2020. This is a free lifestyle and behaviour change 10-12 week programme for children who have been identified through the NCMP. The programme runs with children in key stage 1 (5-8 years) and key stage 2 (8-12 years). The programmes have 168 spaces annually across the borough. There is a waiting list for KS2. In addition, at present schools are taking steps to minimise risks and are reluctant to support extra-curricular activities so My Choice has not been able to run.

### **Colham Manor ‘SMILE’ project**

- 3.10. By February 2020 officers had developed a pilot programme working with schools to promote healthy eating and physical activity in primary schools. Funding for the programme had been agreed by the Leader of the Council. The programme was designed by expert practitioners at Colham Manor primary school in Hillingdon. The idea was to enable children and parents to learn basic cooking skills. In each session, participants would prepare a healthy meal from scratch. They would discuss why the ingredients have been chosen and their cost.
- 3.11. The project process would increase participants' knowledge about foods that are high in sugar, salt and fat, provide information on how unhealthy choices impact on physical health - obesity, diabetes, dental health - and to understand the relationship between food and physical activity. Once the food is ready, participants sit down to eat the food they have prepared for themselves.
- 3.12. Following a pilot session at Colham Manor school, all Primary schools were to be invited to become trained to deliver the project themselves. Participating schools would receive an initial needs assessment and discussion about the project. Colham Manor has considerable previous experience in delivering similar projects and would be able to address any of the commonly perceived barriers that might arise, such as how people are invited to join the project, how staff and volunteers can deliver the project, the space and equipment available. The results of previous projects have shown measurable improvements in diet, wellbeing and levels of physical activity.
- 3.13. Because of the Covid-19 pandemic, the project was unable to start as planned. Work is continuing to assess whether the project can be run with pupils by themselves, as parents cannot be invited into school premises at this time.

### **Healthy Start Scheme**

- 3.14. 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. Prior to the pandemic the scheme was due to be relaunched in Hillingdon to increase take-up, with training for front-line staff in a range of agencies across the Borough. This has however been postponed until April 2021. The Government has also announced its intention to increase the value of vouchers for food and vegetables from April 2021.

### **Free School Meals**

- 3.15. The offer of food assistance was made to Hillingdon residents for the October half-term break, where they are currently eligible for free school meals.
- 3.16. Circa 6,700 children benefitted from the Hillingdon offer. An e-voucher for a major supermarket was issued for each child in eligible households (£15 for the week, per child).
- 3.17. It has been announced recently that Hillingdon along with many other councils (County and Unitary) will receive grant funding to administer a Covid-19 Winter Grant Scheme until end of March 2021 to mainly help families who need food assistance, help

pay utility bills and to address other forms of financial hardship they are experiencing. The details of how this scheme will work are to be finalised but will need to be in place for December.

### **Next Steps**

3.18. The Child Health Weight Action Plan has largely been stalled by the Covid –19 crisis and services that promote physical activity and healthy eating, especially through schools, have at best been able to offer a skeleton service, through on-line and virtual contacts. The commitment to services remains but future roll out will need to depend on assessment of risk and be delivered in accordance with guidelines on social distancing and lockdown.

3.19. The 0-19 contract, along with other key public health contracts is currently under review and in the process of being re-tendered. The following key elements relevant to promoting healthy weight in children are potentially part of this process:

- The National Child Measurement Programme
- My Choice programme
- Children’s and Early Years Centres programme
- Child Healthy weight programme with Schools -the “SMILE” project
- Healthy Start programme

The opportunities to join up services, to think innovatively about new ways of delivery, perhaps centred on the family and based more on outcomes will be explored fully as part of this process.

3.20. In addition, the task and finish group will reconvene, to hear from partners as to how the actions contained in the plan can be taken forward, safely under new guidelines.

### **Financial Implications**

The ‘SMILE’ project has previously been agreed by the Leader of the Council. The initial pilot programme is 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. 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 purpose of the Child Healthy Weight Plan is to reduce the levels of obesity and overweight children in Hillingdon.

### **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.

### **Hillingdon Council Legal comments**

The Borough Solicitor has confirmed that there are no specific legal issues arising from this report.

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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](#)

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Priority	What is the aim?	What will success look like? (outcomes)	What will we do? (outputs)	Status	Lead contact
<b>1. EARLY YEARS &amp; MATERNITY</b>					
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.	<i>Complete</i> THH & CNWL have achieved Level 2 BF Standards working towards Level 3 submission April 2020.  Children's Centre staff are all trained in line with UNICEF guidelines	Anita Hutchins THH  Claire Fry LBH
1.2. Increase levels of breastfeeding	Increase the number of babies being partially or completely breastfed at 6-8 weeks.	More babies are being breastfed at 6-8 weeks.  Parents are readily able to access advice and support to breastfeed in their community.	Education on the benefits of breastfeeding through antenatal classes and contacts.  Provide breastfeeding support groups and specialist clinics in Children's Centres.	<i>In progress</i>  The Breastfeeding Strategy Group meets quarterly and reviews data on BF at ward level.  Data provided for levels of BF initiation and then	Sally Crowther (CNWL)/Julia Masdin (THH)

		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"> <li>• Xplorer</li> <li>• Scootercise</li> <li>• Forest school</li> <li>• Daily activity guidelines</li> <li>• BHF Early Movers.</li> <li>• 'Tummy time'</li> </ul> <p><u>Early Years Settings and Childminders</u></p> <ul style="list-style-type: none"> <li>• Centralised training on the revised Early learning goal for physical development</li> <li>• Good practice guidelines for gross motor development published</li> <li>• Outdoor play and learning training - making use of Ruislip Lido - following forest school ethos.</li> </ul> <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"> <li>• Getting Ready for Food weaning groups</li> <li>• Bottle to cup parent workshops</li> <li>• Cooking activities</li> <li>• Adult Education courses</li> <li>• Sugar Swap</li> <li>• Brush for Life</li> <li>• Eat better Start better</li> <li>• Guidelines for EY settings</li> <li>• Healthy Early Years London programme</li> <li>• Free Adult Education classes for parents around healthy eating</li> </ul> <p><u>Early Years Settings and Childminders</u></p> <ul style="list-style-type: none"> <li>• Centralised training on the revised Ofsted guidelines in relation to mealtimes and food</li> <li>• Good practice and guidelines disseminated on portion size and nutrition information for PVI settings</li> </ul>	<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 &amp; 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"> <li>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.</li> </ul>		
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
<b>2. ACCESS TO GREEN SPACES AND SUPPORTING MORE PHYSICAL ACTIVITY</b>					
<b>Priority</b>	<b>What is the aim?</b>	<b>What will success look like? (outcomes)</b>	<b>What will we do? (outputs)</b>	<b>Status</b>	<b>Lead contact</b>

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
<b>3. SCHOOLS</b>					
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"> <li>● Foundation level</li> <li>● Silver Awards for healthy eating or physical activity.</li> <li>● Gold Awards for healthy eating or physical activity.</li> </ul>	<p>Promote Healthy Schools London award to School Improvement Service.</p> <p>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"> <li>● Providing 30 minutes in school each day</li> <li>● Increased participation in sport and physical activity</li> </ul>	<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	STARS (School Travel Accreditation awards)  More schools enable active travel including cycling  More children are equipped to cycle safely to school and outside school time.	More schools encouraging and increasing active travel. Improved school provision of secure cycle storage. Regular programme of cycle training for schools.	Provide Bikeability training to 2300 pupils (in years 6/7) Provide Practical Pedestrian Training to 10,200 pupils at infant and junior schools  Map and encourage school cycle storage facilities	16 schools signed up to STARS so far.  Bikeability training to 2128 pupils in 2018/19	
3.6. Explore additional intervention with schools	To consider developing a nutrition and physical activity programme for schools and families	Clear programme with costings for consideration.  Agreement with schools and families on content  Development of sustainable funding model	The 'Smile' programme has been developed to provide courses for children and parents.  Funding has been agreed. The proposed courses are intended to equip families to: <ul style="list-style-type: none"> <li>• Learn basic cooking skills</li> <li>• Increase knowledge about foods high in sugar, salt and fat</li> <li>• Learn how unhealthy choices impact on physical health - obesity, diabetes, dental health</li> <li>• Understand the relationship between food and physical activity.</li> </ul>	<i>In progress, awaiting start date</i>	Kevin Byrne
<b>4. ACCESS TO HEALTHY FOOD</b>					
<b>Priority</b>	<b>What is the aim?</b>	<b>What will success look like? (outcomes)</b>	<b>What will we do? (outputs)</b>	<b>Status</b>	<b>Lead contact</b>
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 Adult learning offer courses to promote healthy eating at children's centres including:</p> <ul style="list-style-type: none"> <li>● Food to Make You Feel Good</li> <li>● Nutrition and Balance</li> <li>● Healthy lifestyles</li> </ul>	TBC

## 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	<p><i>in progress</i></p> <p>Early Years Centres contract includes requirements to follow Healthy Eating Guidelines: new menus developed</p> <p>Leisure Centres Management contract is being re-tendered from Feb 2020. Contractor asked to provide a healthy, balanced menu. At least 20%</p>	<p>Claire Fry Children's Centres</p> <p>Nicky McDermott Leisure Centres</p>

				of the items provided in vending machines must be healthy options.	
<b>6. WEIGHT MANAGEMENT SERVICES</b>					
6.1. Weight management services or pre-school via children centres and EY settings	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, e.g.successor to Mini MEND scheme	<i>In Development, subject to agreement</i>  Healthy eating course for parents will be piloted in spring	Claire Fry
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.	Shikha Sharma / Nicola Nuttall / Claire Fry

				Review programme capacity and referral pathway	
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
<b>7. EVALUATION, CAMPAIGNS, MESSAGING AND COMMUNICATIONS</b>					
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

## UPDATE: STRATEGIC ESTATE DEVELOPMENT

<b>Relevant Board Member(s)</b>	Dr Ian Goodman, Chair, Hillingdon CCG Councillor Jane Palmer
<b>Organisation</b>	Hillingdon Clinical Commissioning Group London Borough of Hillingdon
<b>Report author</b>	Amanda Gregory, Strategic Estates, Hillingdon CCG Nicola Wyatt, S106 Monitoring & Implementation Officer, Residents Services Directorate, London Borough of Hillingdon
<b>Papers with report</b>	Section 106 Healthcare Facilities Contributions (September 2020)

### 1. HEADLINE INFORMATION

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

### 2. RECOMMENDATION

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

### 3. HILLINGDON ESTATE STRATEGY - OVERVIEW

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

Health & Wellbeing

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

emergent categories of LTCs such as pain, frailty and social isolation.

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

#### Care & Quality

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

#### Finance & Efficiency

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

#### Key Drivers and Challenges

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

#### 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 reprovision 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 and detailed pre-application discussion have been held. 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 21<sup>st</sup> 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 have agreed that the full 1,460sqm for the scheme will be required for both existing and new services.

The business case for the GP selection process was approved by the Transformation Group and the Primary Care Board on the 28<sup>th</sup> November 2019.

Positive progress has been made on the 3 workstreams as follows:

1. Design of the new health facility is being refined to including additional provision for phlebotomy services from Hillingdon Hospital and Health Intelligence with a design freeze planned for end of November 2020
2. Development of the business case will commence following the design freeze and will be presented for CCG approval in February 2021
3. A detailed planning application will follow the NHS Business Case approval process in early 2021. It is estimated that the scheme will take approximately six months to determine and a subsequent two years to complete.

Timeline for the completion of the new health facility is mid-late 2023.

#### **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 have been in discussion with the CCG around a potential new option which significantly de-risks the redevelopment option and removes the requirement to decant services. The CCG approved in principle the change of option from a redevelopment of Uxbridge Health Centre to relocation into Beaufort House in October. Design work will commence on Beaufort house to incorporate the GP and community services planned to transfer into the building. A business case is expected to be presented by CNWL to the CCG by March 2021.

Overall timeline remains unchanged for delivery from March 2022 however short term timelines will alter to facilitate completion of the option. It will be expected 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 CCG has identified a practice to occupy the new health centre and whilst practice visits have been delayed due to COVID-19 meetings have recently taken place in October with both the developer and the interested practice. The CCG is awaiting an indicative schedule of accommodation from the practice to enable early discussions with the developer's architect and the District Valuer will then be appointed to give an indicative rental value. This will enable a business case to be developed for CCG review and approval. There remains a funding gap with respect to capital to fit out the new facility and this will be addressed as part of the business case process. The CCG is committed to deliver additional primary care capacity within this space with the increased demand in population and services.

#### Nestle Site

Early discussions have taken place in October between the CCG and Barratt Developments to discuss potential options for health on the former canteen site. These discussions have been positive and options are currently being explored.

### **Yiewsley Health Centre**

The works to convert vacant space at the site into additional clinical accommodation, creating additional capacity for primary care provision completed in March 2020.

In view of a site for the long-term, a potential solution has been identified; however we are awaiting a further update from the developer following meetings with the Council planning team. Expectation for delivery is still within the next 5 years.

### **Heathrow Villages provision**

Members will be aware from the previous meeting that a derelict area had been identified in Harmondsworth on which a potential health facility could be placed. Progress on

implementation has paused during the pandemic however the CCG is still actively seeking to secure affordable and fit for purpose outreach health provision in the Heathrow Villages!

## **Harefield Health Centre**

The s106 funded works to increase clinical capacity at Harefield Health Centre had stalled due to COVID however NHS Property Services has re-engaged discussions with the practice to deliver the improvements identified at the site with an expectation that works will be completed by March 2021 (subject to any construction delays due to COVID restrictions).

## **Improving Access to Primary Care**

Of the 11 Improvement Grant schemes supported by the CCG, five schemes have now completed, one scheme is in progress, one has been approved for delivery in 2020/21 and one deferred to 2021/22. Three schemes were withdrawn from the process. The practices that have completed their schemes are:

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

The total value of the improvement grant schemes that have completed and/are progressing across the three financial years (19/20, 20/21 and 21/22) is approximately £1,400,000 with the NHS funding £930,000 and GPs funding the remaining £480,000. The delivery of schemes was impacted by COVID-19 however all schemes are now either complete or progressing.

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 has been formally brought to an end and the new NHS plan is the driving force for change over the next 10 years. Capital bids for access to Wave 4 funding to invest in facilities for GP Practices, Hubs and acute hospitals in NWL were unsuccessful. Therefore, alternative investment models are being pursued to raise capital for new facilities.

In Hillingdon this includes:

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

Hillingdon Council, in consultation with the NHS in Hillingdon, has been collecting S106 contributions for health from residential developers where the size and scale of the housing scheme has been identified as having an impact on the delivery of local health services. Funding has been secured by the Council for investment in health premises and services in the Borough in order to help meet increased demand for health services as a result of new development. This additional non-recurrent funding has been used to build capacity within the

primary care estate and subject to the Council's formal s106 allocation process; it is proposed that any further contributions received are used to help to offset the cost of the Hubs.

The CCG will identify the financial implications of all estate investment as part of the business case development process for each project.

## S106 HEALTH CONTRIBUTIONS HELD BY HILLINGDON COUNCIL

Appendix 1 attached to this report details the s106 health facilities contributions held by the Council as at 30th September 2020. The Council has not received any further contributions since the last report to the Board in June 2020. As at 30th September 2020, the Council holds a total of £1,222,243.05 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 the contribution held at case reference H/39/304C (£6k) which had a spend deadline of August 2020. These funds had been earmarked towards the Uxbridge/West Drayton Health Hub. However, given the short timescales for spending this contribution, the funds have now been allocated and transferred to NHSPS towards a scheme to improve and expand clinical space at Harefield Medical Centre (Cabinet Member Decision 14/08/2020).

## HILLINGDON COUNCIL FINANCIAL IMPLICATIONS

As at 30th September 2020, there is £1,222,243 of Social Services, Health and Wellbeing S106 contributions available to be utilised towards the provision of facilities for health and £545,290 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 £1,035,760 are provisionally earmarked towards proposed health hub schemes as detailed below.

<b>Proposed Health Hub Scheme</b>	<b>Amount</b>
North Hub	107,852
Uxbridge / West Drayton Hub	514,145
New Yiewsley Health Centre	409,861
Pine Medical Centre	3,902
<b>Total Earmarked</b>	<b>1,035,760</b>
<b>To be determined</b>	<b>186,483</b>
<b>Total</b>	<b>1,222,243</b>

The remaining balance of £186,483 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 £8,991 (H/73/420E) respectively.

The S106 contribution held at H/39/304C for £6,448 had a time limit to spend by August 2020, which had been earmarked to the Uxbridge / West Drayton Hub Health Scheme. Hillingdon CCG had requested that this contribution be allocated towards Harefield Health Centre in order to ensure the funds be used towards an eligible scheme before the spend deadline. This contribution was transferred to NHS Property Services in August 2020 together with the S106

contribution held at H/54/343D for £17,600.54 which was also requested by Hillingdon CCG and was originally earmarked towards the North Hub Health Scheme.

## **HILLINGDON COUNCIL LEGAL IMPLICATIONS**

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

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

Any planning obligation must be relevant to planning and reasonable in all other respects. The monies must not be used for any other purpose other than the purposes provided in the relevant section 106 agreement. Where monies are not spent within the time limits prescribed in those agreements, such monies should be returned to the payee.

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

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

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CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid November 2020)
			<u>AS AT 30/09/20</u>	<u>AS AT 30/09/20</u>			
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	0.00	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. <b>This contribution has now been allocated towards expansion of clinical space at Harefield Medical Centre (Cabinet Member Decision 14/08/2020). Funds transferred to NHS Property Services to be used towards Phase 1 of the</b>

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid November 2020)
			<b>AS AT 30/09/20</b>	<b>AS AT 30/09/20</b>			
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 for spend.
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 for spend.
<b>Total "earmarked " towards North Hub</b>			<b>125,452.33</b>	<b>107,851.79</b>			
H/13/194E *59	Uxbridge	Frays Adult Education Centre, Harefield Road, Uxbridge. 18732/APP/2006/1217	12,426.75	12,426.75	No time limits	Ux/WD Hub	Funds received towards the provision of healthcare facilities in the Borough. No time limits.
H/27/262D *80	Charville	Former Hayes End Library, Uxbridge Road, Hayes. 9301/APP/2010/2231	5,233.36	5,233.36	No time limits	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including (but not limited to); the expansion of health premises to provide additional facilities and services to meet increased patient or user numbers or, new health premises or services at the local level or, any new facility required to compensate for the loss of a health facility caused by the development. No time limit for spend.
H/39/304C *97	Yeading	Fmr Tasman House, 111 Maple Road, Hayes 38097/APP/2012/3168	6,448.10	0.00	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. <b>Due to time limit for spend, this contribution has now been allocated towards expansion of clinical space at Harefield Medical Centre (Cabinet Member Decision 14/08/2020). Funds transferred to NHS Property Services.</b>
H/55/347D *114	North Uxbridge	Honeycroft Day Centre, Honeycroft Hill, Uxbridge 6046/APP/2013/1834	12,162.78	12,162.78	2022 (May)	Ux/WD Hub	Funds received towards the cost of providing health facilities in the Authority's area including expansion of health premises to meet increased patient numbers, new health services at local level, any new facilities required to compensate for the loss of a health facility caused by the development. Funds to spent/committed within 7 years of receipt (May 2022).
H/47/329E *106	Townfield	Land at Pronto Industrial Estate, 585-591 Uxbridge Road, Hayes 4404/APP/2013/1650	14,066.23	14,066.23	2024 (July)	Ux/WD Hub	Funds received the cost of providing healthcare facilities within the London Borough of Hillingdon. Contribution to be spent within 10 years of receipt.

CASE REF.	WARD	DEVELOPMENT / PLANNING REFERENCE	TOTAL INCOME	BALANCE OF FUNDS	SPEND BY	PROPOSED PROJECT	DETAILS OF OBLIGATION (as at mid November 2020)
			<b>AS AT 30/09/20</b>	<b>AS AT 30/09/20</b>			
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.
<b>Total "earmarked" towards Uxbridge/West Drayton Hub</b>			<b>697,951.28</b>	<b>514,144.87</b>			
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 November 2020)
			<b>AS AT 30/09/20</b>	<b>AS AT 30/09/20</b>			
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
<b>Total "earmarked" towards existing/new Yiewsley Health Centre</b>			<b>433,460.96</b>	<b>409,861.03</b>			
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).
<b>Total "earmarked" towards Pine Medical Centre</b>			<b>3,902.00</b>	<b>3,902.00</b>			
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 November 2020)
			<b>AS AT 30/09/20</b>	<b>AS AT 30/09/20</b>			
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.
<b>To be determined</b>			<b>255,181.62</b>	<b>186,483.36</b>			
		<b>TOTAL CONTRIBUTIONS TOWARDS HEALTH FACILITIES</b>	<b>1,515,948.19</b>	<b>1,222,243.05</b>			

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## HEALTHWATCH HILLINGDON UPDATE

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

### HEADLINE INFORMATION

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

(<http://healthwatchhillington.org.uk/index.php/publications>).

### 3. **GOVERNANCE**

#### 3.1. **Signposting and Insight Coordinator**

The temporary contract for the second Signposting and Insight Coordinator came to an end on 30 September, as the employee has since moved on to another role. Recruitment for this role has been approved by the board of trustees and will commence in Q3.

### 4. **OUTCOMES**

Healthwatch Hillingdon (HwH) wishes to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the second quarter of 2020-21.

#### 4.1. **Young Healthwatch Hillingdon (YHwH) Healthfest2020**

In 2018 and 2019 YHwH delivered free health and wellbeing themed events for children and young people in Hillingdon. These were public events open to all young people living, working and studying and Hillingdon aged 11 to 25 and involved multiple partners hosting stalls and activities based on various health and wellbeing topics. Following the success of these Healthfest events, YHwH set out to host another event during the summer. The advent of COVID-19 and the introduction of the public lockdown in March required engagement with YHwH to be conducted online, and the ongoing social restrictions necessitated the need to plan and deliver Healthfest2020 via digital means.

19 sessions covering general wellbeing, mental health, employability and other topics were planned to take place between Monday the 10<sup>th</sup> and 21<sup>st</sup> of August on Zoom. The event was promoted via social media in the weeks leading up to it.

Of the planned sessions, 10 were delivered with a total attendance of 28, with the remaining 9 sessions cancelled due to lack of sign-ups – however the themes of these cancelled sessions were repurposed into future engagements with YHwH. Following the sessions, participants were asked to complete a feedback form about their experience of Healthfest, with 16 respondents:

- **100%** were satisfied with the content of the sessions e.g. the information and activities.
- **100%** were satisfied with how the session was run e.g. how it was organised, how the presenters interacted with everyone.
- **94%** were satisfied with how the people running the session responded to their questions.
- **100%** were satisfied with being able to access the sessions e.g. booking on Eventbrite, using Zoom.

In addition to reviewing participant feedback, a SWOT analysis with HwH staff and YHwH members was also conducted:

- **Strengths** – Sessions catered for a broad range of issues and kept young people engaged in health and wellbeing during lockdown. The safeguarding processes worked well as did the partnership working.
- **Weaknesses** – Lead time for promotion was too short and no real commitment for

young people to attend session they have signed up for. Lack of interest and uptake from young men.

- Opportunities – Continue the provision of mindfulness sessions through social media and use the topics of some of the cancelled sessions for future engagement (work on this has already started with engagement through schools and the YHwH social media wellbeing advent calendar).
- Threats – Competition from other providers, young people's access to digital technology and it may also be more challenging to engage young people now that schools are open.

As this was Healthwatch Hillingdon's first programme of its type to be conducted entirely online, key learning points and the relevant recommendations for digital engagement moving forwards were also made:

- Longer lead in time for activities allowing more time for promotion.
- Partnership learning is essential so we will continue to work with other organisations, including schools, to enhance promotion, limit duplication of offer and enable greater digital accessibility for young people.
- Offer a longer term programme of regular activities or build activities/topics into other YHwH work rather than condense many activities into a short space of time.
- Consult with more young people before planning other programmes to support greater inclusivity.

The full report can be found here:

<https://healthwatchhillingdon.org.uk/Healthfest2020Report>

#### 4.2. Healthwatch Hillingdon Coronavirus (COVID-19) Response

With the outbreak of COVID-19 and the national lockdown on the 23<sup>rd</sup> March 2020, below is a summary of the actions taken by HwH during quarter 2 of 2020-21.

- **July** – Following HwH's quarter 1 focus of ensuring residents are kept up to date on all guidance relating to COVID-19, all Gov.uk and NHS information is continually reviewed and updated through the HwH Coronavirus Hub, including the new guidance and rules surrounding the easing of lockdown restrictions. Separate articles are published to inform about rules regarding face coverings, and new guidance about visiting care homes. On social media these articles and updates are shared, alongside information for wellbeing webinars for young people hosted through Community Barnet (attended by YHwH), and Healthfest2020 is also promoted.
- **August** – As with previous months, the Coronavirus hub is reviewed and updated as appropriate, with new articles published detailing what to expect upon discharge from hospital, and a blog article from one of YHwH's volunteers on their experiences during the easing of lockdown restrictions. <https://healthwatchhillingdon.org.uk/blog/2020-08-11/young-healthwatch-easing-lockdown>. Social media is again used to promote these updates and articles, and seek feedback from residents on how social restrictions has affected them, and their health. Whilst responses had waned from the initial surge seen in Q1, isolation is again a recurring theme, but access to health care is not raised as negative.
- **September** – In order to better promote HwH, and its services, volunteers and staff produce a short video explaining what we do, and how to contact us (<https://fb.watch/1HIL-idw0-/>). As of November 2020, the video has reached 3488 people through Facebook alone. A blog article from one of HwH's volunteers is published with their experiences of life after lockdown, linking to advice and guidance

around COVID-19 and isolation (<https://healthwatchhillington.org.uk/blog/2020-09-15/volunteer-blog-life-after-lockdown>).

COVID-19 related information on the HwH website accounted for over 23% of all traffic in quarter 2. The COVID-19 Hub can be found here: <https://healthwatchhillington.org.uk/COVID19-Hub>

#### 4.3. Young Healthwatch Hillingdon (YHwH)

With contact restrictions continuing throughout Q2, all engagement with young people and partners was conducted remotely via Zoom.

In Q2 YHwH members completed **84** volunteering hours across the following activities:

- 9 Zoom meetings to keep in touch and discuss and plan work.
- New member training – 4 new members were trained.
- Facilitation Skills Training session – to prepare for Healthfest2020 delivery. Note: These were included in the Q1 board update but actually happened in Q2.
- A meeting about young people's continued engagement in the development of the new Transition Service for young people in Hillingdon. Moving forwards, members of YHwH will be part of the Hillingdon Young People's Transition Network and will be involved in the development and monitoring of the new service which supports young people transitioning from paediatric to adult health services.
- Planning and facilitating Healthfest2020 sessions.
- Designing and updating posts for YHwH social media.

At the final YHwH meeting of Q2, participants reviewed and set their priorities over the next few months. These are:

- Ongoing participation in:
  - London North West University Healthcare Trust sexual health services website redevelopment.
  - The transition project (as mentioned above).
  - Hospital redevelopment engagement.
- Plan, record and publish 2 YHwH podcasts.
- Train new members (currently 3 young people awaiting training).
- Conduct 4 school engagement sessions about the impact of COVID-19 on young people.
- Create and publish a wellbeing advent calendar on social media.
- Start to develop training for professionals about engaging with children and young people.

#### Healthfest2020

As per item 4.1, between Monday 10th and Friday 21st August we delivered Healthfest2020. Sessions were facilitated by YHwH members (opening and closing the sessions) and delivery partners included: Brook (sexual health), Kooth (online wellbeing support), Arts for Life (art therapy), Centre Myself (mindfulness and meditation), P3 Navigator, Hillingdon Council, and Uxbridge College.

Numbers were not as high as we would have hoped but as our first try at coordinated online engagement in a session format, with only two weeks promotion we are satisfied

with the overall result, as this will pave the way for future activities. Feedback received from participants was almost entirely positive.

### **Other engagement activity conducted by CYP Community Engagement Officer**

- Regular check-ins with partners from P3, Hillingdon CCG and Hillingdon Council regarding ongoing partnership working and projects.
- Participation in 3 THRIVE Network meetings.

## **5. ENQUIRIES FROM THE PUBLIC**

Healthwatch Hillingdon recorded 77 enquiries from the public this quarter. This saw 14 people's experiences being logged on our Customer Relationship Management database and 53 residents being the recipients of our information, advice and signposting service.

### **5.1. Experiences**

#### **Overview**

As with Q1, feedback regarding services is not as forthcoming compared to pre-COVID periods, due to lower uptake of primary and secondary care. This in turn has been fed back through the HHCP COVID Hub, reinforced by concerns voiced by residents about their safety when attending appointments at GP practices and the hospital. However, feedback received mirrors that of previous quarters, with GP Practices raised as a negative the most. Reason cited for this were quality of treatment, staff attitudes, and communication between staff and patients.

In terms of hospital services, concerns were raised with HwH by residents about appointments postponed or cancelled due to COVID-19, quality of care on obstetrics & gynaecology, and clarification about COVID-19 tests prior to surgery. Staff attitudes were again the most common cited reason for this feedback. Feedback found through the NHS website however did show positive outcomes for breast screening services, cancer services, haematology and general surgery.

### **5.2 Healthwatch Support**

This quarter continued the challenges seen in Q1, with the HwH premises closed and all staff remote working, we did not have the usual face to face feedback. Also, a severe drop in regular primary and secondary care access by residents resulted in fewer instances of feedback. As such, contact from the public during this time was much less than is usual – as was also experienced by other Healthwatch. In order to address this, and ensure a fair representation of residents, a post-COVID-19 outbreak engagement, signposting and insight strategy plan is in development within the team – this will be built around increasing levels of feedback, ensuring accurate capture of information in remote settings and more efficient reporting standards. Whilst digital platforms will be the main medium of outreach, we will use this as a method to reach digitally isolated residents as well, in order to better understand barriers facing them. This strategy will be shared with the Health & Wellbeing Board in the Q3 meeting.

Themes emerging in this period ranged from concerns about accessing healthcare for fear of 'overloading the system', and general fears about safety when attending appointments,

or ED in primary and secondary care. Access to COVID-19 testing became more apparent throughout September, with several instances being for young people who were unable to attend school until a negative test result.

During quarter 2, HwH offered advice and guidance to residents via phone and email, with the below showing some of the issues they faced.

- An individual contacted HwH seeking advice on making a complaint with feedback regarding obstetrics & gynaecology, after they suffered a miscarriage. Issues with resolving this led to a surgery in which further complications necessitated a second surgery. Poor communication throughout this process also had an adverse effect on the individual’s mental health. HwH provided guidance on the complaints process, and signposted the individual to advocacy services and AVMA.
- We were contacted about a primary school-aged child who was unable to attend school due to COVID-19 symptoms, with a negative test result required before they would be able to return. However, no tests were available at the time through the 119 service, with the parents advised by the 119 operator to ‘just sit it out’. Access to testing was further prohibited as the family was not able to travel by car. HwH researched testing sites available within Hillingdon, and gave information on how to apply online. Guidance on complaints processes were also given to the individual.
- Concerns were raised to HwH by an individual who was required to have a COVID-19 test prior to a surgery – the individual was not prepared to take the test, as they felt they were not exhibiting symptoms. This situation was raised by HwH with Hillingdon CCG (HCCG) in order to understand the procedures for planned services in hospital settings. HCCG advised HwH that the process was designed under current NICE guidelines in order to minimise risk of COVID-19 transmission to healthcare workers and other patients. HwH relayed this information to the individual, including links to the NICE guidance and ancillary actions required by patients (isolation and comprehensive hand hygiene etc.) prior to surgery. Advocacy details were also provided to the individual should they wish to pursue the matter further.

### 5.3 Signposting Service

During this quarter we recorded a total of 53 enquiries from residents which resulted in us providing information, advice, signposting or referral.

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. The table denotes individuals and the primary source of signposting, but many instances result in multiple signpostings.

How did we assist?	Qty	% of total
Signpost to a health or care service	25	47%
Signpost to voluntary sector service	18	34%
To other (CAB, Social services, LBH other)	10	19%
<b>Total</b>	<b>53</b>	

## 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). Safeguarding concerns are referred to LBH safeguarding team.

<b>Advocacy Referrals</b>	<b>Qty</b>
POhWER	10
AVMA	1
<b>Total</b>	<b>11</b>

## 7. ENGAGEMENT

### 7.1. Overview of engagement activity & Highlights

As a result of the ongoing coronavirus pandemic, we have continued to engage with Hillingdon residents through our online platforms.

#### **Hillingdon Gurkha & Nepalese Community**

As part of the work we are carrying out to understand the impact of COVID-19 on Hillingdon's BAME community, we reached out to the Hillingdon Gurkha and Nepalese Centre; a charity that supports ex-Gurkhas and their families. Hayes has a large Nepalese population, so we felt it was important to gain insight into how they had been affected by the pandemic and their experiences of accessing health and social care services during lockdown.

We met via Zoom with the founder of the charity who informed us of some of the issues faced by the Nepalese community, which included difficulty accessing translators for GP telephone consultations, social isolation, an increase in mental health issues and families living in overcrowded accommodation.

Over the coming weeks, we will continue to reach out to representatives of BAME community groups and to promote our community survey. All feedback gathered through our engagement will feed into a Hillingdon COVID-19 strategy and report.

#### **Healthwatch Hillingdon virtual engagement events**

In August we planned to run a joint 'Virtual Voice' engagement event with the complaints advocacy charity POhWER. The purpose of the event was to raise awareness of the work of both charities and to signpost residents to online health and wellbeing resources as a way to empower them to manage their health and wellbeing during lockdown restrictions. The event was aimed at Hillingdon residents and was promoted via our social channels as well as external partner organisations. However due to a low response from the general public, we took the decision to cancel the event. Lessons learned from the promotion of this, and Healthfest2020 sessions will be included in our digital engagement strategy.

We will continue to work with POhWER to run virtual engagement events. First in the pipeline will be a Virtual Coffee Afternoon with volunteers from Healthwatch and POhWER

which took place on Friday 30 October.

If the format proves successful, we will host these events every two months, with all future events being open to the general public. We hope that the Coffee Afternoons will provide a platform for residents to talk to us about their experiences of health and social care services and get help them to find local health, care and advocacy services. We also plan to use the platform to run focus groups and share health and care news and information.

### **THH Eye Clinic & The Centre for ADHD & Autism**

In August we had meetings with the Centre for ADHD and Autism and a representative of The Hillingdon Hospital Eye Clinic. We discussed the possibility of carrying out virtual engagement sessions with patients and service users to gather their experiences of accessing services during COVID-19.

## **7.2. Social Media & Digital Engagement**

### **Newsletter**

This quarter we produced the summer issue of our quarterly newsletter in which we shared links to our community survey and the new Hillingdon Hospital Redevelopment website. We also shared our most recent blog article which was written by a Healthwatch Hillingdon volunteer and entitled 'Life after Lockdown'.

### **HwH Website**

The Healthwatch Hillingdon website gained 3,429 pageviews from 1,123 users in Q2, 23% of which was on COVID-19 related articles.

### **Social media**

Due to the increased levels of activity in Q1, during the height of the national lockdown, Q2 figures for reach/impressions/engagement have fallen by comparison – however this is to be expected as residents became less active on social media as restrictions eased, and the proliferation of advice and guidance plateaued.

**Instagram:** This quarter we added 51 followers to our Instagram channel. Our 'About Healthwatch Hillingdon' video was our most popular post this quarter with just over 350 views and 69 likes. We also used the platform to direct followers to our blog and community survey.

**Twitter:** We have not experienced similar growth or engagement on our Twitter channels with profile visits and followers down compared to the previous quarter, however the number of followers remains stable. Our most popular Twitter post for this quarter was the Healthwatch community survey, which generated 538 tweet impressions.

**Facebook:** This quarter added 16 likes/followers to the HwH page, but saw a steep drop off in reach and engagement – this is due in part to promoted items finishing in early July. These figures however are in line with quarterly averages for 2019-20. Our 'About Healthwatch Hillingdon' video reached 3,488 people and had 139 engagements.

		Q3 2019/20	Q4 2019/20	Q1 2020/21	Jul	Aug	Sep	Q2 2020/21	Q4-Q1 Var
Twitter	Followers	1266	1277	1294	1293	1292	1294	1294	0%
	Impressions	10260	13927	18185	3,351	2,878	2,844	9073	-50%
	Profile Visits	478	381	422	134	88	75	297	-30%
Facebook	Page likes	498	537	599	601	605	615	615	3%
	Post Reach	12393	16845	92967	5117	12349	4538	22004	-76%
	Post Engagement	529	1766	5572	309	491	162	962	-83%
Instagram	Followers	535	587	660	685	697	711	711	8%

## 8. VOLUNTEERING

### Zoom volunteer meetings

We continue to hold fortnightly volunteer support meetings via Zoom. In September, our volunteers scripted and later recorded a promotional video about Healthwatch Hillingdon, its services and how to contact us. The video was posted to our 3 main social media channels and has so far been viewed over 3,800 times. We are all delighted by the response and hope that the video will help to raise awareness of our services amongst Hillingdon residents and encourage more people to get in touch with us, especially those that are digitally isolated.

This quarter our volunteers dedicated 35 hours of their time to Healthwatch Hillingdon.

## 9. FINANCIAL STATEMENT

To end of Quarter 1 (2020-2021)

		Quarter			
		1	2	3	4
<b>Income</b>	Funding from Council	39,500	39,500		
	Additional Income	25,000	50		
	Brought forward from 2019/20	80,071			
	<b>Total</b>	<b>64,500</b>	<b>39,550</b>		
<b>Expenses</b>	Office	-1,141	-2,760		
	Operational	-29,942	-2,688		
	Staffing	-33,343	-32,581		
	<b>Total</b>	<b>-64,426</b>	<b>-38,029</b>		
Contingency Funds <i>Redundancy and premises contingency</i>			-15,000		
<b>In-period Deficit/Surplus</b>		<b>74</b>	<b>-13,479</b>		
<b>Total Deficit/Surplus</b> <i>Includes contingency provision</i>		<b>80,144</b>	<b>66,665</b>		

*NB: The above figures are provisional, awaiting audited figure. Due to the management accounts undergoing a review and update, finance figures are now reported as per the transactional data. As such, Funding from Council is reported in the calendar quarter it is received. Contingency funds (to cover potential redundancy and change of premises) has been displayed by quarter as well – this is a fixed rolling amount, and is not cumulative, to be reviewed each tax year.*

## 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 2017-2021. The following table provides a summary of our performance against these targets up to Q2 2020-21.

As with Q1, KPI's 2 and 6 were not recorded due to the activities not being possible while remote working – however, with Healthfest2020, direct online engagement with service users has been proven to be effective, and will be built upon throughout Q3 & Q4 by the development of a post-COVID-19 outbreak strategy. This strategy will also address the missed quarterly targets of KPI 1 and 3 – by utilising a larger volunteer pool and stronger promotion of HwH's services.

With these plans, it is expected that these KPI's Q3 & 4 targets can be met and exceeded, and where possible, the yearly cumulative targets achieved also.

KPI no.	Description	Relevant Strategic Priority	Quarterly Target 2019-20	Q1			Q2			Q3			Q4			2019-2020 Total	
				2018-2019	2019-2020	2020-2021	2018-2019	2019-2020	2020-2021	2018-2019	2019-2020	2020-2021	2018-2019	2019-2020	2020-2021	Target	YTD Actual
1	Hours contributed by volunteers	SP4	525	629	644	533	689	731	482	729	508		669	546.5		2100	1015
2	People directly engaged	SP1 SP4	330	444	720	N/A	713	345	N/A	427	322		317	94		1320	-
3	New enquiries from the public	SP1 SP5	200	243	254	147	267	271	77	215	206		194	186		800	224
4	Referrals to complaints or advocacy services	SP5	N/A*	21	21	10	13	14	11	18	15		18	24		-	21
5	Commissioner / provider meetings	SP3 SP4 SP5 SP7	50	62	50	50	52	51	56	52	52		50	47		200	106
6	Consumer group meetings / events	SP1 SP7	15	19	27	N/A	18	16	N/A	14	16		17	3		60	-
7	Statutory reviews of service providers	SP4 SP5	N/A*	-	0	-	-	0	-	-	0		1	0			0
8	Non-statutory reviews of service providers	SP4 SP5	N/A*	3	1	1	2	3	0	2	1		1	1			1

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

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## BOARD PLANNER & FUTURE AGENDA ITEMS

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Nikki O'Halloran, Corporate Resources and Services
<b>Papers with report</b>	Appendix 1 - Board Planner 2020/2021

### 1. HEADLINE INFORMATION

<b>Summary</b>	To consider the Board's business for the forthcoming cycle of meetings.
<b>Contribution to plans and strategies</b>	Joint Health & Wellbeing Strategy
<b>Financial Cost</b>	None
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	N/A
<b>Ward(s) affected</b>	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

2 Mar	Business / Reports	Lead	Timings
2021  2.30pm TBA: Virtual? / Committee Room 6?	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	<b>Report deadline:</b> 3pm Friday 12 February 2021  <b>Agenda Published:</b> 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	
	Board Planner & Future Agenda Items (SI)	LBH	
	<b>PART II</b> - Update on current and emerging issues and any other business the Chairman considers to be urgent	All	
	<b>PART II:</b> Update: Strategic Estate Development (SI)	HCCG / LBH	

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of the Local Government Act 1972 (as amended).

# Agenda Item 16

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of the Local Government Act 1972 (as amended).

# Agenda Item 17

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