

HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2018-2021

Relevant Board Member(s)	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon CCG
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Papers with report	Appendix 1 - Delivery area, transformation programme and progress update

1. HEADLINE INFORMATION

Summary	This paper reports against Hillingdon's Joint Health and Wellbeing Strategy 2018-2021. It also highlights key current issue that are considered important to bring to the Board's attention regarding progress in implementing the Strategy.
Contribution to plans and strategies	The Hillingdon Joint Health and Wellbeing Strategy (JHWBS) and the Hillingdon Sustainability and Transformation Plan (STP) local chapter have been developed as a partnership plan reflecting priorities across health and care services in the Borough. The JHWB strategy encompasses activity that is underway, including through various commissioning plans, the Better Care Fund and in taking Hillingdon towards an Integrated Care System.
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. considers the issues raised at 3.2. below setting out live and urgent issues in the Hillingdon health and care economy.
2. notes the performance issues contained at Appendix 1.

3. INFORMATION

Background Information

3.1. Performance and Programme management of the Joint Strategy

Hillingdon's Joint Health and Wellbeing Strategy was published in December 2017. The functions of the Transformation Group and Transformation Board have been redirected towards

monitoring progress against the 10 priorities and 6 enabling priorities identified in the strategy.

The Transformation Group monitors performance against the priorities set and receives regular highlight reports on progress against aims, enabling challenge from partners and exploration of further actions. The Transformation Board consists of the senior executive officers from partners and promotes the Joint Strategy and aligns organisational objectives to the shared priorities. Key performance issues emerging from this process are identified in Appendix 1.

3.2. Key Issues

In addition the Board has asked to be kept fully aware of any significant live and urgent issues that may emerge as part of the delivery of the Strategy. These are:

3.2.1. Financial position across the Health and Care System in Hillingdon

The Board considered the cumulative underlying deficit within the Health and Care system in Hillingdon of some £40-50m in 2018-19 at its last meeting. The position remains broadly the same. The aim remains to develop a 3-5 year financial plan to underpin the joint strategy in the context of moving towards a whole system plan, which has started to be discussed through the Transformation Board.

A component part of that plan will be an effective Integrated Care System through Hillingdon Health and Care Partners.

3.2.2. The Hillingdon Hospital CQC Inspection

The CQC inspection report was published on 24th July, with an overall rating that the Trust "Requires Improvement". The Council's External Services Select Committee will invite the Hospital to explain what action it is taking as part of the committee's formal scrutiny role. Unfortunately, THH is not able to be represented at today's HW Board but the Board may, nonetheless, wish to consider how these findings could impact on its strategic priorities and whether there are partnership solutions that could help with the improvement process.

3.2.3. Discharge from hospital and DTOCs

The Board agreed that the Chairman should write to the Secretary of State on its behalf expressing concern that the imposed DTOC targets for 2018/19 under the Better Care Fund arrangements appear to penalise Hillingdon's success in reducing delays so far, that new targets were a significant stretch and, therefore, were not agreed by the Board. A letter was duly issued with no reply to date.

Meanwhile the early 2018/19 data for Q1 shows there were 1,356 delayed days. On a straight line projection this would suggest an outturn for 2018/19 of 433 delayed days above the target for the year. If sustained during the year this would bring Hillingdon's performance very close to what is the most challenging target set for a Health and Wellbeing Board area in London. Further details are in the Better Care Fund performance report on today's agenda.

The BCF report also highlights concerns that, whilst partners have been working closely together to address day to day demands on capacity at Hillingdon Hospital, there has been no agreement as yet between partners about management arrangements for the Integrated Discharge Team (IDT). In addition, there has also been no agreement about how resources will be used differently to ensure a sustainable hospital discharge model that can manage demand surges (including those winter-related) as "business as usual".

3.2.4. Public Health

There are no new infectious disease concerns to bring to the Board's attention and no current issues with sexual health and substance misuse services. Tendering processes are underway for NHS Healthchecks and Smoking Cessation services.

3.2.5. Michael Sobell House

Earlier in the year, it was announced by the East & North Herts NHS Trust, in partnership with Michael Sobell Hospice Charity (MSH), that the existing Hospice building was unsafe and no longer fit for purpose. A temporary relocation of the inpatient unit (IPU) as an interim measure was arranged into two wards on the Mount Vernon Cancer Centre unit at the end June 2018.

The MSH charity has set out its position to the Council's External Services Scrutiny Committee and discussions are currently underway through all partners to:

- Ensure no patient who needs a bed is left without one, through spot purchasing elsewhere if needed.
- Define exactly what the position is regarding the building and what options might exist for its future.
- Assess alternative models of palliative care and review provision available throughout the health and care system.

In addition the Charity has led a number of listening and engagement events to hear views of local people.

Hillingdon CCG is also leading on an End of Life (EOL) Steering Group with NHS stakeholders to the MSH IPU and MSH Charity to review provision of acute specialist inpatient palliative care in light of these developments

Review of the immediate concerns for MSH, have indicated a need for a review of the bigger long term picture. The EOL Steering Group is working to develop a 'spectrum of options' as part of a holistic approach to delivering acute specialist inpatient palliative care. Once the options have been identified, the plan is to hold a workshop with partners and patients around potential options and outcomes for the longer term in relation to acute specialist inpatient palliative care.

3.2.6. Health Based Places of Safety (HBPoS) Review

The Board will be aware of proposals from the Healthy London Partnership to reduce the number of HBPoS in North West London from eight to five by April 2019 and then to three by 2020. With all barring one of the proposals potentially leading to an increase in demand on the section 136 suite at the Riverside Centre, there has been concerns about the potential implications for the supply of Approved Mental Health Professionals (AMHPs) and section 12 doctors, i.e., a doctor trained and qualified in the use of the Mental Health Act 1983. There was also broader concern among partners about the validity of the data used to support the draft proposals.

A letter has now been sent by Mark Easton and John Wicks, NWL Mental Health Programme Director, to partners in July, which provides assurances that the Healthy London Partnership proposals are only suggestions and that no decisions have been made. Subsequently more detailed data has been supplied by providers of existing HBPoS services to NWL and there is a

meeting taking place on the 20th September that will share the results of this and its potential implications.

3.2.7. Social Care Green Paper

In June 2018, the Health and Social Care Secretary announced a further delay to the “autumn” of 2018 following the announcement that a ten-year plan for the NHS would be developed. The Government has said that the proposals in Green Paper will “ensure that the care and support system is sustainable in the long term”. It is expected that proposals in the Green Paper would include a lifetime “absolute limit” (i.e. cap) on what people pay for social care. Other topics that the Government have said will be included include integration with health and other services, carers, workforce, and technological developments.

4. FINANCIAL IMPLICATIONS

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

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

The framework proposed will enable the Board to drive forwards its leadership of health and wellbeing in Hillingdon.

Consultation Carried Out or Required

Public consultation on the Joint Health and Wellbeing Strategy 2018-2021 was undertaken in 2017. Feedback from this was incorporated into the current document.

Policy Overview Committee comments

None at this stage.

6. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and concurs with the financial implications set out above.

Hillingdon Council Legal comments

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

Delivery Area, Transformation Programme and Progress Update - September 2018

DA 1 Radically upgrading prevention and wellbeing

T9. Public Health and Prevention of Disease and ill-health

- The Early Intervention, Self Care and Prevention working group has been established and has reviewed local action against the Public Health Outcomes framework. Key "red" issues for further work relate to Obesity in Children and physical activity in Adults.
- An evaluation of the MyHealth Programme during August has resulted in a shift from an information, to a coaching style approach with patients who have a long term condition. The MyHealth Programme continues to expand with more referrals of patients into the programme from General Practice to promote self-care for patients with long-term conditions.
- New MyHealth workshops are planned for MSK type conditions (Back, Neck and Knee Pain) and Skins (sun, eczema and acne). In addition, a MyHealth Programme aimed at primary schools to address child obesity will be co-produced with parents, schools and children to commence from September 2018.

T7. Integrated care for Children and Young People

- Paediatric Integrated Community clinics (PICC) offering a joint GP and Paediatrician consultation are now available in the north, south and middle of the borough. From the start of the PICC roll-out under the GP Confederation (from 16 April to first week in August) there has been 250 children seen in 36 clinics – an average of 7 per clinic. The second rotation, i.e. move to different hosting practices is now underway. Feedback from families and staff is positive and increasing numbers of GP practices are expressing an interest in being involved. Options for future development of the clinics are being explored e.g. clinics for CYP with complex needs.
- Integrated Therapies – following engagement events with parents, schools and service providers a business case has been developed detailing a new model of therapy provision to be commissioned through pooled CCG and LBH funds. HCCG is working with LBH to commence a joint procurement later in 2018.

T2. New Primary Care Model of Care

- As part of the commissioning at scale programme, the CCG is working with Hillingdon Primary Care Confederation and developing plans to commission locality level population health management. This will incorporate prevention, pro-active care, integrated care and risk stratified approaches to different segments of the population within localities. This work is supported by Hillingdon's public health locality profiles.
- In order to improve access the three extended GP access hubs are now operational across Hillingdon. A new key development is that the 111 service, the London Ambulance Service and the Urgent Treatment Centre now are able book GP appointments directly into these hubs. The hubs operate from 6.30am to 8pm weekdays and 8am to 8pm weekends.
- A review is underway of all the primary care contracts (e.g. diabetes, end of life, prostate cancer, wound dressing etc.) to develop a single outcome based contract for general practice that will support the population health management approach. The testing phase of the new outcomes-based contract will commence in Q4 2018/19 and will involve engagement with GP practice staff on the new contract model.
- The CCG plans to launch, in November 2018, a new primary care contract entitled 'Increasing clinical capacity' that will support general practices in the introduction of new roles and functions such as sign-posting (care navigation) and the management of clinical correspondence (part of the strategy to release clinicians from administrative tasks). In addition, this contract will also focus on encouraging GPs to undertake physical health checks for patients with severe mental health conditions and people in the learning disabilities registers.

DA2 Eliminating unwarranted variation and improving LTC management

T4. Integrated Support for People with Long Term Conditions

New referral mechanisms have been established to encourage GPs to refer patients with long-term conditions to the Myhealth programme. This involves investment in financial incentives for GPs and the introduction of Patient Activation Measure (PAM) assessments in general practice. Positive progress has been made with a significant increase in the number of GP referrals of patients into the MyHealth Programme.

In addition :

- Hillingdon operates an integrated service for Respiratory with a focus on COPD management, admissions avoidance and sees people outside of hospital setting in community and at home.
- Hillingdon offers early diagnosis and prevention of stroke through managing Atrial Fibrillation, Hypertension and Heart Failure in Primary Care.
- Hillingdon offers an integrated community diabetes service, with a focus on management in the community as well as providing education and supporting Primary Care to manage complex patients at practice level.
- In Diabetes, HCCG will be working with providers to determine the future requirements for education so that patients, regardless of time of diagnosis, can access education throughout their diabetes journey. For both Type 1 and 2 Education across NWL STP we are also working on the provision and access of education via Digital platforms, Apps, interactive models as well as face to face.

T5. Transforming Care for People with Cancer

- The CCG is currently developing a list of options to support varying uptake levels of cervical screening in Hillingdon.
- Additionally, direct access (DA) and straight-to-test (STT) pathways are being improved to support access and maintain the high standard of care in Hillingdon. For survivors of prostate cancer, follow-ups in the community are being implemented with good initial take-up from GPs as from December 2017, with the potential to develop community self-support models being reviewed as part of a survivorship model.
- Focus areas for 18/19 are colorectal and lung cancer for which Hillingdon has poor early diagnosis and health outcomes. This is after work in 17/18 to improve breast, bowel and prostate cancer early diagnosis and survivorship.

DA3 Achieving better outcomes and experiences for older people

T3. Integrating Services for People at the End of their Life

We continue to implement the End of Life (EOL) Strategy, with focus on integrated working with local partners around an EOL Single Point of Access (SPA) and Palliative Overnight Nursing Service (PONS). EOL SPA/PONS has been delayed but will now commence on 11 September 2018 with confirmation of staff recruitment and training. Ongoing work to implement and embed Coordinate My Care (CMC) has resulted in increasing numbers of GPs and clinicians engaging with the service as well as more CMC plans, thus improving coordination between existing services.

T1. Transforming Care for Older People

Integration between health and social care and/or closer working between the NHS and the Council, is contributing to meeting the needs of residents and is reflected in the BCF plan. Details of the next steps in the Government's integration agenda are awaited and it is expected that these will be reflected in the Social Care Green Paper and ten year plan for the NHS that are due for publication in the Autumn. The BCF performance report on the Board's agenda explores some areas for consideration.

DA4 Improving outcomes for children & adults with mental health needs

T6. Effective Support for people with a Mental Health need and those with Learning Disabilities

- The CCG undertook a Learning Disability consultation from January to May 2018. The consultation aimed to understand the current experience of people using or working with Learning Disability Community Health Teams to identify good practice and make recommendations for future developments. The review highlighted a number of areas for improvement and a key recommendation is for the CCG to work with the Local Authority to start to scope future plans to develop more integrated service delivery across health and social care.
- In response to the Mayor's consultation on pan-London health based place of safety provision NWL is developing a evidence based model of Health Based Place of Safety and Crisis Care provision that will inform locally led discussions and development of a fit for purpose service response that meets the needs of Hillingdon residents and is supported by all stakeholders. Currently the data (including local 136 presentations) is being collated by NWL and will be presented to local stakeholders including Police, Local Authority, CNWL and service users and carers to inform the discussions.
- Hillingdon continues to make progress in delivering the priorities in the Local CAMHS Transformation Plan for children and young people. Hillingdon will increase access to services from 13% last year to 28% in 2018/19 and more children and young people will be seen by services. The THRIVE framework model has been established in Hillingdon and Thrive network meetings have taken place with the Local Authority, schools and community groups, local partners and key stakeholders. This year has seen increased engagement with local schools to support the direction of travel outlined in the government Green Paper. A fuller report is included on the Board's agenda.
- The CCG has commissioned kooth On Line Counselling service for children and Young People aged 11-19, in Hillingdon and for students at Harrow and Uxbridge College. The Service started on 9th July 2018. This service will provide fast access, earlier intervention and support for children with emotional well-being issues.

DA5 Ensuring we have safe, high quality, sustainable acute services

T10. Transformation in Local Services

Progress in developing discharge processes to address delays in transfer from Hospital is set out the BCF report.

T8. Integration across Urgent & Emergency Care Services

- **NWL are piloting the enhanced 111 service over two years with planned re-procurement to commence early in 2019. The Directory of Services (DOS) is being reprocured across NWL. Additional resource has been invested in the 111 service to increase clinical advice for patients and appointments can be booked directly by 111 into the Urgent Treatment Centre (UTC) or extended access hubs.**
- **The UTC has been re-commissioned with enhanced KPIs. NWL CCGs are looking to standardise KPIs across the UTC to adhere to national guidance.**
- **Ambulatory Emergency Care (AEC) at THH is working with stakeholders to review and future develop the provision of an AEC and associated pathways in line with national guidance, to ensure that, whenever appropriate, patients follow this pathway and avoid an unnecessary admission to hospital.**
- **Within the Emergency Department (ED) a review of working practices is underway and actions have been taken to improve the redirection and flow of patients through the department and into the appropriate services. Health Care Connectors are based at the UTC to sign-post and educate patients to alternative services where required.**
- **The CCG has invested in extended primary care hours to support enhanced, non-emergency care access and capacity in Hillingdon (see T2 above), through the three hubs and extended hours.**

Enablers

E1. Developing the Digital Environment for the Future

Hillingdon is seeing improved access to shared care records, with the focus turning to support stakeholder organisations to use these in day-to-day operations to support personalised care. The local system is also implementing a 'Paper Switch Off' date in line with national guidance/timelines and NWL plans for the delivery of a paperless system. New priorities are developing plans for self-care as well as clinical decision support tools.

Some specific examples are as below;

- **EMIS and SystemOne interoperability - SLIP (Supplier Lead Interoperability Programme).** Giving capability for community clinicians to access EMIS GP system to view the patients' medical records, via their TTP system, and for the EMIS GP to review consultation notes/reports on the TTP system. Thus saving time by not having to wait for written reports to be posted or emailed back to the patient's surgery. EMIS and SystemOne are still working together to resolve technical issues.
- **Improving Patient care, right treatment first time, save time and reduce clinical costs -** unfortunately there have been some delays but we are now starting to make progress, we should start to see some success when testing restarts.
- **Patient Online access (PoL) - Empowerment for the patients to manage booking / repeat prescriptions -** work is progressing at pace to support GP practice to engage and enable patients to make all referral booking online. The CCG are on target to achieve national targets set by NHSE.
- **Development of standardised clinical systems templates across care setting and systems across North West London –** work is progressing in collaboration with NWL CCG's and providers , this will enhance the quality of data across disparate systems and organisations.
- **GP WiFi - Benefits to Patients - Deliver WiFi for Patients and Guests to all GP Practices within Hillingdon.** The Practice can use the home page to announce new services or changes to the Practice and improve the overall Patient Practice experience. WiFi infrastructure has been deployed to over 90% of Practices and the IT team are working with them to develop the service.
- **The Health and Social Care Network (HSCN) is a new data network for health and care organisations which replaces N3.** It provides the underlying network arrangements to help integrate and transform health and social care services by enabling them to access and share information more reliably, flexibly and efficiently. We are working with the chosen supplier for North West London, Exponential-E, to procure a fit for purpose and cost effective network connecting all Practices within Hillingdon

E2. Creating the Workforce for the Future

The 'Transition Academy' is working with the GP Confederation to deliver a primary care workforce required to sustain general practice and deliver new models of care through a range of recruitment and retention strategies. Key outputs relate to increase in the training, mentorship and student placement capacity in general practice and recruitment of new staff into general practice including through apprenticeship programmes.

E3. Delivering our Strategic Estates Priorities

Separate report is included in part 1 setting out progress in developing the North of Hillingdon and the Uxbridge and West Drayton hubs together with issues regarding GP provision at Yiewsley, Hayes and Heathrow Villages.

E4. Delivery of our Statutory Targets

Hillingdon has a robust performance management structure in place that is delivering updated demand modelling as part of 18/19 operational planning.

E5. Medicines optimisation

Latest progress against the annual programme to assure medicines optimisation is :

- Increased support to Care Homes to work towards reducing unplanned admissions in relation to medicines.
- Rollout of practice level specialised pharmaceutical support for medicines reviews and clinics (diabetes and asthma) – supporting medicines optimisation agenda.
- Work in progress to establish support for virtual clinics for CVD, Respiratory and Diabetes.
- Reviewing and streamlining repeat prescription processes in practices to further support NWL initiatives
- Focussed practice support to manage inappropriate usage of antibiotics.
- Focus on patient education related to medicines for LTCs via various portals e.g. Health videos

E6. Redefining the Provider Market

Hillingdon Health and Care Partnership (HHCP) has now moved from the 'testing' year in 17/18 and commencing its operational year starting April 2018. The Council continues to work with HHCP through their joint board and at an operational level to help shape the business plan, financial modelling and the model of care.

During September and October 2018 co-production of the whole system transformation work with stakeholders i.e. patients, carers and front-line staff will take place. This will involve use of a range of research tools to gather information to feed into priorities and phase two of the programme.