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Families, Health & Wellbeing Select Committee

Councillors on the Committee

Philip Corthorne (Chairman)
Heena Makwana (Vice-Chairman)
Judith Cooper
Becky Haggar
Kerri Prince (Opposition Lead)
Paula Rodrigues
Jan Sweeting

Co-Opted Member

Tony Little, Roman Catholic Representative

Date:	**TUESDAY, 30 NOVEMBER 2021**
Time:	**7.00 PM**
Venue:	**COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE**
Meeting Details:	Members of the Public and Media are welcome to attend. This meeting may also be broadcast live. You can view the agenda at www.hillingdon.gov.uk or use a smart phone camera and scan the code below:

Published: Monday 22 November 2021
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Putting our residents first

Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
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Terms of Reference

To undertake the overview and scrutiny role in relation to the following Cabinet Member portfolio(s) and service areas:

Cabinet Member Portfolios	• Cabinet Member for Families, Education & Wellbeing • Cabinet Member for Health & Social Care
Relevant service areas	1. Children's Services (including corporate parenting) 2. Adult Social Work 3. Safeguarding 4. Provider & Commissioned Care 5. SEND 6. Public Health 7. Health integration / Voluntary Sector 8. Education 9. Children and Families Development (including Early Years and Children's Centres) 10. Green Spaces, Sport & Culture (only young people universal services, adult education, music hub, sport, libraries, culture and heritage)

This Committee will also act as lead select committee on the monitoring and review of the following cross-cutting topic:

- Domestic Abuse services and support

This Select Committee may establish a Panel to support strong oversight of the Council's corporate parenting responsibilities. The Committee may appoint 3 Members to this Panel based on political balance. Membership may include non-Cabinet Members not on the Committee. The Committee may also appoint relevant Council officers and other external stakeholders to the Panel and agree its chairmanship and operation. In agreeing its operation, the Committee will provide for the Panel not to be able to establish any other sub-group or body to carry out its responsibilities.

Specific portfolio responsibilities of the Cabinet Member for Families, Education, & Wellbeing – Cllr Susan O'Brien

1. To oversee and report to the Cabinet on the Council's responsibilities and initiatives in respect of:-

- School attendance,
- Grants and awards schemes,
- Home and hospital tuition,
- Transport and travel concessions for school pupils,
- School places,
- Raising standards of education.
- All other education services to children.
- Youth services and youth centres
- Early years centres and children's centres
- Wellbeing of residents and Wellbeing strategies
- Careers service,
- Adult and Community Learning and skills development (including the Hillingdon Music Service)
- Libraries
- Sports Strategy
- Leisure services
- Cultural Services & activities
- Development of the Arts
- Theatres, Museums, Heritage Education Centres
- Maintenance of Heritage Assets

Specific portfolio responsibilities of the Cabinet Member for Health & Social Care – Cllr Jane Palmer

1. To oversee and report to the Cabinet on the Council's responsibilities and initiatives in respect of:-
    - Care services for children and adults
    - Services for children and adult clients in need with disabilities
    - Safeguarding of children and adults
    - Mental health services
    - Juvenile Justice
    - The Council's Domestic Abuse services and support
    - Services to asylum seekers
    - Corporate parenting
    - Public Health services
    - Partnerships with the Health and Voluntary sector to deliver better social care and health outcomes for residents
    - Health Control Unit, Heathrow

Useful information for petitioners attending

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Agenda

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Minutes

FAMILIES, HEALTH AND WELLBEING SELECT COMMITTEE

26 October 2021

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

	Committee Members Present: Councillors Philip Corthorne (Chairman), Heena Makwana (Vice-Chairman), Becky Haggar, Kerri Prince (Opposition Lead), Steve Tuckwell (substitute) and Scott Farley (substitute) **Co - Opted Member:** Tony Little **LBH Officers Present**: Anisha Teji (Democratic Services Officer), Darren Thorpe (Head of Business Delivery & Support), Sasha Jeffries (Community Development Manager), Kate Kelly-Talbot (Director of Service Delivery – Adult Social Work), Gary Collier (Health and Social Care Integration Manager), Jane Hainstock (Head of Joint Commissioning, North West London Clinical Commissioning Group), Richard Ellis (Joint Lead Borough Director North West London Clinical Commissioning Group), Dan Kennedy (Corporate Director for Planning, Environment, Education and Community Services) and Sharon Daye (Consultant in Public Health/Deputy Director of Public Health)
36.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence were received from Councillor Judith Cooper and Councillor Paula Rodrigues, with Councillor Steve Tuckwell substituting. Apologies for absence were also received from Councillor Jan Sweeting, with Councillor Scott Farley substituting.
37.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* None.
38.	**TO RECEIVE THE MINUTES OF THE PREVIOUS MEETING** *(Agenda Item 3)* **RESOLVED: That the minutes from the meeting on 8 September 2021 be approved as an accurate record.**
39.	**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED AS PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED AS PART II WILL BE CONSIDERED IN PRIVATE** *(Agenda Item 4)* It was confirmed that there were no Part II items and that all business would therefore be conducted in public.

40. **REVIEW: ASSISTED LIVING TECHNOLOGIES** *(Agenda Item 5)*

The Committee had its third witness session as part of its review on Assisted Living Technologies (ALT). Members heard from three service provider organisations as detailed below. Each organisation provided an overview of their products, insight into how their products benefited residents and future planning around assisted living technologies.

Tunstall

Members first heard from Tunstall which was a technology company that used technology to support people requiring care and health intervention to live independently in their chosen home setting. Solutions enabled independent living by defining new models of care and creating globally connected healthcare solutions. Tunstall's vision was to give people the freedom to live their lives so that people could stay at home for as long as possible.

The Committee heard about the different products available including the Tunstall Go, Connect Wellbeing App and Group Living Solutions. The future involved an emphasis on cognitive care by increasing the level of personalisation in care and health systems.

Following Member questions, it was confirmed that only the necessary data was held for users and this was not shared with third parties. In terms of obstacles to using Assisted Living Technologies, there was no specific cohort that encountered obstacles, however generally mental health during and post lockdown had impacted this area significantly. Although there had initially been a weariness of technology, this position had changed during lockdown as many people had become more familiar with IT devices. The pendant worked well as an option for elderly people prone to falls. There were several products available for the future however these were still in the testing stage and the aim was to have equipment that was compatible with all types of other equipment.

Buddi

Members then heard from Buddi which was a technology company that focussed on providing peace of mind by enabling people to live independently in their own homes for longer.

The Committee heard about the different products available including the Buddi Mini, Buddi Clip, Buddi Clip and Connect Wristband and the Buddi Hub. Members welcomed the different case studies involving other local authorities where products had assisted with travel training. These products had also assisted with dementia and falls risks enabling residents to continue to live in their own homes, whilst managing risks around seizures.

Following Member questions, it was noted that although the battery life for specific products was 24 hours, various alerts could be set up to act as charging reminders. There were alternative options available for services who were prone to losing their devices and an example of this included cello taping the device to zimmer frames. The devices were numbered personally so were easily identifiable and there was also an option to disable tracking information. There were a number of products available for the future that were in the process of being completed.

	Apello Members lastly heard from Apello which was technology company that had developed products such as a monitored personal emergency alarm to enable people to lead independent and fulfilled lives. The Committee heard about the different products available and the significance of everything now being digital. The Smart Living Solution was the main system and there were a range of cloud services including the digital bridge. The Committee watched a video on the digital transition. It was noted that Apello had also been awarded the best use of technology for housing. In response to Member questions regarding response times, it was confirmed that as soon as the call was initiated a response would be almost instant, irrespective of the client base size. It was noted that all products were digitally designed and future proofed. **Virtual headset training** It was noted that prior to the meeting, the Select Committee took part in a virtual headset demonstration, where Members were guided through a range of experiences, had an opportunity to use the headsets and gain an insight into what a person with dementia and autism experiences. Members found the session to be powerful and insightful. **RESOLVED: That the Committee heard the witness evidence and asked questions of those present.**
41.	**BETTER CARE FUND SCHEME FOR PEOPLE WITH LEARNING DISABILITIES UPDATE** *(Agenda Item 6)* The Director of Service Delivery – Adult Social Work, the Health and Social Integration Manager, Head of Joint Commissioning, North West London Clinical Commissioning Group (CCG) and Joint Lead Borough Director CCG presented the report on the Better Care Fund Scheme for People with Learning Disabilities. The Committee was provided with an update on the delivery of the Better Care Fund (BCF) scheme entitled Integrated Care and Support for People with Learning Disabilities and Autism. Officers informed the Committee that improving the health and wellbeing of people with mental health needs, people with learning disabilities and autistic people was one of the priorities within the updated Health and Wellbeing Strategy that was being consulted on. The work necessary to achieve this was being overseen by a transformation board chaired by a senior manager within the Central and North West London NHS Foundation Trust (CNWL) Figures about the prevalence of learning disabilities were explained and an outline of the statutory services commissioned by the Council were highlighted. There had been good performance on vaccinations and positive feedback from a new learning disability liaison nurse role working at a hospital. The complex care panels met weekly with a focus on preventing of hospital admissions. The Committee heard that people with learning disabilities facing isolation due the closure of services during the pandemic had been an issue. To provide support during

this period and avert crises where possible, both the Council's Social Work Team and the Community Health Team for People with Learning Disabilities made weekly calls. Feedback suggests that this was appreciated by service users and their families.

It was noted that deaths of people with learning disabilities are investigated as part of the Learning Disability Mortality Review programme. The Council is in the early stages of exploring an integration model between health and social care.

The good performance on vaccinations and people in settled accommodation was noted and officers highlighted that the impact of the pandemic on the labour market meant that facilitating people into paid employment was more challenging. Officers stated that data was not available about how many people with learning disabilities wanted paid employment but advised that this was an area for further development. Further information was requested on the working age group of people in paid employment.

In response to Member questions, it was confirmed that long stay hospitals were robustly reviewed and overall, there was a short-term period of treatment. When a person with learning disabilities was admitted into hospital, care was provided, and discharges were planned taking into account the appropriate support level and settings that could be provided. Further information on the use of Do Not Attempt Resuscitation (DNAR) forms would be requested from Hillingdon Hospital.

It was clarified that an adult care scheme (now known as Shared Lives) involved people providing support in their own homes. The breakdown of the ages of people with learning disabilities the Council support was noted.

The Committee heard information in relation to the complex care panel and the different agencies involved. It was noted that direct payments were an alternative to commissioned care services.

In response to the support provided to carers, Members were advised that there had been increased challenges during the Covid pandemic as carers had become more anxious to accept replacement care from formal carers. To assist carers, both social work and health teams were in close reach and virtual support was provided. The Committee heard how carer leads had been established in nearly all surgeries in the borough before the pandemic and that a priority for 2021/22 was to re-establish this.

In terms of future planning around accommodation for people living with elderly carers, it was explained that GPs played a key role to play, especially with people who did not meet the national eligibility criteria.

In response to a query about support and services for people who did not meet the national eligibility criteria, the Committee was advised there services available and the example of the DASH Hub in The Pavilions Shopping Centre was given

.
Further, it was reported that people with learning disabilities and their carers were central to all conversations and played an important role on the learning disability partnership board.

The Committee welcomed the report and was encouraged to see the developing partnership.

RESOLVED: That the Committee:

1. **noted the work being undertaken by the Council and partners to support people with learning disabilities and their families; and**
2. **questioned officers and partners on the content of the report.**

42. **PUBLIC HEALTH UPDATE ON INITIATIVES BROUGHT IN AS A RESULT OF THE COVID-19 PANDEMIC** *(Agenda Item 7)*

The Consultant in Public Health/Deputy Director of Public Health and Corporate Director, Planning, Environment, Education and Community Safety introduced the report on the Initiatives Brought in as a Result of The Covid – 19 Pandemic.

An update was provided on the public health initiative introduced as a result of the Covid – 19 pandemic. It was noted that the Council had worked closely with the NHS, voluntary sector and other partners to provide advice, support and assistance to residents, businesses, care homes and schools. The aim of this was to help keep residents safe and minimise the disruption to everyday life from the restrictions that had to be put in place to help protect our health.

The priorities, successes, and challenges were highlighted to the Committee. Although the Covid - 19 pandemic was not over, the main priority was to keep residents safe. The priorities included providing ongoing support, wearing face masks and social distancing in some situations, monitoring and comparing local and national data and managing outbreaks. In terms of successes, there had been an increased partnership working with providers around vaccinations, the communications team had provided timely updates and the work of the call centre for residents and quarantine hotels. The challenges were around resident hesitation to take up vaccination offers, any new variants that emerged and the support around the need to self-isolation.

In response to Member enquiries, it was confirmed that there were clear guidelines on what amounted to outbreaks of concerns in schools. Outbreaks were managed by acting quickly, having incident management meetings reviewing infection control measures and invoking appropriate measures, monitoring patterns and working closely with Public Health England. There had been one issue with one school in relation to anti vaccinators and information had been provided to schools on what steps to take.

It was reported that there had been an increase in infection rates and these rates were high in cohorts that had not yet received the vaccine. This tended to be around the school age children, and it was hoped that rates would decrease following the half term period and implementation of the vaccination programme for 12-15 year olds. There were a series of pop-up vaccination hubs in different parts of the Borough including Uxbridge College, pharmacies and Brunel University that aimed to encourage more take up for vaccinations. A schedule for pop up centres would be communicated to Members once this information had been obtained from the Clinical Commissioning Group.

The Committee welcomed the thorough report and commended officers for their good work. The ongoing challenges were noted.

RESOLVED: That the Committee noted the contents of the report.

43.	**REESPOC'S REVIEW INTO HILLINGDON'S ADULT & COMMUNITY LEARNING SERVICE - FINAL REPORT** *(Agenda Item 8)* In 2020/21, the (now retired) Residents, Education and Environmental Services Policy Overview Committee (REESPOC) carried out a review into adult and community education within Hillingdon. The final report detailed the information received throughout the review and the Committee's subsequent findings and recommendations. Following the move to Select Committees in May 2021, the report was submitted to the Families, Health and Wellbeing Select Committee for endorsement to Cabinet. The Select Committee thanked officers for their work and the efforts made to consult Members after REESPOC had retired. Save for a typo to recommendation 5 of the report, Members endorsed and referred the report for submission to Cabinet. **RESOLVED: That the Families, Health & Wellbeing Select Committee endorsed and referred the report for submission to Cabinet.**
44.	**CORPORATE PARENTING PANEL MINUTES** *(Agenda Item 9)* The minutes from the Corporate Parenting Panel meeting on 26 July 2021 were noted. **RESOLVED: That the Families, Health & Wellbeing Select Committee noted the Corporate Parenting Panel minutes.**
45.	**CABINET FORWARD PLAN** *(Agenda Item 10)* **RESOLVED: That the forward plan be noted.**
46.	**WORK PROGRAMME** *(Agenda Item 11)* The Committee was informed that the Child & Adolescent Mental Health Services Update report had been withdrawn from the work programme for the meeting on 30 November 2021 as this area was outside the Committee's terms of reference. It was noted that the Update on the new SEN Strategy, and the new Additional Needs Strategy would be provided in January 2022. Members were keen to receive the report on Public Health Integrated Service Contracts. **RESOLVED: That the work programme be noted.**
	The meeting, which commenced at 7 pm, closed at 9.09 pm

These are the minutes of the above meeting. For more information on any of the resolutions please contact Anisha Teji on Tel: 01895 277655 Email: ateji@hillingdon.gov.uk. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

The public part of this meeting was filmed live on the Council's YouTube Channel to increase transparency in decision-making, however these minutes

remain the official and definitive record of proceedings.

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PUBLIC HEALTH INTEGRATED SERVICE CONTRACTS

Committee name	Families, Health and Wellbeing Select Committee
Officer reporting	Sharon Daye, Social Care & Health
Papers with report	N/A
Ward	N/A

HEADLINES

The aim of this report is to provide the Families Health and Wellbeing Select Committee with an update on the following commissioned Public Health contracts:

- NHS Health Checks
- Adult and Children's Weight Management Services
- Integrated Sexual and Reproductive Health Services
- Integrated Specialist Community Substance Misuse Services
- Smoking Cessation Services
- Healthy Start Scheme

RECOMMENDATIONS:

That the Committee note the contents of the report.

SUPPORTING INFORMATION

1.0 The Strategic Context:

Public Health – A Population Focus

1.1 Local authorities are democratically accountable 'stewards' of their local populations' wellbeing. They understand the crucial importance of 'place' in promoting wellbeing ie:

- The built and natural environment within which residents live, work and play,
- The housing they live in
- The green spaces around them
- Their opportunities for work and leisure

All of these factors are crucial to the population's health and wellbeing. Taking a 'population' perspective, is at the heart of public health, and is a natural part of the role of local government.[i]

1.2 As a local authority, the Council is well placed to try new and different ways of tackling intractable public health problems. The local authority has considerable expertise in building and sustaining strong relationships with residents and service users through community and public involvement arrangements. This undoubtedly helps to extend the engagement of local people in the broader health improvement agenda.[ii]

1.3 The Faculty of Public Health defines public health as being:

> "*The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through organised efforts in society.*"

What does this mean for us in Hillingdon? Put simply our priority is to help support the residents of Hillingdon (in collaboration with our partners in health, education, the police, the voluntary sector, business and communities) **to stay well, live longer and lead productive lives**.

1.4 Overarching Public Health Outcomes: There are two overarching public health outcomes which local authorities were tasked with achieving in 2013:

- **Outcome A:** Increasing the healthy life expectancy of residents. Taking account of health quality as well as the length of life.

- **Outcome B:** Reducing differences in life expectancy and healthy life expectancy between communities.

These two outcomes reflect a focus not only on how long people live, but on 'how well' they live at all stages of life.

1.5 Three domains of Public Health: The three domains of public health practice provide a useful framework around which to organise and deliver the above 'overarching public health outcomes' for Hillingdon's residents:

Table 1: Three Key Domains of Public Health Practice[iii]

Domain 1	Domain 2	Domain 3
Health Improvement: ▪ Disparities/Inequalities ▪ Wider factors that affect health and well-being: - Education - Housing - Employment - Family - Community - Environment - Lifestyles ▪ Surveillance and monitoring of specific diseases and risk factors.	**Healthcare Public Health:** ▪ Disease prevention ▪ Evidenced-based practice ▪ Clinical effectiveness ▪ Efficiency ▪ Service planning ▪ Clinical governance ▪ Disparities ▪ Equity of provision ▪ Audit and evaluation	**Health Protection:** ▪ Infectious diseases ▪ Emergency response ▪ Environmental health hazards ▪ Chemicals, poisons and Radiation ▪ Disparities

1.6 An outcomes-focused approach

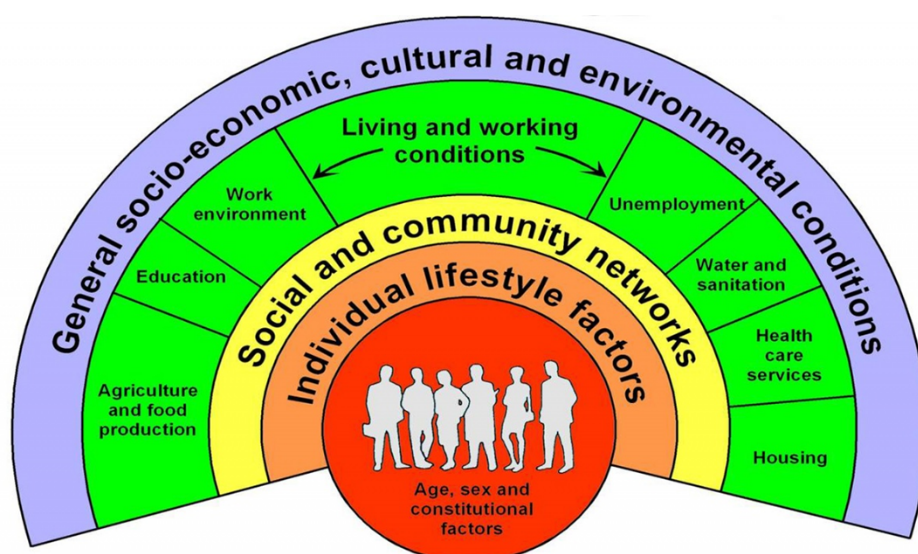
The Public Health Outcomes Framework (PHOF):[iv] The PHOF, from which the 'overarching outcomes' (section 2.1 above) were taken, have a set of supporting public health indicators which are 'designed' to help local authorities understand what progress they are making locally to

improve the lives of their residents. The indicators are based around the three domains of Public Health practice (as outlined above), with the addition of a fourth domain entitled: *'Improving the Wider Determinants of Health'*. The PHOF is refreshed[1] every three years, most recently in 2019, following user consultation.

Published on a quarterly update cycle, the PHOF is not a performance management tool for local authorities. Rather, it enables local authorities to benchmark and compare their own outcomes with that of other local authorities.

1.7 Wider Determinants of Health: As individuals, our health is influenced by a wide range of social, economic and environmental factors. We are not always able control them and they can influence and often constrain the 'choices' that we make and the lifestyle that we lead. The term wider determinants of health is usefully explained by **Figure 1** below:

Figure 1: The Wider Determinants of Health[v] in our Neighbourhoods



1.8 These indicators are used to build up a picture of the health and care needs of Hillingdon residents, as part of the ongoing development of our Joint Strategic Needs Assessment (JSNA). This 'picture' of Hillingdon is used to inform the commissioning and procurement of both health and social care services, as well as planning, housing, leisure services and so on.

2.0 PUBLIC HEALTH CONTRACTS

2.1 Table 1, below, provides details of both the 'mandated' and 'specified non-mandated' public health services contracts which are commissioned by the London Borough of Hillingdon

[1] PHOF is refreshed every three years by Public Health England. [Note: As of as of 1st October 2021 PHE became (a) The Office of Health Improvement & Disparities (OHID) and The UK Health Security Agency (UKSHA)]. The responsibility for refreshing the PHOF rests with the OHID.

Table 1: Mandated and specified non-mandated public health services commissioned by the London Borough of Hillingdon

Mandated Public Health Services	Specified Non-mandated Public Health Services
▪ Integrated Sexual and Reproductive Health Services (PH) ▪ Weighing and Measuring Children (PH) ▪ NHS Health Checks Programme (PH) ▪ Healthy Child Programme 0 to 19: health visitor and school nursing service (SC)	▪ Integrated Substance Misuse (drugs and alcohol) Services (PH) ▪ Smoking Cessation Services (PH) ▪ Adult Weight Management (PH)

Key: PH – Public Health led.
SC – Social Care led

Not all commissioned public health services sit within the 'direct' remit of the Director of Public Health function. This report focuses on those areas for which 'Public Health' is the lead.

2.2 The NHS Health Check

Context:

The NHS Health Check is a national risk assessment, awareness and management programme for people aged 40 to 74 who do not have an existing cardiovascular condition. The programme is aimed at preventing heart disease, stroke, type 2 diabetes, kidney disease and some types of dementia. All eligible individuals are entitled to receive an NHS Health Check once every five years. The NHS Health Check is one of the five mandated Public Health functions for local authorities.

Cardiovascular disease (CVD) is responsible for more than a quarter (25.4%) of all deaths in England. Between 50% and 80% of cases of heart disease and stroke are estimated to be caused by modifiable risk factors such as smoking, obesity, high blood pressure, high cholesterol, atrial fibrillation (AF), excessive alcohol consumption and physical inactivity, so therefore could be prevented from occurring (Gov.UK, 2018).

The NHS Five Year Forward View (NHSE, 2017) outlines the Office for Health Improvement and Disparities (OHID) – formally Public Health England (PHE) - ambition to reach over 2.8 million more people with an NHS Health Check. Nationally, it is estimated that this will identify around 280,000 people at high risk of CVD and facilitate follow up, preventative care for 70,000 patients with high blood pressure, 14,000 patients with type 2 diabetes and over 4,600 patients with CKD who will be diagnosed earlier and treated by the NHS.

Over a five-year period, based on the current population of Hillingdon, the NHS Heath Check Programme could potentially identify 9,580 people with a high risk of CVD and 1,920 people with hypertension (PHE, 2018). The earlier identification and subsequent treatment of these

people should lead to a reduction in premature death from CVD and narrow inequalities. There will be associated savings in both NHS and social care costs.

***The commissioned service (Contract Value:* £280,000)**

Currently, the London Borough of Hillingdon (the local authority) has a separate contract with each Hillingdon GP practice for them to provide an NHS Health Check service for their eligible patients. These 45 contracts are due to expire on 31st July 2022. The Public Health Team is exploring possible options for future commissioning arrangements which could facilitate an increase in the number of NHS Health Checks carried out and reduce variation in activity between individual GP practices.

In addition to the standard Hillingdon contract terms and conditions, the NHS Health Check contract includes:

- A detailed service specification;
- A list of national service standards and guidance which much be adhered to;
- A set of quality outcome indicators;
- Information on reporting and performance monitorin

Outcomes

The commissioned Hillingdon NHS Health Check programme contributes towards improved performance against the following national indicators set out in the Public Health Outcomes Framework (PHOF) including:

- Indicator E03 – Under 75 mortality rate from causes considered preventable;
- Indicator E04a – Under 75 mortality rate from all cardiovascular diseases;
- Indicator E04b – Under 75 mortality rate from cardiovascular diseases considered preventable;

And specifically:

- People invited for an NHS Health Check per year;
- People receiving an NHS Health Check per year;
- People taking up an NHS Health Check invite per year.

In Hillingdon, around 81,500 people are eligible for an NHS Health Check. 20% of this eligible population (16,300 people in 2021/22) should be invited each year to ensure that the entire cohort are offered an NHS Health Check every five years. At least 13.3% (aspiring to 15%) of the eligible population should receive an NHS Health Check each year. For 2021/22, this is nearly 10,900 checks (aspiring to 12,200 checks) which is equivalent to a take-up rate of 66.6% (aspiring to 75%).

The **Table 2** below shows how Hillingdon compares against the London and England benchmarks for the period 2020/21. (Note: Hillingdon NHS Health Check services, as elsewhere, were severely impacted by the Covid-19 pandemic during 2020/21).

Table 2: NHS Health Check Performance for the period 2020/21 for Hillingdon, London and England

Indicator	Hillingdon percentage of eligible cohort	London percentage of eligible cohort	Hillingdon's position out of 33 London local authorities	London percentage of eligible cohort	Hillingdon's position out of 151 England local authorities
People invited for an NHS Health Check	2.3%	3.6%	22nd	3.1%	77th
People receiving an NHS Health Check	1.2%	2.2%	22nd	1.2%	62nd
People taking up an NHS Health Check invite	53.0%	62.5%	16th	39.0%	48th

Source: https://fingertips.phe.org.uk as at 11 November 2021

Current Challenges:

In addition to the ongoing challenge of COVID-19 recovery, there are several other key issues facing the Hillingdon NHS Health Check programme. These are:

- Increasing NHS Health Check uptake and improving access: a range of approaches should be considered to improve take-up among the eligible population, target higher risk and under-served groups, and raise awareness of the NHS Health Check among the general public;
- Increasing the uptake of preventative interventions**:** increasing referrals to and the uptake of preventative interventions such as smoking cessation, weight management and exercise services would enable more individuals to be supported in making behaviour changes to reduce their risk of cardiovascular illness;

- Potential forthcoming changes to the NHS Health Check programme: OHID will shortly publish its National NHS Health Check Review report. It is anticipated that this report will include recommendations to:

  - Lower the age at which people will be able to receive their first NHS Health Check;
  - Broaden the scope of the NHS Health Check by introducing both a mental health and a musculo-skeletal component;
  - Use digital technology to support the delivery of NHS Health Checks;

- Cost pressures: At present, the NHS Health Check budget can accommodate around 7,850 checks each year, which is 9.6% of the current eligible population. Hillingdon's target number of checks and its aspirational target are 10,875 (13.3% of the eligible population) and 12,234 (15.0%) respectively. ***If the age range for the programme is expanded, these targets will increase significantly.***

Once the National NHS Health Check Review report has been published, the Hillingdon NHS Health Check contract will need to be reviewed and revised to reflect the recommendations arising from the report, and also address the issues of uptake and improving access. If there are significant changes in expectations as to what needs to be delivered, ie. increased numbers of checks, additional tests and new digital requirements, the Public Health Team will need to prepare a business case to seek further funding for the programme.

By increasing the number of NHS Health Checks that are carried out each year, we will be able to identify more people who are at a higher risk of CVD and detect more undiagnosed disease. Early identification of higher CVD risk or previously undiagnosed disease means the risk or condition can be better managed, leading to improved health outcomes for more people, and reduced health and social care costs.

2.3 Adults and Children's Weight Management Services

Context:

Levels of overweight and obesity in England are high and increasing. Almost two-thirds (62.8%) of adults in England carry excess weight and 1 in 3 children leaving primary school are either overweight or obese. Such high levels of excess weight in our population, combined with sedentary lifestyles, high availability of convenient energy dense foods are leading to an increase in the prevalence of serious long term conditions and early deaths from strokes, cancers and COVID-19.

Obesity is a strong and complex contributor to poor outcomes in COVID-19 that the experts have called out for urgent multidisciplinary action for dealing with these two pandemics converging into a 'syndemic'. The impact of social lockdowns have added further concerns owing to reported drops in physical activity among adults and children, increased snacking and reduced consumption of fresh fruit and veg due to disruption in supply chains leading to what is colloquially referred to as 'lockdown bellies'.

In March 2021, the government announced £100 million funding to support the population lose weight. Out of this:

- £30 million was distributed to local authorities for providing *Tier 2* (lifestyle based) weight loss services. *The rest of the funding was allocated for establishing:*
    - a national digital weight management service
    - Enhanced service for GPs to refer those suffering from certain LTCs
    - NHS commissioning of *Tier 3* weight-loss (clinical service) and *Tier 4 (bariatric surgery)*
    - Pilot a small number of multi-component programmes for children

Prevalence of overweight and obesity in adults and children: In 2019/20, 65.3% of adults (aged 18+) in Hillingdon were classified as overweight or obese compared with 55.7% in London and 62.8% in England. This equates to approximately 158,000 adults with excess weight, while on GP registers, the recording of obesity is only 8.3% (21,028), because it includes only those adults who were weighed and measured at the GP practice.

For children, data from the National Child Measurement Programme shows that in the 2019/20 academic year, 21.8% of reception age school children in Hillingdon were overweight or obese, rising to 36.3% for year 6 pupils. Although Hillingdon is not among the boroughs with worst childhood obesity and overweight rates in London, our rates have been persistent / worsening. Year 6 obesity rate has been significantly higher than the national rate in previous years and the obesity rate more than doubles between the Reception Year and Year 6.

Health Disparities: Obesity and overweight prevalence is higher in more deprived communities. Obesity rates are also higher in women than in men, and in some minority ethnic groups

compared to the white British ethnicity. Children from deprived neighbourhoods and from minority ethnic communities are more likely to be overweight and obese.

Health Impacts: Obesity is associated with reduced life expectancy and is a risk factor for a range of chronic diseases including cardiovascular disease, type 2 diabetes, at least 12 types of cancers, liver and respiratory disease, and can also impact on mental health.

While obesity is not something that can be changed overnight, a healthy lifestyle (maintaining a healthy weight, eating a healthy diet and being physically active) not only lowers the risk of cancer and other non-communicable diseases but also ensures better functioning of immune system.

COVID-19 and Obesity: Obesity is known to increase a person's risk of becoming severely ill or dying from COVID-19. Studies have shown that obesity increases the risk of being admitted to hospital with COVID-19 by 113%, of being admitted to intensive care by 74%, and of dying by 48%. In people with BMI over 40, the risk of death from COVID-19 had increased by 90% as compared to people with healthy weight.

Apart from the health risks of the coronavirus, the food we eat, the way we work and how physically active we are have all been changed and impacted in ways hardly imaginable a year ago, which compounded by factors like loneliness, has added further challenges to maintaining a healthy weight.

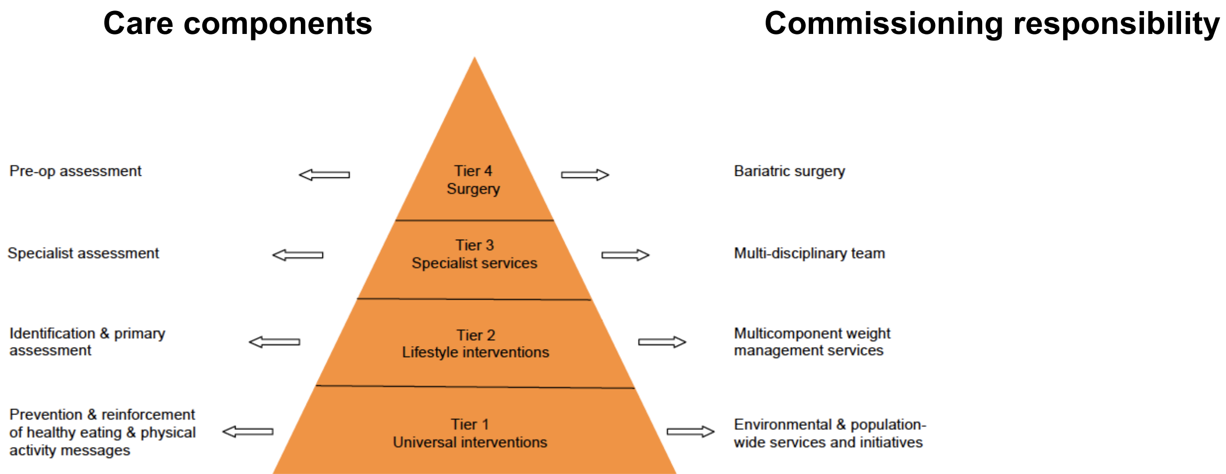
The cost of obesity: The overall cost of obesity to the society as a whole was estimated in 2012 to be £49.9 billion per year. It is expected to increase as levels of obesity in the population increase, and those with excess weight become older.

Building a Collaborative Approach: Obesity is a complex issue which requires actions at many levels by the government, local agencies and organisations, businesses, the NHS, communities, families and individuals.

At the local level, Hillingdon council provides a multiagency partnership chaired by public health to co-ordinate actions by stakeholders to tackle the issue of obesity across the 'life-course' from maternity, early years, schools, adults and older age using a variety of settings.

Procuring a weight management service is important, however wider preventative approaches *(ie. Tier 1)* across the system are equally essential to tackling the impacts of the modern 'obesogenic' environmental factors. **Figure 2** below illustrates the different tiers of service and commissioning responsibilities. Local authorities are responsible for the bottom tiers (*Tier 1 and Tier2*), while the NHS is responsible for the top two tiers (*Tier 3 and Tier 4*)

Figure 2: Tiers of weight management services



Source: BOSS and RCS Tier 3 guidance

Tier 1 is crucial for preventing the 'conveyor belt' of adults and children contributing to increasing rates. However, contracts for Tier 1 services are not commissioned by the public health team and hence are out of the scope of this report.

Commissioned Tier 2 services (Contract Value: £107,035)

Adults Weight Management:

In 2018, the local authority commissioned, The Hillingdon (GP) Confederation to provide an Adults Weight Management Programme (£25k). The service provides a 12-week weight management programme for approximately 200 adult residents. The programme, which started as a face-to-face service, had to be transformed - with the introduction of the COVID-19 lockdowns in 2020 - to an 'online offer'. Going forward the aim will be to provide some face-to-face sessions during times of reduced COVID-19 transmission.

This year, we are building upon the success of the adult weight management programme with an additional £82,035 government grant. This has enabled us to extending the 'reach' of the service to 800 adults. The original programme has been 'revamped' and relaunched as the 'Health, Lifestyle, Action' programme with apps, blogs and expert input from local doctors and pharmacists. Criteria for accessing the services are as follows:

- Adults who have Body Mass Index (BMI) greater than 30 Kg/M2 (or 27.5 Kg/M2 in Asian population) and no comorbidities.

- BMI greater than 27.5 Kg/m2 and co-morbidities, such as diabetes, hypertension, etc.;

There are plans to enhance efforts to tackle disparities through the provision of specialist services for men, people from certain high risk black and minority ethnic groups, people with learning disabilities and, those with mental illness.

We shall be working closely with Hillingdon Health & Care Partnership and NWL NHS Integrated Care System colleagues to help develop effective Tier 3 and Tier 4 services, so that Hillingdon residents with severe and complex obesity can access those services to reduce their risk of serious diseases through quality assured and safe clinical weight management services.

Going forward, the Government has kept their promise in the recent spending review announcing their decision for:

- Maintaining the Public Health Grant in real terms over the Spending Review 2021 period, enabling local authorities to invest in prevention and frontline services like child health visits.
- Continuing the £100 million investment per year announced at Spending Review 2020 to help people achieve and maintain a healthy weight.
- Investing in the Start for Life offer for families.

Children's weight Management:

Children's weight measurement is a ***mandatory*** responsibility of the local authorities which involves weighing and measuring ALL school children at age 4-5 and age 10-11 years as part of the National Child Measurement Programme (NCMP).

The National Child Measurement Programme (NCMP) has been provided in Hillingdon since 2005 by the school nursing service. Since 2013, Hillingdon Council has commissioned Central and North West London (CNWL) to provide a weighing and measurement service for all children at entry (Reception Year) and exit level (Year 6) of primary schools, via the 0-19 children's services contract.
(This contract is managed by Head of Child and Family Development.)*

The (Children's weight management contract is also managed by Head of Child and Family Development as part of 0-19 service.) CNWL has been commissioned to provide Tier 2 weight management service as part of the wider 0-19 contract for around 180 children. Children identified via the NCMP as being 'very overweight' (obese) at KS1 (5-7 years) and KS2 (aged 7-12 years) attended a 10-week family based intervention. Prior to the first lockdown, CNWL was developing a revamped 'My CHOICE' programme. However, in spring term 2020, the delivery of the very first programme was disrupted due to the first lockdown. CNWL is in the process of restarting My Choice.

Outcomes:

The commissioned adults and children's weight management services contribute to the following metrics:

- National - PHOF indicators
- PHE Adult Weight Management Services Outcomes
- DHSC grant condition outcomes specified as part of the grant allocation including data submission using the specified Digital Data Capture Tool

2.4 Integrated Sexual & Reproductive Health Services

Context

Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active. Sexual ill health can affect all parts of society – often when it is least expected.[vi] Having the correct sexual health interventions and services can have a positive

effect on population health and wellbeing as well as individuals at risk. Some groups at higher risk of poor sexual health face stigma and discrimination which can impact on their ability to access services. Groups at highest risk of acquiring sexually transmitted infections (STIs) include young people, some black and ethnic minority groups, and gay and bisexual men.

Unmet Need: A lot of people, including health professionals, are not comfortable talking about sexual health issues. Many STI cases are not reported and therefore remain undiagnosed, either because they are asymptomatic, have non-specific symptoms or because infected individuals do not seek care because of the social stigma attached to STIs. Consequently, the numbers of STI cases reported may substantially underestimate the total number of cases.

Sexual ill health can be detrimental to the overall health and wellbeing of residents. These can include loss of earnings, loss of fertility due to undiagnosed and/or untreated pelvic inflammatory disease. Long term complications from unplanned pregnancies which may lead to deprivation and increasing inequalities such as stigma, long term psychological effects and includes the effects not only on the mother and child but also on the wider family and community.

Markers for sexual health need in Hillingdon include, in particular: STIs, late diagnosis of HIV, abortions (including repeat abortions) and teenage pregnancy. The position in Hillingdon mirrors the national picture whereby increasing levels of STI transmission in the population is likely to be linked to long term changes in sexual behaviour such as: unsafe/risky sexual behaviour, the average number of sexual partners and patterns of contraceptive use

***Commissioned Service: Integrated Sexual & Reproductive Health Services (Contract Value:* £3,300,000)**

Local authorities have a statutory responsibility for commissioning comprehensive, open access, sexual (ie. testing for and treatment of sexually transmitted diseases) and reproductive (ie. contraception) health services for their residents. Services currently commissioned as part of the Integrated Sexual and Reproductive Health Service include:

- Genitourinary Medicine (GUM) services to meet the healthcare needs of those who have acquired sexually transmitted infections (STIs);
- Community Contraception & Sexual Health Services (CASH) – including young people friendly clinics;
- Chlamydia screening of those aged 15 to 24 years;
- HIV Support Services;
- Health promotion;
- Condom distribution;
- Emergency Hormonal Contraception

- The HIV prevention drug pre-exposure prophylaxis (PrEP)
- Chlamydia screening.

Hillingdon's Integrated Reproductive and Sexual Health contract was awarded to London North West Healthcare Trust in July 2017. The current contract is due to end on 31st July 2022. It has recently been amended to include the provision of Pre-Exposure Prophylaxis[2] (PrEP) which is funded by NHS England.

[2] Pre-Exposure Prophylaxis[2] (PrEP) is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV.

The **NHS** is responsible for commissioning the following sexual and reproductive health services:

- The General Medical Services Contract (for GPs), which includes Level 1 sexual health provision from general practitioners (GPs)such as uncomplicated contraception and referral to abortion services;
- HIV treatment, care,
- Sexual Assault Referral Centres (SARCs).
- Abortion services
- Psychosexual services for sexual dysfunction.

Outcomes:

The Public Health Outcomes Framework contains a number of specific indicators for sexual health:

- Syphilis diagnostic rate / 100,000
- Gonorrhoea diagnostic rate / 100,000
- Chlamydia detection rate / 100,000 aged 15 to 24 <1900 1900 to <2300 ≥2300
- Chlamydia proportion aged 15 to 24 screened
- New STI diagnoses (exc chlamydia aged <25) / 100,000
- HIV testing coverage, total (%)
- HIV late diagnosis (%)
- New HIV diagnosis rate / 100,000 aged 15+
- HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5
- HIV late diagnosis (%)
- New HIV diagnosis rate / 100,000 aged 15+
- HIV diagnosed prevalence rate / 1,000 aged 15-59 <2 2 to 5 ≥5
- Under 25s repeat abortions (%)
- Abortions under 10 weeks (%)
- Total prescribed LARC excluding injections rate / 1,000
- Under 18s conception rate / 1,000
- Under 18s conceptions leading to abortion (%)

Performance against the teenage conception indicator improved significantly from 2018, as the teenage conception rate dropped to 14.8 per 1,000 girls under 18 years, compared to 36.5 in 2010. Hillingdon has performed less well in meeting needs in relation to the following indicators: Chlamydia screening, new STI diagnoses and total prescribed long acting reversible contraception (LARC).

Challenges

Long Acting Reversible Contraception (LARC): More work needs to be done to investigate and audit the duration and variable use of Long Acting Reversible Contraception (LARC), removal rates and its variable uptake across the Borough. This should also include pre-conception and maternity.

One of the challenges for the IRSH provider is working in partnership with the maternity service provider to ensure that all, especially vulnerable women, receive a form of LARC prior to discharge from hospital ie. at the time of a caesarean section or at the very least receive a "bridging method" of contraception, such a progesterone only pill, which is suitable for breast feeding mothers, until they are able to access their usual contraceptive services in the usual way either online or via a triage service by ISRH or at the 6 week postnatal check-up in primary care.

Abortions: Early intervention and prevention is key, as such the commissioned services will need to work with a range of other services to help prevent at risk groups from developing more complex problems:

- Targeting 'unreached communities' and those adopting 'risky' behaviours'/ making 'risky' lifestyle choices.
- Improving approaches to harm reduction (ie. in relation to the use of New Psychoactive Substances (NPS) also referred to as club drugs, legal highs.

Community Sexual Health Promotion:

- Need for effective coordinated general sexual health promotion programme (to tackle lack of awareness about STIs and routes of transmission.
- Limited number of Hillingdon residents reached through the Pan-London HIV Prevention Programme. Improved links with local area required to ensure effective engagement with residents.
- Lack of clarity regarding the impact of current health promotion programmes which target young people through eg. Chlamydia Screening Programme.

Male Service Users: The existing community sexual health service is predominantly used by women and is perceived to be a service for women. Engaging, in particular, young men in 'sexual health self-care' is key. Evidence suggests that: (a) young men are unlikely to actively seek out information or advice on sex health and (b) re-infection rates of Chlamydia in young women is often driven by partners. Successful work with men needs to see behind the 'macho mask' to consider vulnerabilities that hide behind such behaviour. Targeted service for boys and young men through outreach services to locations used by young men and dedicated clinic sessions to increase service uptake.[3]

Over Fifties: There are gaps in the provision of sexual and reproductive health services for an increasing population of over 50s:

- Over 50s and Stigma: There is a need to raise awareness amongst over 50s regarding. the need to understand the risks they face and how to protect themselves. (Note: Many medical /care professionals avoid discussing sexual health issues with the older community as they may be embarrassed to broach the subject, or don't ask questions around sexual health as they assume older patients are not sexually active. Stigma around older people's sexuality can stop people from seeking professional advice – including older LGBT people.

- Young People Focused: As reported in the 'Adult Health Watch Mystery Shopper Focus Group' in 2020, over 50s believe that the existing ISRH service is focused on meeting the needs of young people, with less attention being paid to the needs of the over 50s population. The challenge would be how to ensure that the service meets the sexual health and contraceptive needs of the middle-aged service users.

[3] Sex Education Forum Factsheet II. "Supporting the Needs of Boys and Young Men in Sex and Relationship Education".

2.5 Integrated Substance Misuse Services

Context

Substance (both drugs and alcohol) misuse is an important public health issue. It is complex in nature and can have a significant impact not only on the lives of those directly involved but also on those close to them - their families, friends, as well as the communities within which they live. In addition, drugs and alcohol misuse represent a significant underlying contributor to health care costs, crime, homelessness, spouse and child abuse, as well as on-the-job safety and productivity losses.

Drugs Misuse:

Drug addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use, despite adverse consequences.

The cost of drug misuse: The total cost of the illicit drugs trade to the NHS and criminal justice service together (alongside associated costs to families and society), is estimated to be over £19 billion a year, which is more than double the estimated value of the illicit drugs market itself.

Drug-related morbidity and mortality: Although drug misuse exists in most parts in the UK, it is more prevalent in areas that are characterised by social deprivation, which in turn is associated with poorer health. The majority of drug misusers also smoke cigarettes, and many have lifestyles which are not conducive to good health. People in treatment or in the criminal justice system, who have used opiates are six times more likely to die prematurely than people in the general population. They are particularly at risk soon after leaving treatment or prison. Some people who use opiates and have never been in treatment are at greatest risk of drug-related death.[vii]

The impact of drug misuse on families and communities[viii]: Protecting children from the potential impact of drug misuse is an important issue. Drug misuse often places an immense strain on the families of drug misusers including the children of drug-using parents, and can has a serious negative impact on the long-term health and wellbeing of family members. Problem drug use in parents can, and does, cause serious harm to children at every age. Effective treatment of the parent can have major benefits for the child. Services and clinicians need to work together to protect and improve the health and wellbeing of affected children. Drug treatment can also improve the quality of life for families and carers.

Alcohol Misuse:

The cost of alcohol misuse: Alcohol misuse is estimated to cost the NHS approximately £3.5 billion per year and society, as a whole, £21 billion annually. Most people enjoy alcohol without causing harm to themselves or to others. Alcohol misuse is when a person drinks levels of alcohol that can cause them physical, psychological, and social problems - both in the short and long-term. Alcohol misuse contributes to a wide range of serious health problems and accidents which require health care that include:

- *Physical and mental health harms:* Physical problems include liver diseases (hepatitis and cirrhosis), heart diseases and stroke. Psychological problems include depression, loss of memory and impaired judgment. Misuse of alcohol can be fatal, contributing to sudden deaths through acute alcoholic poisoning or accidents while people are intoxicated, as well as deaths due to long-term abuse of alcohol.

- *Crime/public disorders:* Alcohol misuse has close links to crime, disorder, anti-social behavior, and other crime types such as domestic and sexual violence and drink driving.
- *Loss of workplace productivity:* Working days lost due to alcohol related sickness and reduced employment.
- *Social harms:* Including problems within families, young people and communities.[ix]

The profile of primary alcohol misusers is different to that of drug clients, as they tend to be older: over a fifth are aged between 40 and 44 years of age. Most alcohol misusers enter treatment via self-referrals or referrals from mental health services. The position is similar for Hillingdon. Outreach findings for Hillingdon suggest that there is a cohort of substance misusers who are not known to any services, who commonly have problems of homelessness, alcohol dependency, inability to claim benefits, loss of employment, lack of access to a GP and a consequent inability to access prescribed medication.

Categories of alcohol misuse: There are four main categories of “alcohol misusers”:

- *Hazardous drinkers:* those who drink at levels over the sensible drinking limits, either regularly or through less frequent sessions of heavy drinking, but have so far avoided significant alcohol related problems.
- *Harmful drinkers:* those who drink above sensible levels, usually more than hazardous drinkers and show clear evidence of some alcohol-related health problems.
- *Moderately dependent drinkers:* are likely to have increased tolerance of alcohol, suffer withdrawal symptoms, and have lost some degree of control over their drinking. They may recognise they have a problem with drinking but do not have severe dependence.
- *Severely dependent drinkers:* may have withdrawal fits (delirium tremens: e.g. confusion or hallucinations usually starting between two or three days after the last drink); and may drink to escape from or avoid these symptoms.

Patterns of drinking vary according to gender, age and other factors such as lifestyle and income. For example, men are more likely than women to drink more than ‘sensible’ amounts, while young people aged 16-24 years are more likely than older people to ‘binge drink’.

Commissioned Substance Misuse Services (Contract Value: £2,974,509)

Local Authority commissioned substance misuse services are provided by ARCH (Addictions Recovery Community Hillingdon), which is a part of Central & North West London NHS Foundation Trust (CNWL). ARCH currently provides a range of ***clinical and psychosocial interventions*** for the clients who may reside or have a GP within the London Borough of Hillingdon.

As of Quarter 4 2020/21 the service had approximately **1,193** clients of which approximately **600** clients have an alcohol-related problem within the service. The clients attending the service cover a broad spectrum and typology of drug misuse and drinkers including mild to moderate or severe dependence or problem drinking. A large proportion of these clients will have a range of complex presentations and physical and mental health comorbidities.

ARCH provides a range of service for the most vulnerable to serious harm from others. Priority groups will also include:

- Pregnant women and those with parenting responsibilities
- Service Users who are also offending

- Clients with co-existing mental health and alcohol or drug misuse problems (dual diagnosis)
- Service Users who are injecting
- Those in inappropriate accommodation or at risk of eviction, or homeless
- Sex workers
- Treatment naïve – individuals who have not previously accessed services
- Those receiving support from multiple organisations and support services
- Young People in transition
- Service Users leaving prisons

Pathways of Care for drug and alcohol misuse clients: **Table 3** below details the pathways of care that are available at ARCH for substance misusers of all ages (Note: Young people in the main are seen from 18+ years).

Table 3: Pathways of Care for drug and alcohol misuse clients:

PATHWAYS OF CARE
▪ Assessment and individual personal recovery plans ▪ Advice and information on reducing harm, including blood borne virus interventions ▪ Needle exchange ▪ Specialist psychosocial interventions ▪ Specialist pharmacological treatments for help with drug and alcohol problems ▪ Specialist detoxification programmes to manage withdrawal symptoms and safely wean clients off drugs and alcohol ▪ Emerald Pathway – For alcohol dependent older people who have multiple barriers to engagement with mainstream services ▪ One-to-one and group therapies aimed at getting to the core of the problem ▪ GP Shared Care Scheme for clients stable on opiate substitute treatment ▪ Motivation and support from those that have previously had problems with alcohol or drugs ▪ Group activities and social networks, including men and women's groups, relapse prevention and life skills advice ▪ Joint working with employment agencies, training providers and housing associations to help you get back on track ▪ Evening and weekend social drop-in and activities with the opportunity to volunteer and build new social networks to help with client's recovery.

Grant Monies: Since 2019/20 ARCH has been successful in obtaining grants from the former Public Health England to undertake project work regarding rough sleepers and criminal justice clients – see **Table 4**

Table 4: Grant Allocation for Substance Misuse 2019/20 to 2021/22

Project Title	Project Description	Allocated Grant
1) Alcohol treatment capital grant 2019-20 Welfare Pathway for Street Homeless Dependent Drinkers	To provide a comprehensive physical health and wellbeing plan for street homeless dependent drinker clients, by providing a 'Health Passport' for each client to ensure they have access to the nursing and medical team at ARCH. As part of the comprehensive physical and wellbeing offer for these clients, ARCH have sought to enable these clients to have access to Fibroscan. FibroScan is a rapid and non-invasive method to assess alcohol liver disease. Access to this service is particularly significant for ARCH clients with alcohol problems, who may be homeless or rough sleepers, as their engagement with other health care providers is poor. The Fibroscan has enabled early identification of liver disease and early implementation of disease management programs. The aim has been to help to reduce emergency hospital admissions and improve mortality rates within the local population.	**£69,660.00**
2) Rough sleeping drug and alcohol treatment grant 2020/21	ARCH Homeless Outreach team will be community based and predominantly focus on outreach activities, this means visit hostels and accommodation projects to target these individuals, build a therapeutic relationship and refer on to specialist services. This will also include in-reach to community groups, soup kitchens and locations where need is greatest need. The outreach workers and specialist nurses will provide NICE compliant interventions with the aim to reduce health inequalities. Outreach to: ▪ Known hotspots of street drinkers – Olympic House and Heathrow Airport ▪ Liaison with Salvation Army, Winter Night Shelters and Housing ▪ Joint targeting and liaison in areas of high social deprivation. - Safe neighbourhood teams - Police - crack house closures - Community events - Hillingdon's largest ethnic groups - Emerging populations ▪ Re-engaging SUs who dis-engage or miss appointments ▪ Engaging repeat attenders to A&E	**£171,655**

Project Title	Project Description	Allocated Grant
3) Universal Grant (2021/22)	To improve treatment pathways from the criminal justice system including courts, prisons and police custody, through a range of intervention to include: In-reach into Prisons to meet and jointly run groups for those due for release and known. Create more personal release plan and ahead of time. Creating pathways from prison to rehab /RDP Build into roles to sit in within the MDT – sit in and know the people who are going to be released – Through the gate/link workers to meet prisoners on day of release and support navigation to appointments – ensuring have harm reductions packs and detailed support plan in place. Active engagement with social prescriber to link into asset map Support and partnership work with ETE and housing Areas of need prison releases during first week – lots appointments e.g. probation substance misuse, benefits housing etc – Developing a co-ordinated multi partnership approach to release planning Robust packages of care package in the community and assertive follow-up Support prison to do segmentation exercise of addictions caseload Identify clients who also have pain management issues and those prescribed pregabalin and gabapentin Prescribing / mental and physical health and wellbeing assessments. Ensure referrals into secondary care is in place where needed. Court nurse to work with the courts to ensure correct application of ATRs DRRSs Identify GP to work with prison releases Multi-agency working - link with probation and where possible better co-production and communication Use of contingency management vouchers /incentives Group work program criminal justice clients an option/ reducing re-offending program – linking in with probation Clear sign posting and partnership working to get into volunteering and employment Robust systems in place for data capture Interventions need to target re-offending.	**£355,000.00**

Outcomes:

The commissioned substance misuse service contributes towards improved performance against the following national outcome indicators set out in the PHOF and National Drug Treatment Monitoring System (NDTMS), namely:

- Successful completion of treatment
- Early / unplanned exits
- Drug-related deaths
- Hospital admissions due to drug poisoning
- Alcohol-related admissions to hospital
- Mortality from causes considered preventable
- Adults new to treatment in eligible for a HBV vaccination who accepted one
- Take home Naloxone and overdose training
- Clients identified as having a mental health treatment need and receiving treatment for their mental health
- Employment outcomes
- Length of time in treatment
- Successful completions

Challenges

Prevention: We recognise that there is more to be done around the issue of *prevention*. Identifying drug misuse and intervening early, can build resilience, reduce risks, and help to avoid further health and social harms and dependence. It is also acknowledged that the prevention of substance misuse needs to move more upstream - both from the perspective of:

- Preventing substance misuse amongst children and young adults/adults;

- Amongst cohorts of adults who are at risk of developing more serious problems (eg. older people, MSM, or those for whom new psychoactive substances may represent a 'gate way' to stronger stimulants).

- The commissioned service will be expected to fully engage in working with the local authority and strategic partners in the development of evidenced-based approaches to the prevention of substance misuse.

Emerging Needs: The changing and emerging needs of local populations such as that of Hillingdon[4] are likely to include issues such as:

- Complex/multiple needs, including domestic violence, co-existing substance misuse with mental health issues, criminal justice involvement and homelessness
- Safeguarding for children, young adults and vulnerable adults
- Pathways for harmful/hazardous drinkers
- Interventions for dependent and binge drinkers
- Flexible responses to novel psychoactive substances (NPS)
- Links to end of life pathways/palliative care

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[4] Public Health England - Quality governance guidance for local authority commissioners of alcohol and drug services (2015) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669622/Alcohol_and_drug_treatment__quality_governance_guidance.pdf

Tackling issues such as these will require effective partnership working by the specialist community substance misuse service providers, across the local Integrated Care System - including: primary healthcare, secondary/acute healthcare, mental health services for common and more severe mental illness, sexual health clinics, social services as well as prison healthcare.

Impact of COVID-19 - Young People's Mental Health: Unfortunately, COVID-19 has had a detrimental impact on young people's mental health. The young person worker at ARCH is offering more individual psychological support as part of her Counselling Psychologist pathway than in previous years. Young people are experiencing higher rates of anxiety, low mood, isolation, feeling overwhelmed, self-harming behaviours and self-medicating their mental health difficulties. Referrals to ARCH from A&E department have increased considerably since last year and the pattern of these referrals are more likely to require CAMHS or social services input for complex needs, than in previous years where referrals from A&E were, at that time, more suited for brief educational support.

The Emerald Pathway – Alcohol dependent older people: The 'Emerald Pathway', was launched in August 2016. The pathway targets elderly clients who are alcohol dependent, who have multiple barriers to engagement with mainstream services - such as physical or mobility issues. 'Emerald pathway' clients are unable or unsuitable to be seen within the mainstream service but have need of brief alcohol intervention. All 'Emerald Pathway' clients are seen by the outreach team in their home for the entirety of their treatment journey.

The outreach team has established good working links with the A&E alcohol liaison nurse, that serves to ensure firstly, that appropriate referrals reach the outreach team and secondly, that vulnerable and elderly clients are able to access support services that meet their needs. ARCH is currently reviewing the service with a view to modifying the pathway to target clients with lower-level needs that otherwise would not access treatment but are at risk of escalating needs. This client group (ie. older or less mobile clients that have attended A&E possibly following an alcohol-related injury) would be able to access a brief alcohol intervention model.

2.6 Smoking Cessation Services

Context

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 74,600 deaths a year in England. It harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease, and heart disease as well as numerous cancers in other organs including the lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

There is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product.[5] About half of all lifelong smokers will die prematurely, losing on average about 10 years of life. Smoking kills more people each year than the following preventable causes of death combined:

- Obesity (34,100)
- Alcohol (6,669)
- Road traffic accidents (1,850)
- Illegal drugs (1,605)
- HIV infection (504)

[5] US Surgeon General - 'How Tobacco Smoke Causes Disease', The 2010 US Surgeon General report,

Professor Chris Whitty - Chief Medical Officer for England, has stated that:

> *"Smoking is one of the biggest causes of a very large number of diseases, of which lung cancer is only one. It is likely that by the end of this year, that at least as many and probably more people will have died of a smoking related disease than of COVID-19. It also has a very significant impact on hospitalisation as a result."*

The impact of smoking places a severe strain on hospital services. In 2019/20 there were estimated to be 506,100 hospital admissions attributable to smoking.

Commissioned Services (Contract Value: £135,382)

The Hillingdon Local Authority has commissioned CNWL - ARCH (Addictions Recovery Community Hillingdon) to provide a high quality, targeted and evidenced-based approach to smoking cessation. The provider delivers a service that adheres to guidance from Office of Health & Disparities (OHID), the Department of Health, the National Institute of Health and Care Excellence (NICE) as well as recommendations provided by the National Centre for Smoking Cessation and Training (NCSCT) and Action on Smoking and Health (ASH).

Eligibility Criteria: To facilitate a quit attempt, a combination of behavioural support with appropriate licensed smoking cessation pharmacotherapy is provided to eligible residents who fit into the following agreed priority groups:

- Children and young people under 18 years.
- Pregnancy and after childbirth - including partners.
- Those with mental health issues including substance misuse.
- People with disabilities and long-term conditions.
- Routine and manual occupations.

With the primary aim being to reduce smoking prevalence among these priority groups, specialist core smoking cessation advisors, based at ARCH, provide support to residents through a variety of mechanisms including and where possible (in the light of the COVID-19 pandemic), face to face and telephonic consultations. Within the community, community pharmacies are also available to provide behavioural support and pharmacotherapy through appropriately trained and registered smoking cessation advisors. GP practices are equipped to direct their patients to the core service or a suitable pharmacy to engage in an intervention.

Within the secondary care setting (ie. Hillingdon Hospital) the service provider works with the hospital (ie. with colleagues in both the Maternity Unit and Respiratory Medicines Services) to implement the CQUIN (Commissioning for Quality and Innovation) scheme, which is delivering clinical improvements in smoking cessation. This has been achieved by identifying, treating and/or referring patients to the core smoking cessation service. Working in partnership with the local hospital, the core team of advisors are also available within this setting to provide smoking cessation support to inpatients, outpatients and patients attending A&E.

The Service has largely maintained a conversion to quit rate above 35% as recommended by the Institute for Health & Care Excellence (NICE) and following the service specification outcomes expectations.

Outcomes

The commissioned smoking cessation service contributes towards improved performance against the following national outcome indicators set out in the PHOF:

- Smokers that have successfully quit at 4 weeks
- Smoking in early pregnancy
- Smoking status at time of delivery

Challenges:

The Impact of COVID-19: ARCH has reported that COVID-19 has seriously disrupted the provision of stop smoking support and supplies of pharmacotherapy to eligible residents of Hillingdon. There has been a notable reduction in residents accessing the provision especially during major campaigns - pre- and post-No Smoking Day and Stoptober where the service was unable to participate in outreach across the borough due to the lockdown restrictions. Historically, this intervention has always succeeded in awareness and driving footfall into the service and therefore quit attempts.

Due to social distancing and factoring in the expulsion of air, the format of this intervention including the use of the motivational Carbon Monoxide tool to validate a client quit attempt was not utilised during the pandemic. However, this has been reverted with the gradual ease of the lockdown.

ARCH have made contingency plans in line with Government guidelines and have continued to operate mainly through the borough Community Pharmacy provision and telephonic consultations by the core smoking cessation team. During the pandemic, it has also been noted that the number of Community Pharmacies engaged in smoking cessation clinics has seriously fallen due to staff capacity and other urgent pharmaceutical services taking precedent.

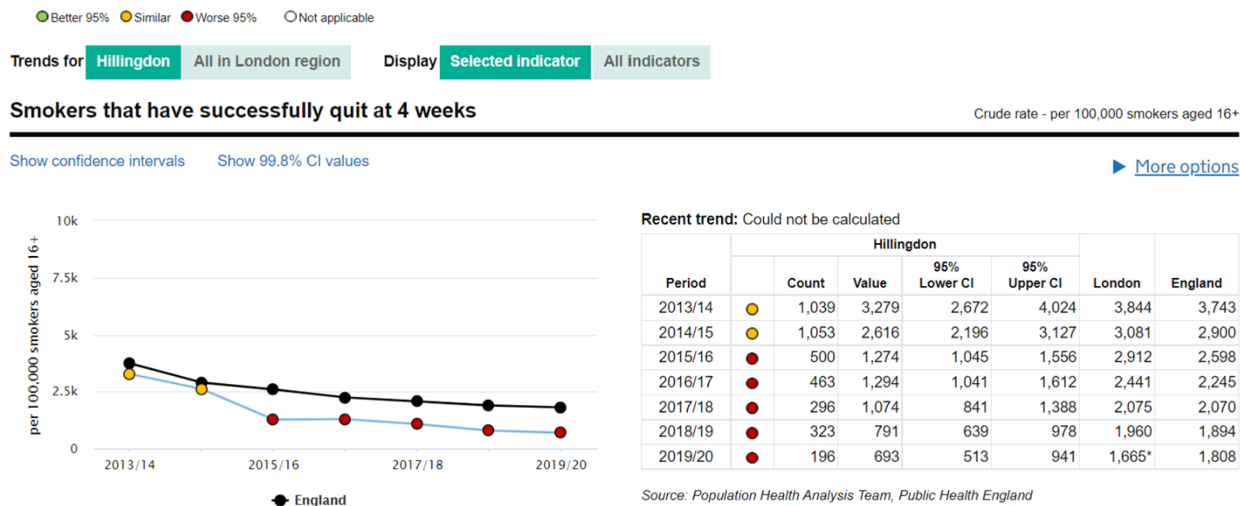
Pan London Smoking Cessation Transformation Project (LSCTP): Since April 2021, the local authority has invested just over £10,000 to be part of the LSCTP programme. The anticipated benefits include:

- Engaging with the LSCTP will add an extra layer of service and capacity on top of what the core service provides. Residents will have the flexibility to either access the core service or engage with specialist advisors employed by LSCTP through phone, text, and online platforms.
- ARCH will be able to count those who quit using the Pan-London service against their figures.
- Membership will also facilitate sign posting into the core service.
- Membership will provide ARCH with the opportunity to engage in network meetings with other London Boroughs. The meetings will provide a platform to share examples of good practice in smoking cessation.

With collaborative working, and investment into the Pan-London LSCTP, it is envisaged that the ARCH Stop Smoking Service will experience a rise in resident footfall, engagement levels and importantly quits.

Capacity: Currently the core service has limited members of staff who are fully trained, and this has led to difficulties in providing a seamless smoking cessation service. There remains scope to build on opportunities to provide outreach in community settings, such as places of worship, community halls and libraries in order to achieve much needed improvement in the 4-week quit rate – see **Figure 3 below**:

Figure 3:



Period		Hillingdon Count	Value	95% Lower CI	95% Upper CI	London	England
2013/14	Similar	1,039	3,279	2,672	4,024	3,844	3,743
2014/15	Similar	1,053	2,616	2,196	3,127	3,081	2,900
2015/16	Worse	500	1,274	1,045	1,556	2,912	2,598
2016/17	Worse	463	1,294	1,041	1,612	2,441	2,245
2017/18	Worse	296	1,074	841	1,388	2,075	2,070
2018/19	Worse	323	791	639	978	1,960	1,894
2019/20	Worse	196	693	513	941	1,665*	1,808

Source: Population Health Analysis Team, Public Health England

Eligibility: Historically the stop smoking service has accepted all residents of Hillingdon to access an evidenced-based quit attempt. However, since April 2019, the service has been restructured and provides motivational support in combination with medication only to those residents of Hillingdon who fit into the agreed eligible priority groups . Residents who are not eligible are directed to fund their own medication, but can still receive a course of motivational and behavioural change support.

2.7 Healthy Start

Context

The Department of Health and Social Care (DHSC) Healthy Start Scheme (HSS) is a statutory, UK-wide means-tested scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Through the issuing of the Healthy Start Card/vouchers both adults and children are able to access vitamin supplements, milk, fresh fruit and vegetables.

The HSS aims to encourage breastfeeding and healthy eating for vulnerable pregnant women, breastfeeding women and children up to age four in low income and disadvantaged families across the UK. Women are supposed to receive information about Healthy Start when they attend for their first antenatal appointment.

Tackling Disparities: This statutory scheme is regarded as being key to reducing health inequalities, as it provides targeted support to the nutritionally vulnerable and tackles the key issue of weight management particularly in children.

Vitamin Deficiency: One of the key benefits of the HSS is that it aims to address the significant public health issue of vitamin D insufficiency and deficiency. Those at risk of vitamin D deficiency include for example: pregnant and breastfeeding women, breast fed babies whose mothers are deficient, people whose skin is covered when outside, the housebound and those with a family history of vitamin D deficiency.

Commissioned Services (Vitamins - £1,000)

Responsibility for the issue of vitamin tablets and drops to Healthy Start beneficiaries transitioned to the London Borough of Hillingdon on 1st April 2013. The vitamins are purchased by Public Health from the approved supplier - NHS Supplies.

Eligibility: Women qualify for the Healthy Start scheme if they are at least 10 weeks pregnant or have at least one child that's under 4. In addition, they must be receiving any of the following benefits:

- Child Tax Credit (only if the family's annual income is £16,190 or less).
- Income Support.
- Income-based Jobseeker's Allowance.
- Pension Credit (which includes the child addition).
- Universal Credit (only if the family's take-home pay is £408 or less per month from employment)

Eligibility for the Healthy Start Scheme also pertains extends if:

- Those under 18 years of age and pregnant, even if they do not receive any of the above benefits.
- Those who claim income-related Employment and Support Allowance (ESA) and are over 10 weeks pregnant.
- Those in receipt of working Tax Credit 'run-on' (this is the payment someone may receive for a further four weeks after they stop qualifying for Working Tax Credit)

Amount received: Once approved, Healthy Start Vouchers are received by post every 4 weeks or alternatively, money is added onto a Healthy Start Card every 4 weeks to spend on milk, infant formula milk, fruit, and vegetables:

- £4.25 or one voucher each week of the pregnancy from the 10th week.
- £8.50 or two vouchers each week for children from birth to 1 year.
- £4.25 or one voucher each week for children between 1 and 4 years.

The money will stop when the child is 4, or benefits are no longer received.

The pre-paid card or paper voucher is redeemable in a wide variety of local shops (e.g. supermarkets, news dealers, convenience and grocery stores, pharmacies), and milkmen who have registered to take part in the scheme.

Healthy Start Vitamins: Currently, beneficiaries also receive vitamin vouchers every eight weeks, or they can present their Healthy Start pre-paid card, which they can exchange for Healthy Start vitamins in their local children's center. Children's drops containing Vitamins A, C and D and Adult Tablets containing Vitamins C, D and folic acid are the vitamins that women and children may not be getting in adequate quantities from their dietary intake. This arrangement provides an ideal opportunity to engage with a priority group who can be linked into further support and services within the Children Centres.

On a quarterly basis, Children's Centres submit to the Public Health Team the number of Vitamin vouchers redeemed by residents. This information is submitted to NHS Business Services Authority.

Outcomes

The Healthy Start Scheme does not have any specific metrics attributed to it in the PHOF. The effectiveness of local uptake of the scheme is 'measured' in terms of our position in relation to the national average. The NHS Business Services Authority publish dataon the uptake of the Healthy Start Scheme on a quarterly basis. Take-up is calculated as a percentage of entitled beneficiaries over eligible beneficiaries. **Table 5** below shows a combined total of women and children who are entitled and eligible for the HSS. (Note: The table does not include eligible pregnant women, as they are not in receipt of a specific benefit). As shown in **Table 1** Hillingdon's average uptake of 53.3% is higher than the London average (52.3%), but slightly lower than the national average (55.0%).

Table 5: National and local data comparison on take up of the Healthy Start Scheme

Healthy Start Vouchers - Hillingdon Local Authority average take up for the period September 2020 to September 2021	
Location	**% Average take up September 2020 to September 2021**
Hillingdon	**53.3%**
London	**52.3%**
National	**55.0%**

https://www.healthystart.nhs.uk/wp-content/uploads/2021/04/Healthy-Start-vouchers-uptake-data-england.xlsx

Challenges

The uptake of Healthy Start Vitamins: There are some concerns that many eligible women in Hillingdon are not exchanging their vitamin vouchers for the drops/tablets, even though they are 'spending' their vouchers on milk, fresh or frozen fruit and vegetables or infant formula milk. The reasons for the current levels of uptake of the vitamins are not fully understood. It is apparent from the literature that the reasons for poor levels of uptake of the Healthy Start Vitamins can often be related to:

- Confusion among many health practitioners and families about where Healthy Start vitamins can be accessed in the local area.
- Midwives not being able to allocate adequate time for discussion within clinics due to competing priorities regarding the importance of vitamin D for both their children and their health.
- Training for health and other professionals working with children and families.
- Public awareness raising.
- Historical problems of supply.

The Impact of COVID-19: The COVID-19 pandemic has had a significant impact on many services throughout the London Borough of Hillingdon including the Healthy Start Scheme.

Mandatory lockdowns to control the spread of the virus, have inhibited the HS vitamins component of the scheme.

Mitigation: A Healthy Start training / Re-launch online event was completed on 28th June 2021. The purpose of this exercise was to enhance the skills, knowledge and confidence of colleagues from existing and new partner organisations such libraries, housing, job centres and food banks, to enable them to identify and share information about the HSS with those individuals and families who would be eligible to sign up to the scheme. The online event was well attended by over 40 colleagues.

The training event has served to promote the scheme in Hillingdon, targeting areas of greatest deprivation and going beyond that to ensure the widest distribution of key messages regarding the scheme. To facilitate advertising, materials such as posters and banners were produced by the Local Authority.
Feedback has confirmed that the training has also increased the confidence of our colleagues to be able to engage in a positive conversation about the Healthy Start Vitamins and the health benefits in particular of Vitamin D for maternal and child health.

3.0 Service Transformation

All commissioned public health contracts are under review, as part of ongoing service transformation. The aim will be to ensure that commissioned services are 'fit for purpose', designed to meet the health needs of our residents and are aligned with the strategic direction of the health and care partnership.

4.0 How this report benefits Hillingdon residents

This report benefits the residents of Hillingdon because it highlights the commissioned public health interventions which seek to improve both their physical and mental health and well-being.

5.0 Financial Implications

There are no direct financial implications arising from this report.

6.0 Legal Implications

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

7.0 BACKGROUND PAPERS

None.

REFERENCES

[i] Department of Health – Public Health in Local Government' (2011) www.dh.gov.uk/publications
[ii] Ibid
[iii] Faculty of Public Health – 'What is Public' Health?' http://www.fph.org.uk/what_is_public_health
[iv] Department of Health – 'Public Health Outcomes Framework – 2013/16'
[v] Dalgren and Whitehead – The Wider Determinants of Health (1991)
[vi] Department of Health – 'A Framework for Sexual Health Improvement in England' (March 2013)
[vii] Drug misuse and dependence - UK guidelines on clinical management. Prepared by Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group
[viii] Ibid

[ix] National Audit Office - 2008, *Department of Health Reducing Alcohol Harm: health services in England for alcohol misuse*, Report by the Comptroller and Auditor General.

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SCHOOL PLACE PLANNING – QUARTERLY UPDATE NOVEMBER 2021

Committee name	Families, Health and Wellbeing Select Committee
Officer reporting	Sarah Phillips – Education, Schools Place Planning
Papers with report	N/A
Ward	All

RECOMMENDATIONS:

That the Committee:

1. **notes the update and actions underway to support parents and schools.**
2. **questions officers about the update.**

SUMMARY

1. This report presents to the Select Committee the quarterly School Places Planning updates as this is a key statutory function of the Council as a Local Education Authority (LA) and involves liaison with all schools and Trusts in the borough, and with neighbouring LAs. The duty is to have a sufficiency of school places to meet parental demand. Place planning sets a strategic framework in which the LA and every school can operate, requiring annual review and decisions to be agreed with individual schools and trusts to adjust supply, and to inform commissioning decisions, timely capital investment and negotiations with the DfE.
2. Both the January 2021 and May 2021 census showed rolls had dipped in total since October 2020, before the pandemic, though most schools are full. Since August 2021, the Borough has experienced unprecedented levels of continuing new applications for places in all year groups, creating substantial work in the LA and most schools. It is still unclear if this is just a resettling after the dip of 2020-21 caused by Covid and will stop, or whether it is a new upwards trend. The October census will capture some of the newcomers and help answer this, but will not be ready until December, and analysis will be presented to the January meeting of this Committee.
3. This uncertainty affects place planning and necessitates greater margins of spaces to meet this in-year demand. We have the margin in primary schools but it is currently more difficult to achieve in all areas of the borough for secondary and for all types of special school. Substantial planning and feasibility projects are underway including ongoing discussions with schools, Trusts and DfE.
4. The LA place planning duty to ensure sufficient places to meet demand covers all schools; Community, Foundation, Voluntary Aided and Academy. Most

special and secondary schools and about half of all primary schools are full. The applications for Year 7 in September 2022 are now being assessed and it is clear that as projected, the total number is higher than last year. We will shortly have enough data to review the pattern of preferences from residents for schools in other LAs and from those outside for places in Hillingdon schools. The legal power of parental preferences for any school in any LA adds complexity to planning sufficient places in the borough for residents. Officers have discussions planned with Hillingdon secondary schools to ensure there are sufficient places to meet parental demand. Schools can increase their PAN without consultation, hence extra places have been added to some special and secondary schools over the past few years.

RECOMMENDATIONS

5. That the Families, Health and Wellbeing Select Committee:

   1) Note the update and actions underway to support parents and schools.
   2) Question officers about the update.

SUPPORTING INFORMATION

Schools reducing their Published Admissions Number (PAN)

6. In order to ensure the best use of resources across and in schools, some schools are consulting on reducing the Published Admission Number (PAN) – their 'operating figure', to take effect from 2023. No actual physical buildings will change. If by 2023 in some schools, parental demand has increased again then some of the PAN reductions may not be implemented. A few other London LAs are in the same situation of uncertainty, with proposals to decrease PAN but also monitoring some rise in rolls reflecting the level of parent preferences for different schools. It is important to note that most primary and secondary schools in Hillingdon are larger than the national or London average and most of these reductions are in large schools that had increased PAN ten years ago to meet demand. Now, as happens in a demand -led system, some need to adjust down. It is important to note in Hillingdon this is down to viable sized schools.
7. Ideally, we would have an 8% operating margin of vacancies in the 4,551 total Reception Published Admission Numbers (PAN) and overall and in some schools the figure is higher. This can create funding, staffing and other problems which impact on children's learning and stability of the class they are in. Following review and discussions with schools, Cabinet in September agreed to start consultation on proposals to reduce the Published Admission Numbers for 4 of the 27 community primary schools, where the LA is the admissions authority:

   - Field End Infant from 120 to 90,
   - Harefield Infant School from 90 to 60,
   - Harefield Junior School from 90 to 60,
   - Harlyn Primary School from 90 to 60.

8. After the consultation responses have been analysed a report will come to this Select Committee meeting on 5th January 2022 for discussion and also then to Cabinet to decide if the proposals should go ahead. If agreed, the PAN reductions will be published in 2022 to come into effect from 2023. There will be sufficient places to ensure that local residents and siblings can access the school. This reduction will also reduce the distance priority radius from 1250m to 1000 for Field End Infant School and 1000m to 750m for the other three schools in line with our admissions arrangements.

9. In addition, other admissions authorities in Hillingdon are now consulting to reduce PAN in their schools from 2023. Again, the same issues apply, these are mainly large schools with a one form entry reduction in PAN and will still be large. They have most or all of their year groups operating at this level already, with spaces available for siblings and other local pupils. There may be another one or two.

   - Hillside Infants school from 90 to 60
   - Field End Junior school from 120 to 90
   - Wood End Park Primary Academy from 150 to 120
   - Oak Wood Secondary School from 270 to 240

10. Also, other LAs and admissions authorities are currently consulting with Hillingdon on similar PAN reductions and these are being reviewed for any impact on residents and on place planning. None are so far seen.

11. In addition, Holy Trinity CE Primary School is now consulting on a temporary closure of its nursery at the end of this term, December 2021 due to parental demand having fallen to an unviable level. They will review demand for potential reopening in September 2023.

12. The October census data will shortly be complete and will be closely monitored for any overall trends and issues in geographical areas or specific schools.

Changes in School Organisation

13. On 1 September 2021 several permanent changes in school organisation took effect:

   - Oak Farm Primary school opened – amalgamating the previous separate Oak Farm Infants and Junior schools.
   - Lady Bankes Primary school opened – amalgamating the previous separate Lady Bankes Infant and Junior schools.
   - Hermitage Primary School joined the Vanguard Academy Trust
   - Field End Junior School joined the Vanguard Academy Trust

14. Over the summer the LA managed a project at Hedgewood Community Primary Special School to add four classrooms, additional small rooms and improvements

to the playground, personal care areas and toilets. The roll has now expanded to 193.

15. In Spring 2022 two new Free Schools will open – both replace existing schools which legally close:

    - Nanaksar Primary School in the Guru Nanak Sikh Academy Trust
    - The Young People's Academy in the Orchard Hill College Academy Trust.

16. In January a full update on all the 13 DfE funded and managed Free Schools and school building projects will be available and shared with the Committee.

17. The current overview of the total number and types of schools is on the table below.

Type and Number of schools in Hillingdon Statutory Phases	**MAINSTREAM**					**SPECIAL**	**TOTAL**			
	Primary YR-Y6	**Infant YR-Y2**	**Junior Y3-Y6**	**All-through R to Y13**	**Secondary Y7 - Y13**	**7 Special & 1 AP**	**TOTAL YR - Y13**	**Maintained by LA**	**LA Admissions & site**	**Admissio Authoriti**
Community (Mainstream Primary)	17	6	4	0	0	-	**27**	27	27	**1**
Community Special (1 Prim & 1 Sec)	1				1	2	**2**	2	2	
Voluntary Aided CE (all Primary)	4	-	-	-	0	_	**4**	4	0	**4**
Voluntary Aided RC (all Primary)	6	-	-	-	0	_	**6**	6	0	**6**
Foundation	2	1	1		2	_	**6**	6	0	**6**
Academy - Single	1	-	-	-	6	1	**8**	0	0	**8**
Academy - in MAT	20	-	2	1	9	5	**37**	0	0	**12**
UTC /Studios Y10-Y13 in MATs	-	-	-	-	4		**4**	0	0	**3**
TOTALS	**51**	**7**	**7**	**1**	**22**	**8**	**94**	**45**	**29**	**40**

Schools of all types in each phase: Primary: 70 Secondary : 27

This makes total 97 as both all-through schools are included in each phase, (1 is a Special school). The AP is Secondary

TOTAL PUPILS on all rolls Nursery to sixth form all types of school 51,713 at May 2021, the last census.

Notes

1. Also 1 Community Nursery School – takes total to 95 separate schools of which 30 are Community - 32% - Council owns site, admissions body, employs sta through the Governing Body.
2. Schools vary in size from small (65) to very large (1,850)
3. Free schools are included within MATs.

18. Note that work is underway to update key schools place planning and organisation information into a visual and easy reader format as a *School*

Organisation Plan – not legally necessary since 2010 but useful for Members, staff, schools and parents.

Implications on related Council policies

A role of the Select Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

How this report benefits Hillingdon residents

None at this stage, pending any findings by the Committee and any recommendations forwarded to Cabinet.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

Nil.

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MAJOR REVIEW - WORKING TITLE: ASSISTED LIVING TECHNOLOGIES REVIEW

Committee name	Families, Health and Wellbeing Select Committee
Officer reporting	Anisha Teji, Democratic Services
Papers with report	Review Scoping Report / Minute extracts
Ward	All

HEADLINES

Having heard from a number of witnesses in relation to the Committee's review of Assisted Living Technologies in Hillingdon, the Committee will now have an opportunity to discuss the findings of the review and consider possible recommendations.

RECOMMENDATION

That the Committee discuss the findings of its review of Assisted Living Technologies in Hillingdon and consider early draft recommendations in relation to the review.

SUPPORTING INFORMATION

Timeline of the review

To assist Members, this report sets out a timeline of the review.

At its meeting on 3 June 2021, the Committee received the draft scoping report for its major review on Assisted Living Technologies (ALT). Members considered the scoping report and agreed to commence the witness session programme.

The agreed Terms of Reference for the review are set out below:

1. To understand the Council's current offer with regard to Assisted Living Technologies;
2. To understand the demand and take up of services and explore the limitations residents encounter in accessing Assisted Living Technologies;
3. To explore the national setting and best practice around the implementation of ALT within local authorities and amongst the care sector;
4. To assess the ALT work that is currently taking place across Adult Social Care and to explore possible areas for improvement and future development by both inhouse and external care providers;
5. To review how the current Telecare Line service works from end to end and suggest ways by which the installation and repairs process could be streamlined;
6. To explore any lessons that may have been learnt in relation to ALT following the Covid-19 pandemic;
7. To influence or propose any emerging Council plans, guidance or policies with respect to the use of ALT;
8. Subject to the Committee's findings, to make any conclusions, propose actions, service and policy recommendations to the decision-making Cabinet.

The following witness sessions took place and relevant minute extracts are given for these for reference.

Witness Session 1 – Establish Understanding of Current ALT Local Picture, Objectives and Future Aims	At the meeting on 27 July 2021, the Committee commenced its first witness session as part of the review. Members heard from The Head of Business Delivery & Support and the Community Development Manager and had regard to the information report entitled 'Review of Assistive Living Technology'. The first witness session focussed on establishing and creating an understanding of the current ALT local picture, objectives and future aims in Hillingdon.
Witness Session 2 – Site Visit to Park View Court	On 11 August 2021, some Members of the Committee undertook a site visit to one of the Borough's extra care settings, Park View Court. Given the nature of the settings and current climate with the pandemic, only a selected few Members and officers undertook the site visit Members. The site visit was informative and was a good opportunity to consider the practical settings of a facility that used ALT. Members and officers present at the site visit provided feedback from the session at the meeting on 8 September 2021.
Witness Session 3 – Informal Meeting with Service Users	Following the Committee's decision that it would be beneficial to hear from service users in a session outside the usual Committee meetings to allow users to speak openly in an informal setting, an informal meeting was set up on 13 September 2021 at the Civic Centre. At that meeting, the Committee heard from a number service users organisations including: • Hillingdon MIND • H4All • Alzheimer's Society • Carers Trust • Hillingdon Autistic Care Services (HACS) • Hillingdon Carers Partnership • Comfort Care Services This session focussed on the service user prospective identifying areas that worked well and challenges. Key points noted from the meeting can be found at appendix A.

Witness Session 4 – Technology Demonstration	On 26 October 2021, Members received a virtual headset training session prior to the Select Committee meeting. Members were guided through a range of experiences, had an opportunity to use the headsets and gained an insight into what a person with dementia and autism experiences. as well as some child trauma experiences. Members found the session to be powerful and insightful. An additional session was held with the Cabinet Member for Families, Education and Wellbeing and Cabinet Member for Health and Social Care on 2 November 2021. An overarching project plan is being drafted with details of what training has already been delivered, who has been trained, which other service areas are due to be trained and where else the training could be used, along with evaluations and outcomes.
Witness Session 5 – Input from Technology Providers	At the meeting on 26 October 2021, the Committee also heard from service provider organisations including: • Buddi – a technology company that focusses on providing peace of mind by enabling people to live independently in their own homes for longer. • Apello – technology company that has developed products such as a monitored personal emergency alarm to enable people to lead independent and fulfilled lives. • Tunstall – technology company that uses technology to support those requiring care and health intervention to live independently in their chosen home setting. Solutions enable independent living by defining new models of care and creating globally connected healthcare solutions. The aim of the session was to provide an overview of their products and some insight into how it benefited residents.
Witness Session 6 – Input from Service Provider	The final witness session will take place on 30 November 2021 virtually. Members will heard from Grandcare, who offer a range of options designed to reduce costs and improve outcomes by enabling family members, caregivers and healthcare professionals to monitor and care for seniors remotely. Grandcare will provide a short presentation on their services, with a focus on what the service user could expect to experience and the benefits to the end user. The Committee will also receive the survey results at the meeting.

Committee Meeting on 30 November 2021 - next steps

Findings

Members are now requested to consider any collective findings from the outcome of the review. After hearing from witnesses and receiving evidence, the Committee should have sufficient information to shape its collective findings. Findings could be around, for example:

- view of the service provided at present
- general areas for improvement to the service / issue
- future considerations or direction for the service / issue
- resident / user considerations

Early draft recommendations

From the Committee's collective findings, particularly where there are areas for future improvement or further consideration identified, the Committee will then be able to look at more deliverable actions (i.e. recommendations) to meet the findings identified.

At this stage Members may wish to give some general thoughts on possible recommendations, all of which will be worked up with Democratic Services, service officers and the Committee Chairman, reporting back to the Committee on practicality and feasibility.

To assist the Committee, any recommendations, which ultimately will go to Cabinet, should:

- Meet the Terms of Reference of the review in the scoping report
- Be SMART - Specific, Measurable, Achievable, Relevant, Time-bound
- Not be a short-term fix, but a lasting outcome
- Affordable or can be aligned neatly with the MTFF process
- Based on a broad evidence base as possible
- Seek to review or amend existing approved policies (as opposed to create new ones)
- If publicity, engagement or education is recommended, to target such communications as best as possible.

Following the Committee's consensus on findings any draft recommendations, Democratic Services will prepare a draft review report, based around these, for the Committee's consideration at its next meeting. This will ensure the Committee is on target to report to Cabinet in the early part of 2022.

Title of review

Members may also wish to consider a fresh title for their review, from the current working title: Review into Assisted Living Technologies.

Further guidance

Service officers may also provide further information to the committee prior to this meeting, to assist it in developing findings and draft recommendations. They will also be present at the meeting for any questions.

Implications on related Council policies

The role of Select Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

How this report benefits Hillingdon residents

None at this stage, pending any findings approved by Cabinet.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

See Scoping Report.

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FAMILIES, HEALTH & WELLBEING SELECT COMMITTEE

Assisted Living Technologies major review – minutes from previous meetings

03/06/21	**COMMITTEE REVIEW: ASSISTED LIVING TECHNOLOGIES** The Committee considered the scoping report on Assisted Living Technologies. It was confirmed that the terms of reference outlined the process for understanding the current offer, exploring examples of better practice, understanding the market, exploring demand and care provisions and considering opportunities available to improve the service. The review was considered to be timely in light of the pandemic. It was agreed that of the terms of reference be amended to reflect the inclusion of managing long term conditions and Members were keen to investigate the limitations people faced in accessing services. It was decided that the terms of reference be expanded to include wider market engagement. The Committee would also have an opportunity to have sight of the apps used by services users and a demonstration would be provided. It was noted that topic of review had been proposed from the previous Social Care, Housing and Public Health Committee. In order to explore the topic in depth and make meaningful and practical recommendations, the Committee decided to expand the variety of witnesses to include Brunel University, advocacy groups such as AGE UK and local service users and their carers (both in person and surveys). Members were keen to meet with service users to hear their thoughts and were open to exploring this as witness sessions outside of the usual Committee meetings to create a more comfortable environment. **RESOLVED: That the feedback and suggestions be considered, and the scoping report be updated and noted.**
27/07/21	**COMMITTEE REVIEW: ASSISTED LIVING TECHNOLOGIES** The Committee heard an update on the witness session plan for the review, with the suggestion to include Hillingdon4all as a potential witness. Members were keen to hear from different sectors including the voluntary sector. It was agreed that a site visit would take place to an extra care home and supported living unit and Democratic Services would liaise with Members regarding suitable dates and times. The Head of Business Delivery & Support and the Community Development Manager presented the report on Assistive Living Technology (ALT) and delivered the first witness session.

	It was noted that mapping and geographical spread sat alongside the wider digitalisation agenda where connectivity speed was being tested. There were some areas in the Borough that had low connectivity speed and it was agreed that this could be explored further. ALT was generally described as a range of equipment technology that supported people to live independently and have greater control over their health and welling. It was highlighted that the review considered the Council's current offer of ALT for the benefit of residents and what further developments could be used to ensure the promotion of self-management, independence and the management of demand on social care budgets. The report had detailed information regarding the current offer and data regarding service users. It was highlighted that Hillingdon had a core offer of Telecare and associated products for the remote monitoring of resident well-being. Alongside this the Council provided a responder service 24 hours per day, seven days a week for residents without suitable contacts. The core offer included pendants/call buttons, sensors for movement, gas & fire sensors and GPS tracking technology. It was noted that there were more opportunities available now to support residents with supported living with the increase in range of products on the market. The Committee heard information on Hillingdon's demographics including statistics on the number of people that had dementia and the number of residents that had taken up the Telecare offer. The Committee heard how ALT was implemented in different care settings, noting that care homes had not been big users of the technology. Members discussed the barriers to using ALT services and were keen to explore this further with service users and providers and noted the action plan. It was considered that the action plan would inform Members' engagement with service users and partners to enable the Committee to create practical recommendations. In response to Member questions, further information regarding the B12 take-up would be provided. **RESOLVED: That the Committee noted the current position regarding the local ALT offer and agreed the action plan and future aims.**

08/09/21	COMMITTEE REVIEW: ASSISTED LIVING TECHNOLOGIES
	The Committee heard an update on the witness session programme for the Assisted Living Technologies (ALT) review. It was noted that due to scheduling, it had been difficult to secure the attendance of a service provider witness at the meeting. **Site visit to Park View Court** The Head of Business Delivery & Support provided an update following the Member site visit to Park View Court on Wednesday 11 August 2021. The Committee Park View Court was an extra care facility in the south of the Borough. As part of the session, Members were provided with a tour of the facility where they viewed an empty flat containing ALT equipment, common areas including a bath facility with reflective lights, a relaxation area and a treatment room. Following the tour, Members met with a range of staff that worked at Park View Court including the Head of Home and Extra Care. General questions were asked around service users' thoughts and the feedback was generally positive. Park View Court reported that they had moved all their systems online making it easier to record and follow up actions. Care plans could be updated in real time to record prescription changes and family visits. This had previously been done through manual care records. In terms of system failures and backups, it was noted that if a service user was not wearing their pendant, this could cause issues. The Committee heard that service users were sometimes unwilling to ask for assistance to avoid any inconvenience and work had been done to educate service users about the technology. Service users were encouraged to ask for assistance when required. It was confirmed that training for staff was part of their contractual obligations and they needed to comply with Care Quality Commission requirements. The Council also provided training to staff. The Committee raised some concerns with the gaps with online services, particularly in domiciliary care, where the systems were not always accessible. Questions were raised on how users with dementia would be able to update care providers and elderly residents who were not familiar with smart phones and Alexa. The concerns were noted and Members had an opportunity to ask these questions directly to families and carers at the informal witness session arranged with service users. Following service user feedback, it was noted that there had been adequate demonstrations of the technology and users were comfortable. **Witness session programme** The Committee had regard to the witness programme which provided details of upcoming witness sessions. A session had been arranged open to all the

	Committee for Monday 13 September 2021 at 2 pm, involving various representatives from: 55. Hillingdon Autistic Care & Support; 56. Carers Trust Hillingdon; 57. Hillingdon Mind; 58. Alzheimer's Society; and 59. a service user that lives in a supported living service. Although the witness session had been arranged at short notice, it was noted that the session had been set around the availability of service users in an informal setting to enable an open environment. The Committee was informed that a virtual headset training session was also being proposed for Tuesday 26 October 2021 and Democratic Services would finalise details in due course. It was noted that a provider had been identified for another site visit to consider wider technology however the unit was not in the Borough. The Committee was also informed that extensive efforts had been made to secure witness attendance, however this was dependent on engagement. Some concerns were raised that only three Members were able to attend the site visit on Wednesday 11 August 2021, that there was no service provider present at the meeting, that there had been a late notification of the meeting on Monday 13 September 2021 and the October meeting had missed out local authority exemplars. It was explained that given the nature of the settings and the Covid -19 pandemic restrictions, only a selected few Members attended. It was also confirmed that witness sessions had been arranged the availability of witnesses. Contact had been made with the community engagement team in respect of an online surveys. Many local authorities were in the same stage of delivery as the London Borough of Hillingdon and efforts to find a suitable direct exemplar that would add value to the review would continue. Members were also keen on hearing from younger service users in addition to elder residents. **RESOLVED: That the Committee:** **1. noted the feedback from the site visit; and** **2. agreed the witness sessions arranged for Monday 13 September 2021 and Tuesday 26 October 2021.**

13/09/21	**COMMITTEE REVIEW: ASSISTED LIVING TECHNOLOGIES**
	List of organisations attending: • Hillingdon MIND • H4All • Alzheimer's Society • Carers Trust • Hillingdon Autistic Care Services (HACS) • Hillingdon Carers Partnership • Comfort Care Services Witness session notes Officers introduced the witness session with a short explanation of what exactly was meant by Assistive Living Technology (ALT). ALT was explained using several examples, including wearable pendants, home and door sensors, gps trackers, Alexa, apple watches, etc. Attendees at the meeting were then split into two groups to facilitate more open discussion on the topic, before reconvening to the whole group at the end of the meeting. The groups agreed that there were many benefits to using technology to assist independence and care. It was echoed that technologies like pendants and Alexas were beneficial. It was noted, however, that it was difficult for service providers to keep up with the many new developments in ALT. It was suggested that it would be useful to have some form of information hub for service providers to be able to get information on these developments. A major strand of discussion for both groups was the concern that some service users were left behind by the move to more technologically based care and assistance. Several barriers to service user take up of ALT were noted, including a lack of access to wifi or the lack of know-how or confidence to be able to use ALT effectively. Mental health issues could also inhibit service users' take up of ALT. Paranoia about online fraud and person data theft could make the use of the internet triggering for service users. It was also noted that many people had a general resistance to change, and that this could be an impediment to the take up of ALT. This problem was not just related to the service users themselves; often it was family members who were most resistant to changes in services due to technology. For example, family members might be used to their relative having four calls from a carer per day, and would be upset if this were to be reduced and replaced by remote meetings through technology. However, in some cases, the service user preferred the new format more. A related strand of discussion related to the use of ALT during the COVID-19 pandemic. Similar concerns as the above were raised, but additional issues were also highlighted. The use of zoom/teams over the pandemic for services was discussed, with zoom being used for a variety of services, including exercise classes, social events and games. Some service users liked this move online, but

	others found it confusing and distressing when lots of people were on a call. Problems had arisen as a result of the transition back to in-person services, particularly due to the negative impacts of the pandemic on service users' personal development. Education was posited as one solution to breaking down the barrier for those who lack the technological literacy to use ALT. It was emphasised that, as more services return to in person delivery, IT literacy help schemes must also return in-person, with online schemes insufficient. Pre-pandemic examples included services offered at the library, particularly a scheme where Brunel students volunteered to sit with residents to help them use the computers. The issue of outreach was also raised. Service providers were concerned that, even with strong services provided to help people with technological literacy, some people would still slip through the net. It was agreed that the barriers to the take up of ALT emphasised that a one size fits all approach to its use would be wrong. A tailored approach was preferable where it was acknowledged that technological solutions were not always appropriate. Summary of key themes of discussion: • Ability to access services/technology/internet • Training requirements • Financial implications • Impact on mental health/social isolation • Difficulty of booking online sessions/limited session time • Importance of community hubs/safe spaces • Overcoming resistance to change • Balance of technology with personal interaction • Overcoming health issues such as dementia and remembering how to use technology • Digitisation of paper records • Redundancy and resilience should records be lost/technology becomes unavailable • Engagement with end users + carers/family/guardians/service commissioners and third party providers • Promotion of life skills/independence • Promotion of services available • Early assessments to identify all available solutions at outset • No one size fits all solution

26/10/21	**COMMITTEE REVIEW: ASSISTED LIVING TECHNOLOGIES SCOPING REPORT** The Committee had its third witness session as part of its review on Assisted Living Technologies (ALT). Members heard from three service provider organisations as detailed below. Each organisation provided an overview of their products, insight into how their products benefited residents and future planning around assisted living technologies. **Tunstall** Members first heard from Tunstall which was a technology company that used technology to support people requiring care and health intervention to live independently in their chosen home setting. Solutions enabled independent living by defining new models of care and creating globally connected healthcare solutions. Tunstall's vision was to give people the freedom to live their lives so that people could stay at home for as long as possible. The Committee heard about the different products available including the Tunstall Go, Connect Wellbeing App and Group Living Solutions. The future involved an emphasis on cognitive care by increasing the level of personalisation in care and health systems. Following Member questions, it was confirmed that only the necessary data was held for users and this was not shared with third parties. In terms of obstacles to using Assisted Living Technologies, there was no specific cohort that encountered obstacles, however generally mental health during and post lockdown had impacted this area significantly. Although there had initially been a weariness of technology, this position had changed during lockdown as many people had become more familiar with IT devices. The pendant worked well as an option for elderly people prone to falls. There were several products available for the future however these were still in the testing stage and the aim was to have equipment that was compatible with all types of other equipment. **Buddi** Members then heard from Buddi which was a technology company that focussed on providing peace of mind by enabling people to live independently in their own homes for longer. The Committee heard about the different products available including the Buddi Mini, Buddi Clip, Buddi Clip and Connect Wristband and the Buddi Hub. Members welcomed the different case studies involving other local authorities where products had assisted with travel training. These products had also assisted with dementia and falls risks enabling residents to continue to live in their own homes, whilst managing risks around seizures. Following Member questions, it was noted that although the battery life for specific products was 24 hours, various alerts could be set up to act as charging reminders. There were alternative options available for services who were prone to losing their

	devices and an example of this included cello taping the device to zimmer frames. The devices were numbered personally so were easily identifiable and there was also an option to disable tracking information. There were a number of products available for the future that were in the process of being completed. **Apello** Members lastly heard from Apello which was technology company that had developed products such as a monitored personal emergency alarm to enable people to lead independent and fulfilled lives. The Committee heard about the different products available and the significance of everything now being digital. The Smart Living Solution was the main system and there were a range of cloud services including the digital bridge. The Committee watched a video on the digital transition. It was noted that Apello had also been awarded the best use of technology for housing. In response to Member questions regarding response times, it was confirmed that as soon as the call was initiated a response would be almost instant, irrespective of the client base size. It was noted that all products were digitally designed and future proofed. **Virtual headset training** It was noted that prior to the meeting, the Select Committee took part in a virtual headset demonstration, where Members were guided through a range of experiences, had an opportunity to use the headsets and gain an insight into what a person with dementia and autism experiences. Members found the session to be powerful and insightful. **RESOLVED: That the Committee heard the witness evidence and asked questions of those present.**

FAMILIES, HEALTH & WELLBEING SELECT COMMITTEE - WORK PROGRAMME

Committee name	Families, Health & Wellbeing Select Committee
Officer reporting	Anisha Teji, Corporate Services and Transformation
Papers with report	Appendix A – Work Programme
Ward	All

HEADLINES

To enable the Committee to note future meeting dates and to forward plan its work for the current municipal year.

RECOMMENDATIONS

That the Families, Health & Wellbeing Select Committee considers the report and agrees any amendments.

SUPPORTING INFORMATION

1. The Committee's meetings will start at 7pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. Forthcoming meeting dates are as follows:

2021/22 Municipal Year Meetings	Room
03 June 2021, 7pm	CR5
27 July 2021, 7pm	CR6
08 September 2021, 7pm	CR6
26 October 2021, 7pm	CR6
30 November 2021, 7pm	CR6
05 January 2022, 7pm	CR6
02 February 2022, 7pm	CR5
31 March 2022, 7pm	CR 5
20 April 2022, 7pm	CR 5

Implications on related Council policies

The role of the Select Committees is to make recommendations on service changes and improvements to the Cabinet, who are responsible for the Council's policy and direction.

How this report benefits Hillingdon residents

Select Committees directly engage residents in shaping policy and recommendations and the Committees seek to improve the way the Council provides services to residents.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

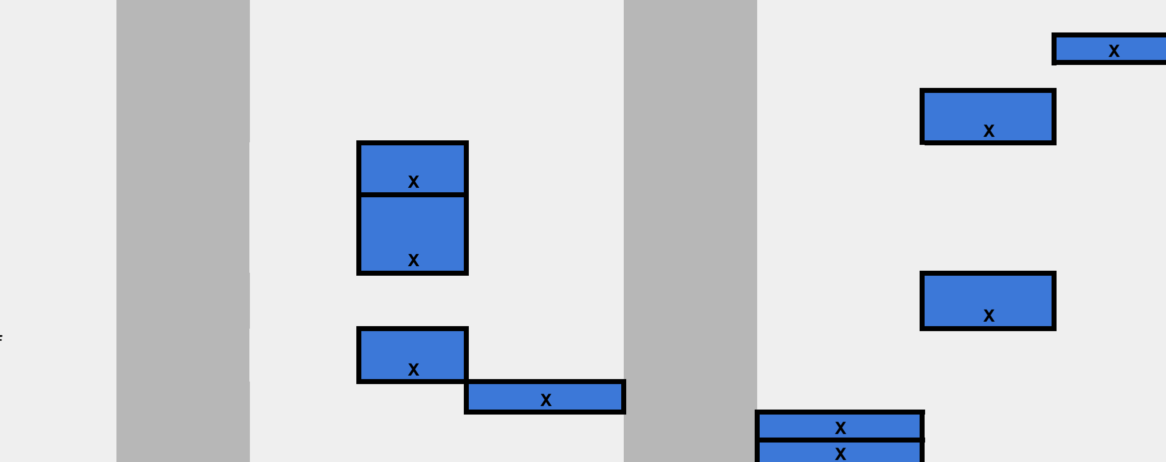
BACKGROUND PAPERS

NIL.

Multi year work programme

May 2021- May 2022

Families, Health & Wellbeing Select Committee	July 27	August No meeting	September 8	October 26	November 30	December No meeting	2022 January 5	February 2	March 3	April 20	May CABINET
REVIEW : Assisted Living Technologies											
Topic selection / scoping stage											
Witness / evidence / consultation stage	Witness Session 1		Witness Session 2	Witness Session 3							
Findings, conclusions and recommendations					Findings		Recommendations				
Final review report agreement								Final report			
Target Cabinet reporting									CABINET		
Regular service & performance monitoring											
Mid year Budget Update	x										
Annual Complaints & service report update			x								
Cabinet's budget proposals for next financial year							x				
Children's Safeguarding Partnership (formerly the LSCB)	x										
Annual SAB (Adults Safeguarding Board report)	x										
Standards and Quality in Education in Hillingdon 20/21									x		
Quarterly School Places Planning Update	x				x						
Standards Attainment report (incl. School Improvements & Outcomes of Discussions on Performance)									x		
Report / minutes from the Corporate Parenting Panel	x			x			x		x		
Cabinet Forward Plan Monthly Monitoring	x		x	x	x		x	x	x	x	
One-off service monitoring											
Update on Telecare Line											
Semi-Independent Living for Young People									x		
Carers Strategy Delivery Update											
Update on the new SEN Strategy, and the new Additional Needs Strategy								x			
Better Care Fund - Learning Disabilities/Autism Workstream				x							
A review of Hilliingdon Adult and Community Learning Service on behalf of the previous Residents, Education & Environmental Services Policy Overview Committee				x							
Promoting Healthy Lifestyles (Sport and Physical Activity)								x			
Public Health Update on Initiatives brought in as a result of the Covid-19 pandemic				x							
Public Health Integrated Service Contracts					x						
Overview of Corporate Parenting Responsibilities							x				
Changes to our admissions criteria							x				



Access to EHCPs for Children with SEND		x						
Elective Home Education policy - update on new policy implementation						x		
Youth Services update						x		
Early Years Provision Update						x		
Past review delivery								
Making the Council more autism-friendly (1 year on)								x
Internal use only								
Report deadline	14 Jul 21	25-Aug-21	13-Oct-21	17-Nov-21	17-Dec-21	20-Jan-22	16-Feb-22	07-Apr-22
Agenda published	19 Jul 21	31-Aug-21	18-Oct-21	22-Nov-21	23-Dec-21	25-Jan-22	23-Feb-22	12-Apr-22

CABINET FORWARD PLAN

Committee name	Families, Health and Wellbeing Select Committee
Officer reporting	Anisha Teji, Corporate Services and Transformation
Papers with report	Appendix A – Latest Forward Plan
Ward	As shown on the Forward Plan

HEADLINES

To monitor the Cabinet's latest Forward Plan which sets out key decisions and other decisions to be taken by the Cabinet collectively and Cabinet Members individually over the coming year. The report sets out the actions available to the Committee.

RECOMMENDATION

That the Families, Health and Wellbeing Select Committee notes the Cabinet Forward Plan.

SUPPORTING INFORMATION

The Cabinet Forward Plan is published monthly, usually around the first or second week of each month. It is a rolling document giving the required public notice of future key decisions to be taken. Should a later edition of the Forward Plan be published after this agenda has been circulated, Democratic Services will update the Committee on any new items or changes at the meeting.

As part of its Terms of Reference, each Select Committee should consider the Forward Plan and, if it deems necessary, comment as appropriate to the decision-maker on the items listed which relate to services within its remit. For reference, the Forward Plan helpfully details which Select Committee's remit covers the relevant future decision item listed.

The Select Committee's monitoring role of the Forward Plan can be undertaken in a variety of ways, including both pre-decision and post-decision scrutiny of the items listed. The provision of advance information on future items listed (potentially also draft reports) to the Committee in advance will often depend upon a variety of factors including timing or feasibility, and ultimately any such request would rest with the relevant Cabinet Member to decide. However, the 2019 Protocol on Overview & Scrutiny and Cabinet Relations (part of the Hillingdon Constitution) does provide guidance to Cabinet Members to:

- Actively support the provision of relevant Council information and other requests from the Committee as part of their work programme;
- Where feasible, provide opportunities for committees to provide their input on forthcoming executive reports as set out in the Forward Plan to enable wider pre-decision scrutiny (in addition to those statutorily required to come before committees*, i.e. policy framework documents – see para. below*).

As mentioned above, there is both a constitutional and statutory requirement for Select Committees to provide comments on the Cabinet's draft budget and policy framework proposals after publication. These are automatically scheduled in advance to multi-year work programmes.

Therefore, in general, the Committee may consider the following actions on specific items listed on the Forward Plan:

	Committee action	When	How
1	**To provide specific comments to be included in a future Cabinet or Cabinet Member report on matters within its remit.**	As part of its pre-decision scrutiny role, this would be where the Committee wishes to provide its influence and views on a particular matter within the formal report to the Cabinet or Cabinet Member before the decision is made. This would usually be where the Committee has previously considered a draft report or the topic in detail, or where it considers it has sufficient information already to provide relevant comments to the decision-maker.	These would go within the standard section in every Cabinet or Cabinet Member report called "Select Committee comments". The Cabinet or Cabinet Member would then consider these as part of any decision they make.
2	**To request further information on future reports listed under its remit.**	As part of its pre-decision scrutiny role, this would be where the Committee wishes to discover more about a matter within its remit that is listed on the Forward Plan. Whilst such advance information can be requested from officers, the Committee should note that information may or may not be available in advance due to various factors, including timescales or the status of the drafting of the report itself and the formulation of final recommendation(s). Ultimately, the provision of any information in advance would be a matter for the Cabinet Member to decide.	This would be considered at a subsequent Select Committee meeting. Alternatively, information could be circulated outside the meeting if reporting timescales require this. Upon the provision of any information, the Select Committee may then decide to provide specific comments (as per 1 above).
3	**To request the Cabinet Member considers providing a draft of the report, if feasible, for the Select Committee to consider prior to it being considered formally for decision.**	As part of its pre-decision scrutiny role, this would be where the Committee wishes to provide an early steer or help shape a future report to Cabinet, e.g., on a policy matter. Whilst not the default position, Select Committees do occasionally receive draft versions of Cabinet reports prior to their formal consideration. The provision of such draft reports in advance may depend upon different factors, e.g., the timings required for that decision. Ultimately any request to see a draft report early would need the approval of the relevant Cabinet Member.	Democratic Services would contact the relevant Cabinet Member and Officer upon any such request. If agreed, the draft report would be considered at a subsequent Select Committee meeting to provide views and feedback to officers before they finalise it for the Cabinet or Cabinet Member. An opportunity to provide specific comments (as per 1 above) is also possible.
4	**To identify a forthcoming report that may merit a post-decision review at a later Select Committee meeting**	As part of its post-decision scrutiny and broader reviewing role, this would be where the Select Committee may wish to monitor the implementation of a certain Cabinet or Cabinet Member decision listed/taken at a later stage, i.e., to review its effectiveness after a period of 6 months. The Committee should note that this is different to the use of the post-decision scrutiny 'call-in' power which seeks to ask the Cabinet or Cabinet Member to formally re-consider a decision up to 5 working days after the decision notice has been issued. This is undertaken via the new Scrutiny Call-in App members of the relevant Select Committee.	The Committee would add the matter to its multi-year work programme after a suitable time has elapsed upon the decision expected to be made by the Cabinet or Cabinet Member. Relevant service areas may be best to advise on the most appropriate time to review the matter once the decision is made.

BACKGROUND PAPERS

- Protocol on Overview & Scrutiny and Cabinet relations adopted by Council 12 September 2019
- Scrutiny Call-in App

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Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
		SI = Standard Item each month	Council Departments: PE =Planning, Environment, Education & Community Services IT - Infrastructure, Transport & Building Services SH = Social Care & Health CS&T = Corporate Services & Transformation FD= Finance							
Cabinet meeting - 16 December 2021 (report deadline 1 December)										
54	**Contract Awards for spot provision of Home Care and Outreach**	Cabinet will consider future procurement arrangements with respect to the spot provision of Home Care and Outreach services Borough-wide.	All		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	**SH / FD - Darren Thorpe / Sally Offin**			Private (3)
038 (a)	**The Council's Budget - Medium Term Financial Forecast 2022/23 - 2026/27 (BUDGET FRAMEWORK)**	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2022/23 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 24 February 2022	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance	All	**FD - Paul Whaymand**	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
Cabinet meeting - 17 February 2022 (report deadline 2 February)										
038 (b)	**The Council's Budget - Medium Term Financial Forecast 2022/23 - 2026/27 (BUDGET FRAMEWORK)**	Following consultation, this report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2022/23 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	Proposed Full Council adoption - 24 February 2022	Cllr Ian Edwards - Leader of the Council / Cllr Martin Goddard - Finance	All	**FD - Paul Whaymand**	Public consultation through the Select Committee process and statutory consultation with businesses & ratepayers		Public
040	**2021/22 Better Care Fund Section 75 Agreement**	A report to Cabinet regarding the agreement under section 75 of the National Health Service Act, 2006, that will give legal effect to the 2020/21 Better Care Fund plan, including financial arrangements.	All		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	**SH - Gary Collier**			Public
073	**Approval of school admissions arrangements**	As an education authority the Borough must plan for a sufficiency of places and efficient use of resources. There has been a slight decline in demand across the primary sector, with some fluctuations, but it is clear that the level of primary surplus places continues to be too high, pooling in a few schools. There is the opportunity to review the number of primary places and potentially reduce Published Admission Numbers (PAN) in some schools to ensure schools and the authority best meet the needs of all pupils across the Borough, and make effective use of resources in schools and between them. Therefore, the Council is proposing to reduce the Published Admission Number for a number of Hillingdon primary schools. Cabinet will make a decision on this following consideration of the consultation responses.	Various		Cllr Susan O'Brien - Families, Education & Wellbeing	Families, Health & Wellbeing	**PE - Dan Kennedy / Haley Murphy / Sarah Phillips**	Public consultation and Families, Health & Wellbeing Select Committee		Public

Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Relevant Select Committee	Directorate / Lead Officer	Consultation related to the decision	NEW ITEM	Public or Private (with reason)
		SI = Standard Item each month	Council Departments: PE =Planning, Environment, Education & Community Services IT - Infrastructure, Transport & Building Services SH = Social Care & Health CS&T = Corporate Services & Transformation FD= Finance							
Cabinet meeting - Thursday 21 April 2022 (report deadline 6 April)										
58	**Standards and quality of education in Hillingdon during 2020/21**	The Annual Report to Cabinet regarding children and young people's educational performance across Hillingdon schools.	All		Cllr Susan O'Brien - Families, Education & Wellbeing	Families, Health & Wellbeing	PE - Daniel Kennedy / Rani Dady	Select Committee		Public
Cabinet meeting - June 2022 (date to be confirmed)										
SI	**Carers Strategy Update**	Cabinet will receive a progress report on the Carers Strategy and Delivery Plan.	All		Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	SH - Kate Kelly-Talbot			Public
Cabinet meeting - July 2022 (date to be confirmed)										
88	**Older People's Plan update**	Cabinet will receive its yearly progress update on the Older People's Plan and the work by the Council and partners to support older residents and their quality of life.	All		Cllr Ian Edwards - Leader of the Council / Cllr Jane Palmer - Health & Social Care	Families, Health & Wellbeing	SH - Kevin Byrne	Older People, Leader's Initiative		Public

The Cabinet's Forward Plan is an official document by the London Borough of Hillingdon, UK