

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	<p>This paper reports against Hillingdon's Joint Health and Wellbeing Strategy 2018-2021.</p> <p>It also highlights key current issue that are considered important to bring to the Board's attention regarding progress in implementing the Strategy.</p>
Contribution to plans and strategies	<p>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.</p> <p>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.</p>
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 agreed by the Board and 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

Further work is being developed as part of the Hillingdon Health and Care Partners business case to baseline and benchmark financial planning across the health and care system. Estimates suggest that the "do nothing" options across partners, not yet including Social Care, would lead to a deficit in the order of £75m by 2021. Further details of this work are contained in the paper developing Hillingdon's integrated care system on today's agenda.

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 held a scrutiny session with management on 10th October 2018. The Hillingdon Hospitals Trust has been asked to provide an update to the Board at this meeting so that partnership solutions to issues raised may be explored further.

3.2.3. Discharge from hospital and DTOCs

The Better Care Report to this meeting includes a breakdown of Hillingdon's performance in reducing delays to transferring care (DTOC). The Hillingdon target of 4991 seems, on a straight line trajectory based on six months performance, to be likely to be achieved and perhaps be exceeded by about 195, though a severe impact could impact on this performance.

A business case has been produced to consider long term funding of the bridging care commissioned to support this performance and realise the benefits of early discharge.

3.2.4. Public Health

New data has been issued from the National Child Measurement Programme showing that the proportion of overweight children in Hillingdon at reception year is lower than the London and England averages. At year six, however, the proportion is below the London average but higher than for England. The rate of increase in overweight (including obese) from Reception to Year 6 is higher in Hillingdon than London or England (2010/11 to 2016/17). Prevalence of underweight children in Hillingdon is higher than London and England and is currently 2.18% for Reception

and 2.22% for Year 6. This data will now be used to help inform our plans for early intervention, prevention and self-care.

The DHSC published its vision for prevention "Prevention is better than cure" in November which aims to set prevention at the heart of NHS long term plans. This plan includes ambitions to half childhood obesity by 2030 alongside other commitments.

Tendering processes are underway for NHS Healthchecks and Smoking Cessation services, the results of which are due to go to the Council's December Cabinet.

There have been no new infectious disease concerns to bring to the Board's attention and no current issues with sexual health or substance misuse services.

3.2.5. End of Life (EOL)

The closure of the inpatient unit at Mount Vernon Hospital was discussed at a special meeting of the External Services Select Committee on 30th October. A further session is planned for 11th December 2018. A key issue now is how hospice provision will be reinstated in the North of Hillingdon.

EOL SPA

The EOL Single Point of Access (SPA) and Palliative Overnight Nursing Service (PONS) and Your Life Line (YLL) 24/7 patient phone line opened for patients on 11 September. It received 54 referrals in first month of operation and has reported good outcomes for patients on the client list passing away in their preferred place (24 out of /27 patients died in their preferred place). There is, however, still work to do to understand the overall proportion of the population of patients who pass away in Hillingdon in their preferred place, including those not on the client list and without a Coordinate My Care (CMC) shared-care record. System partners in EOL care have shared their positive feedback regarding the service and EOL developments.

There continues to be strong engagement with the CMC shared-care records and service, to the benefit of patients, as well as potential nascent learnings from the EOL experience into other areas such as Mental Health and Long Terms Conditions care planning and management.

Michael Sobell House

The changes to Michael Sobell House Inpatient Unit (MSH IPU) continue to maintain a high profile as a point of significant concern for Hillingdon residents and NHS services from operational and patient experience perspectives. The service continues to be provided from Wards 10 & 11 in Mount Vernon Hospital (MVH) and is delivered by East and North Hertfordshire NHS Trust (ENH NHST). It is understood that the estate leaseholders (The Hillingdon Hospital Foundation Trust - THHFT) have communicated associated estate costs to ENH NHST. Adding complexity to the issue of the MSH IPU estate are issues arising subsequent to the changes, including consultant and staff resignations, a reduction in referrals to the service, and the potential risk to the 24/7 MSH telephone helpline for NHS staff to access consultant input which are explored below.

Hillingdon CCG has been advised through its local clinical working groups that consultants have tendered their resignations to ENH NHST in relation to the MSH IPU issues. HCCG's commissioners are working with the consultants to address concerns. ENH NHST has provided

some assurance on service sustainability, quality and use of interim locums. The CCG is monitoring the situation closely and considering appropriate actions.

Reduced referrals to the service are a complicating factor in service viability. Whilst a recent Healthwatch report shows patients appreciate the palliative care received from ENH NHST, it is also noted that patients wish to have a more personalised experience and better access to e.g. a garden/garden view, which is not readily available in a ward environment. With a number of patients being referred to alternative placements in response to their wishes, there is a possibility that these new referral behaviours arising in response to the issue may become embedded. Hillingdon CCG is working with the palliative care consultants to address concerns and ensure there is a view toward longer-term service arrangements in a thoughtful way whilst also managing short term pressures given the circumstances.

HCCG is aware of a risk to the 24/7 MSH consultant helpline. ENH NHST has again provided some assurance around service sustainability. The situation is being closely monitored and appropriate mitigating actions considered.

HCCG is working closely with Hillingdon Health and Care Partners (HHCP) in looking to the current Hillingdon EOL Strategy and the longer term vision going forward given changed circumstances, and presently intends to participate in engaging residents and patients on EOL care next year. Over the next 12 months HCCG will be working to ensure continued access to specialist palliative care and to retain the MSH service. This has included exploring interim arrangements in the event that the MSH IPU building is unavailable, and/or other issues arising around current service sustainability or provision. In the longer term, we hope to retain the MSH services and to explore new models of EOL care, and incorporate future developments that can enhance our local EOL offer into our planning. The priority for the Hillingdon health system now is to ensure residents in the north of the borough have access to the necessary level of support from end of life services.

3.2.6. Health Based Places of Safety (HBPoS) Review

The Board discussed proposals from the Healthy London Partnership to reduce the number of HBPoS in North West London at its last meeting. It was noted that, whilst reassurances that no decisions had yet been made were welcome, the Board was concerned that a decision could be taken outside of Hillingdon that would impact on services directly and that there would be no oversight in local governance.

HCCG report that work is still continuing after the initial phase to agree a set of principles to guide an options appraisal. The NWL Mental Health Likeminded team are running a workshop for Local Authority and Trust managers on 15th November. The aims of the meeting are: firstly to agree the criteria and their weighting for the options appraisal. Secondly, activity analysis will be reviewed to assist in identifying estate and staffing options. Thirdly, potential staffing skill mix/structure to be developed, including role and function of other teams in each option. Fourthly, site implications for Approved Mental Health Professionals (AMHPs) to be determined. Finally, next steps to be agreed including identifying commissioner and trust lead to participate in task and finish groups and agreement how scoring will be undertaken

Local leads are confident that consideration is being given to all areas raised in the initial phase to map the options and to ensure that from a Hillingdon perspective there is good representation at the upcoming meetings. The NWL Likeminded team have offered to attend local leadership meetings once the second phase task and finish work is starting to deliver more concrete

options.

It is expected that the final decision about the HBPOS configuration in North West London will be taken by the Joint Committee of the 8 NWL CCGs by 30th September 2019. It will be important that outline proposals continue to be reported back to Hillingdon's Health and Wellbeing Board so that any representation that partners may wish to make, as a system, can be considered and agreed.

3.2.7. Policy Announcements : NHS Long Term Plan and Social Care Green Paper

We still await the Government's proposals for future funding of Adult Social Care in the promised Green Paper and its links to the NHS long term plan. The paper is anticipated to be published "later this year".

NHS England and NHS Improvement have required that NHS organisations set up one year transitional operational plans for 2019/20, with guidance and allocations published in December. The approach promises to simplify the system of incentive payments and to put more funding into base budgets for urgent and emergency care. Sustainability and Transformation Plans (STPs) and integrated care systems will be expected to develop five year plans in the first half of 2019/20 after publication of the Long Term Plan and the spring spending review.

Meanwhile the Health and Care Secretary also announced "winter pressure" additional adult social care funding to support admission prevention and accelerate discharge. In the budget the Chancellor announced an additional £650m nationally to support tackling the immediate pressures local authorities face in respect of social care. In Hillingdon this equates to roughly £2.8m, meaning that the Council's grant funding from central government for 2019/20 will now be a net cash reduction of £4.1m on 2018/19 rather than the previously planned net cash reduction of £6.9m. In addition the Government is pushing ahead with significant planned cuts to Revenue Support Grant, Public Health grant and New Homes Bonus Grant which, given the growing demographic pressures and inflationary costs caused by minimum wage increases, still represents a very tough settlement

3.2.8. "Making a difference" : HCCG Commissioning Intentions and papers to the Board

The Board agreed at its last meeting that report authors should be asked to set out, wherever possible the practical difference that interventions were making for residents to demonstrate how the health and care system had improved.

HCCG had asked for support from the Council's public health team to help evaluate the impact of its commissioning programme. This work, together with wider support for HCCG from public health will be developed as part of the core offer delivery plan and it is proposed that the current Memorandum of Understanding be reviewed for 2019/20 and brought back to the Board in the New Year.

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 forward 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 exercise 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.

Corporate Property and Construction

Not applicable

Delivery Area, Transformation Programme and Progress Update - December 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 undertaken a mapping exercise of partnership early intervention and prevention activity so as guide action planning.
- The Hillingdon Air Quality Action plan is being reviewed in light of new guidance from GLA. A revised plan will be issued for public consultation in the New Year.
- The Suicide Prevention Steering group has promoted information and referral contacts and identified training available for front line staff.
- 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. The MyHealth referral process has also been subject to substantial development, with GP referrals now averaging 250 patients per week and a new online self-referral channel going live this month.
- Responding to incoming signals from patients and primary care, the MyHealth team have developed a group coaching training to enable their facilitators to support behavioural goal setting. In the ongoing move to implement the Patient Activation Measure (PAM) for tailoring care, the new group coaching approach will sit alongside the existing knowledge building workshops as two levels of intervention to accommodate stratified referrals. Following imminent QISMET-accreditation, these two levels of intervention will be available for both diabetes prevention and diabetes management as structured education.
- The new stratified intervention strategy will be fed across to the existing long-term conditions offerings in the MyHealth suite, such as 'Healthy Heart' and 'Chronic Obstructive Pulmonary Disease'. New offerings, currently in the co-production phase, include 'Back, Neck and Knee Pain' for adult chronic pain and a school-based intervention for childhood obesity.

T7. Integrated care for Children and Young People

- The roll out of the Paediatric Integrated Clinics is progressing well across the borough. The feedback from families and staff is positive. There are also increasing numbers of GP practices that have expressed an interest in being involved. Options for the future development of the clinics are being explored e.g. clinics for Children Young People (CYP) with complex needs.
- Four GP practices have been identified to delivery Paediatric Phlebotomy on behalf of the GP Confederation. Phased roll out is due to commence at the end of November 2018.
- The joint Hillingdon CCG/LBH Children's Integrated Therapies business case was approved by the CCG Governing Body on 13 October. Preparations are on-going for publication of the tender on 30 November 2018. The plan is to have a new service model to commence on 1 August 2019 coinciding with the new school year.
- Work is underway to develop a business case to pilot a transition nurse to support young people transitioning to adult services and a key worker focusing on CYP with complex needs.

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 three extended GP access hubs operate from 6.30am to 8pm weekdays and 8am to 8pm weekends. Current utilisation of the hubs as of September 2018 was 73%. The Confederation has agreed for the hubs to be open over all bank holiday periods.
- Outreach work has been completed over the first two weekends of November at the Alexander Avenue Walk-in-Centre (WiC) in Harrow to redirect patients to appropriate alternative services following its closure.
- A review is underway of all the primary care contracts 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 be launched in April 2019 that will involve engagement with stakeholders during December 2018 to March 2019 on the new contract model.
- The CCG launched in November 2018, a new primary care contract entitled 'Increasing Clinical Capacity in Primary Care' that will support general practices in the introduction of new roles and functions such as sign-posting and the management of clinical correspondence which is 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.

DA2 Eliminating unwarranted variation and improving LTC management

T4. Integrated Support for People with Long Term Conditions

- A new Consultant for Respiratory medicine will join THH in February and will implement a programme of virtual clinics for COPD patients
- NWL CCGs are launching at the end of December a new programme for Structured Education in Type 2 Diabetes for Hillingdon, the MyDESMOND (Diabetes Education and Self - Management for New and Ongoing Diabetes) education package which is an online training for those with both new and existing type 2 diabetes. This will exist alongside the CCG gold standard face to face DESMOND for newly diagnosed people with Type 2 diabetes. 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.
- CNWL and Hillingdon hospital have collaborated to transfer 120 Heart Failure patients from hospital clinics to community clinics nearer to their homes. Hillingdon is planning patient awareness initiatives for Atrial Fibrillation (AF) and hypertension through its Winter Wellness Roadshow events that started in October. The CCG is supporting national campaigns such as blood pressure testing in 'Know Your Numbers' week and AF testing in Global AF awareness week.
- Hillingdon offers early diagnosis and prevention of stroke through managing Atrial Fibrillation, Hypertension and Heart Failure in Primary Care.

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. NHSE are running text reminders for patients and there is 100% update by GP practices. The project will provide an opportunity to address falling rates for screening.
- Hillingdon is the only CCG in NWL who is delivering the Prostate Stratified Pathways so that patients who are in remission for cancer are followed up in primary care by their GP rather than in hospital. Key achievements include: upskilled participating practices to use patient identifier tools, work with practice nurses to agree communication plans and engage with the wider workforce and delivery of an education Masterclass at CCG.
- In relation to Bowel Screening. Northwick Park Hospital previously worked with GP practices to promote the bowel screening programme. The programme is now being run instead by Community Links funded by Royal Marsden Partners (RMP).

DA3 Achieving better outcomes and experiences for older people

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

This is covered in more detail in covering paper Section 3.2.5

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. The BCF performance report on the Board's agenda reflects these initiatives and progress year to date. 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 later in the year.

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 review highlighted a number of areas for improvement and a key recommendation is for the CCG to work with the Local Authority to scope future plans to develop more integrated service delivery across health and social care. This work has commenced and a plan is being formulated to support more integrated working to support services to work together to help people to remain in their local community. A small amount of short term funding has been secured for NWL CCGs to configure better ways of working across health and social care services to support people to step down from inpatients and prevent admission.
- Hillingdon continues to make progress in delivering the priorities in the Hillingdon Local Children and Young People's (CYP) Mental Health and Wellbeing Local Transformation Plan refresh 2018/19. Hillingdon CCG's local CYP Mental Health and Wellbeing Local Transformation Plan 2018/19 has been approved by the Hillingdon Health and Wellbeing Board and was submitted to NHS England at the end of October.
- Hillingdon will increase access to services from 13% last year to 28% in 2018/19 and more CYP 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 full report was submitted to the Health and Well-being Board in September 2018.
- The CCG has commissioned KOOH 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. The service is seeing an additional 30 additional children per month and this number is expected to rise in 2018/19. This service will provide fast access, earlier intervention and support for children with emotional and well-being issues.

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

T10. Transformation in Local Services

- HCCG are working with HHCP to deliver a pilot to transform MSK services in Hillingdon.
- The aims of the project are aligned with the NWL local services strategy to provide more joined up care with care provided in the right place at the right time. The pilot aims to consolidate existing MSK services to act as a single service to provide triage, assessment and treatment for people with MSK conditions. The service will offer greater support for self-management and education and advice to primary care to improve the quality of care delivered across the wider MSK pathway.
- The CCG plans to transform dermatology services to improve the integration of services and access to dermatology care in the primary care setting. This will involve teledermatology and an enhanced education program for the primary care workforce.
- The Community Advice & Treatment Services (CATS) are being reviewed in line with ICS work as the intended outcomes of: reducing waiting times; developing community clinics; and managing demand for specialist consultations have not been fully achieved.
- The NWL Outpatient Demand Management Programme is providing an opportunity to support better GP engagement with pathways to secondary care, and to address the sustainability of outpatients in CATS specialties.
- A Community Parkinson's Nurse Specialist (CNS) has been recruited and has been working closely with THH Parkinson's nurse to setup community clinics and conduct home visits for patients.
- An Irritable Bowel Syndrome/Irritable Bowel Disease CNS post has been advertised. The service aims to start in January 2019.
- Hernia Repair to be carried out in the community in GP premises. A host GP practice site has been secured and the service aims to commence in January 2019.

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 CCG is rolling out booking of 111 urgent appointments into GP practices during core hours. 10 practices have expressed an interest in this scheme that is also being rolled out across NWL CCG practices. A number of practices have now gone live.**
- **As part of the refurbishment and new build at THH the UTC are scheduled to move to their new location in the hospital June 2019.**
- **111*6 is live which enables Care Home staff clinicians in 111 directly for advice and guidance to better manage patients and reduce LAS and A&E attendances.**
- **A Hillingdon system-wide winter plan has been developed for 2018/19 and submitted to NHSE/I. The CCG has received monies for winter funding that has been agreed to be allocated to e.g. THH, UTC, Homesafe, Discharge to Assess, Age UK, NHS 111 Pharmacy Hub, Higher Intensity User Service, Community Urgent Phlebotomy, LAS/Rapid Response Referrals and End of Life.**
- **The UTC has gone live with EPS (Electronic Prescribing) and have secured winter funding for additional GP and health-connector staff the unit during winter pressures.**
- **The Ambulatory Emergency Care Unit (AECU) current opening hours are 8am to 4pm they are being extended to 10pm 7 days a week. This will increase the unit's capacity across the day and changes to the current model away from the traditional clinical model to work with a new open plan unit lay-out currently being built. This will reduce follow-up activity and make better use of primary and community care pathways. There is an AECU working Group led by THH with stakeholder representation. The GP Confederation undertook an audit of patients attending the unit and following this work three new pathways have been agreed for patients to be followed up in primary and community care setting. The Rapid Response Team will be providing Intravenous Fluid Therapy (IV) in the patient's home for patients discharged from the AECU.**

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 of key programmes are:

- EMIS and SystemOne interoperability to provide 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.
- Patient Online access (PoL) - Empowerment for the patients to manage booking / repeat prescriptions. Work is progressing 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. The CCG continues to work with GP practices to improve uptake.
- GP WiFi for Patients and Guests to all GP Practices within Hillingdon infrastructure has been deployed to over 96% 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. The CCG is 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 CCG and the GP Confederation have agreed a workforce recruitment and retention strategy that is a rolling programme which is being monitored at the Primary Care Transformation Group meetings. A key component of delivering new models of care, via the new Integrated Care System (ICS), is a sustainable workforce that is partly being delivered via the 'Transition Academy' and in future the new Academic Centre for Health Sciences. The aim of which is to increase the competencies, training, mentorship and student placement capacity in the ICS systems.

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.

NWL CCGS produce monthly integrated performance reports for CCGs that provides an update on CCG and related providers' operational performance against national standards. This includes: 18 weeks RTT, cancer waits, A&E waits, Cancelled Operations, HCAI, IAPT, NHS 111 and ambulance handover times. This section also includes performance in key indicators for mental health and community services. Detailed information on underachieving indicators including trends and mitigating actions are reviewed and monitored.

E5. Medicines optimisation

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

- There is pharmacist support to Care Homes to optimise medicines and streamline processes to reduce unplanned admissions.
- Rollout of GP practice level specialised pharmaceutical support for medicines reviews and diabetes and asthma clinics supporting medicines optimisation.
- There are two pilots taking place in the borough; Asthma and Diabetes that incorporate a two cycle approach to determine how prescribing pharmacists' interventions can improve management, avert crisis and reduce condition-related complications, hospitalizations and reduction in spend.
- Reviewing and streamlining repeat prescription processes in practices to further support NWL initiatives. The project is continuing to streamline the repeat prescription processes in various GP practices i.e. addressing ordering unwanted items, duplicate items, non-adherence to treatment regimens and over-ordering.
- Focussed practice support to manage inappropriate usage of antibiotics. A Urinary Tract Infection (UTI) audit was undertaken by practices in July 2018 with the aim is to reduce inappropriate antibiotic prescribing for UTI Infections in primary care in line with Hillingdon CCG antibiotic guidelines. This supports the prevention of antibiotic resistance and antibiotic related infections such as MRSA and C.difficile.
- Focus on patient education related to medicines for LTCs via various portals e.g. Health videos. As part of the Respiratory CWG Inhaler videos My Health website link was developed – available on link below
- <http://www.myhealthhillington.nhs.uk/inhaler-videos/>

E6. Redefining the Provider Market

The CCG is making positive progress working with health and care partners to further develop our local Integrated Care System (ICS). This work is in line with NHSE requirements to create five year plans by autumn 2019 on how STP and ICS will improve quality of care and deliver financially sustainable services.

Hillingdon Health Care Partners (HHCP) partnership have been working to deliver population health and person-centred care models. The focus in 18/19 has been on five priority areas:

- Active case management for population at risk of attending hospital (Care Connection Teams, High Intensity User Service for frequent attenders, End of Life and Falls and Frailty pathways and support to Care homes)
- Integrated MSK pathway
- Ambulatory Emergency Care
- Intermediate Care, Rapid Response and GP visiting
- `Local Neighborhood Teams` comprised of integrated multi-disciplinary teams led by general practice as the basic delivery unit of integrated care.

During 2019/20 onwards we will be using this as an approach and vehicle to deliver our 2019-21 Commissioning Intentions.

The coproduction of the whole system transformation work with stakeholders i.e. patients, carers and front-line staff has now been completed and provided rich intelligence that will continue to inform Phase 2 of the programme. This will focus on working with Local Neighborhood Teams and stakeholders on further developing the new model of care.