



HILLINGDON
LONDON



Health and Wellbeing Board

Date: TUESDAY, 28 NOVEMBER 2023

Time: 2.30 PM

Venue: COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW

Meeting Details: Members of the Public and Press are welcome to attend this meeting

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To Members of the Board:

- Cabinet Member for Health and Social Care (Co-Chairman)
- Hillingdon Health and Care Partners Managing Director (Co-Chairman)
- Cabinet Member for Families, Education and Wellbeing (Vice Chairman)
- LBH Chief Executive
- LBH Executive Director, Adult Services and Health
- LBH Executive Director, Children and Young People's Services
- LBH Director, Public Health
- NWL ICS - Hillingdon Board representative
- NWL ICS - nominated lead
- Central and North West London NHS Foundation Trust - nominated lead
- The Hillingdon Hospitals NHS Foundation Trust Chief Executive
- Healthwatch Hillingdon - nominated lead
- Royal Brompton and Harefield NHS Foundation Trust - nominated lead
- Hillingdon GP Confederation - nominated lead

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Putting our residents first

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Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 12 September 2023 1 - 4
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

Health and Wellbeing Board Reports - Part I (Public)

- 5 Hillingdon Joint Health & Wellbeing Strategy 2022-2025: Year 1 Review 2022-2023 5 - 14
- 6 2023-24 Integrated Health and Care Performance Report 15 - 40
- 7 From Harm to Hope: Combating Drug and Alcohol Misuse 41 - 50
- 8 'Stopping the Start' Creating a Smokefree Generation & Tackling Youth Vaping National Consultation 51 - 56
- 9 Board Planner & Future Agenda Items 57 - 60

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as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

- 10 Place Financial Position To Follow
- 11 Strategic Update 61 - 78
- 12 Update on current and emerging issues and any other business the Chairman considers to be urgent 79 - 80

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Minutes

HEALTH AND WELLBEING BOARD

12 September 2023

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
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	<p>Board Members Present: Councillor Jane Palmer, Professor Ian Goodman, Lynn Hill, Ed Jahn, Julie Kelly, Vanessa Odlin, Jason Seez (In place of Patricia Wright), Sandra Taylor and Tony Zaman</p> <p>Officers Present: Gary Collier (Health and Social Care Integration Manager), Suzi Gladish (Quality and Implementation Manager - Safeguarding Partnership), Gavin Fernandez (Head of Service - Hospital, Localities, Sensory & Review) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
13.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Mr Keith Spencer (Co-Chairman), Councillor Susan O'Brien (Vice Chairman), Mr Richard Ellis, Mrs Derval Russell and Ms Patricia Wright (Mr Jason Seez was present as her substitute).</p>
14.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
15.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 13 JUNE 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 13 June 2023 be agreed as a correct record.</p>
16.	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>It was confirmed that Agenda Items 5 to 7 would be considered in public and Agenda Items 8 to 11 would be considered in private.</p>
17.	<p>2022-2023 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT (<i>Agenda Item 5</i>)</p> <p>Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the value of the Better Care Fund (BCF) submission in 2023/24 had been £96.5m, which had been a reduction from £109m in 2022/23 (this had largely been attributed to a reduction in the Integrated Care Board voluntary contribution). The provisional value for 2024/25 was £98.5m.</p> <p>Feedback had been provided by the Assurance Team with changes to the <i>Avoidable</i></p>

Admissions target (which would make the target less challenging to achieve in 2023/24) and a correction to the rationale supporting discharge to the *Usual place of residence* metric (which did not affect the target). Additional text had been added to the narrative plan document that supported data in the demand and capacity worksheet in the submission template. Changes had also been made to the demand figures to reflect those individuals that needed low level assistance. Once confirmation of assured status had been received, a Section 75 legal agreement could be entered into which would satisfy the final BCF national condition by the end of November 2023.

The Co-Chairman commended Mr Collier and his team for the excellent work that they had undertaken during a very difficult period. She gave her personal thanks for this very comprehensive piece of work. Professor Ian Goodman, North West London Integrated Care Board, suggested that further work be undertaken to reflect the changes in the percentage of patients presenting at A&E that had been admitted compared to attendances. Mr Jason Seez, Deputy Chief Executive at The Hillingdon Hospitals NHS Foundation Trust, advised that Hillingdon Health and Care Partners would need to do a deep dive into this and then take it back to their Board.

With regard to the metric for *Discharge to normal place of residence*, Professor Goodman noted that this had been 92.18% in Quarter 1 against a target of 92.8%. However, *Homefirst/Discharge to Assess Pathway 2* figures showed that 4% of hospital discharges went into rehabilitation or short-term care in a 24-hour bed-based setting and Pathway 3 figures showed that 1% required ongoing 24-hour nursing care in a bedded setting. This would suggest that the metric for *Discharge to normal place of residence* should be 95%, not 92%. Mr Collier advised that these figures had been provided by different sources. He would investigate the discrepancy and share this information with the Board.

Mr Collier noted that this year had not been without its challenges with reviews of the BCF scheme. The report set out the parameters for the North West London (NWL) review of schemes which would be undertaken by an external organisation. It would be important that the need to address the key lines of enquiry within the BCF planning requirements was not lost within this process. In addition to the work undertaken at a NWL level, a place-based review would be undertaken locally in relation to out of hospital spend. It was anticipated that this would be completed by the end of October 2023. Results of both reviews would be reported back to the Board at its meeting on 28 November 2023. The Chairman noted that an apology had been received about the way in which the BCF had been handled at a NWL level and that it would not be like this in the future.

Mr Tony Zaman, the Council's Chief Executive, noted that the BCF had been reported to the Health and Wellbeing Board since about 2013. During this time, Mr Collier had put a lot of effort into the BCF which had put the Borough in a good position that would define the future. This work had put Hillingdon ahead of the game and meant that the NWL review could be seen as a positive experience rather than a threat. He stated that the positive results seen in the Borough were thanks to Mr Collier and an excellent example of partnership working.

RESOLVED: That the report and update provided by officers be noted.

18. **HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2022-2023**
(Agenda Item 6)

Ms Suzi Gladish, Safeguarding Partnership Quality and Improvement Manager,

advised that the report set out the work that had been undertaken by the Partnership which had to undergo independent scrutiny. This year, the focus had been on independent working in practice and evidence had been found of strong partnerships and the facilitation of continuous improvement.

The report set out the progress of subgroups (such as the Making Safeguarding Personal subgroup and the Domestic Abuse subgroup) that had worked with multi agency colleagues on prevention, identification and response. With regard to learning from practice, three useful learning reviews had been undertaken during the year which had resulted in improvements and a safeguarding adults review had been undertaken in relation to self-neglect.

Ms Gladish advised that a multi agency quality assurance framework had been introduced. A safeguarding adults audit tool had been developed on a pan-London basis but had not yet been introduced as further improvements were needed.

With regard to the quality of safeguarding practice, training sessions had proved very successful with a 43% increase in continuous professional development across the sector. A webinar programme had also been developed. The Safeguarding Families Team at The Hillingdon Hospitals NHS Foundation Trust had been fully established and had focussed on ensuring that safeguarding remained at the forefront of clinical care through a range of interventions such as training and staff engagement.

Highlights from partner agencies over the past year included an increase in the number of domestic abuse (DA) reports and a drive by the North West London Integrated Care Board in relation to annual health checks. Central and North West London NHS Foundation Trust (CNWL) had also held its fifth Annual Domestic Abuse conference this year. An Independent Domestic Violence Advocate (IDVA) had been co-located at Hillingdon Hospital to help identify and support patients who had been victims of DA. It was recognised that there were significant benefits in learning from practice and that it would be good to see more IDVA involvement in GP surgeries. It was suggested that the Hillingdon Training Hub had been well attended by GPs and might be the best way of targeting GP engagement. Ms Gladish had attended the GP Safeguarding Forum and training was readily available to all GPs. It was suggested that this issue be investigated further outside of this meeting.

CNWL had acknowledged areas of improvement such as identifying the voice of the child in every contact (particularly in relation to Child Sexual Abuse). This had been identified as a priority for this year and consideration needed to be given to what else was needed from partner organisations in order for this to be successful. Ms Gladish needed to know what partner organisations would be doing in response to the feedback and would take this up with them outside of this meeting. A "You Said, We Did" exercise would also be undertaken by the end of October 2023.

Self-neglect was when someone was not able to keep themselves clean, safe and well. Sometimes these individuals did not want help, even though they needed it. The Self-Neglect subgroup had been working to help professionals know how to help people that were unable to help themselves. The Co-Chairman noted that it was good that this issue was being given priority.

Ms Gladish noted that the child and adolescent service had joined with adult services at Harlington Hospice to transform into the Psychological and Emotional Support Service. At the hospice UK conference in November 2022, Harlington Hospice had been awarded first place in the research poster in relation to its work on Neurodiversity

	<p>and Grief.</p> <p>It was noted that Young Healthwatch Hillingdon had undertaken a lot of work with young people in the Borough in relation to issues such as sexual health and self harm. It was queried how Healthwatch could work together with the Safeguarding Partnership. Ms Gladish advised that the sexual health work reported into a subgroup and that the Partnership would welcome ongoing collaborative work on things such a joint consultation event at the end of October 2023.</p> <p>The Board recognised the hard work undertaken by a small team that worked across a range of organisations. The effective partnership working was demonstrated through the rotation of the chairmanship of meetings around the partners that made up the leadership group.</p> <p>RESOLVED: That the achievements of Hillingdon Safeguarding Partnership in the year 2022-2023 be commended and the strategic priorities for 2023-2024 be noted.</p>
19.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 7</i>)</p> <p>It was agreed that the following reports be considered at the Health and Wellbeing Board meeting on 28 November 2023:</p> <ol style="list-style-type: none"> 1. Health and Wellbeing Strategy – One Year On; and 2. Drug and Alcohol Strategy. <p>RESOLVED: That the Board Planner, as amended, be noted.</p>
20.	<p>PLACE FINANCIAL POSITION (<i>Agenda Item 8</i>)</p> <p>RESOLVED: That this item be deferred to the meeting on 28 November 2023.</p>
21.	<p>STRATEGIC UPDATE (<i>Agenda Item 9</i>)</p> <p>RESOLVED: That this item be deferred to the meeting on 28 November 2023.</p>
22.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 13 JUNE 2023 (<i>Agenda Item 10</i>)</p> <p>RESOLVED: That the Part II minutes of the meeting held on 13 June 2023 be agreed as a correct record.</p>
23.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CO-CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 11</i>)</p> <p>There were no current or emerging issues or any other business that the Co-Chairman considered to be urgent.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 3.17 pm.</p>

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

HILLINGDON JOINT HEALTH AND WELLBEING STRATEGY 2022-2025: YEAR 1 REVIEW 2022-2023

Relevant Board Members	Councillor Jane Palmer and Keith Spencer: Joint Chairs of the Health and Wellbeing Board Sandra Taylor: Executive Director ASC and Health, LBH
Organisation	London Borough of Hillingdon
Report author	Becky Manvell and Viral Doshi: Public Health Officers, LBH
Papers with report	Full information resource.

RECOMMENDATION

That the Board:

- 1) **Notes the content of this review of year 1 (2022/23) of the Hillingdon Health and Wellbeing Strategy (H&WBS) that includes the process of review, what has been achieved, areas requiring improvement, and presents recommendations that aim to improve the delivery and outcomes of the H&WBS for discussion.**
- 2) **Considers a revised evaluation process anticipating the need to evaluate year 2 (2023/24) of the H&WBS, led by the LBH PH team which enables periodic oversight and assurance of progress made, outcomes achieved, and escalation routes for improvement milestones not being achieved.**

INFORMATION

1. Introduction:

This paper presents the Hillingdon Joint Health and Wellbeing Strategy 2022-2025 Year 1 Review. The purpose of the review is to inform the Health and Wellbeing Board of the progress achieved by Hillingdon Health and Care organisations after Year 1 (2022/23) in the delivery of the H&WBS. The paper sets out the review process; identifies the progress against priorities that has been achieved.

For some priorities, the information submitted shows demonstrable progress, for other areas the information submitted indicates limited progress. There are gaps in information provided that does not allow for any progress to be determined. The review recognises the challenges in reporting this information and addresses this as part of the recommendations for the Board to consider. The recommendations made are intended to achieve a more effective and efficient process and framework of reporting that will result in a more comprehensive review for Years 2 and 3 of the H&WBS.

2. Process:

The Public Health team was asked to review Year 1 of the H&WBS. The process of review started with the development of a framework aligned to the priorities of the H&WBS to systematically review and measure what has been achieved in year 1, 2022/23. The H&WBS has six thematic priorities, to:

1. Support children, young people and their families to have the best start and to live healthier lives.
2. Tackle unfair and avoidable inequalities in health and in access to and experience of services.
3. Help people to prevent the onset of long-term health conditions such as dementia and heart disease.
4. Support people to live well, independently and for longer in older age and through to the end of life.

5. Improve mental health services through prevention and self-management.
6. Improve the way we work within and across organisations to offer better health and social care.

The H&WBS also identifies six (6) enabling workstreams through which the thematic priorities will be delivered. Table 1 (below) shows which the enabling workstream that is contributing to the delivery of each of the six thematic priorities. For example, workstream 1, neighbourhood based proactive care aims to tackle unfair and avoidable inequalities in health and in access to and experience of services; help people prevent the onset of long-term health conditions; improve mental health services through prevention and self-management and the way we work within and across organisations to offer better health and social care.

Table 1: Workstreams to enable the priorities to be delivered:

Workstream 1	Neighbourhood-based Proactive Care	Priorities 2, 3, 5, 6
Workstream 2	Urgent and Emergency Care	Priorities 2, 3, 5, 6
Workstream 3	End of Life Care	Priorities 3, 4, 6
Workstream 4	Planned Care	Priorities 3, 6
Workstream 5	Care and Support for children and young people	Priorities 1, 6
Workstream 6	Care and support for people with mental health challenges (including addiction) and/or learning disabilities and/or and autism	Priorities 2, 5, 6

The H&WBS indicates that it was intended that each workstream is delivered through a HHCP Transformation Board, however the responsible officers and groups most appropriate to lead each of the six areas were not identified and therefore it is unclear whether the priorities have been fully embedded in the workstreams.

Officers working in priority areas were asked to work with Public Health to capture information and data on each thematic priority, or to signpost to a more appropriate officer who could contribute, providing the information on what has been achieved to qualify a 2022/23 update. Each officer was asked to provide the following information:

- Identify the responsible officer(s) for each workstream, and any other officers that could provide details of individual projects identified in the H&WBS.
- Identify the lead strategic and/ or operational group responsible for delivery to determine which forum has overseen the progression of each workstream(s).
- Baseline information, the starting point of the strategy delivery, and agreed ambitions (targets), with direct and indirect performance measures.
- Reporting processes through the strategic and operation group that oversees progress and performance.
- The achieved activity and outcomes for 2022/23, and how a partnership approach had contributed.
- Plans for 2023/24 that are progressing.

The information received has been complicated by variable understanding of the strategy priorities and this reflects the quality of the information provided, and the level to which the priorities may have been included in HHCP workstreams.

The information received is comprehensively recorded as part of the Hillingdon Joint Health and Wellbeing Strategy 2022-2025 Year 1 Review framework working document. This report is based on the information received within the review period and recognises that there are gaps in information. The challenges of this process are stated, and potential solutions are included in the recommendations for improved working.

3. Findings:

3.1 Areas where progress has been demonstrated from the information returned:

The table below highlights 10 focus areas that are demonstrating progress during 2022/23. This information has been provided from senior officers across HHCP organisations. The information provided has focused on operational progress and there is a gap in quantifying the outcomes achieved.

Focus Areas	Priority	Progress in 2022/23
<p>Tackling falls and falls prevention amongst older residents in Hillingdon: A Population Health Management Project: OPTUM population health management approach to reduce falls in the over 65 population group.</p>	4, 6	<ul style="list-style-type: none"> - Refresh of falls referral pathways, - Produced a Falls Directory of Services, - Developed a Falls Decision Support Tool (DST), - Produced a resource pack for falls prevention and management in care homes, - Developed a falls prevention training programme for care home and extra care housing staff, - Piloted evidenced-based strength and balance training, and - Developed a community falls education programme consisting of face-to-face workshops and a self-assessment guide.
<p>Preventative Care: Hypertension workstream: Implementation of Fuller Report: Integrated Neighbourhood Teams. Hypertension was identified as a focus for the Preventative Care workstream.</p>	2, 3	<ul style="list-style-type: none"> - Development of hypertension webinars in various languages hosted on the Confederation website, - Promotion of the community pharmacies offering free blood pressure checks, - Events calendar highlighting opportunities for conducting blood pressure checks and wider support available for patients at risk of hypertension, - Developed pathways to send community blood pressure check results to general practices directly and escalate high risk patients, and - Finalised a clinical code to track and monitor the journey for any patient identified as hypertensive through BP checks at community events.
<p>Whole System Approach (WSA): Healthy Hayes: An asset-based community development approach to tackle unhealthy weight and inequalities, piloted in Hayes, the area of the borough with the highest levels of obesity.</p>	1, 2, 3, 6	<ul style="list-style-type: none"> - Agreed approach to develop WSA developed, - Health needs assessment, review of evidence, asset mapping and national toolkit completed, engaged community leaders and local insight collected, including stakeholder feedback on overweight and healthy weight, breastfeeding and food behaviours, - Workshops to develop insight and shared understanding of the scale of the overweight/obesity/ health challenges in Hayes was reached, and causes, challenges and potential solutions were identified, - Systems maps developed, and - School Superzone grant awarded by GLA for Minet school (Hayes Town ward) with 10 Council Teams engaged and HHCP represented in delivery.

Focus Areas	Priority	Progress in 2022/23
<p>Reforming 'intermediate tier' services: Supporting hospital discharge and admission prevention.</p>	2, 4, 6	<ul style="list-style-type: none"> - HHCP Integrated Discharge Hub is fully operational, and the number of step-down beds has increased from 10 to 15 and EOL beds has increased to 12 leading to Hillingdon being the leaders for End of Life (EoL) care in NWL, - 6 bedded Frailty Assessment Unit is in place at the front door of THH to reduce avoidable admissions, - Review of Care Home Support Group and Care Connection Teams to strengthen their offer, - Maximised the Home First model, - Fully utilised D2A and Comfort Care capacity to increase discharge rates, - Reducing discharge delays, flexing resources and increasing care home capacity, and - Public Health working with Reablement is developing exit pathways for residents in reablement, aiming to support their on-going physical and mental wellbeing and reduce the risk of requiring LTC packages, being achieved through staff training, identification of opportunities for residents, working with social prescribing and the JOY app.
<p>NHS Health Check: The NHS Health Check (NHSHC), the national risk assessment, awareness and management programme to reduce the risk of LTC, increased uptake and completion.</p>	2, 3	<ul style="list-style-type: none"> - Rapid service review undertaken Summer 2022, - Findings and recommendations presented to the Health & Wellbeing Board (Sep 2022) where it was agreed to increase NHSHC uptake by reducing variation across GP providers and improving access, target under-served groups, raise the profile of NHSHCs and improve outcomes by increasing the uptake of preventative interventions and targeting higher risk groups, - NHSHC performance for 2022/23 was Hillingdon's best year to date: the number of people who received a first offer of an NHSHC (in a five-year period): 23,004 (27.6% of the total eligible population); and the number who received an NHSHC: 9,046 (10.9%), and - Confederation launched extended hours hub NHSHC clinics in Oct 2022.
<p>Reducing homelessness</p>	1, 2	<ul style="list-style-type: none"> - Partnering arrangements ongoing with P3 in relation to young people 18 to 25, particularly care leavers, who are homeless or potentially homeless, - Homeless services restructured, work continuing with transformation team under Project Neptune to refocus service on prevention, - Full skills review carried out and extensive training programme being rolled out for staff, - Care leavers protocol in place and now being reviewed, - Hospital discharge protocol in place with a clear focus on duty to refer, - Ending Rough Sleeper Plan in place co-produced with DLUHC, - Significant funding approved under Rough Sleeping Initiative, Rough Sleeping Drug and Alcohol Treatment Grant, and Rough Sleeping Accommodation Programme, - Proactive outreach work at Heathrow including patrols and in-borough outreach,

Focus Areas	Priority	Progress in 2022/23
		<ul style="list-style-type: none"> - Successful work with target 1000, most entrenched rough sleepers – 10 of 14 in some form of off-street accommodation, - Additional funding secured under Supported Housing Accommodation Programme, Local Authority Housing Fund and Refugee Housing Programme, - Additional provision via new build, acquisitions, supported shared housing, Extensions, Under Occupiers schemes, and Cash incentives, Olympic House first stage accommodation, Beechwood supported provision, Saviour’s Housed temporary accommodation, and - Increased collaboration via partnership forums.
<p>Hillingdon Domestic Abuse Advocacy Service (HDAAS):</p> <p>Providing help and support for victims experiencing domestic abuse.</p>	1, 2, 6	<ul style="list-style-type: none"> - Service capacity has increased and HDAAS is now able to offer help and support for victims experiencing domestic abuse at any level of risk: Independent Domestic Violence Advocates (IDVAs) for high-risk cases and Floating Support Workers for low-medium risk cases, - Funding granted for the implementation of the IRIS programme, which will assist in reaching out to clients who may not be known to or come to the notice of other services such as the police or social care, and - HDAAS is now offering workshops/training sessions to raise awareness of HDAAS with services within and outside of LBH.
<p>Supporting carers to enable them to continue in their caring role</p>	4, 6	<ul style="list-style-type: none"> - 4,790 (21.3% of people identifying as adult carers in 2021 Census) adult carers and 1,187 (48.4% of people identifying as young carers in 2021 Census) young carers on the Hillingdon Carer Register as at 31/3/2023, - 41 (5.1%) increase in carers assessments, - 780 (20.6%) reduction in refused carers assessments, - £837,000 in carer-related benefits secured to improve incomes of 231 households, - Support groups for bereaved carers and bereavement counselling service for carers established, - New co-produced ‘Are you a carer?’ leaflet developed, - 33 out of 44 (75%) GP practices have identified a carers champion and 26 have carer support service access information on their websites, - THH visiting rules updated to reflect recognition of unpaid carers, - 1,203 attendances by 192 individual young carers at school support, and - 12,644 breaks delivered for adult carers and 2,586 for young carers.
<p>Dementia:</p> <p>Supporting residents with dementia and their carers</p>	4	<ul style="list-style-type: none"> - Borough awarded Dementia Friendly Community Status with 10 venues accredited under the Dementia Friendly Venue Charter, - Residents living with dementia and their carers can now access 13 different activities weekly, offering 230 free spaces,

Focus Areas	Priority	Progress in 2022/23
		<ul style="list-style-type: none"> - 62 new referrals were made from the Memory Clinic, Alzheimer Society and Admiral nurses into the Council's early intervention programme, and - A new online dementia pathway has been introduced to enable residents to access information on services/ activities for dementia from point of diagnosis to end of life. - A training programme is delivered by LBH with Carers, HHCP staff and Hillingdon Hospital and LBH staff. Around 260 residents are engaged in the Dementia Friendly programme. - The Dementia Friendly Hillingdon Programme offers an activities to support residents living with dementia; cognitive function, mobility and reduce social isolation.
<i>Implementing the Autism Strategy</i>	5	<ul style="list-style-type: none"> - Autism Partnership Board established, - Brent Harrow and Hillingdon Adult Autism Diagnostic Service lead by CNWL has been established, - Private organisation commissioned by CNWL to address the current waiting list backlog, - One-year pilot programme initiated to provide post-diagnosis support through a voluntary organisation, - Dynamic Support Register established for both children and adults, - Enhanced specification for Severe Mental Illness (SMI) and Common Mental Health Issues (CCMI) within NWL developed, - Increased SMI health checks to 75% on the QOF register, viii) MIND and Confederation commissioned to provide training for patients and healthcare providers and support the uptake of annual health checks for patients who are difficult to reach, and - Learning disability annual checks: these are now included in social worker annual reviews; training has been provided for all GP practices and 76% of people with learning disability received an annual health check.

3.2 Areas where progress has not been demonstrated, from the information received:

This table identifies the focus areas where information provided indicates limited progress in 2022/23.

Focus Areas	Priority	Progress in 2022/23
Transform the support offered across partner organisations to CYP and their families to promote a healthy weight and reduce obesity.	1	<p>The prevalence of overweight (including obesity) children in Year 6 in Hillingdon continues to remain above the England and London averages. In addition, the proportion of physically active children and young people is below the national average.</p> <p>The CNWL School Nursing team continues to deliver 'My Choice' a healthy weight intervention programme, across the borough; however, capacity is limited, and take-up is low. 53 CYP started the course in the school year 2022/23 and only 35 completed.</p> <p>Further work is developing to address the challenges of child obesity, prevention, early</p>

Focus Areas	Priority	Progress in 2022/23
		intervention and supporting families more effectively with children to a healthy weight through supported intervention of an evidence-based programme.
Undertake a Public Health review of disparities and inequalities in Hillingdon and recommend actions.	2	<p>There has been training across HHCP to better use Population Health Management (PHM) as a toolkit for tackling health disparities through a systematic targeted programme and examples of using this approach to achieve improved and sustainable outcomes.</p> <p>NHSE funded PHM capacity and capability needs to be developed to support the ambitious programmes that HHCP has aspired to and embedded through a public health approach to enable system-wide transformation.</p>

3.3 Priority areas with information gaps that means progress has not been evaluated.

The table below shows the focus areas within each priority where no information was provided for the sub-focus areas. Therefore, a review could not be included at this time.

Priority 1: Support for children, young people and their families to have the best start and to live healthier lives. Information requested asked what has been achieved in the H&WBS that we would:

- Develop a strong universal offer to ensure that CYP enjoy good physical, mental and emotional health.
- Implement the long-term new integrated therapies pathway model for children and young people.
- Support CYP and families experiencing SEND, LD and autism to ensure needs are met and child development is supported.

Priority 3: Helping people to prevent the onset of long-term health conditions such as dementia and heart disease.

- No information was provided on the H&WBS focus on Long COVID.

Priority 5: Improving mental health services through prevention and self-management.

- Support people to remain in the community by reconfiguring community mental health services to provide mental health expertise in primary care.
- Implement roles in primary care arising from the 'Additional Roles Reimbursement Scheme.'
- Complete the transition of the Community Framework Transformation to a Hub model.
- Implement crisis and short-term intensive support teams for people with autism.
- Remodel the mental health pathway and provide a range of crisis alternatives that offer earlier intervention and support.

Priority 6: Improving the ways we work within and across organisations to offer better health and social care: Workforce development:

- Complete and implement the HHCP integrated community workforce plan.
- Monitor vacancy and retention levels among ASC providers and identify interventions to provide support when there are issues.

4. Challenges identified, and improving year 2 outcomes:

The review aimed to provide oversight and assurance of delivery, demonstrate improvement and quantify what the H&WBS has achieved in year 1.

The review has been challenged by a lack of identified SRO and lead strategic and/or operational group responsible for delivery of the priorities. This has resulted in gaps in the information provided that has not allowed the reviewers to demonstrate progress being achieved.

The H&WBS was not published with baseline data from which improved performance will be measured, or the direct or proxy targets that would demonstrate improvement ambition. This means that some officers were unclear of the focus, what needed to be achieved, and consequently have been unable to show measurable progress. Consequently, determining progress and impact achieved in 2022/23 was not available.

The recommendations presented aim to tackle these challenges, including the need to socialise the requirements of the H&WBS across HHCP transformation boards and sub-groups, confirm responsibilities, and agree aligned performance and outcome measures reported through a systematic, business as usual approach. A more efficient and effective process, using an up-to-date contacts list of SROs, lead officers and forums will improve the data-gathering process, and allow greater time for analysis and clarification of information submissions.

5. Recommendations:

The Health and Wellbeing Board are asked to consider the following recommendations.

These recommendations have been developed in response to learning from the review process and are aimed to be a methodology that can improve the focus on the H&WBS priorities, measure and evaluate performance and outcomes, and ensure there is a responsible group for delivery and outcomes being achieved, with a designated reporting officer. This is to improve progress, and outcomes achievement, and have oversight and assurance.

The Board are particularly asked to focus on those recommendations overseeing performance so that they can be assured that the H&WBS is driving improvement in health and care across the Borough.

The Board are asked to consider the following groups of recommendations:

5.1. Reflect changes in national guidance in the local Health and Wellbeing Strategy:

- 5.1.1. Change the title of the strategy to reflect the national guidance to Hillingdon 'Joint Local Health and Wellbeing Strategy.'
- 5.1.2. The Hillingdon H&WBS includes the elements of the ICS strategy that apply to Hillingdon.
- 5.1.3. The H&WBS should reflect PHM as an enabler of the H&WBS's priorities and be updated to include the NHSE inequalities funded programmes.
- 5.1.4. The Core 20 with aligned PLUS groups should be considered for inclusion in the H&WBS as part of the tackling health inequalities section.

5.2. Improved Board oversight and assurance:

- 5.2.1. A dashboard is developed that is a standing 6-monthly agenda item that sets out performance and outcomes.
- 5.2.2. Agree an annual review of the data published in the JSNA to measure change and demonstrate that the health risk continues to be a priority.
- 5.2.3. That the priorities stated in the H&WBS remain the priorities the Board want to focus on.
- 5.2.4. The Board should consider how stakeholder and resident participation in the H&WBS can be demonstrated, and this should be an iterative and ongoing process.
- 5.2.5. Map workstreams and strategy actions with the responsible delivery groups; confirm focus, actions, measures, synergies, overlap and duplication.
- 5.2.6. There is a Board Forward Plan that ensures information/discussion of progress and outcomes for all areas in the three years of the H&WBS.
- 5.2.7. The Board to delegate the administration and coordination of assurance of delivery of the H&WBS to the DPH and PH team. The PH responsibility will include:

5.3. Developing and implementing a governance process with a formal roll-out to ensure that HHCP organisations and workstreams are aware of the requirements of the H&WBS, and their responsibility in delivery. This ensure that all workstreams are aligned to the strategy and deliver the improvements stated.

5.4. Delegating responsibility for delivery of the H&WBS priorities:

- 5.4.1. There is a delegated and named SRO for each thematic area and identified officer for each sub-priority and there is an accurate list of who is responsible for each delivery area of the H&WBS maintained.
- 5.4.2. The lead forum responsible for the delivery of the priority workstream is identified.

- 5.4.3. The SRO and workstream lead group understand what they are expected to deliver and have performance baselines, measurable targets and know when they need to report to the Board.
- 5.4.4. There is an escalation process that ensures the Board are aware of delays in progress and outcome achievement that can align additional support.

6. **Financial Implications:** None Applicable

7. **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

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

The recommendations set out how through an improved, more efficient and effective process the combined resources of HHCP could achieve targeted action to improve outcomes for residents, particularly those in under-served, vulnerable communities, addressing the inequalities that exist in the Borough. In addition, more effective joint working can achieve improved transactional outcomes, reducing need and demand, and more sustainable health and care services.

The recommendations allow the Health and Wellbeing Board to ensure that the outcomes agreed in the H&WBS are delivered, and where progress is delayed, escalate through the partnership to ensure risks are mitigated.

7.2. **Consultation Carried Out or Required**

Engagement with stakeholders, Health and Wellbeing Board members, their respective organisations and the public has taken place. It is important that this is there is regular engagement and consultation to ensure that the priorities of the H&WBS remain relevant, and a recommendation is that periodic engagement and consultation is included as an underlying principle for delivery of the H&WBS. This will socialise the H&WBS to ensure that stakeholders and the public can contribute to the focus of the Board, and that there is flexibility to address emerging health risks to determine their inclusion in annual H&WBS reviews.

8. **CORPORATE IMPLICATIONS:** None stated.

Relevant Service Groups: This report refers to many LBH departments and organisations.

BACKGROUND PAPERS

None.

2023/24 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT

Relevant Board Member(s)	Councillor Jane Palmer Keith Spencer
Organisation	London Borough of Hillingdon
Report author	Gary Collier – Adult Social Care and Health Directorate, LBH Sean Bidewell – Integration and Delivery, NWL ICB
Papers with report	None

HEADLINE INFORMATION

Summary.	This report provides an update on the delivery of the transformation workstreams established to deliver the priorities within the Joint Health and Wellbeing Strategy. This includes progress with the delivery of the 2023/25 Better Care Fund Plan. The report also seeks approval for the Quarter 2 Better Care Fund performance template submitted to NHS England in accordance with national requirements.
Contribution to plans and strategies.	The Joint Health and Wellbeing Strategy and Better Care Fund reflect statutory obligations under the Health and Social Care Act, 2012.
Financial Cost.	The value for the BCF for 2023/24 is £96,534,618 made up of Council contribution of £66,875,873 and an ICB contribution of £29,658,745. The provisional value for 2024/25 is £98,520,040, which comprises of £67,566,876 for the Council and £30,953,164 for the ICB.
Ward(s) affected.	All

RECOMMENDATIONS

That the Board:

- a) approves the BCF Quarter 2 performance template.
- b) notes and comments on the content of the report.

INFORMATION

Strategic Context

1. This report provides the Board with an update on delivery of the priorities within the Joint Health and Wellbeing Strategy for the July to September 2023 period (referred to as the 'review period'), unless otherwise stated.

2. This report is structured as follows:

- A. Key Issues for the Board's consideration.
- B. Workstream highlights and key performance indicator updates.

3. Reference in this report to HHCP means Hillingdon Health and Care Partners, this is an alliance of local (mainly NHS) organisations that includes The Confederation of Hillingdon-based GP practices, the Central and North West London NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust and H4All. HHCP's main objective is to improve the health and wellbeing of Hillingdon's residents and their experience of care through improved coordination and integration of services and earlier intervention to prevent crises. The Council is closely aligned with HHCP.

A. Key Issues for the Board's Consideration

2023/24 BCF Plan Quarter 2 Performance Template

4. All health and wellbeing board areas in England were required to submit their Quarter 2 (Q2) 2023/24 performance template on 31st October 2023. A draft template has been submitted subject to the Board's sign-off. The template is an excel spreadsheet containing seven worksheets. **Appendix 1** includes the detail of some of these tabs for the Board's consideration; however, the key points are highlighted below. The draft completed template can be accessed via the Council's website using this link [Better Care Fund - Hillingdon Council](#) .

5. **Appendix 1: National Conditions** – This asks if Hillingdon continues to meet the four national conditions for the 2023/24 BCF, which it does.

6. **Appendix 1A: Metrics** – This is seeking the end of year status against the targets for avoidable admissions ambulatory care sensitive conditions, discharge to usual place of residence, falls-related hospital admissions, permanent admissions to care homes of people aged 65 and over and percentage of people still at home 91 days after discharge from hospital having received a period of reablement. In summary, Hillingdon's Q2 position against these metrics was:

- Avoidable admissions – **on track (Green)**.
- Discharge to usual place of residence – **not on track by a small margin (Amber)**.
- Falls – **on track (Green)**.
- Residential admissions to care homes – **not on track (Amber)**.
- Reablement still at home 91 days after discharge – **data not available**.

7. **Appendix 1B: Capacity & Demand Assumptions Summary** – This provides responses to specific questions raised by the Better Care Team and links to the data from the template summarised in **Appendix 1C: Hospital Discharge and Community Capacity & Demand**. References to discharge pathways are explained below. The key points for the Board to note are:

- Demand figures were based on ICB estimates and have not been refreshed as they only date back to August rather than June, which was the case with most other areas. This relates to the circumstances leading to the late submission of BCF plans in NWL.
- Adjustments have been made to Pathway 1 (P1) reablement demand to reflect the fact that approximately 40% of cases supported by the Bridging Care Service proceed into the Reablement Service.

- There is an issue with under-utilisation of key P1 services, i.e., Bridging Care and the CNWL Homefirst Service. The key reasons for this can be attributed to medication provision delays, community equipment and patient transport provision. Work is underway to address these and utilisation rates are increasing.
- P3 capacity presents a significant challenge. Hillingdon has the second highest number of care home beds in NWL but average occupancy rates are around 96%, or higher when provision for specific markets is taken into consideration, such as self-funders who account for approximately 45% of the care home market. Actions to address P3 capacity issues include exploring additional block contract options as well as looking at the scope to address need in different ways to divert demand, e.g., delirium pathway support service. The Board is advised that an issue with blocking additional beds for short-term use creates a potential issue with the supply of longer-term provision, which can then impact on the length of stay in the block beds.

Homefirst/Discharge to Assess Pathways Explained

- **Pathway 0 (P0): 91.4% of discharges** - Simple discharge, no formal input from health or social care needed once home.
- **Pathway 1 (P1): 5.4% of discharges** - Support to recover at home; able to return home with support from health and/or social care.
- **Pathway 2 (P2): 0.8% of discharges** - Rehabilitation or short-term care in a 24-hour bed-based setting.
- **Pathway 3 (P3): 2.4% of discharges** - Require ongoing 24-hour nursing care in a bedded setting. Long-term care is likely to be required for these people.

8. The Board may wish to note that the ICB has mandated that the Hillingdon P1 model be rolled out across the whole of NWL.

Out of Hospital Services and BCF Scheme Review

9. The ICB (Local Care) is undertaking a review of out of hospital spend and BCF schemes and has commissioned Grant Thornton to undertake the data analysis and stocktaking component of the exercise. The spend review and BCF review will be linked but separate parts of the same process. The Board is reminded that the purpose of the review is to:

- identify duplication of service provision;
- Identify good practice that can be replicated and shared to benefit NWL residents;
- identify areas of saving which will eliminate this deficit; and
- Identify areas where productivity can be increased.

10. A data collection/stocktake phase started in mid-October and is expected to conclude in December 2023. Implementation of the outcomes of the review is expected to take place from April 2025, although there is an expectation that opportunities to align with the final recommendations of the review will be taken earlier where they arise before this date, e.g., where contracts end. A separate BCF reference group co-chaired by Rob Hurd, ICB CEO and Alex Dewsnap, Managing Director of Harrow Council and including the Council's Corporate Director, Adult Social Care and Health and the HHCP Managing Director has been formed to

oversee the BCF component of the review.

Implementing Right Care, Right Person in London

11. From 1st November 2023 the Metropolitan Police changed the way they respond to calls related to people with mental health needs. From this date police call handlers will receive a new prompt when they answer a call relating to welfare checks or when a patient goes absent from inpatient care. The prompt will ask call handlers to check that a police response is required or whether the person's needs may be better met by a health or care professional. Staff have received training on the impact and how to escalate concerns if police are unable to support. Daily monitoring of the impact and regular discussions with the Met Police are taking place.

B. Workstream Highlights and Key Performance Indicator Updates

12. This section provides the Board with progress updates for the five workstreams, where there have been developments. The successful and sustainable delivery of the five workstreams is dependent on five enabling workstreams and this report provides updates where appropriate. The five enabling workstreams are:

1. Supporting Carers.
2. Care Market Management and Development.
3. Digital, including Business Intelligence
4. Workforce Development
5. Estates

Transformation Workstreams

Workstream 1: Integrated Neighbourhood Working.

13. The Board is reminded that the intention was to establish six integrated Neighbourhood Teams anchored to the six Primary Care Networks (PCN). The key objective is to maintain whole population health and wellbeing by:

- Helping people to stay well for longer as part of a more ambitious and joined-up approach to population health and prevention.
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs including, those with multiple long-term conditions.
- Streamlining same day access to primary care and advice for people who get ill but only use health services infrequently.

Workstream Highlights

14. **Implementation of leadership and governance arrangements for Integrated Neighbourhood Teams:** Since the Board's September meeting discussions have taken place regarding neighbourhood boundaries and it has become apparent that mapping neighbourhoods to PCNs would create inefficiencies. The Confederation, CNWL and Adult Social Care have agreed that it would be beneficial to have three rather than six neighbourhoods. The new alignment would be as follows:

- North Neighbourhood (North Connect PCN and Metrocare & Celandine PCN).

- South Neighbourhood (Long Lane PCN and Hayes & Harlington PCN).
- South West Neighbourhood (Colne PCN and Synergy PCN).

15. The PCN geography in Hillingdon is illustrated in **Appendix 2**. The implications of the change to three Integrated Neighbour Teams (INT) include:

- Each INT includes two PCNs.
- No GP practice would be in a different neighbourhood to its PCN.
- There is closer alignment between INT and borough ward boundaries.

16. CNWL has started the process of aligning their community services to the new neighbourhood arrangements.

17. **Integrated Neighbourhood Frailty Pilot:** Frailty is a condition mainly associated with old age and is a major contributor to falls in the 65 and over population. As part of a more proactive approach to preventative care, a pilot is being established between Neighbourhood Teams, the Council and up to 181 residents in four of the borough's sheltered housing schemes, i.e., St Catherine's Farm Court, James Court, Mandela Court and Roberts Close. Co-production meetings about the pilot took place at these schemes between the 16th and 20th October and also provided an opportunity to undertake basic health checks and provide flu and covid vaccinations.

18. **Hypertension Diagnosis Programme:** Hillingdon has the second highest prevalence of hypertension in the North West London sector and there are three aspects of the programme to address this and these are:

- *Increasing knowledge and awareness* – The Confederation's website has been updated to include a calendar of events viewable to residents and has also been publicised through all HHCP and wider partner channels. The Council has agreed to launch a hypertension campaign through *Hillingdon People* once a directory services on the JOY social prescribing platform has been finalised. Hillingdon Hospitals has also agreed to publicise hypertension resources in wards and waiting areas across the hospital.
- *Improving access to testing/patient self-measurement through engagement* – The launch of the CNWL engagement bus on 3rd October in Heathrow Villages provided an opportunity to offer health checks as well as a range of health, wellbeing, and social support. Confederation staff also attended a Black History Month event on 14th October that provided an opportunity to deliver targeted blood pressure checks.
- *Case finding and pathway management* – A lead pharmacist and project support officer started in October and have begun the case audit process based on numbers of GP practice patients in deprived areas identified from the Whole Systems Integrated Care System (WSIC) database.

19. Some key achievements during the review period include:

- Approximately 1,800 blood pressure checks carried out through community engagement, roadshows, and local partner events.
- Over 500 people have been registered onto the hypertension+ digital app which is being piloted in Celandine and MetroCare Primary Care Networks.

- There have been 117 visits to The Confederation ‘*patient information*’ web page which hosts newly created hypertension content and resources.

20. Same Day Urgent Primary Care Hubs: As reported to the September Board, the target was to open two hubs during 2023/24 and the first opened earlier in the year at Mead House in Hayes. The opening of the second at the Pembroke Centre is subject to the completion of building works and the intention is that it will open in December 2023. The hubs are intended to create capacity in Primary Care to divert 18% and 28% of Hillingdon non-complex patients currently attending Hillingdon Hospital’s Emergency Department and Urgent Treatment Centre respectively.

Same Day Urgent Primary Care Hub Explained

These are intended to provide same day urgent care for people with non-complex needs that includes community diagnostics, i.e., phlebotomy (collecting blood for testing), x-ray, electrocardiogram (ECG) to test heart rhythm and swabs. The intention of the hubs is to divert avoidable activity from A & E and the Urgent Treatment Centre .

Key Performance Indicator Updates

21. Workstream 1 performance indicators include:

- **Flu vaccinations:** The 2023/24 flu vaccination programme started on the 1st September 2023 and table 1 below shows performance to the 1st November.

Table 1: Flu Vaccinations Performance - Hillingdon and NWL Compared			
Indicator	Target	NWL Average	Hillingdon Performance
% of Eligible Population Vaccinated	N/A	26.3%	29.2%
65+ cohort	75%	54.4%	62.8%
At risk 6m - 64yrs cohort	75%	22.3%	25%
Pregnant cohort	75%	18.3%	17.7%
11-16 (not at risk)	75%	3.2%	4.0%
4-10 (not at risk)	75%	7.9%	4.1%
3 (not at risk)	75%	24.7%	26.4%
2 (not at risk)	75%	26.3%	28.4%
Care home (may be in other cohorts)	75%	47.9%	52.3%
Carer cohort	75%	17.8%	19.5%

Source: WSIC Dashboard (01/11/23)

- **Covid booster vaccinations:** The 2023/24 covid booster programme started on the 11th September and table 2 below shows that Hillingdon’s performance in respect of all priority groups exceeds the NWL average in the period to 5th November 2023.

Table 2: Covid Booster Vaccination Performance - Hillingdon and NWL Compared		
Indicator	NWL Average	Hillingdon Performance
Care Home Resident Residents who have received their AW 23 Booster (as % of Population).	65.3%	75.1%

Table 2: Covid Booster Vaccination Performance - Hillingdon and NWL Compared		
Indicator	NWL Average	Hillingdon Performance
80+ Residents who have received their AW 23 Booster (as % of Population).	44.8%	53.8%
65-79 Residents who have received their AW 23 Booster (as % of Population).	36.1%	44.1%
At Risk (Aged 5 plus) Residents who have received their AW 23 Booster (as % of Population).	11.5%	12.7%
Social Care Workers who have received their AW 23 Booster (as % of Population).	8.6%	12.3%
Frontline Healthcare Workers who have received their AW 23 Booster (as % of Population).	17.0%	17.3%
Unpaid carers (self-declared) who have received their AW 23 Booster (as % of Population).	6.9%	7.2%
Patients Eligible for the AW 23 Booster Campaign (65+, Care Home Residents, At Risk, Immunosuppressed Compromised with SMI or on the LD Register, Social Care Workers, Carer, Health Care Worker etc) (as % of Population).	21.8%	26.2%

Source: NHS National Data Platform Foundry (05/11/23)

- **People with severe mental illness (SMI) receiving a full physical health check:** **On track (Green)** – September data for 2023/24 shows a performance of 64.9% against a target of 60%.
- **People over age of 14 on a doctor's learning disability register who have had an annual health check:** **On track (Green)** - September data for 2023/24 shows a performance of 36% against a target of 35%.
- **People with diabetes who have received nine care processes in the last 15 months:** **Slight slippage (Amber)** - September data for 2023/24 shows a performance of 59.6% against a target of 60%.
- **Eligible female patients who have received a Cervical Cancer Screening within the last 3.5 years for ages 25-49:** **Slippage (Amber)** – October data shows a 2023/24 performance of 63.5% against a target of 80%. However, the Board may wish to note that the NWL average is 57.2% and the London average 60.9%, thus indicating that Hillingdon has a better comparative performance.

Workstream 2: Reactive Care

22. The Board is reminded that the priorities for this workstream are:

- Implementation of a new end of life operating model.

- Implementation of an integrated active recovery service.
- Implementation of a 'Maximising Homefirst' programme to reduce length of stay of residents in hospital.

Workstream Highlights

23. Implementation of a new end of life operating model: A new 24/7 Palliative Integrated Care Service (PICS) that brings together staff from CNWL, Harlington Hospice and Hillingdon Hospital's Palliative Care Team went live on 13th November 2023 with the soft launch. This will co-ordinate end of life services for the 3,000 adults per year who are in this cohort.

24. Implementation of an Integrated Active Recovery Service: As previously reported to the Board, this service entails integration of therapy services and wrapping services around the Integrated Neighbourhoods, closer alignment between Community Rehabilitation Services and Reablement and maximising the Homefirst/Discharge to Assess programme to reduce length of stay. The intention is to expedite the rate of discharge on pathways 1 to 3 of the Homefirst/Discharge to Assess pathways to move closer to the average target pathway delays shown in table 3 below.

Table 3: Hillingdon Hospitals Average Length of Stay by Discharge Pathway				
Discharge Pathway	2022/23 Full Year		Target 2023/24	Rolling 6 Month Average Apr – Oct 2023
	Full Year Admissions	Average Pathway Delay (Bed Days)	Average Target Pathway Delays (Bed Days)	Average Pathway Delay (Bed Days)
Pathway 0	11,464	1.4	0.5	0.3
Pathway 1	1,781	2.5	1	1.6
Pathway 2	273	4.1	2	3.4
Pathway 3	661	7.4	5	7.9
Unknown	70	2.9	0.5	0.5
All	14,249	2.3	1.3	2.1

Source: THH

25. Care Home Support Service: We are currently reviewing the operating hours and standard operating procedures of this service to reduce the number of ambulance conveyances to the Hospital. Care homes have on average 4 attendances at A & E per day, of which 50% are converted to admissions. 60% of care home attendances occur after 5pm and over the weekend. This has shifted significantly over the last 12 months. Our current Care Home Support offer across both health and social care operates 09:00 to 17:00 Monday to Friday. As only 27% of conveyances are blue lighted, i.e., actual emergencies, this suggests that there is scope for alternative pathways.

About the Care Home Support Service

This is a multi-agency team established in 2017 that includes six care home matrons who each have responsibility for supporting specific care homes. The team is also supported by GPs, a dietician, a speech and language therapist (SALT), a mental health nurse and tissue viability specialist. Specialist medical advice and support is also provided by a care of the elderly consultant at Hillingdon Hospital. The team works closely with the Council's Quality Assurance Team that discharges its market monitoring responsibilities under the Care Act, 2014.

26. **Winter Planning:** In addition to actions already referred to in paragraph 7 above, winter plans include the following actions:

- *Improving the weekend discharge rate by increasing the workforce at the weekend, specifically doctors, therapists, and pharmacists:* This is a joint initiative between the Hospital, CNWL and The Confederation.
- *Increase palliative/fast track bed capacity:* The intention is to increase the number of beds available at Michael Sobel House to 14 for the period to 31st March 2024.
- *Strengthening support offer to care homes with highest number of hospital admissions:* This includes exploring the implementation of a Frailty Assessment Unit 'call before convey' pilot with the London Ambulance Service (LAS), which is intended to reduce the number of avoidable conveyances to the Hospital from care homes.

Key Performance Indicator Updates

27. The following is an update on workstream 2 indicators where data is available:

- **A & E Attendances:** **Slippage (Amber)** -The number of attendances (all ages) increased during the period April to October 2023 by nearly 7% to 43,871 from 40,737 in the same period in 2022/23. The number of attendances for the 65 and over age group during the April to October 2023 period increased by nearly 13% to 11,768 from 10,433 in the equivalent period in 2022/23.
- **Emergency Admissions:** **Slippage (Amber)** - The number of emergency admissions (all ages) during the April to October 2023 period increased by nearly 12% to 17,000 from 15,186 in the same period in 2022/23. Emergency admissions of people aged 65 and over also increased by 8.3% to 6,522 from 6,019 during the same period in 2022/23; however, the 2023/24 figure is slightly above that for the same period in 2021/22, although this may be a coincidence.
- **% of patients attending A & E seen within 4 hours:** During the review period an average of 72.9% of people attending A & E were seen within 4 hours for all types of activity, i.e., major and minor illnesses and injuries. This performance was achieved against a Hospital target of 76%. There have been significant 4 hour waiting time target improvements in 2023 for type 1 attendances, i.e., major injuries and illnesses. This was 36.7% in February 2023 and increased to 44% in March with a year to date (to August) rate of 47% being achieved.
- **Hillingdon Hospital bed occupancy:** **Slippage (Amber)** - The target average for 2023/24 is 92%. The average for 2023/24 (April to October) is 93%, which reflects the 2022/23 position.

Workstream 3: Planned Care

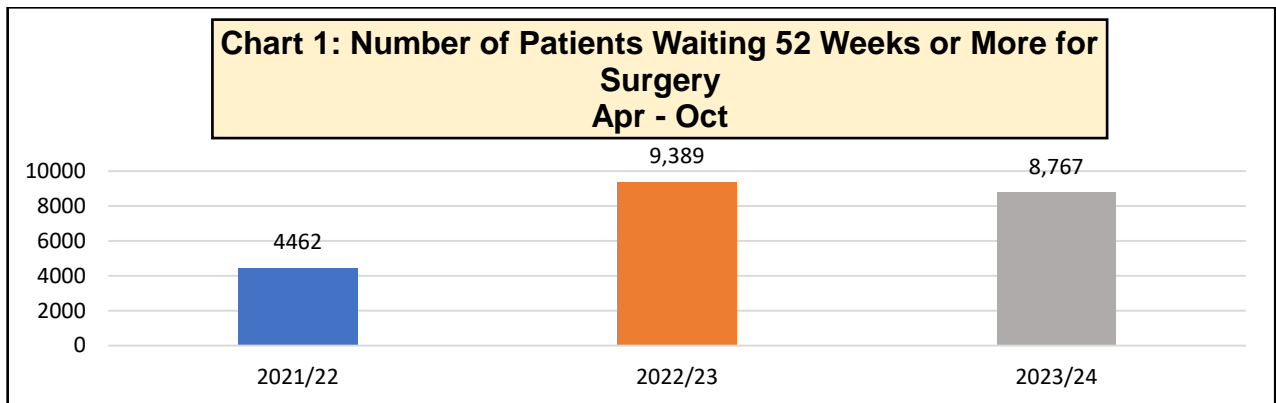
Workstream Highlights

28. **Musculoskeletal (MSK) and dermatology procurements:** Procurement exercises have been undertaken by the ICB resulting in a new MSK contract for Hillingdon starting from 1st April 2024. A new contract for a dermatology service covering Brent, Harrow, Hillingdon, and Hounslow will also be starting on 1st July 2024. An aim of the new services is to address waiting times.

Key Performance Indicator Updates

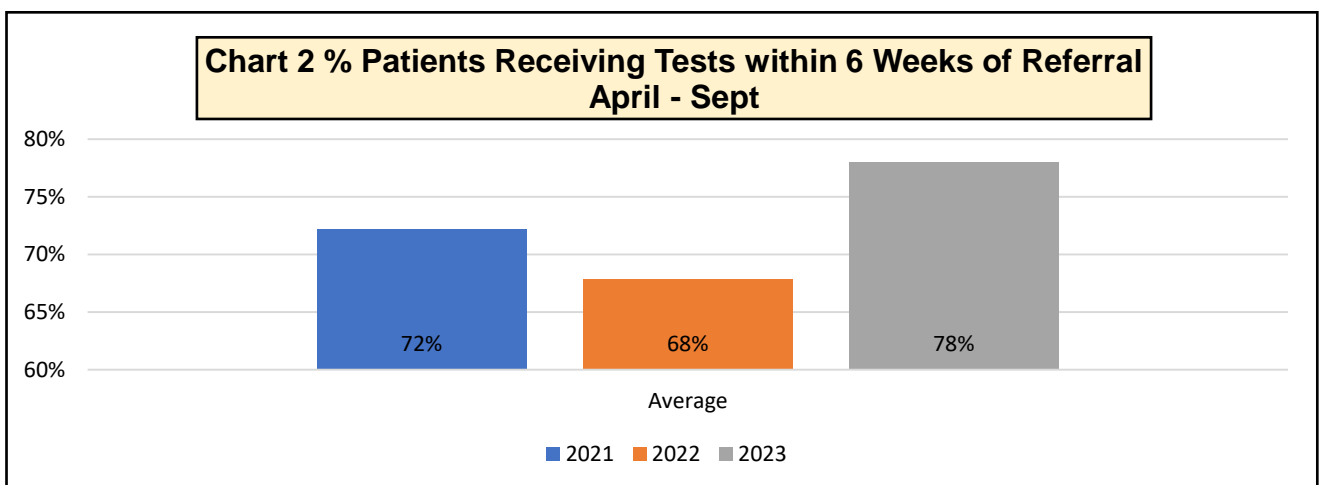
29. The following is an update on workstream 3 indicators where data is available:

- **Patients waiting 52 weeks or more for surgery:** Chart 1 below shows an improvement in the number of people waiting 52 weeks or more for surgery during the April to October 2023 period compared with the same period in 2022/23.

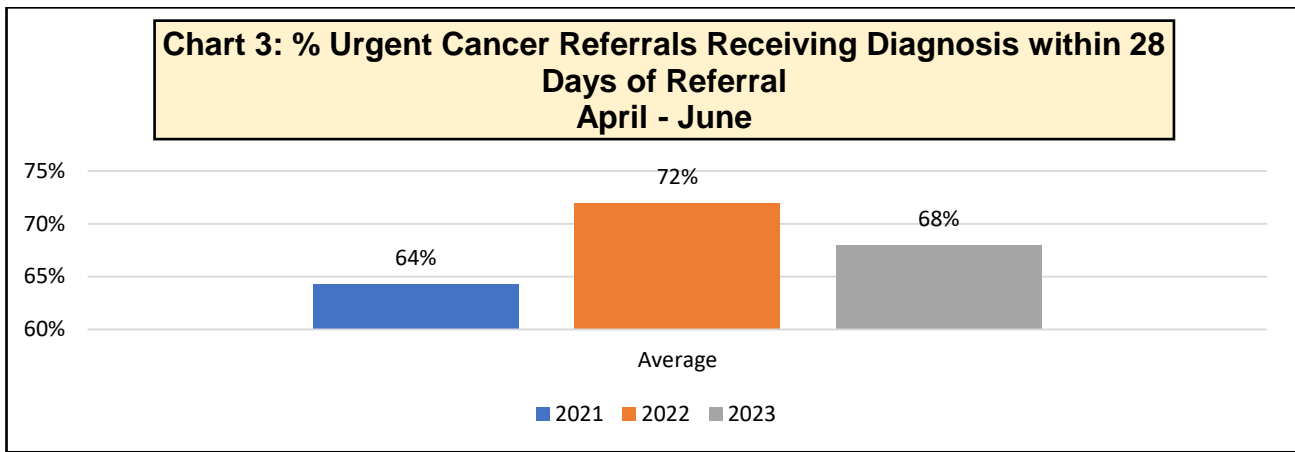


Source: NWL BPI.

- **% Patients receiving tests within 6 weeks of referral:** Chart 2 below shows improvement on the percentage of patients receiving tests within 6 weeks of referral between April and September 2023 compared to the same period in 2022/23 and 2021/22.



- **% Urgent cancer referrals receiving diagnosis within 28 Days:** Chart 3 below shows a slight reduction in the percentage of urgent cancer referrals receiving a diagnosis within 28 days of referral.



Workstream 4: Children and Young People

Workstream Highlights

30. **16-25 Young Adult Mental Health and Wellbeing Partnership Model:** Joint working is in progress between CAMHS, Talking Therapies, Hillingdon Mind and the Council to improve management plans for young adults. A young adults psychiatrist for Hillingdon has now been appointed and is due to start in December. A Young Adult Community Navigator post hosted by Hillingdon Mind is now in place to provide focused support.

31. **CYP ASD Waiting Well Initiative:** £141k was secured in Q2 for a one-year pilot to test the right support offer for CYP and their families whilst they await an ASD assessment. The Hillingdon borough ICB team has worked with Brent to submit a joint business case to continue funding the services under the pilot, i.e., Doodle Den, Arts for Life and Hillingdon Autistic Care and Support (HACS).

32. **CYP Mental Health and Emotional Wellbeing Resilience:** Two-year Population Health Management funding has been granted by the ICB to enable timely and targeted person-centred support to be offered to address the needs of young people, including those from Black, Asian and minority ethnic and LGBT+ groups. Healthwatch will be undertaking research with CYP to identify the most effective delivery approaches. Hillingdon Mind, P3 and HACS have put forward a joint proposal to establish a sustainable CYP voluntary sector consortium.

33. **Mental Health Support Workers in Schools:** 10 schools are currently supported by this team and it is intended to approach a further 16 to bring the total number to 16. Challenges with recruiting to posts in schools has presented difficulties with extending this initiative and it will be expanded as new people are recruited. The Board may wish to note that two new waves of funding have been secured for 2024/25, which presents opportunities for support to be extended to more schools.

34. **Providing Assessment and Treatment of Children at Home (PATCH) Service:** This was established in June 2021 to provide care to children and young people at home once discharged from hospital. Short-term funding provided in 2022/23 has not been renewed for 2023/24 resulting in the staff team reducing to three nurses from five, an effect of which is to reduce operating hours to 6pm instead of 8pm.

35. **SEND Strategy:** A new strategy has been co-produced and is awaiting formal approval by

the Council's Cabinet Member for Children, Families and Education.

Key Performance Indicator Updates

36. The following is an update on workstream 4 indicators where data is available:

- **Children and Adolescent Mental Health Service 18 week wait from referral to first consultation:** **On track (Green)** – Hillingdon's performance for the period to October 2023 was 91% against a target of 85%.
- **Talking Therapies (also known as Improving Access to Psychological Therapies or IAPT) percentage accessing service within 6 weeks of referral:** **Slight slippage (Amber)** – Hillingdon's performance against the for the period to September 2023 was 99.8% against a target of 100%. Once again this was the highest performance in NWL.

Workstream 5: Care and support for adults with mental health challenges and/or people with learning disabilities and/or autism.

Workstream Highlights

37. **Wellbeing Bus:** This replaces an earlier proposal to establish a static one stop shop for residents with mental health and wellbeing issues to visit. The bus model was devised as a fifteen week pilot to address transport inequities and to reach out to communities. The pilot started on 3 October and it operates on Tuesdays between 10am to 5pm and rotates across the Heathrow Villages. All five villages have now been visited, with six sessions held and 123 residents supported to date including two sessions with vaccinations with the Roving Vaccination Team. Collaborative user involvement continues to take place to inform routes taken.

38. **Mental health assessment lounge:** This new space supporting people with mental health concerns in A & E at Hillingdon Hospital opened on the 31st July 2023 and is called the 'Lighthouse'. It is operating as a pilot and is open Monday to Sunday from 8am to 8pm. The purpose of the Lighthouse is to prevent admission. It is suitable for 4 patients and offers psychosocial support, 1:1s and signposting to the community. The service includes clinical oversight and there is a dedicated staff in A & E identifying referrals but it currently does not support people who require a Mental Health Act assessment. A business cases to consider expanding provision to 24/7 and to support people with a higher level of complexity is under consideration by the ICB. From December 2023 the service will be co-provided with Hestia, the provider of the Coves Café.

39. **Hillingdon Coves Café:** The café is a drop-in service where Hillingdon residents can go if they are experiencing a mental health crisis. Following a procurement process Hestia has been awarded a contract to continue to provide this service and the new contract started in April 2023. The service has now moved to new premises in Ruislip and shares a site with the crisis recovery house. It became operational from the new premises in July.

40. **The Retreat:** This six-bedded unit is co-located with the Hillingdon Coves Café and the Board is reminded that its purpose is to support people in crisis to prevent acute admissions. Utilisation has increased significantly over the last 6 months as it becomes an embedded part of the service offer, and the acceptance criteria has been expanded. An evaluation of this service, which the Board may recall was established as a pilot, is due to take place in January 2024.

41. **NHS 111 *2 implementation:** This is a telephone number intended to give 24/7 access to mental health support for anyone experiencing a mental health crisis. Technology and staffing arrangements have been put in place, including with support from Hestia, and the service went live on 14 November. It links in with the CNWL single point of access.

Enabling Workstreams

Enabler 1: Supporting Carers

42. The Council is the lead for this enabling workstream, which seeks to support carers of all ages to continue in their caring role for as long as they are willing and able to do so.

Workstream Highlights

43. **2023 – 2028 Joint Carers Strategy:** A report on the implementation of the carers strategy delivery plan was considered by the Council's Health and Social Care Select Committee at its meeting on the 21st November 2023. The Committee undertakes statutory scrutiny functions prescribed under the 2012 Health and Social Care Act and reports can be accessed via this link [London Borough of Hillingdon - Browse meetings - Health and Social Care Select Committee](#)

Enabler 2: Improved market management and development

44. The Council is also the lead organisation for this enabling workstream, the primary objectives of which are to support the sustainability of the market and also to integrate commissioning arrangements where this will produce better outcomes for residents and the local health and care system.

Workstream Highlights

45. **Short-term nursing block contract:** The Board is reminded that the Council is leading a procurement exercise to secure block contracts for 35 nursing care home beds to support pathway 3 discharges from hospital. Funding for this provision is included within the BCF. There are existing interim blocks in place for 15 beds until 31st March 2024 and, as previously stated, discussions are in progress with local providers to secure an additional 15 nursing care home beds until the end of 2023/24.

Enabler 3: Digital, including Business Intelligence

46. HHCP leads on this workstream.

Workstream Highlights

47. **Care home access to London Care Record (LCR):** The LCR is a secure web-based system that enables health and care professionals involved in a person's care to access key information about them, e.g., long-term conditions, test results, prescribed medicines, allergies, and care arrangements, to support effective care planning and delivery and it being promoted by a collaborative of ICSs in London and the LAS called OneLondon. Extending access to care homes is part of a roll out programme intended to improve the safety and quality of treatment

and care received by ensuring access to the right information at the right time. All NHS trusts and GP practices in Hillingdon are connected to the LCR and ten care homes have signed up for the pilot, which goes live in February 2024 following the conclusion of information governance and training. The goal is to extend to homecare providers in due course but this is likely to be dependent on the evaluation of the care home pilot.

Enabler 4: Workforce

48. The ICB leads on the health aspects of this workstream. The Council leads in respect of the Adult Social Care workforce, i.e., including its own workforce and the broader regulated care market.

Workstream Highlights

49. **HHCP workforce passports:** As an enabler to integration across NHS services within the borough, the development of the passports is intended to facilitate staff moving between partner organisations within HHCP.

50. **Adult Social Care Workforce Strategy:** An ASC workforce strategy is under development that will initially focus on securing a sufficient number of suitably qualified social workers to meet anticipated demand in the three year period to 2026. The intention over the period of the strategy is to expand its scope to support the broader ASC workforce within the regulated care market.

Enabler 5: Estates

Workstream Highlights

51. **Super-hub site options:** As part of the development of Hillingdon’s care model it is intended to develop three super-hubs that will offer a broader range of services than the three Same Day Primary Care Hubs previously mentioned and discussions are in progress between HHCP and the Council concerning the identification of suitable sites.

Finance

52. Tables 4 and 4 below show the split of the 2023/25 BCF allocations. It should be noted that figures for 2024/25 are provisional, for example, ICB additional contribution and discharge allocations are not expected to be confirmed until the autumn following the outcome of the review of BCF schemes mentioned previously in this report.

Table 4: Financial Contributions by Organisation 2023/24 and 204/25 Compared		
Organisation	2023/24	2024/25
NHS	29,658,745	30,953,164
LBH	66,875,873	67,566,876
TOTAL	96,534,618	98,520,040

Table 5: Financial Contributions by Funding Stream 2023/24 and 2024/25 Compared		
FUNDING SOURCE	FUNDING	
	2023/24	2024/25
Minimum NHS Contribution	22,869,590	24,164,009
Additional NHS Contribution	5,524,379	5,524,379
ICB Discharge Fund	1,264,776	1,264,776
NHS TOTAL	29,658,745	30,953,164
Minimum LBH Contribution	12,578,861	12,578,861
Additional LBH Contribution	53,250,038	53,250,038
LBH Discharge Fund	1,046,974	1,737,977
LBH TOTAL	66,875,873	67,566,876
TOTAL BCF VALUE	96,534,618	98,520,040

BACKGROUND PAPERS

Joint Health and Wellbeing Strategy, 2022 – 2025

2023/25 Better Care Fund National Conditions

National Conditions	Confirmation
National Condition 1: A jointly agreed plan in place.	Yes
National Condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe, and independent at home for longer.	Yes
National Condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time.	Yes
National Condition 4: Maintaining NHS's contribution to Adult Social Care and investment in NHS commissioned out of hospital services.	Yes

2023/24 BCF Metrics

Metric	Definition	For information – Your planned performance as reported in 2023-24 planning				For information – actual performance for Q1	Assessment of progress against the metric plan for the reporting period.	Challenges and any support needs	Achievements – including where BCF funding is supporting improvements
		Q1	Q2	Q3	Q4				
Page 32 Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.	229.4	183.5	228.4	238.4	253.2	On track to meet target	Concentration of community resources on discharge impacts on admission avoidance capacity. This is being addressed with transition to new operating model reflected within BCF plan. No support needs identified.	There were 1,063 spells in the review period compared to 2,022 in the same period in 2022/23. This would suggest that active care planning at Neighbourhood level is having an impact.
Discharge to usual place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence.	92.8%	91.7%	92.3%	90.9%	92.12%	Not on track to meet target	Increasing levels of frailty are necessitating step-down in bed-based provision that does not count as normal place of residence. No support needs identified.	P1 process working well and Hillingdon model seen as template for sub-region. Q2 performance an improvement on Q1, although only based on two months' data.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per	2,018				427	On track to meet target	Staff turnover in care settings such as care homes and extra care housing means falls-related training	The 2022/23 fall prevention programme has been expanded in 2023/24 to include a

	100,000.				presents an on-going need. Demand can be minimised via a train the trainer approach but effectiveness also affected by staff turnover.	proactive care pilot project to reduce frailty and falls in residents in sheltered housing schemes. Training for care home and extra care housing staff delivered in 2022/23 has been continued in 2023/24.
Page 33 Residential admissions	Rate of permanent admissions to residential care per 100,000 (65+).	604	-	Not on track to meet target	The figures submitted for this metric are based on anticipated sequel to action, i.e., what the social care professional believes is likely to happen. This means that the actual number of permanent admissions is below the numerator which will relate to the figure submitted for the Council's Short and Long-term Support (SALT) return to NHS Digital. Increasing numbers of older people with increased acuity being seen, which can be attributed to covid legacy. 75% of	Investment via BCF in range of intermediate tier services as well as provision of extra care and rigorous review process, ensures that permanent care home admissions the option of last resort to address assessed need.

					<p>permanent admissions are conversions from short-term, which is an increase from 55% in 2022/23 and is associated with increased acuity and impact on the ability and willingness of carers to cope with their caring role. Number of actual placements projected to be 223 against projected 360 using ASCOF measure. No support needs identified.</p>	
<p>Page 34</p> <p>Reablement</p>	<p>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.</p>	<p>94.9%</p>	<p>-</p>	<p>Data not available</p>	<p>A challenge with this metric is the increased acuity of older people being discharged. This is being mitigated with therapy input. It should be noted that people who may pass away during the review period are still included within the denominator.</p>	<p>Closer working between Bridging Care, reablement and the CNWL Homefirst Team is resulting in timely deployment of therapy input that should have a positive impact on proportion of people discharged remaining at home.</p>

Capacity & Demand Assumptions Refresh Summary

Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

North West London boroughs revised their demand and capacity estimates in August and as such our figures remain unchanged to the August resubmission. The August refresh revised our figures according to realistic demand and capacity in particular around pathway 0 to reflect people who have support needs.

2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce over prescription of care). Please also set out your rationale for trends in demand for the next six months (e.g., how have you accounted for demand over winter?)

Demand:

We have not changed our projections since August (apart from adding in spot purchasing). However, in the August submission, we used our acute hospital data in conjunction with known local authority and community service data where required to work out a realistic baseline for demand, factoring in winter pressures. P1 Reablement/Rehabilitation figures have been adjusted to reflect that only 40% of Bridging Care Service cases proceed into Reablement.

Capacity:

We have not changed our projections since August, apart from adding in P3 spot purchasing. Our capacity in August submission was largely based on available capacity within community NHS and local authority commissioned services. This was calculated largely by reviewing activity/referral data.

Negotiations are in progress with a care home provider to secure an additional block nursing/nursing dementia beds. These beds have not been factored into our capacity figures as negotiations are at an early stage. We are currently exploring reintroduction of delirium pathway support service to divert people from P3 to P1 and reduce demand on limited care home supply.

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impacted been accounted for in your refreshed plan?

For P1 short-term domiciliary care it should be noted that this is our Bridging Care Service and that only 40% of referrals into this service proceed into the Reablement Service, which is delivered by the same provider. It should also be noted that there is a current issue with under-utilisation of bridging and rehab capacity (CNWL Homefirst Service). This is related to issues such as TTAs, transport and equipment that are being addressed. Refer to comment under Q2 concerning discussions concerning arrangements to secure additional block care home beds.

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

Care home capacity presents an issue. The sector in Hillingdon consistently has an occupancy rate of approximately 96% and higher when taking into consideration homes

that do not accept statutory sector placements or are available only to niche markets, e.g., nuns or actors. In addition, taking out supply for short-term placements limits availability for longer-term need. This has potential length of stay implications for people in short-term placements.

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data)

The national discharge data cannot be split by borough, therefore in our June submission this was cross triangulated with other data sources. Some issues were identified and we worked with the London BCF team to refresh this in August.

Timeliness and accuracy of data is an issue, i.e., how up to date it is to be able to understand activity. The definition of terms can also present difficulties as they can have different meanings across and within systems and between health and social care.

6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

Hillingdon considers that it has sufficient P1 capacity and it should be noted that many of the people proceeding through to Reablement and the Homefirst rehab service will initially be supported by the Bridging Care Service so that they are able to leave hospital with support. Some people identified as requiring P3 placements could actually be supported in their usual place of residence with an appropriate package of care. Where demand for reablement/rehab in the community exceeds capacity need can be addressed through domiciliary care provision, although this would be a chargeable service.

Hospital Discharge and Community Capacity & Demand

Hospital Discharge

Capacity – Demand (positive is Surplus)	Previous Plan					Refreshed capacity surplus. Not including spot purchasing.					Refreshed capacity surplus (including spot purchasing)				
	Nov - 23	Dec- 23	Jan- 24	Feb- 24	Mar- 24	Nov - 23	Dec- 23	Jan- 24	Feb- 24	Mar- 24	Nov - 23	Dec- 23	Jan- 24	Feb- 24	Mar- 24
Social support (inc VCS) (pathway 0)	-1,939	-1,765	-1,942	-1,824	-2,027	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation (pathway 1)	-66	-81	-78	-87	-64	-33	-43	-42	-51	-29	-33	-43	-42	-51	-29
Short-term domiciliary care (pathway 1)	-1	1	0	-1	0	-1	1	0	-1	0	-1	1	0	-1	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	6	-9	-18	4	-6	6	-9	-18	4	-6	6	-9	-18	4	-6
Short-term residential & nursing care for someone likely to require a longer- term care home placement (pathway 3)	-53	-52	-56	-56	-56	-53	-52	-56	-56	-56	-45	-44	-48	-48	-48

Community

Capacity –Demand (positive is Surplus)	Previous Plan					Refreshed Capacity Surplus				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	-8	11	-19	-46	-55	-8	11	-19	-46	-55
Reablement & Rehabilitation at home	-47	44	-117	-68	-5	-47	44	-21	-68	-5
Reablement & Rehabilitation in a bedded setting	-8	-6	-2	-6	0	-8	-6	-2	-6	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Primary Care Network Geography



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FROM HARM TO HOPE: COMBATING DRUG AND ALCOHOL MISUSE

Relevant Board Member(s)	Councillor Jane Palmer
Organisation	London Borough of Hillingdon
Report author	Gary Hutchings: Public Health Strategist, LBH Public Health
Papers with report	<p>This paper refers to the following national strategies and reports that contribute to Hillingdon's Combating drug and alcohol misuse workstream:</p> <ol style="list-style-type: none">1. From Harm to Hope National Drug Strategy¹2. Commissioning Impact on Drug Treatment 2017²3. NICE clinical guidelines³ – Drug Misuse and Dependence: UK Guidelines on Clinical Management4. Marmot Review 2010⁴

RECOMMENDATIONS

The Board notes:

- 1. the content of this report and is assured that Hillingdon is meeting the requirements of the Harm to Hope Strategy, including the importance of the three-year fixed term funding that will improve outcomes for residents, their families, and communities whose lives are adversely affected by drug and alcohol addiction.**
- 2. the operational delivery and oversight requirements to establish a Hillingdon 'Combating Drug and Alcohol Partnership Board (CDAPB)', responsible for the operational implementation of the strategy, performance and outcomes, and use of the three-year investment, referred to as the supplementary substance misuse treatment and recovery grant (SSMTRG). The CDAPB reports to the Safer Hillingdon Partnership.**
- 3. the concurrent tendering of the Hillingdon Adult Community Addictions Service contract that sets out a new model of service delivery that will sustain some improvements being achieved through the additional funding.**

1. Context

In December 2021 the new Drug Strategy, From Harm to Hope⁵, was published in response to the findings and recommendations of the independent review of drug services by Dame Carol Black (2021).

The implementation of the new strategy is supported with national funding (SSMTRG) of £85.7 million allocated to local authorities as the commissioners of drug and alcohol services. Local

¹ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

² <https://www.gov.uk/government/publications/commissioning-impact-on-drug-treatment>

³ [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidelines/clinical-guidelines/drug-misuse-and-dependence)

⁴ <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-t4he-marmot-review>

⁵ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

authorities are required to establish a multi-agency inclusive partnership, recognising that improving substance misuse outcomes requires health, care, enforcement, social, and societal collaboration. The SSMTRG funding, overseen by the Office for Health Inequalities and Disparities (OHID) is allocated to local authorities to strengthen community drug and alcohol services at a time when drug and alcohol related deaths have increased by 80% from the 2012 baseline; and opiate and crack use has risen, particularly in more deprived areas of the country since 2013.

The Harm to Hope strategy and SSMTRG funding emphasises the requirement for a collaborative effort between partners to tackle drug and alcohol misuse and determine how local system-resources can more effectively be aligned to meet the future needs of those with substance addictions post the supplementary funding. This is achieved by evaluating the effectiveness of existing and new initiatives and determining 'what-works'.

The SSMTRG has allowed the CDAPB to agree new resources for a three-year period. Confirmation of future funding arrangements post the initial three years of the 10-year strategy is anticipated. The SSMTRG is currently funding year 2 interventions and has been able to enhance the work funded through other long-standing grants, particularly the rough sleepers' treatment and recovery grant (RSDATG) that provides drug and alcohol treatment for people experiencing homelessness. The RSDATG grant is currently in its final year.

The RSDATG managed by the Housing Team is invested in:

- A community homeless outreach team that provides support for people with addiction in supported accommodation.
- A Psychology Support Team that provides flexible psychological intervention for people experiencing homelessness.
- Inpatient detoxification for people experiencing homelessness.

The SSMTRG managed by LBH Public Health is invested in:

- Hospital based clinical intervention with professionals working as part of the community addictions team.
- Criminal Justice intervention workers located in prisons and in the community) who are co-ordinating continuity of care for prison leavers that focus on harm reduction and reduces the risk of re-offending.
- A specialist mental health nurse who focuses on co-occurring conditions who works with the community addictions team to support the people experiencing drug and/or alcohol addiction and have mental health needs.
- Link workers who work between Young Person's and Adult Services and support their transition from Young Person services into Adult Services.

The current tender of the Hillingdon Adult Community Addictions Service contract provides an opportunity for sustainability of some of the new interventions with a new service model that addresses the current needs, anticipates future needs, and includes the 'what-works' interventions currently funded from the SSMTRG. These interventions have been agreed by OHID and prioritised based on the findings and recommendations of the Hillingdon Drug and Alcohol Need Assessment completed in 2023, a mandated requirement of the strategy in year 1. The new Hillingdon Adult Community Addictions Service will go-live in June 2024.

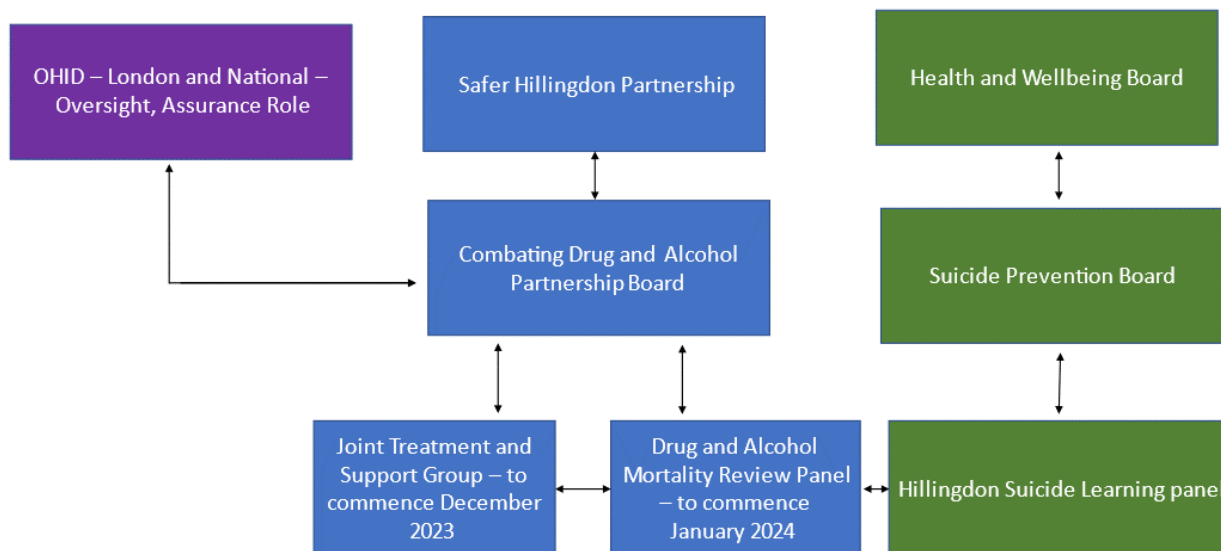
2. Governance of the Combating Drugs and Alcohol Programme:

The Harm to Hope Strategy requires that local multi-disciplinary and multi-agency forums must

be established with a shared vision and strategic direction that leads to increase numbers of people with addictions successfully in treatment and improved service quality that achieves long-term outcomes.

Figure 1 sets out the current reporting and oversight arrangements that meet the criteria for the SSMTRG. The diagram focuses on the direct reporting requirements and does not include existing contract and operational management arrangements associated with wider Substance Misuse services outside of the Combating Drug and Alcohol Strategy and SSMTRG requirements.

Figure 1: Hillingdon CDAPB Governance and Assurance



The terms of reference for the CDAPB were agreed by the Safer Hillingdon partnership in March 2023 and specify two essential roles: the Senior Responsible Officer and the Operational Lead for the CDAPB, the agreed role holders are the Interim Director of Public Health and the Public Health Strategist respectively. These officers are responsible for quarterly reporting of activity, progress, outcome, funding requirements and risks to delivery to OHID every quarter.

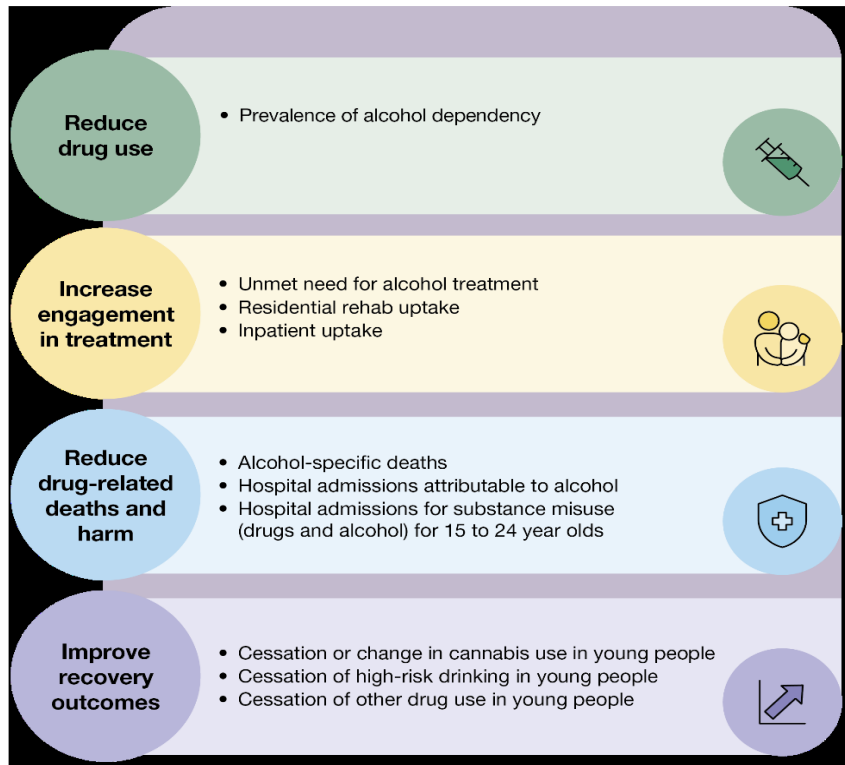
3. Outcomes to be achieved by the CDAPB through SSMTRG Investment:

The Strategy outcomes to be achieved are to:

- Reduce drug use.
- Reduce drug related crime.
- Reduce drug related deaths and harm.
- Reduce drug supply.
- Increase engagement in treatment.
- Improve recovery outcomes.

A local outcomes framework was introduced by OHID with performance measures to ensure the focus remains on these outcomes; increased numbers of people who need substance misuse services are in treatment; and continuity of care for people leaving prison (figure 2). In addition, the CDAPG is overseeing the Hepatitis C testing and treatment programme.

Figure 2: OHID Outcomes and aligned measures:



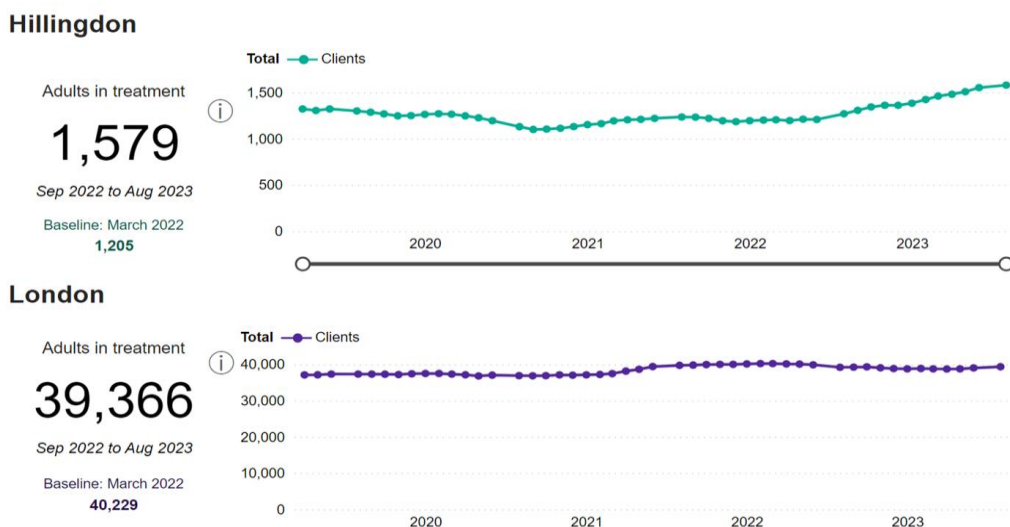
Source: National Combating Drugs Outcomes Framework: Supporting metrics and technical guidance, May 2023

For each of these prescribed outcome areas Hillingdon is performing well, and in the top decile of London Boroughs, predominantly through the operational work of the service providers.

3.1. Number of residents in Treatment:

There are 1579 Hillingdon residents currently accessing structured treatment for their addiction; an increase of 300 people in treatment and this moves beyond the local Hillingdon OHID target of 1433 for this financial year. For this outcome, Hillingdon and Hounslow are the top-performing London boroughs. CNWL are the service provider for both services.

Figure 3: Numbers in treatment:

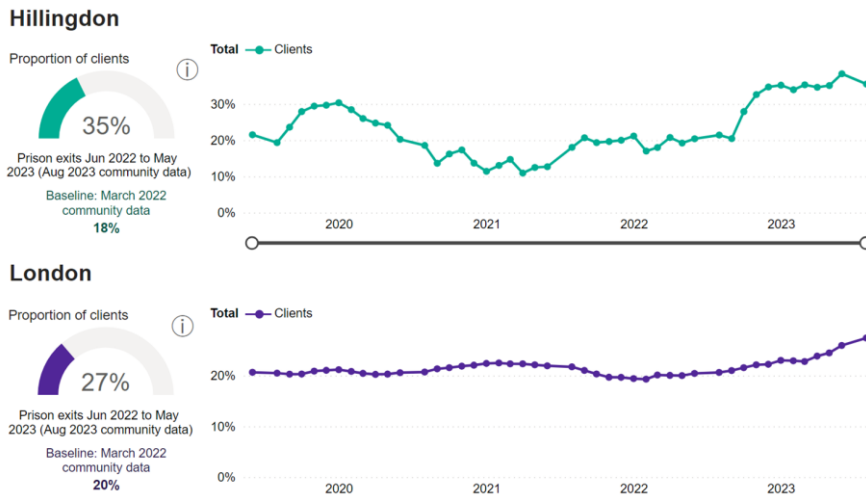


Source: National Drug Treatment and Monitoring System (NDTMS): 02/11/23

3.2. Continuity of care:

There has been considerable improvement in engaging prison leavers, Hillingdon is within the top 5 of all London boroughs, having recently recruited a new prison in-reach worker. This role will contribute to improving performance and achieve the 75% national engagement target set by OHID. This is an important outcome due to the high risk of drug-related overdose amongst prison leavers and recognises that early harm reduction interventions save lives.

Figure 4: Continuity of Care



Source: National Drug Treatment and Monitoring System (NDTMS): 02/11/23

4. SSMTRG and RSDATG Funding:

Investing in drug and alcohol treatment saves lives and saves money. For every £1 invested in alcohol treatment there is a return of £3, and for drug treatment, the return is £4 for every £1 invested.

In addition to the circa £3 million annual budget for the Hillingdon Adult Community Addictions Service, the funding from the SSMTRG is:

Year 1 - £474,635 (2022/23) - Year 2 - £657,482 (2023/24) - Year 3 - £1,079,229 (2024/24)

The annual Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) of £598,949.08 ends in March 2024.

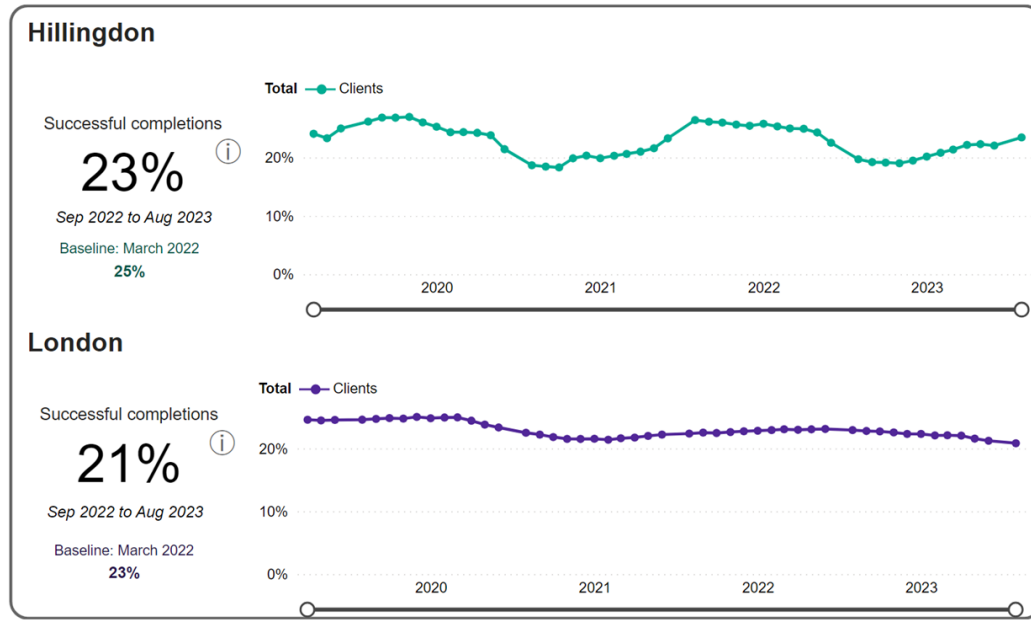
Given the significant level of grant funding, particularly the level of outreach services being funded which have an important role for increasing the numbers of people with addictions in treatment, when (and if) the grants cease there will be an impact on service provision. Planning for sustainability is a key priority for the CDAPB.

These grants have 'pump-primed' interventions that supplement core funded services being delivered and have provided evidence of the effectiveness of new service innovations. One criterion for receiving the SSMTRG is that local authorities must not reduce PH Grant funding for core addiction services. OHID are ensuring that commissioners are kept informed of any decisions regarding ongoing funding post year 3, advocating for the continuation of the grants.

5. How the CDAPB is influencing improved outcomes:

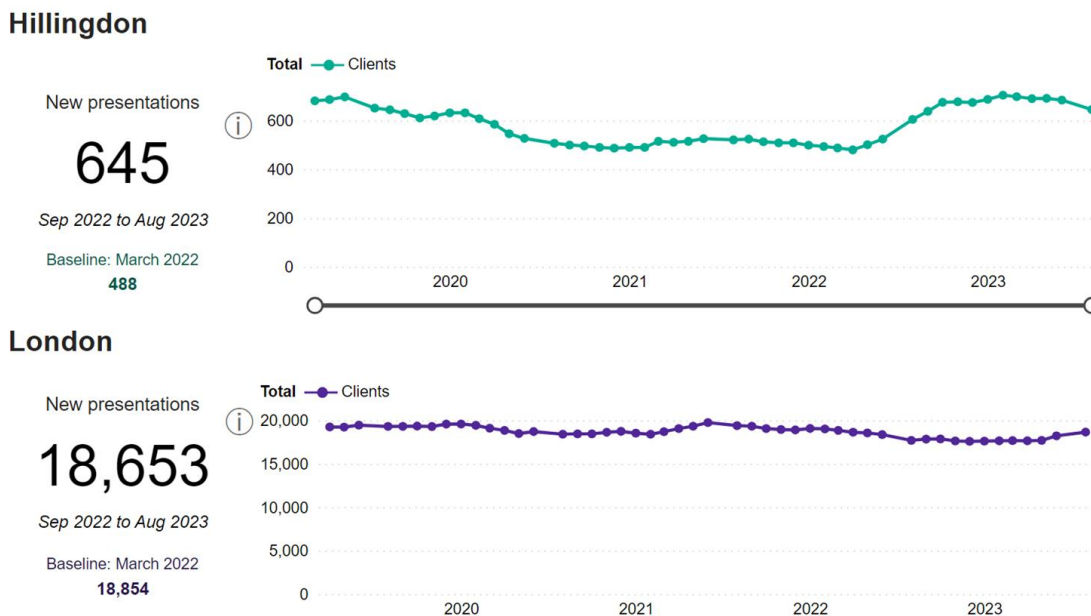
In addition to increased numbers in treatment and improvements to continuity of care, since April 2022 when the funding started, further outcomes achieved include the 20% successful completions in year 1, two years ahead of the plan, this is above the London average (Figure 5).

Figure 5: Successful completions from drug and alcohol treatment:



Source: National Drug Treatment and Monitoring System (NDTMS): 02/11/23

Figure 6: New presentations into treatment:



Source: National Drug Treatment and Monitoring System (NDTMS): 02/11/23

There have been 645 Hillingdon residents that have accessed drug and alcohol treatment for the first time between September 2022 and August 2023.

The outcomes and impact of this work is not solely evidenced by data. A recently reviewed case (death 2021) from the Hillingdon Suspected Suicide Learning Panel demonstrates the importance of changes in services, and how the additional interventions and increased collaboration could reduce risk and change life outcomes for individuals.

To ensure anonymity the individual in the case study is referred to as 'B'.

5.1. 'B', a Case study

'B' is a young adult with a history of substance misuse, affiliation with gangs, mental ill-health, and has had a series of treatment episodes with Hillingdon drug and alcohol services due to alcohol and long-standing use of cannabis. Engagement with services has been sporadic, and maintaining engagement with the service was a challenge. Socially, 'B' struggled, was unemployed, and this affected the ability to maintain housing, access to benefits was also problematic. 'B' was known to have experienced suicide ideation. Prior to his death by suicide, 'B' was awaiting sentencing following a recent conviction.

- Learning from the Hillingdon Suspected Suicide Learning panel that directly links to the work of the CDAPB include:
- Having a one-stop clinical and support service that tackles health, social and economic need and risk – this has been included in the new service model.
- 'Softer' non-clinical interventions for engagement and to increase motivation to engage.
- MECC, Making Every Contact Count – by improving communications, active listening, and the customer experience.
- Drug and alcohol training across Hillingdon partner organisations with a training prospectus and a full-time partnership training role that is a planned recommendation for year three SSMTRG funding.
- An integrated mental health nurse is now recruited to link between addictions and mental health Services across the Borough. This may have assisted in providing community mental health interventions in a familiar environment and linking services to 'B'.
- Interventions to be explored for enhanced support with those who are in contact with the Criminal Justice System as this can affect an individual's mental health, it did for 'B'.

6. The effect of CDAPB and SSMTRG funding on residents, service users and communities:

Residents, service users and communities will achieve improved outcomes from more effective and efficient drug and alcohol treatment and recovery services that invest in prevention, early intervention and improved treatment outcomes. These improvements, sustained, will not only have a significant life-long effect on the individual experiencing the addiction, but there is also impact and implications for their family, friends, community, and society overall. By supporting individuals with addictions, we are protecting communities from the risks associated with addiction that includes safeguarding and reduced crime.

This programme has synergy with:

- **Hillingdon Stronger Communities Strategy** [Council strategy 2022-2026 - Hillingdon Council](#)
- **The Joint Health and Wellbeing Strategy:** <https://www.hillingdon.gov.uk/article/8655/Joint-Health-and-Wellbeing-Strategy>
- **Homelessness and Rough Sleeping Strategy:** [Housing strategies Hillingdon Council](#)
- **Hillingdon Resilient Families Strategy:** [Council strategy 2022-2026 - Hillingdon Council](#)

To sustain long term outcomes, the newly funded services have been included in the new model Community Adult Addictions Service. The new model involves people with lived experience in local services; a good-practice approach to improving outcomes advocated by the National Institute of Clinical Excellence guidance⁶.

The development of a detailed and accredited peer mentor and volunteer programme creates increased outreach potential for the Borough and enables the service to increase the scope and coverage of their work, and tackle health inequalities especially in under-served communities, through trained, and skilled volunteers.

The Marmot Review⁷ states that good quality work can change lifestyles for current and future generations and paid and voluntary work is an important part of a recovery culture for the community, promoting a visible and contagious recovery, and this can support recruitment challenges in fields such as health and social care, housing, probation. For drug and alcohol services this represents a key part of the workforce strategy.

Residents with a history of addiction, mental health needs and a forensic history can be inspirational members of the community and will give Hillingdon services the flexibility to react to new funding streams, provide resilience within the workforce and strengthen the outreach offer in the medium to long term. Areas of unmet need were identified in terms of reaching members of the community such as the Muslim, Elderly and LGBTQ+ communities. Volunteering and paid working roles for members of these communities are being explored as part of the workforce development aligned to the Strategy. It is vital to safeguard this work at a time when funding streams are uncertain.

7. Consultation Carried Out or Required

One of the key ambitions is that consultation becomes integral, not an add-on, this was a recommendation of the Hillingdon Drug and Alcohol Need Assessment (2023). The main recommendations, informed by engagement with professional, community and service user stakeholders being addressed are:

- **Alcohol treatment:** The commissioning of a local brief advice (LBA) about alcohol screening and intervention services are provided face to face with clear referral and treatment pathways for those assessed as drinking at potentially dependent levels. This is in progress and forms part of the new service specification.
- **Drug treatment:** Increase the capacity of the current adult specialist treatment system and convene a multi-agency panel to explore the reasons for the increase in drug-related deaths. The learning panel will be established in December 2023.
- **All substances:** A focus on supporting service users with co-morbid mental health and substance misuse needs and more assertive outreach provision. To expand numbers in treatment the development of a retention and recruitment plan for specialist drug and alcohol workers and closer partnerships through co-location for services, including criminal justice workers within agencies such as the probation and housing services. The service offer for cannabis users should be better promoted across the Borough. This work is in development.

⁶ [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/drug-misuse-and-dependence-uk-guidelines-on-clinical-management)

⁷ [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/fair-society-healthy-lives-the-marmot-review)

8. End note

Community Drug and Alcohol Recovery services in Hillingdon are experiencing a period of significant change and progression with the new pump-primed service developments funded through the SSMTRG led by the CDAPB, concurrent with the tender for the Hillingdon Adult Community Addictions Service, through which sustainability of some services post the initial three-year funding is included.

There is considerable partnership working for the long-term needed to address the inequalities associated with individuals, families and communities affected by the complexity of addiction and the ripple consequences that occur simultaneously.

Working together has presented an opportunity for the challenge of drug and alcohol addiction to move from a narrow focus to where it needs to be, a system wide approach to a complex challenge in the borough, with agencies brought together, collectively responsible, to focus on what-works to improve lives of residents in the Borough.

BACKGROUND PAPERS

1. Terms of reference for the Combating Drugs and Alcohol Partnership Board



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2. National Drug Strategy Presentation from the Safer Hillingdon Partnership Board



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'STOPPING THE START' CREATING A SMOKEFREE GENERATION & TACKLING YOUTH VAPING NATIONAL CONSULTATION

Relevant Board Member(s)	Councillor Jane Palmer: Joint Chair, Health and Wellbeing Board Sandra Taylor: Executive Director ASC and Health, LBH
Organisation	London Borough of Hillingdon
Report author	Viral Doshi – Public Health Officer, LBH
Papers with report	None

1. RECOMMENDATION

That the Board:

- 1) note the report and the significant public health impact implementation of Smokefree Generation will have on long term population health.
- 2) Is aware of the national consultation process and determines any planned consultation responses by the Board and partners.

2. INFORMATION

2.1. Introduction:

The Government has introduced a historic new law to protect future generations of young people from the harms of smoking. The new Government strategy 'Stopping the start: our new plan to create a smokefree generation' (2023)¹ lays out the route for addressing the harms of tobacco addiction by supporting smokers to quit, prevent addiction to smoking before it starts and curb the rise of vaping in children and young people. This will be achieved by:

2.2.1. Creating the first smoke-free generation - Legislate to raise the age of sale one year every year from 2027 onwards. Proposed new legislation will make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products – effectively raising the smoking age by a year each year until it applies to the full population. Following in the footsteps of New Zealand, this does not criminalise smoking however takes a phased approach for anyone legally being sold tobacco.

2.2.2. Supporting people to quit smoking - Double the funding for local authority Stop Smoking Services, through new Treasury money available from April 2024². Increase funding for awareness raising campaigns by £5 million this year and £15 million from next year onwards. This will fund national tobacco marketing campaigns to explain the changes, the benefits of quitting and support available.

2.2.3. Curbing the rise in youth vaping - reduce the appeal and availability of vapes to children – striking a balance with ensuring vapes are available for adults to help them quit smoking.

¹ <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>

² <https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding/local-stop-smoking-services-and-support-funding-allocations-and-methodology>

2.2.4. Strengthening enforcement activity - new powers to fine rogue retailers on the spot who sell tobacco products or vapes to people underage, action to track down illicit tobacco and vaping products, and take further steps to enhance online age verification so that age of sale law is enforced across both online and face-to-face sales. Increase funding for enforcement on illicit tobacco and e-cigarettes by £30 million from next year.

2.3. The Health Risks of Smoking and Nicotine:

Smoking is highly addictive, with 4 in every 5 smokers starting before the age of 20 and remaining addicted for the rest of their lives. By stopping young people from 'ever' starting to smoke, the government propose to protect future generations of young people from the life-long health, social and economic harms of smoking.

There is no argument that smoking is one of the most significant contributors to poor health in the UK and is a driver of health inequalities and disparities. The adverse health risk from smoking puts significant pressure on the NHS, with almost one hospital admission every minute attributable to smoking, and approximately 75,000 GP appointments each month taken up by smoking-related illness.

Smoking is the UK's biggest preventable killer and is the direct cause of 1 in every 4 cancer deaths and leads to 64,000 deaths per year in England. Deaths from smoking are more than two times higher in the most deprived areas of the country compared with the most affluent, and health the health risks in vulnerable groups exacerbate existing long term conditions, for example people experiencing mental ill-health, and for women who smoke in pregnancy which in some areas is circa 20% of pregnant women, poor child health outcomes, include the rate of stillbirths can increase by 50% compared to areas with lower stillbirth rates.

Smoking has an economic cost, to individuals who smoke, their family incomes, and costs the economy £17 billion a year, through smoking related lost earnings, unemployment, early deaths and costs to the NHS³.

2.4. Creating a Smokefree Generation & Tackling Youth Vaping National Consultation:

On 4 October 2023, the Prime Minister Rishi Sunak announced his ambition for creating the first smokefree generation which was then presented in the Kings Speech (7 November 2023) stating the anticipated plans by the UK Government to consult on new national smokefree legislation⁴.

Proposed new legislation has the potential to phase out smoking in young people almost completely as early as 2040. It could mean up to 1.7 million fewer people smoke by 2075 and has the potential to avoid up to 115,000 cases of strokes, heart disease, lung cancer and other lung diseases. In summary children who turn children up to the age of 14 will never legally be able to buy cigarettes in England, creating a 'smokefree generation'.

The legislation proposals include:

- Making it an offence for anyone born on or after 1 January 2009 to be sold tobacco

³ <https://www.gov.uk/government/news/prime-minister-to-create-smokefree-generation-by-ending-cigarette-sales-to-those-born-on-or-after-1-january-2009>

⁴ <https://news.cancerresearchuk.org/2023/11/07/kings-speech-tobacco-and-vapes-bill-age-of-sale/>

products – this is a model already operational in New Zealand.

- Restricting the flavours and descriptions of vapes so that vape flavours are no longer targeted at children to ensure this is done in a way that continues to support adult smokers to switch.
- Regulating point of sale displays in retail outlets so that vapes are kept out of sight from children and away from products that appeal to them, for example, confectionary.
- Regulating vape packaging and product presentation, ensuring that neither the device nor its packaging is targeted to children.
- Considering the restriction of the sale of disposable vapes, which are clearly linked to the increase in vaping in children. It is recognised that these products are not only attractive to children but also incredibly harmful to the environment.
- Exploring further restrictions for non-nicotine vapes and other nicotine consumer products such as nicotine pouches.
- Exploring whether increasing the price of vapes will reduce the number of young people using them.
- Introducing new powers for local authorities to issue on-the-spot fines (fixed penalty notices) to enforce age of sale legislation of tobacco products and vapes.

The proposed actions are outlined in more detail in the policy paper, 'Stopping the start: our new plan to create a smokefree generation', which can be found here [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/stopping-the-start-our-new-plan-to-create-a-smokefree-generation) .”

2.5. The National Consultation on Smokefree Generation:

The consultation is open for submissions and will close on 6 December 2023.

The consultation has 27 questions that explore the stated proposals with an opportunity to add in recommend novel approaches that could achieve comparable health outcomes and tackle current smoking and youth vaping levels.

The consultation can be found here: [Creating a smokefree generation and tackling youth vaping - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping)

Responses are encouraged from individuals, statutory forums, organisations and interest groups. Fresh and Ash, the national interest groups have sent early versions of their consultation submissions as have the London Tobacco Alliance and Stop Smoking London. All welcome the launch of a UK-wide Government consultation to stop the start of new smokers and address youth vaping which launched yesterday⁵.

2.6. The Challenge:

The importance of stopping young people smoking is probably the most significant public health intervention of this generation.

However, there are challenges in communicating a message that young people understand and act on that protect young people from ‘ever’ smoking and to recognise that whilst vaping is significant less harmful than nicotine smoking, it is not health risk free. Vaping must not be considered an alternative to smoking for those who do not smoke nicotine.

This message is in tandem with the narrative that despite not being risk free, vapes are a less

⁵ . <https://londontobaccoalliance.org.uk/news/youth-vaping-consultation/>

harmful alternative to cigarettes, and a tool for current smokers to quit smoking.

The challenge is there has been a significant increase in young people who have never smoked using vapes as a result of easy access to vapes and the marketing of products using colours, flavours and cheap disposable that is creating a new health risk.

Getting the messages right, informing and educating young people, and addressing the easy access to popular and cheap vapes, including enforcing an under-age sales ban requires investment.

3. Improving outcomes in Hillingdon: The scale of action:

Smoking disproportionately affects the most disadvantaged in the community and largely contributes to the health inequalities in the borough⁶. The smoking rate amongst social housing residents is one of the highest in England; around 1 in 3 people in social housing smoke, compared to around 1 in 10 people who own their home and 1 in 7 in the general adult population⁷.

The Hillingdon data⁸ shows that:

- Prevalence of smoking based on OHID information is 8.1% (accuracy is being checked)
- Those who are in routine and manual occupations in Hillingdon have a smoking prevalence of 15.9% compared to London (20.7%) and England (23.2%)
- Those with a long-term mental health condition in Hillingdon have a higher prevalence rate of 30.9% compared to London (26.0%) and England (26.3%).
- Smoking in pregnancy, at the time of delivery, Hillingdon has a higher prevalence of 5.8% compared to London (4.6%) but lower than England (9.6%).

Hillingdon has one of the lowest prevalence,' however the rate will mask higher prevalence amongst more deprived and diverse communities in the borough.

4. Financial Implications

The government is investing an additional £70 million per year to support local authority led stop smoking services and support. This will more than double current spending from £68 million per year, to a total of £138 million, and support around 360,000 people to quit smoking⁹.

In allocating funding for stop smoking services and support, the government have based the proposed funding uplift for each area on the number of smokers in each local authority and are based on the average smoking prevalence over a 3-year period, rather than a one-year period.

Based on the additional funding (£70 million per year from 2024 to 2025) by the total number of smokers across England (5.6 million), provides an approximate funding rate per smoker (£12.39). The funding rate per smoker is then multiplied by the estimated number of smokers

⁶ OHID - Local Tobacco Control Profiles

⁷ Smoking and social housing: Supporting residents, addressing inequalities - Action on Smoking and Health (ash.org.uk)

⁸ OHID - Local Tobacco Control Profiles - Available at Public Health England Public Health Profiles. Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

⁹ <https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding/local-stop-smoking-services-and-support-funding-allocations-and-methodology>

in each local authority, to give a total indicative allocation to each local authority.

The table below shows the confirmed funding allocations for Hillingdon which will initially apply for the first year of the grant (the financial year 2024 to 2025).

Local Authority	Average 3-year smoking prevalence (2020 to 2022)	Estimated number of smokers (2021 populations)	Current annual spend	Confirmed additional allocation
Hillingdon	10.10%	23,614	105,612*	£281,393

*Please note that the stated current investment reported is inaccurate: current funding is £135,000

Specific allocations for 2025 to 2026 and beyond cannot be provided at this stage, but the government has already confirmed additional funding of £70 million a year for 5 years, from 2024 to 2025 through to 2028 to 2029. Allocations will continue to be based on the average smoking prevalence over a 3-year period to ensure the allocations are based on the most robust and recent data.

4.2. Expected Criteria for Investment:

OHID has stated that the additional investment into Local Boroughs will be comparable to the SSMTR Grant for combating drugs and alcohol and is likely to require assurance that:

- There is no evidence of disinvestment in current stop smoking services. With the new service currently being tendered there is no reduction in public health grant investment in stop smoking services.
- Governance processes that provide oversight and assurance of spend that support a Tobacco Control Alliance, the existing forums for improving services.
- A need assessment is completed that informs activity. The Board will be aware that a need assessment, strategy and action plan was completed in 2022.
- There are agreed annual plans with funding aligned to activity that demonstrates outcomes that is reported to OHID as performance and financial returns quarterly.

5. Next Steps:

It is anticipated that the funding criteria will be confirmed in December 2023. To ensure we remain proactive work needs to have started to plan for new interventions. What we learned from the SSMTRG is that all areas will be focused on similar interventions, and this will create competition and demand on finite resources.

Review and revise the need assessment to ensure it aligns to the Smokefree Generation requirements and how we move from the priority group focus to a population level approach with clear and effective pathways of referrals from hospitals and wider NHS services to stop smoking and data reporting processes that follow the service user and the outcomes being achieved.

The impact of the interventions being implemented to determine what works.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

5.2. What will be the effect of the recommendation?

This consultation aims to support the implementation of new legislation has the potential to improve the lives of 19,000 current smokers in Hillingdon, and their families, improving their health and income, the societal impact of the cost of poor health associated with smoking on the economy and the NHS and is a significant tool to tackle the smoking related health inequalities in the Borough. If implemented the future generations of children will be protected over their lives from the health risks that have affected the lives of adults.

It is recommended that as individuals, organisations and a partnership we support the consultation and take action to submit a response.

6. Consultation Carried Out or Required

This report directs the Board to the national consultation for local action.

BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Jane Palmer Keith Spencer
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
Report author	Nikki O'Halloran, Democratic Services
Papers with report	Appendix 1 - Board Planner 2023/2024

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2023/2024 Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2023/2024, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

The Board Planner is flexible so it can be updated at each meeting or between meetings, subject to the Co-Chairmen's approval.

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Co-Chairmen.

Advance reminders for reports will be issued by Democratic Services but report authors should note the report deadlines detailed within the attached Board Planner. Reports should be presented in the name of the relevant Board member.

With the Co-Chairmen, Democratic Services will review the nature of reports presented to the Board in order to ensure consistency and adequate consideration of legal, financial and other implications. It is proposed that all reports follow the in-house “cabinet style” with clear recommendations as well as the inclusion of corporate finance and legal comments.

The agenda and minutes for the Board will be published on the Council's website, alongside other Council Committees.

Board meeting dates

The Board meeting dates for 2023/2024 were considered and ratified by Council at its meeting on 23 February 2023 as part of the authority’s Programme of Meetings for the new municipal year. The proposed dates and report deadlines for the 2023/2024 meetings have been attached to this report as Appendix 1.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

NIL.

BOARD PLANNER 2023/2024

28 Nov 2023	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Thursday 16 November 2023
	2023/2024 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Health and Wellbeing Strategy – One Year On (<i>Requested for meeting in June 2023 and deferred to 12/09/23 and then deferred 28/11/23</i>)	LBH	Agenda Published: 20 November 2023
	Board Planner & Future Agenda Items	LBH	
	PART II - Update on current and emerging issues and any other business the Co-Chairman considers to be urgent	All	

5 Mar 2024	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Thursday 22 February 2024
	2023/2024 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	Agenda Published: 26 February 2024
	PART II - Update on current and emerging issues and any other business the Co-Chairman considers to be urgent	All	

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STRICTLY NOT FOR PUBLICATION

Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972 (as amended).

Agenda Item 12

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