

## Appendix A Health and Wellbeing Strategy Delivery Plan Update

Priority 1 - Improving Health and Wellbeing and reducing inequalities				
Objective	Task and Metric	Lead	Metric reporting frequency	Evidence of activity against task
<b>1.1 Protect resident's health</b>	<b>1.1.1</b> From conception to year 2, Increase the confidence and participation of parents/women to have healthy babies by delivering the 'Having a Healthy Baby' Project	Public Health & Maternity Services	Annually	<ul style="list-style-type: none"> <li>6 Interviews have been completed with South Asian older mothers (grandmothers) about what advice and information is passed onto their daughters, nieces and relatives about having a healthy baby. The feedback from the interviews to be included in 'Having a Healthy Baby' project recommendations.</li> <li>For end of year 2014-15, smoking as a % at time of delivery was 7.4% showing a year on year reduction from 10.2% in 2009-10. This data is from the Health and Social Care Information Centre for Hillingdon residents, published on a quarterly basis, which may differ from local data presented by the Hillingdon Hospital.</li> </ul>
	<b>1.1.2</b> Develop a Children's Health Programme Board to agree with partners the strategic direction for children's health provision	CCG		<ul style="list-style-type: none"> <li>The Programme Board have met and work is progressing on agreeing strategic direction and actions across the work streams.</li> <li>A new children's asthma pathway has been agreed so that children can receive seamless support across schools, primary and secondary care.</li> <li>A review of clinical guidelines for Ambulatory Care is being undertaken.</li> </ul>

	<p><b>1.1.3</b> Deliver a mental wellness and resilience programme</p>	<p>Public Health</p>		<p>The programme of activity includes:</p> <ul style="list-style-type: none"> <li>• The 'Five Ways to Wellbeing' message is being rolled out to council staff and since July, 21 council staff from Housing and Tenancy Team have participated in Five Ways to Wellbeing Training. Training is scheduled in September for staff from Social Services with 12 people are booked to attend.</li> <li>• Five Ways to Wellbeing Sessions are continuing with service users from Hillingdon Mind. An additional 15 service users from Mead house participated in the sessions. One more session is planned in August at the Pembroke Centre.</li> <li>• Singing For Wellbeing - an additional 19 people have participated in the singing sessions at Uxbridge Library as part of the Dementia Friends Coffee Morning.</li> </ul> <p><b>WELLBEING PROGRAMMES AND EVENTS</b></p> <p>A total of five events have been planned in the south of the borough to engage residents in accessible programmes and activities that will support positive mental health and wellbeing.</p> <ul style="list-style-type: none"> <li>• Health and Wellness Event at Hayes Muslim Centre 28<sup>th</sup> August. Information Stalls and Services participating include: Alzheimer's Society, Nuchem Pharmacy, CNWL, CCG and Public Health</li> </ul>
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				<ul style="list-style-type: none"> <li>• Time to Change Event in Uxbridge Town Centre on 4<sup>th</sup> September for residents of all ages. The event has been planned in collaboration with Hillingdon Mind, CNWL, Rethink and National Time to Change.</li> <li>• (GP) Orchard Practice Wellbeing Programme - a five weeks women's only programme in Hayes area that will provide opportunities for BME communities to discover and engage in accessible activities that promote healthy active lifestyles for the whole family. The first session will begin on 22<sup>nd</sup> September.</li> <li>• Two Happiness and Wellness Events for Service Users from Hillingdon MIND and Pain Management group are planned in October for World Mental Health Week.</li> <li>• Wellbeing plan to support residents with suicidal ideation agreed by Joint Hillingdon Mental Health Transformation Board</li> <li>• Making Every Contact Count training programme under development for frontline staff across LBH and NHS. Needs Assessment questionnaire to be sent by October, to inform training programme.</li> <li>• Material from the Children and Young people's emotional health and wellbeing needs assessment has been included in the CAMHS needs assessment to inform current developments by LBH and CCG</li> <li>• There are a series of wellbeing events planned with West Drayton Community Centre for the autumn</li> </ul>
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				<p>and winter. This will include a general wellbeing day for older people, a tea dance, a line dance and then three events aimed at people who are housebound and/or living with dementia. The first wellbeing event is planned for the 9th October.</p> <ul style="list-style-type: none"> <li>• All the chair based exercise sessions are continuing for older people. There are eleven people regularly attending chair exercise at Uxbridge library, 8 people at Cobden Close, 7 at West Drayton Community centre and 11 at the EKTA group. The EKTA group is now doing Pilates which the ladies have fed back is very beneficial for increasing strength and mobility. There is a new Zumba class planned to start in the autumn in West Drayton.</li> <li>• In July and August there were two tea dances with a total of 256 people attending.</li> </ul>
	<p><b>1.1.4</b> Deliver a smoking cessation service including supporting the further roll out of Smoke Free Homes in Hillingdon</p>	Public Health	Annually	<ul style="list-style-type: none"> <li>• Hillingdon Stop Smoking Service continues to perform well in terms of its quit rate (i.e. smokers who join the service have some of the best chances in London to quit) - with a rate of 57.5%.</li> <li>• The service reported 1048 successful quitters to HSCIC for 2014/15, an improvement on the previous year of 1039.</li> <li>• Prevalence is estimated to be 16.5%, a significant drop on previous year.</li> <li>• No Smoking Day saw activity across supermarkets, Hospital, local colleges and the Pavilions. Over 100 residents were met on the day with a further 80 young people, the majority of whom were smokers</li> </ul>

				receiving Carbon Monoxide testing and prevention messages.
	<p><b>1.1.5</b> Reduce prevalence of obesity through a variety of initiatives including the delivery of the Child Measurement Programme, and raising awareness of the importance of physical activity across the life course</p>	<p>Community Sport and Physical Activity Network (CSPAN) &amp; Obesity Strategy Working Group</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> <li>• A pilot weight management programme is in place for obese adults in Hillingdon to reduce the risk of chronic disease, and link into disease care pathways</li> <li>• The children's weight management programme is being delivered across 3 localities and for ages 2-4, 5-7, 7-13 and 13+</li> <li>• A workplace physical activity programme for the council and other large organisations in the borough e.g. THH, Coca Cola, Glaxo, focussing on walking and reducing sedentary behaviour has been agreed by the Cabinet Member responsible for Health. Workplace packs are being developed to include advice on walking meetings, standing, stair use, use of pedometers etc. Workplace actions will be progressed once direction is received in relation to wider council workplace health.</li> <li>• The Physical Activity programme includes: <ul style="list-style-type: none"> <li>○ Universal led walks programme with 24 new walkers from April to June</li> <li>○ 108 people participating in led cycle rides from April to August.</li> <li>○ All Hillingdon Children's Centres are joining maternity and health visiting teams to achieve 'Baby Friendly Initiative' status.</li> <li>○ Healthy Early Years accreditation for early</li> </ul> </li> </ul>

				<p>years settings, e.g. children's centres, nurseries. Two more settings have achieved healthy status under this new scheme; now 8 in total.</p> <ul style="list-style-type: none"> <li>○ 240 physical activity bags have been loaned to parents with children under 5 and 40 parents have borrowed a bog more than once.</li> <li>○ In the last 6 months 551 parents recruited primary schools and children's centres have taken part in the community based Active Hillingdon exercise programme with a total throughput of 5,083 attendances.</li> <li>○ In the last 6 months 1186 adults with a total throughput of 7.092 have taken part in the Back to Sport programme in a variety of activities such as chair exercise classes, free jogging sessions, tennis classes and many others. This also includes 45 people that have taken part in the cycle loan scheme.</li> <li>○ A football based exercise programme for inactive men has been trialled at Hillingdon Sports &amp; Leisure Complex, additional physical activity sessions are now taking place that supplement the Get Up and Go programme delivered by CNWL for overweight women. A new programme primarily to engage overweight pregnant women in ante-natal exercise has started in July</li> <li>○ 28 young people took part in one of four 12 week Fit Teen courses aimed at over-weight teenagers.</li> </ul>
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	<b>1.1.6</b> Reduce exposure to high levels of air pollution and improve air quality and public health in Hillingdon	LBH	Annually	<ul style="list-style-type: none"> <li>• In line with its statutory duties under the Environment Act 1995, the borough has a declared Air Quality Management Area (AQMA) from the Chiltern-Marylebone railway line to the southern borough boundary. The declaration of an AQMA imposes a further duty to prepare an Air Quality Action Plan to improve air quality, carry out regular review and assessments of the air quality and report annually to Government on progress.</li> <li>• The Air Quality Action Plan was adopted by Cabinet in 2004; annual progress reports and review and assessments have been carried out in line with the statutory duties.</li> <li>• 15th July 2015 the Mayor of London launched a consultation on a new London Local Air Quality Management Framework which ended on the 2nd September. The consultation includes a template for reviewing Air Quality Action Plans and a Matrix of Measures for inclusion.</li> </ul>
<b>1.2 Support adults with learning disabilities to lead healthy and fulfilling lives</b>	<b>1.2.1</b> Increase the number of adults with a Learning Disability in paid employment	LBH	Quarterly	<ul style="list-style-type: none"> <li>• To end of July 2015, the % of people in receipt of long term services provided by Adult Social Care in paid employment was 2.6%, a slight increase from 2.1% at end of 2014-15.</li> <li>• The UPWARD group has had a further 3 members joined them and they are currently preparing their presentation to deliver to local schools and colleges.</li> <li>• At QUEENS WALK, the staff team continue to work on the employment remit and are looking at developing work opportunities for people with</li> </ul>

				<p>complex learning and physical disabilities. They are using communication apps for employment tasks called 'Job Aids'. This entails using smart board/i-pad to break down job tasks which is immediately followed by carrying out the task itself. These types of work experience duties will include kitchen and reception tasks and service users have shown an interest in these opportunities.</p> <ul style="list-style-type: none"> <li>• 'Project Search' an initiative to give young people with a learning disability the skills to gain competitive paid employment. It is hoped this project will support ten students from Ealing and Hammersmith College to work at the Sofitel Hotel in September 2015.</li> <li>• The Rural Activities Garden Centre continues to support adults with learning disabilities, many of whom now access the RAGC on a voluntary basis and there are constant requests from people trying to access the RAGC, either to volunteer or for work experience. The centre take groups of adults with LD into the community to undertake landscaping and grounds maintenance type projects e.g. at Brookfields Adult Learning Centre. At the centre itself, they are taught horticultural skills to grow plants for sale in the shop where they also learn communication skills by interacting with the general public.</li> </ul>
<b>1.3 Develop Hillingdon as an autism friendly borough</b>	<b>1.3.1</b> Develop and implement an all age autism strategy	LBH	Quarterly	<ul style="list-style-type: none"> <li>• An Autism Partnership Board has been established and will meet for the first time on 8<sup>th</sup> September.</li> <li>• Public Health are undertaking a needs analysis to support the development of the Autism Plan.</li> </ul>



<b>Priority 2 - Prevention and early intervention</b>				
<b>Objective</b>	<b>Task and Metric</b>	<b>Lead</b>	<b>Metric reporting frequency</b>	<b>Evidence of activity against task</b>
<b>2.1 Deliver the BCF workstream 2 - Intermediate Care under Strategy</b>	<b>2.1.1</b> Deliver scheme three: Rapid response and joined up Intermediate Care	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>The additional consultant geriatrician capacity approved by HCCG's Governing Body in May will support new Care of the Elderly Team (COTE) provided rapid access clinics, which will provide access to an holistic assessment, e.g. consultant, therapy and nursing, and diagnostics, that are currently only available upon admission to the Acute Medical Unit (AMU) at THH. Referrals will be from GP practices and community matrons. There will be two clinics, one operating from THH started on 21<sup>st</sup> August and the second at Mount Vernon and started on 2<sup>nd</sup> September. '<i>Rapid</i>' means that people will be seen within four days of referral.</li> <li>During Q1 the Reablement Team received 272 referrals and of these 64 were from the community; the remainder were from hospitals, primarily Hillingdon Hospital. The community referrals represented potential hospital attendances and admissions that were consequently avoided. During this period, 97 people were discharged from Reablement with no on-going social care needs.</li> </ul>
<b>2.2 Deliver Public Health Statutory Obligations</b>	<b>2.2.1</b> Deliver the National NHS Health Checks Programme	Public Health	Annually	The aim of the programme is the early identification of individuals at moderate to high risk of cardiovascular disease, diabetes, stroke, kidney disease and related metabolic risk.

				<ul style="list-style-type: none"> <li>• In 2015/16, 72,893 Hillingdon residents are eligible for an NHS Health Check</li> <li>• 14,579 (20%) residents should receive their First Offer (in five years) of a Check</li> <li>• The cumulative % of eligible population (from 2013-15) both offered and who received an NHS Health Check is 24.5% and 17.1% respectively.</li> </ul>
	<b>2.2.2</b> Deliver Open Access Sexual Health	Public Health	Quarterly	<p><u>HIV</u>: An HIV health and care needs assessment has been completed. The outputs of the needs assessment will be used to inform future sexual health and disabilities commissioning/procurement decisions post October 2015.</p> <ul style="list-style-type: none"> <li>• <u>Emergency Hormonal Contraception (EHC)/Chlamydia Screening and treatment in Community Pharmacies</u>: <ul style="list-style-type: none"> <li>○ Brunel University continues to be the location with the highest level of activity, followed by Boots in Uxbridge.</li> <li>○ Regular training continues for Pharmacists as part of the wider public health offer.</li> <li>○ The renewal process for Pharmacist's 'Patient Group Directive' is underway</li> <li>○ Training is planned with partners on raising awareness of Sexual Exploitation and FGM.</li> <li>○ A report will be presented to the CCG in October addressing the differences between Chlamydia screening and detection rates whereby the latter is being reported lower than expected.</li> </ul> </li> </ul>
	<b>2.2.3</b> Delivery of information to protect the health of the	Public Health		<ul style="list-style-type: none"> <li>• <u>Seasonal Flu</u>: The London PHE flu groups are preparing winter packs for schools and care homes</li> </ul>

	population against infection or environmental hazards and extreme weather events			<p>that will be sent out in September 2015.</p> <ul style="list-style-type: none"> <li>• <u>School Age Immunisation:</u> NHS England have awarded CNWL the contract to deliver the school-aged immunisation programme within Hillingdon. The team will be separate to that of the local school nurse team which the council delivers.</li> </ul>
<b>2.3 Prevent premature mortality</b>	<b>2.3.1</b> Ensure effective secondary prevention for people with Long Term Conditions including cancer, diabetes and dementia	CCG	Quarterly	<ul style="list-style-type: none"> <li>• Having undertaken a review of the current state of Risk Stratified Cancer Pathways at THH and discovered that Hillingdon is already doing relatively well in this area, the CCG has undertaken research into how we might support patients with cancer in other areas. The Governing Body held an OD session August 2015 to review priorities for 2015/16 and agreed that increasing the update of screening across all cancers and reducing the number of late presentations were top priorities.</li> <li>• The service specification for an Integrated Diabetes Service has now been approved by the Quality, Safety and Clinical Risk Committee and the business case to support this service redesign is being submitted to Governing Body early September 2015. The service has been designed in collaboration with hospital, community and primary care clinicians and managers and focuses on more patients being seen in primary care settings, with support from secondary and community care specialists. Subject to complete sign off by Governing Body, the CCG will work with providers to start mobilising this service from October 2015, with service transition starting January 2016.</li> <li>• The first phase of the cardiology project has been</li> </ul>

				<p>successfully implemented (includes direct access by GPs to key diagnostic tests at The Hillingdon Hospital and Harefield Hospital. The second phase consists of the development of an integrated service with a particular focus on heart failure and cardiac rehabilitation. Collaboration with The Hillingdon Hospital, the Royal Brompton, CNWL and Public Health has led to the development of an Integrated Cardiology service model that has been signed off by the CCG's Governing Body. The CCG is working with providers so that mobilisation phase of this project can start as soon as possible.</p> <ul style="list-style-type: none"> <li>• The Integrated Service for Respiratory Care has also been approved and work has commenced on mobilisation of the scheme with the service expected to be in place by October 2015.</li> <li>• A Long Term Conditions Transformation Group overseeing all the CCG's workstreams on LTC has now been established.</li> </ul>
	<p><b>2.3.2</b> Reduce the risk factors for premature mortality and increase survival across care pathways</p>	PH/CCG	Quarterly	<ul style="list-style-type: none"> <li>• The first pilot of the Adult Weight Management Programme has started following the two obesity workshops. The community pharmacy based 12 week weight loss intervention is for adults whose BMI is in the obese category. Training was held in June and August for Pharmacists on delivering behaviour change intervention and supply of Orlistat (weight loss drug) via Patient Group Direction (PGD), which has been approved by the NHS Quality Safety and Clinical Risk Committee.</li> <li>• Increasing the levels of Physical Activity in the</li> </ul>

				<p>borough amongst those suffering from chronic conditions is being taken forward through the inclusion of 'Let's get Moving' programme in disease care pathways. From October 2014, when the programme started, until mid June 2015, there were 142 referrals made by health professionals with a 68% uptake in having an initial assessment, with 55% going on to complete a 12 week fitness programme.</p> <p>Alcohol and Substance Misuse</p> <p>(a) A question on alcohol use has been included in the NHS Health Checks</p> <p>(b) Substance Misuse: An outcome based service model with greater levels of integration, based on all levels of need, has been commissioned. The new service will 'go live' on 1st August 2015.</p> <ul style="list-style-type: none"> <li>• Work is underway with the CCG to deliver health education sessions around risk factors for CHD and stroke, targeting 500 people from BME communities which will start in September.</li> </ul>
	<b>2.3.3</b> Reduce excess winter deaths	Public Health/NHS England		<p>There are a number of activities that aim to reduce excess winter deaths in the borough. These include:</p> <ul style="list-style-type: none"> <li>• Providing Flu immunisation to people at risk</li> <li>• Screening for Chronic Obstructive Pulmonary Disease as part of smoking cessation project to identify smokers at high risk</li> </ul>

				<ul style="list-style-type: none"> <li>Monitoring Inferior Wall Myocardial Infarction over Coronary Heart Disease remodelling of services</li> <li>Age UK Hillingdon 'Getting ready for Winter' campaign</li> </ul>
	<b>2.3.4</b> Reduce the number of children with one or more decayed, missing or filled teeth	Public Health & NHS England		<ul style="list-style-type: none"> <li>NHS England and Hillingdon Public Health Team are working on a joint project to improve access to preventative dental care in Hillingdon. As part of this initiative the Schools Project will be delivered in Autumn where dentists will deliver fluoride varnish in 10 schools in Hillingdon identified as 'high need'. Recruitment of dentists to the pilot is underway and the identified schools have been contacted - currently 6 are on board.</li> <li>A protocol has been developed with Children's Centres detailing the delivery of a brief intervention on 'Brush for Life' as part of the new parent registration to ensure full coverage of all new families. This is an addition to group sessions and special events and a targeted drop-in by the CDS in 3 Children's Centres. The monitoring framework will be reviewed at the next management meeting.</li> </ul>
	<b>2.3.5</b> Deliver a project to make Hillingdon a Dementia Friendly borough	Mental Health Delivery Group	Quarterly	<ul style="list-style-type: none"> <li>The first quarterly meeting of the Dementia Action Alliance took place in August where the new Police Missing person's Grab Pack was launched. <ul style="list-style-type: none"> <li>This new initiative is a direct result of the dementia friends sessions run with local police during the month of July, where health promotion presented the Herbert protocol being used by West Yorkshire police and</li> </ul> </li> </ul>

				<p>explained the importance of having a system in place which helps to support people living with dementia to continue to go out on their own.</p> <ul style="list-style-type: none"> <li>○ The result is the missing person's grab pack which health promotion is working closely with the police to launch to the public. The pack encourages family members and carers to have information already prepared on loved ones living with dementia in the case where they might go missing to enable police to find them faster and more efficiently.</li> </ul> <ul style="list-style-type: none"> <li>● The next meeting of the Alliance will take place in November 2015.</li> <li>● <u>Dementia friends</u>: 575 new Friends have been trained since April 2015, making a total of 1685 Friends. This includes 360 Hillingdon Police Officers who have become Friends in July.</li> <li>● The weekly coffee mornings for those living with dementia and their carers have continued in July and August 2015. Based on resident feedback a new leaflet is being printed which will be launched to GP surgeries in the autumn with the aim to increase attendance. The schedule has been modified to reflect resident feedback; we are now running a sing-along every other week as this has proved the most popular. Some people attending the coffee mornings have now also started to attend the tea dances.</li> </ul>
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				<ul style="list-style-type: none"> <li>The Drummunity project continues to enable older people with dementia to take part in an activity which allows them to communicate creatively, work on their short term memory skills, increase relaxation and develop strength and coordination.</li> </ul> <p>Two further pilot projects of Drummunity in the North of the Borough have been agreed and these will again run as a train the trainer programme and offer drums to the new locations. The first pilot will start with the Alzheimer Society on the 11th September 2015 and will target people living with dementia who currently use their services.</p>
	<p><b>2.3.6</b> Improve pathways and response for individuals with mental health needs across the life course including the provision of Child and Adolescent Mental Health Services (CAMHS)</p>	CCG	Annually	<ul style="list-style-type: none"> <li>Single Point of Access - a Business Case has now been completed to develop a single point of access in the mental health urgent care pathway. It will be taken to the August Governing Body for approval.</li> <li>Improving Access to Psychological Therapies - a Business Case has been approved to expand IAPT Services to target hard to reach groups and those with Long Term Health conditions such as Diabetes. CNWL is recruiting additional substantive staff to expand the service to ensure 15% access target is maintained throughout 2015/16.</li> <li>From April 2016 there will be Access and Waiting time targets for assessment and NICE compliant treatment for first episode psychosis.</li> <li>A Children Adolescent Mental Health Service (CAMHS) health and care needs assessment has been developed. The Children's Emotional Health</li> </ul>



				<p>&amp; Wellbeing Board has been established to oversee the Hillingdon Transformation Plan and Implementation Plan. This Board will also oversee the NHSE/DH Local Transformation Plan which has to be developed by mid October; additional funding is being made available, for 5 years, to transform CAMHS Eating Disorders from September and generic CAMHS from December.</p> <ul style="list-style-type: none"> <li>• A Business Case to develop a CAMHS Deliberate Self harm Team is to be discussed at the HCCG Governing Body in September.</li> <li>• Additional resources for specialist MH provision for children and young people with LD were agreed with an integrated pathway with LBH disability team</li> <li>• HCCG also invested in specialist perinatal MH provision. Service implemented January 2015</li> <li>• The provision of Liaison Psychiatry services has been expanded to improve access to specialist mental health services for those patients presenting at A+E and receiving clinical services for other conditions in an Acute Hospital setting.</li> </ul>
	<b>2.3.7</b> Develop a Vision Strategy for Hillingdon	Vision Strategy Working Group	Annually	<ul style="list-style-type: none"> <li>• The Vision Needs Assessment is being reviewed to include further local information which will inform the strategic plan.</li> </ul>

<p><b>2.4 Ensure young people are in Education, Employment or Training</b></p>	<p><b>2.4.1</b> Identify those at risk of becoming Not in Education, Employment or Training (NEET) and implementing appropriate action to prevent it</p>	<p>LBH</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> <li>• The changes in approach previously reported continue to embed. The Participation Team has been recruited to and will be at full strength by the end of September.</li> <li>• There are now regular drop in's at the Civic Centre for young people to receive information and advice, with sessions at Fountains Mill and Harlington Young People's Centre available by appointment. These arrangements have proved to be popular and adequate for young people and will continue.</li> <li>• The Participation Team has prioritised NEET and potential NEET young people over the summer holidays to date. All 390 EET YP have been contacted for tracking purposes. All intended post Year 11 and Year 12 destinations have been acquired from schools and colleges (with the exception of 3 schools despite repeated requests) and reported to the data management provider. Capacity to support NEET YP under the terms of the September guarantee is planned for September when actual destinations will be confirmed.</li> <li>• Current in year data to end July 2015, shows that the number of 16-18 year old NEETs is 308 young people or 3.2%.</li> </ul>
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**Priority 3 - Developing integrated, high quality social care and health services within the community or at home**

Objective	Task and Metric	Lead	Metric reporting frequency	Evidence of activity against task
<p><b>3.1 Deliver the BCF Workstream 1 - Integrated Case Management</b></p>	<p><b>3.1.1</b> Deliver scheme one: early identification of people susceptible to falls, social isolation and dementia</p>	<p>LBH/CCG</p>	<p>Annually</p>	<ul style="list-style-type: none"> <li>• Hillingdon4All Health (H4A) and Wellbeing Gateway: HCCG's Governing Body has made £100k available to enable start-up work to be undertaken. A final funding decision will be made at the Governing Body's October meeting. If the funding is approved implementation of the service will start from the 1<sup>st</sup> November 2015.</li> <li>• The content of the training to be delivered to visiting staff to 'make every contact count' (MECC) is on track to be drafted in Q3. The training programme will be delivered in Q4. The programme will be informed by the results of a questionnaire to be issued by Public Health to front line staff in Q3 regarding their knowledge, understanding and concerns about engaging with residents about the options available to them to support their health and wellbeing. There will also be an event for frontline LBH staff on 2<sup>nd</sup> November that will make them aware of the voluntary and community organisations available in the borough to sign-post residents to.</li> <li>• The Dementia Working is developing the health and social care pathway for Hillingdon residents who have or may have dementia and this follows discussions about what the ideal pathway should look like.</li> </ul>

				<ul style="list-style-type: none"> <li>• HCCG's Governing Body approved a business case to establish a fracture liaison nurse role based at Hillingdon Hospital and the Trust is currently in the process of recruiting. This post will support people who have attended hospital for the first time with low level fractures, e.g. people who may have fallen from standing height or less, and may be living with osteoporosis (bone thinning). The intention behind the role is to provide more intensive support at this early stage to prevent more severe fractures as a result of more serious falls later on, as there is an evidence base that low level fractures are a risk factor for more serious fractures that can subsequently lead to nursing home admissions.</li> <li>• Approval was also given to increase capacity of the community falls service provided by Hillingdon Hospital and supported by CNWL with therapy input so that four clinics a month can be held rather than the current three. This is intended to reduce waiting times to one and half weeks from three weeks. The clinics would be expected to see up to six new patients per clinic as well as three follow-up patients.</li> </ul>
	<b>3.1.2</b> Deliver scheme two: better care for people at the end of their life (EoL)	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>• Mapping of services for people at the end of life was completed during Q1 and the results will be presented to the End of Life Forum in September.</li> <li>• The end of life pathway, i.e. how people identified as being at end of life are supported and where they are referred to, is being mapped for consideration by the multi-agency End of Life Forum in September.</li> </ul>

<p><b>3.2 Deliver the BCF Workstreams 3 &amp; 4 - Seven day working and Seamless Community Services</b></p>	<p><b>3.2.1</b> Deliver scheme four: seven day working</p>	<p>LBH/CCG</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> <li>• THH has successfully recruited to Discharge Coordinator posts following approval by the Council and HCCG to establish an Integrated Appraisal Team at the Hospital. The team will comprise of social work, Hospital and CCG staff. This team will be working in the Acute Medical Unit (AMU) at the Hospital to speed up the discharge process.</li> </ul>
	<p><b>3.2.2</b> Deliver scheme six: Care homes initiative</p>	<p>LBH/CCG</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> <li>• As most of the actions within the scope of this scheme have now been delivered, work has started on: <ul style="list-style-type: none"> <li>○ Mapping the need for bed based services for older people across health and social care as part of the development of a three year older people care home plan that would also include development of the medical model of care;</li> <li>○ Developing options to address the need for care home provision for older people with challenging behaviour needs</li> </ul> </li> </ul>
	<p><b>3.2.3</b> Deliver scheme five: Review and realignment of community services to emerging GP networks</p>	<p>LBH/CCG</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> <li>• The multi-disciplinary team (MDT) approach was extended to cover the whole of the north of the borough, with the intention of this being expanded to other GP networks in the south of the borough in Q2.</li> <li>• Work continued on developing an agreed integrated care plan template for use across partners, which will assist with care planning and care coordination and reduce the number of times that residents have to repeat their story. The template was completed in Q1 and testing in GP practices in the north of the borough started from the 1<sup>st</sup> July. The template has now been agreed and the intention is to roll out its use across the borough during September.</li> </ul>

	<b>3.2.4</b> Provide adaptations to homes to promote safe, independent living including the Disabled Facilities Grant	LBH	Quarterly	<ul style="list-style-type: none"> <li>• In the first quarter of 2015-16, a total of 134 homes had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 85 older people.</li> <li>• Of these, 42 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 68% of the grants provided. 71% (30) of the people receiving DFGs were owner occupiers, 26% (11) were housing association tenants, 2% (1) was a private tenant. The total DFG spend on older people during Q1 was £242k, which represented 68% of the total spend (£358k) in Q1. Remodelling of the DFG process has seen a reduction in waiting times from application to grant approval from 14 months to 25 days.</li> </ul>
	<b>3.2.5</b> Increase the number of target population who sign up to TeleCareLine service which is free for over 80's	LBH	Quarterly	<ul style="list-style-type: none"> <li>• As at 30th June 2015, 4,424 service users (3,927 households) were in receipt of a TeleCareLine equipment service, of which 3,328 people (3,023 households) were aged 80 years or older.</li> <li>• Between 5th April 2015 and 30th June 2015, 377 new service users have joined the TeleCareLine Service of which 266 were aged over 80. We are on target to achieve 750 new users set for this year.</li> </ul>
<b>3.3 Implement requirements of the Care Act 2014</b>	<b>3.3.1</b> Develop the prevention agenda including Info and Advice Duty	LBH	Quarterly	<ul style="list-style-type: none"> <li>• Connect to Support Hillingdon launched on 1st April 2015 with information/advice and the marketplace. On-line assessments will go live in Q2 2015, there is a comprehensive communications plan in place to promote the site to staff, residents and providers and to continue developing the content.</li> </ul>

				<ul style="list-style-type: none"> <li>• As at 30<sup>th</sup> July 15, Connect to Support Hillingdon had 171 private and voluntary sector organisations registered on the site offering a wide range of products, services and support, work continues to promote the site both with residents and providers.</li> <li>• From 1<sup>st</sup> April (launch) to 30<sup>th</sup> June 15, in excess of 2,100 individuals have accessed Connect to Support and completed over 3,300 sessions reviewing the information &amp; advice pages and/or details of available services and support.</li> <li>• The online social care self assessment went live in July 15 which will help individuals navigate the information and advice pages and give an indication if they are likely to benefit from a more detailed assessment.</li> </ul>
	<b>3.3.2</b> Develop a Carers Strategy that reflects the new responsibilities and implementation of the Care Act 2014	LBH/CCG	Biennially	<ul style="list-style-type: none"> <li>• Task and finish groups have been set up to deliver actions in the delivery plan which includes a review of information available to carers across key stakeholders, a communications campaign to raise awareness of the caring role and the possibility of delivering a Carers Award Scheme for the borough. The first Carers Assembly for Hillingdon will be taking place on the 12 November 2105.</li> </ul>

	<p><b>3.3.3</b> Deliver BCF scheme seven: Care Act Implementation</p> <p>Task: To implement the following aspects of new duties under the Care Act, primarily in respect of Carers: a) increasing preventative services; b) developing integration and partnerships with other bodies; c) providing quality information, advice and advocacy to residents; d) ensuring market oversight and diversity of provision; and e) strengthening the approach to safeguarding adults.</p>	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>• The number of private and voluntary sector providers registered on the resident portal Connect to Support increased from 85 at 31/03/15 to 154 at 01/07/15.</li> <li>• Work was undertaken to develop an online social care and financial self-assessment facility on Connect to Support that went live on 01/07/15.</li> <li>• A programme of staff training on new policies and procedures continued until 30/06/15.</li> <li>• The social care pathway has been remodelled to ensure compliance with the Care Act. All new referrals will be provided with an indicative allocation prior to support planning and have a confirmed personal budget at the end of the process. The Council has reduced handoffs and ensured that the timeliness of decisions about budget allocation have been greatly improved.</li> </ul>
	<p><b>3.3.4</b> Engage with providers through the development of the Market Position Statement to maintain a diverse market of quality providers that offers residents choice</p>	LBH	Quarterly	<ul style="list-style-type: none"> <li>• The Market Position Statement has been re-formatted (02/09/15), final review scheduled for w/c 7<sup>th</sup> September after which it will be published.</li> </ul>
<p><b>3.4 Implement requirements of the Children and Families Act 2014</b></p>	<p><b>3.4.1</b> Implement the SEND reforms including introducing a single assessment process and Education, Health and Care (EHC) Plans and joint</p>	LBH/CCG	Quarterly	<ul style="list-style-type: none"> <li>• The new Education, Health and Care (EHC) assessment process has been implemented and EHC Plans are being produced. There are approx' 290 EHC Plans in place.</li> <li>• The Local Offer was published in September 2014</li> </ul>



	commissioning and service planning for children, young people and families			<p>and significant development work has taken place. Full consultation took place during July and August with comments and feedback to be published by 31<sup>st</sup> August in line with requirements. This will be in a newly created section entitled 'You Said, We Did', which will be maintained on a regular basis. A full launch will take place in September 2015 with ongoing development taking place with the engagement and participation of children and young people and their parents/carers in the borough to ensure services can be developed to meet their needs.</p> <ul style="list-style-type: none"> <li>• The joint commissioning strategy has now been agreed at the Health and Wellbeing Board. There will be an initial focus on provision for children and young people with speech, language and communication needs as the JSNA indicates this is an area of unmet need.</li> <li>• A workshop has been set up to support us to 'measure our success' in implementing the reforms and to prepare for the new Ofsted inspection framework which commences in May 2016.</li> </ul>
<b>3.5 Enable children and young people with SEND to live at home and be educated as close to home as possible</b>	<b>3.5.1</b> Develop a strategy to identify local educational priorities supported by specialist services across education, health and care	LBH	Quarterly	<ul style="list-style-type: none"> <li>• The number of children with SEND attending independent or non-maintained special schools has reduced to approximately 115 in response to increasing the local capacity.</li> <li>• The data about pupil numbers at the state funded special schools in the borough is being analysed to inform recommendations for requirements for the next few years.</li> </ul>

				<ul style="list-style-type: none"> <li>• Work is taking place with a specialist college provider to establish provision within the borough.</li> </ul>
	3.5.2 Develop a short breaks strategy for carers of children and young people with disabilities	LBH	Quarterly	<ul style="list-style-type: none"> <li>• Work is taking place on developing a Short Break Strategy for 2016 which better meets the needs of carers and will result in an updated statement. This will be integrated with work taking place on the Local Offer and Disability Register to ensure consistency and maximum visibility and engagement of Hillingdon residents.</li> <li>• There has been significant customer engagement over the last few months to try to capture as many views as possible from residents who may require access to short breaks.</li> </ul>
<b>3.6 Assist vulnerable people to secure and maintain their independence by developing extra care and supported housing as an alternative to residential and nursing care</b>	3.5.1 Provide extra care and supported accommodation to reduce reliance on residential care	LBH	Quarterly	<ul style="list-style-type: none"> <li>• Of the two LD schemes, Church Road (6 units) is now open. One tenant has already moved in with the rest expected to follow in the near future.</li> <li>• Honeycroft Hill (16 units) is expected to open by November 2015.</li> <li>• Sessile Court is fully operational and staffed, and the provider is progressing well.</li> </ul>
<b>Priority 4 - A positive experience of care</b>				
<b>Objective</b>	<b>Task and Metric</b>	<b>Lead</b>	<b>Metric reporting frequency</b>	<b>Evidence of activity against task</b>

<b>4.1 Ensure that residents are engaged in the BCF scheme implementation</b>	<b>4.1.1</b> Improve service user experience by 1%	LBH/CCG	Annually	<ul style="list-style-type: none"> <li>• The Adult Social Care Survey will be undertaken in Q4 to test 4.1.1 - 4.1.3.</li> <li>• Subject to HWBB approval, residents will be engaged in the development of the plan from April 2016.</li> </ul>
	<b>4.1.2</b> Improve social care related quality of life by 2%	LBH/CCG	Annually	
	<b>4.1.3</b> Increase the overall satisfaction of people who use services with their care and support	LBH/CCG	Annually	
	<b>4.1.4</b> Improve social care quality of life of carers	LBH/CCG	Annually	<ul style="list-style-type: none"> <li>• The Council will undertake a survey in Q4 2015/16 to test improvements against the results of the 2014 Carers Survey. This will provide an opportunity to ask additional questions suggested by partners such as Healthwatch.</li> </ul>
<b>4.2 Ensure parents of children and young people with SEND are actively involved in their care</b>	<b>4.2.1</b> Develop a more robust ongoing approach to participation and engagement of Children and Young People (C&YP) with SEND	LBH	Quarterly	<ul style="list-style-type: none"> <li>• Work with 'Headliners' resulted in a film being produced with children, young people and their families. An initial screening has taken place, as has a workshop to build on the actions and develop a model for ongoing, meaningful participation. A working group is now established where a participation approach is being developed to promote more active engagement in the development of a range of strategies and initiatives including: <ul style="list-style-type: none"> <li>- All-age Disability Register</li> <li>- Disability Register incentive scheme</li> </ul> </li> </ul>

				<ul style="list-style-type: none"><li>- Short Break Strategy</li><li>- The Local Offer - peer to peer guidance (example below)</li><li>- The DisabledGo Project</li><li>- Project Search</li></ul> <ul style="list-style-type: none"><li>• CYP with SEND have been involved in the development of information for their peers in relation to Preparation for Adulthood. This is now approaching final draft form and is intended for completion during the Autumn term.</li><li>• Short films, with CYP, are being planned explaining various key points of the SEND Reforms to support and enrich the Local Offer.</li></ul>
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