

# HILLINGDON'S HEALTH AND WELLBEING STRATEGY AND SUSTAINABILITY AND TRANSFORMATION DELIVERY PLAN

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne Dr Ian Goodman
<b>Organisation</b>	London Borough of Hillingdon Hillingdon CCG
<b>Report author</b>	Kevin Byrne, LBH Policy and Partnerships Sarah Walker, HCCG Transformation
<b>Papers with report</b>	Annex 1. Hillingdon STP delivery plan. Annex 2. Emerging Governance Structure

## 1. HEADLINE INFORMATION

<b>Summary</b>	<p>The Board has asked that the next iteration of Hillingdon's Joint Health and Wellbeing Strategy take into account the significant effort across partners that went into developing the Hillingdon STP and that delivery of the STP should be encompassed within delivery of the JHWB Strategy - with the aim of one strategy and one performance report.</p> <p>This paper provides the Board with a draft delivery plan for the Hillingdon Sustainability and Transformation Plan (STP) together with timescales and proposals for governance. This will form part of the next Hillingdon Joint Health and Wellbeing Strategy.</p>
<b>Contribution to plans and strategies</b>	<p>Producing a Joint Health and Wellbeing Strategy is a statutory requirement placed on Health and Wellbeing Boards by the Health and Social Care Act 2012.</p> <p>The Hillingdon STP has been developed as a partnership plan reflecting priorities across health and care services.</p> <p>The Hillingdon STP is also closely aligned to the NWL STP to ensure that delivery meets the needs of local people and supports development of solutions in the best interests of health and care in Hillingdon.</p>
<b>Financial Cost</b>	There are no costs arising directly from this report.
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATIONS

**That the Health and Wellbeing Board:**

- 1) notes the update on taking forward decisions made by the Board regarding developing the next Hillingdon Joint Health and Wellbeing Strategy to encompass STP delivery.
- 2) provides comments on the draft Hillingdon ST delivery plan, including timescales and proposals for governance as at Annexes 1 & 2.

## 3. INFORMATION

### Background Information

At its last meeting on 8<sup>th</sup> December, the Board agreed that its ambition should be to work towards agreeing one overall Borough Strategy and one performance report, whilst recognising that external reporting requirements, especially from NHSE, required separate reporting templates. This meant that in practice achieving this intention would take a little time. In particular the Board considered Hillingdon's JHWB Strategy should encompass the Sustainability and Transformation Plan for Hillingdon and its delivery plan priorities.

Hillingdon's current Joint Health and Wellbeing Strategy (2014-17) was agreed by the Board in December 2014. The Board has received regular performance updates against the published strategy and plan at each Board meeting since together with an update on outcome indicators relevant to the strategy in the form of a scorecard.

### Joint Strategic Needs Assessment

The Board also received a paper (8<sup>th</sup> December) on the Joint Strategic Needs Assessment which starts the next planning cycle to inform the priorities for the JHWB strategy. This identified some challenges to improve health and wellbeing. These include:

- Historically higher levels of violent crime in Hillingdon.
- Higher rates of sexually transmitted infections and tuberculosis.
- People diagnosed with diabetes in Hillingdon is higher than average.
- The percentage of physically active adults is lower than England.

The biggest cause of death in Hillingdon continues to be cardio-vascular disease (heart disease and stroke), cancer and respiratory diseases. Diabetes is a significant cause of illness (morbidity) and predisposes to other diseases e.g. heart disease and stroke, kidney disease and blindness.

Certain lifestyle factors will increase the risk of ill-health, including smoking, poor diet, lack of regular exercise and higher levels of alcohol consumption and/or binge drinking. The estimated 2015 prevalence of smoking in Hillingdon (16.9%) was the same as the estimated proportion for England (16.9%).

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

## Developing a new Joint Health and Wellbeing Strategy

Hillingdon's current Joint Health and Wellbeing Strategy (2014-17) is structured as follows :

1. Foreword - from HWB Chairman.
2. Health and Wellbeing Board - overview of role and purpose.
3. What is the Joint Health and Wellbeing Strategy? - clarification of purpose of strategy.
4. Our common principles- "I statements " - what we want residents to be able to say.
5. About Hillingdon: our borough and our residents - headline information on the key characteristics of Hillingdon and its population.
6. Priority areas for action as identified via JSNA including current needs and progress in delivering improvements, namely:
  - a. Improving Health and Wellbeing and reducing inequalities
  - b. Prevention and early intervention
  - c. Developing integrated, high quality social care and health services within the community or at home
  - d. A positive experience of care
7. Delivery Plan - which has formed the basis of reporting performance against the strategy.

This content requires review and updating to reflect changes that have occurred since 2014. The five STP delivery areas provide a robust framework and the ten Hillingdon STP transformation workstreams provide a firm foundation (see below). There is further work to do to ensure that this does encompass all areas that require action so as to develop the overarching strategy to cover areas identified through the JSNA and the transformation work identified through the Hillingdon STP.

An officer group will be established across functions to review the approach and develop a narrative for the strategy and report back to next Health and Wellbeing Board.

### Hillingdon Sustainability and Transformation Delivery Plan

The Hillingdon STP has been developed to transform local health and care services and to address the projected funding gap of at least £120m (excluding children's social care) that is likely to be experienced between 2016 and 2021. The NWL and Hillingdon STPs identify five STP Delivery Areas (DA) to align system transformation efforts and to meet the service and funding challenge:

- DA1 - Radically upgrading prevention and wellbeing.
- DA2 - Eliminating unwarranted variation and improving LTC management.
- DA3 - Achieving better outcomes and experiences for older people.
- DA4 - Improving outcomes for children and adults with mental health needs.
- DA5 - Ensuring we have safe, high quality, sustainable acute services.

In addition the Hillingdon plan identifies 10 transformation workstreams to be the focus of activity, there are also a number of current and ongoing projects and task and finish groups that fit together within this structure. The table below maps these against the five Delivery Areas:

5 Delivery Areas	DA1 Radically upgrading prevention and wellbeing <b>Prevention, Wellbeing &amp; CYP</b>	DA2 Eliminating unwarranted variation and improving LTC management <b>Primary Care &amp; LTC</b>	DA3 Achieving better outcomes and experiences for older people <b>Older People &amp; ACP</b>	DA4 Improving outcomes for children and adults with MH needs <b>Mental Health</b>	DA5 Ensuring we have safe high quality sustainable acute services <b>Sustainable Acute Services</b>	<b>Enablers</b>
10 Hillingdon Transformation Streams	Prevent disease & ill health	Integrated LTC Support Services	Older People Care Transformation	Supporting SMI and LD	Local Services Transformation	Workforce Digital / IT Estates Statutory Targets Provider Market Medicines Management
		Transforming Cancer Care	End of Life Service Integration		Urgent & Emergency Care Integration	
		Integrated Care for C&YP	New Model of Primary Care			

The Board will note that the proposals for the Better Care Fund Plan from 2017 for two years are contained in the separate paper to today's Board as they still require submission and reporting separately to NHSE. They are, however, integral to the delivery of Hillingdon's STP so the BCF paper also sets out how the BCF will contribute to delivery of the STP five delivery areas. It contains proposed actions and some of the detailed decisions that will be required over the period on new ways of working, establishing lead commissioner arrangements and strengthening the pooled budget approach.

The draft plan at **Annex 1** outlines the proposed programme of work for system transformation. Projects are grouped to the five delivery areas with estimated timeframes for taking forward each of the key components, and an approximation of the programme value attached to each area of work. It also identifies areas of significant system-wide and integrated working.

Further strategic planning and analysis is in train (via the Health Impact Assessment (HIA) process) to review, within the context of the NWL STP and JSNA, local progress in 16/17 and plans in 17/18 and 18/19, progress against targets. In this way, the HIA will inform system leaders of areas for future focus. The findings of this work will be consolidated into a 2020/21 vision and delivery agenda.

**The Board is invited to provide feedback on this delivery plan, which if agreed will now form the basis for programme management and reporting, shown in Annex 2.**

### Emerging governance structure for STP delivery

To enable the Hillingdon STP to be mobilised towards delivery it is proposed that Hillingdon's Health and Wellbeing Board takes overall strategic oversight and is supported by the Hillingdon Transformation Board which would provide strategic direction and hold the system to account for delivery to plan. The existing STP partners group could then continue to develop STP plans, as well as take on a programme management function to monitor progress within transformation groups and agree reporting upwards. Each workstream/project in the delivery plan has an SRO and CRO who are supported by project staff. **Annex 2** illustrates the emerging governance structure, as well as mapping the current transformation and supporting working groups to the five NWL STP Delivery Areas.

**The Board is asked to agree the broad approach to ST governance at Annex 2.**

## Financial Implications

The high level estimates set out in the NWL STP October submission identified the revised funding gap arising from the option to 'do nothing' over the period 2016/21 and how using new funding through the STP provided by the government will transform services and close any funding gaps over the next 5 financial years. The financial analysis set out in the detailed plans were calculated at a strategic level and were based upon a number of assumptions and models that have been reworked by finance officers from both Health and Local Government to ensure that the financial costs and investments can be fully evidenced.

A high level exercise was undertaken to identify the financial impact of the 'Do nothing' option for the Hillingdon based STP plan, for the period 2016/2021. The future funding gap for Health split out across the different types of provision and for Adult Social Care is currently estimated at £120m as set out in the table below:

<b>Period 2016/2021</b>	<b>Hillingdon £m</b>
CCG	(39)
Primary Care	(2)
Social Care	(34)
Acute and Community Care	(45)
Special Commissioning	0
<b>Total</b>	<b>(120)</b>

The detailed assumptions underpinning these forecasts are as follows:

- For the health economy, the increased health needs of a growing and ageing population means that the forecast increase in demand and the resulting cost of delivering services will increase faster than the actual population growth. There are also financial pressures arising from inflation, increased A&E attendances, increased prescribing costs for new treatments and a range of pressures across a number of other services.
- For Adult Social Care the 'do nothing' funding gap comprises the demographic growth for Older People, People with disabilities and mental health conditions, the impact of the National Living Wage on Home Care and Residential and Nursing Accommodation provider costs. As at October 2016, this has been estimated locally as £34m over the next 5 financial years. The updated 'do nothing' forecast funding gap for Social Care now includes a corporate share of the financial savings over the 5 year period that Adult Social Care Services will need to make to contribute to councils statutory requirement to set a balanced budget.

The proposed projects for Hillingdon are set out in Annex 1 and will be developed in more detail with business cases they will be subject to a robust analysis of any investment proposals and efficiency savings that can be delivered to ensure that any financial benefits are realistic and achievable over the 5 year period. The programme values set out in Annex 1 are currently indicative estimates.

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

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

The STP is designed to improve health and care systems in Hillingdon.

## **Consultation Carried Out or Required**

Hillingdon STP engagements and consultations build on our local approach of continuous dialogue with the public and partners as a platform for the co-design and co-production of health and wellbeing plans. We have embedded inclusion of patient, public, provider and other stakeholder input to the initial stages of research, development and testing of system transformation projects. We reflect here on the work done in the CAMHS co-design/service user engagement, interviews to understand the impact of the Empowered Patient Programme, hosting an annual Health Conference, and engaging personally with interested individual members of the public. Hillingdon has also previously received acknowledgement from NHS England of the 'outstanding' engagement done locally, the success of which lies in the integrated working of all Hillingdon health, care and wellbeing organisations. In these ways, we comply with and actively work beyond the guidance set out by NHS England on patient and public participation in commissioning under section 13Q of the National Health Service Act 2006.

## **Policy Overview Committee comments**

None at this stage.

## **5. CORPORATE IMPLICATIONS**

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

Corporate Finance has reviewed this report, noting that the local Hillingdon STP plan outlines an approach to bridging the budget gap for both Health and Adult Social Care by 2020/21.

Hillingdon's share of this budget gap is reflected in the Council's own Medium Term Financial Forecast. Subject to acceptance of the NWL bid by Department of Health, savings identified will be fully costed and reflected in the MTFF alongside any additional funding available to support local Social Care services. Decisions regarding implementation of the Social Care Precept in Hillingdon remain the prerogative of the Council.

### **Hillingdon Council Legal comments**

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

### **Corporate Property and Construction**

Not applicable

## **6. BACKGROUND PAPERS**

Previous Board papers regarding STP development

## Annex 1 - Hillingdon STP 2017/201 delivery Plan

### Key

<b>Bold Project title</b>	Area of significant system-wide/integrated working
	Research, planning, development and testing stage
	Service roll-out with incremental in-year benefits
	Full implementation & benefits realisation anticipated

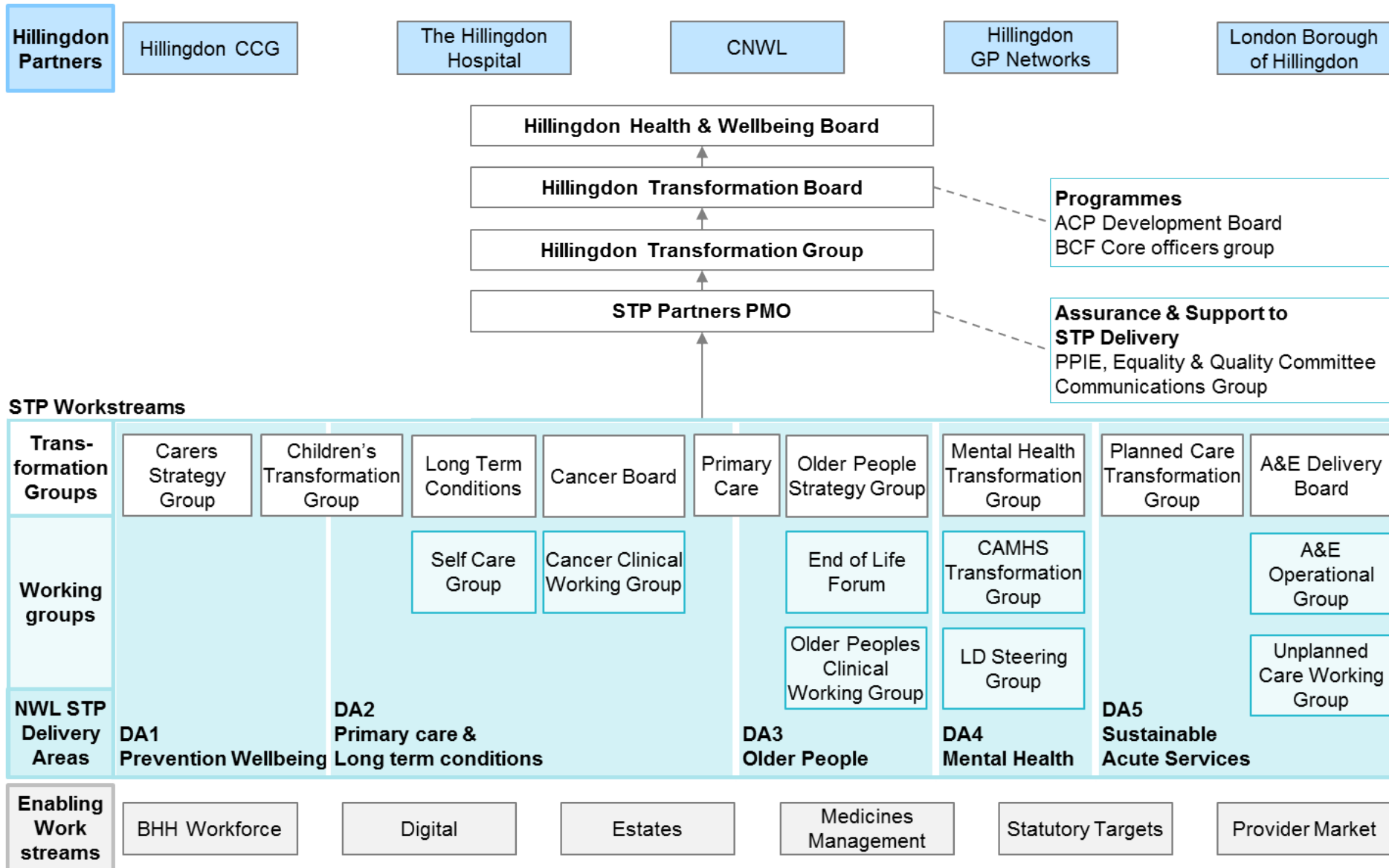
### Hillingdon STP Workstreams

Theme	Project	Programme Value	16/17	17/18	18/19	19/20	20/21
Prevent disease & ill health	<b>Hillingdon Prevention Strategy</b>	£25m					
	<b>Hillingdon Carers Strategy</b>						
	<b>Hillingdon Physical Activity Strategy</b>						
	Personal Health Budgets Strategy						
	<b>Better Care Fund (BCF) 2017-19 Plan</b>						
C&YP	Wellbeing Programme & Training in Schools	£26m					
	<b>Children &amp; Young People Single Point of Access / Pathway</b>						
	<b>Consultant Led Paediatric Service</b>						
	Community pathways for acutely sick children						
	Paediatric Asthma Programme						
	Critical Care Level 1 THH						
	Maternity Public Engagement and Education						
Community Clinics							
Primary Care Model	Strategic Commissioning Framework	£69m					
	Phase 1 – Embedding unplanned care, care homes, LTCs & enhanced access model in Primary Care						
	Phase 2 – Embedding MH support and improving Acute flows						
LTC	<b>Long Term Conditions Strategy</b>	£100m					
	LTC Psychological Support Service						
	<b>Integrated Services Programme</b>						
	- Hillingdon (Respiratory, Cardiology (HF), Diabetes, AF & Stroke) - BHH RightCare Programme (Diabetes, MSK, Cancer, Respiratory)						
Cancer	Empowered Patient Programme & Patient Activation (PAM)	£13m					
	<b>Cancer National Vanguard Strategy</b>						
	Cancer Strategy						
Older People Care Model	Cancer Diagnosis Capacity in Community	Tbc					
	<b>Coordinate My Care Proactive Care Management</b>						
	<b>Care Connection Team</b>						
	<b>New Model of Care – Care Homes</b>						
	<b>Better Care Fund (BCF) 17/19</b>						
EoL	- (Care markets focus)	tbc					
	<b>Accountable Care Partnership</b>	£97m					
	<b>End of Life Care Strategy &amp; Single Point of Access (SPA)</b>	£12m					

Theme	Project	Programme Value	16/17	17/18	18/19	19/20	20/21
Support SMI & LD	<b>Crisis Care</b> (Urgent, emergency, rapid response)	£30m	Yellow	Green			
	<b>Autism Spectrum Strategy</b>		Yellow	Light Green	Green		
	<b>NWL Transforming Care Partnership Programme</b>		Yellow	Light Green	Light Green	Light Green	Green
	Integrated Community Mental & Physical Health Care Strategy						
	Care model development and delivery						
	Mental Health – LikeMinded Programme		Yellow	Light Green	Light Green	Light Green	Green
Local Services and Planned Care	Children & Adult Mental Health Services (CAMHS) 5 Yr Plan	£78m	Yellow	Light Green	Light Green	Green	
	7 Day Services		Yellow	Light Green	Green		
	<b>Hillingdon Local Services Strategy</b>		Yellow	Light Green	Green		
	<b>Consultant Led Paediatric Service</b>						
UEC	NWL Referrals Criteria & Management protocol	£26m		Yellow	Light Green	Green	
	CATs service development and enhancement		Light Green	Green			
	Urgent & Emergency Care Strategy		Yellow	Yellow	Light Green	Green	
	Ambulatory & Emergency Care Pathways		Light Green	Light Green	Green		
	<b>111 &amp; Primary Care Triage Model</b>		Yellow	Light Green	Green		
	Discharge to Assess		Yellow	Light Green	Green		
Follow-up in the Community (readmissions)	Integrate Intermediate Care Services and Homesafe	£26m	Light Green	Green			
	Follow-up in the Community (readmissions)		Light Green	Green			



## Annex 2 - Hillingdon STP Emerging Governance Structure



The draft proposed roles for the governance structure are outlined in the table below.

<b>Group</b>	<b>Role &amp; responsibility</b>
Hillingdon partners	Hillingdon organisations involved in the commissioning/provision of health and care services
Health & Wellbeing Board	Provides strategic oversight of delivery against the plan
Hillingdon Transformation Board	Monitors progress against the plan and provides guidance to strategic planning
Hillingdon Transformation Group	Discussion and clearing group proactively engaged in championing delivery at pace and scale, as well as helping unblock systemic issues to delivery
STP Partners PMO	Core programme team to develop strategic plans for approval to drive a programme of work that aligns to the NWL and Hillingdon plan, that is delivered at pace and scale, and to assure consistency of approach across the programme of work as well as unblocking working issues to delivery
Transformation Groups	Provide strategic direction for associated projects including
Working Groups	Responsible for content development and implementation of projects as well as operational problem solving
PPIE, Equality & Quality Committee	Provide assurance of patient and public engagement, as well as equality and quality assurance
Communications Group	Supporting coherent, joined up dialogue with residents and staff
ACP Development Board	A programme of work encompassing a number of workstream areas impacting how services are commissioned/provided
BCF Core Officers Group	A programme of work directing investment within the BCF portfolio areas and impacting how services are commissioned/provided