

# HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2018-2021

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

## 1. HEADLINE INFORMATION

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| <b>Summary</b>                              | 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.  |
| <b>Contribution to plans and strategies</b> | 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 JHWBS encompasses activity that is underway, including through various commissioning plans, the Better Care Fund and in developing Hillingdon's Integrated Care Partnership. |
| <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. considers the issues raised at 3.1. below, setting out live and urgent issues in the Hillingdon health and care economy; and
2. notes the performance issues contained at Appendix 1.

## 3. INFORMATION

### Background Information

#### 3.1. Performance and Programme Management of the Joint Strategy

This report provides the Health and Wellbeing Board with a high level performance update against Hillingdon's Joint Health and Wellbeing Strategy 2018-21. Key performance updates set out in

relation to the strategy's delivery areas and enabling workstreams, are set out in Appendix 1. Significant live and urgent issues that have emerged or that will impact on the Strategy are set out below.

### **3.1.1 The NHS Long Term Plan : Legislative proposals**

The NHS Long term plan, whilst a blue print for the NHS over the next ten years also presents the opportunity to consider how to reform and improve local health and care, across partners and at a local level. The NHS has been consulting on proposals for legislative changes that it needs to implement this plan. Meanwhile, we also still await the long overdue Adult Social Care and the "Prevention is better than cure" green papers which are both reported as being due for publication soon.

The legislative proposals cover a number of areas of interest:

- Removing Competition and Markets Authority functions to review mergers involving NHS Foundation Trusts (FTs) and removing NHS Improvement's powers to enforce competition.
- Removing arrangements between NHS commissioners and NHS providers from the scope of Public Contracts regulations
- Legislative changes to enable integration, including establishment of new NHS trusts to deliver integrated care.
- Powers to direct mergers or acquisition involving NHS FTs in specific circumstances and that it should be possible to set annual capital spending limits for NHS FT's.
- That CCGs and NHS providers be able to create joint decision-making committees to support integrated care systems and greater flexibility to make joint appointments.
- Proposals to make it easier for NHS England (NHSE) and CCGs to work together and enable groups of CCGs to collaborate to arrange services across combined populations; to carry out delegated functions to avoid issue of double delegation; and to enable CCGs to use joint and lead commissioner arrangements to make decisions and pool funds across functions.
- Enable NHSE to jointly commission with CCGs specific services currently commissioned under the section 7A agreement to delegate commissioning of services to group of CCGs (currently enables commissioning of national immunisation, cancer and non-cancer screening programmes and others).

Local government has responded to the consultation proposals, the principle point being made that to develop legislation from an NHS perspective in isolation from other partners, in particular local government but including voluntary sector, means an opportunity is missed to enable greater collaboration between health and care partners locally.

The point is also made that changes and proposals to transform the sector - perhaps away from existing regulatory frameworks for competition and procurement need to involve local government from the outset in planning processes for new structures so as to consider fully impact on other public services, for example social care and public health.

In addition, that the proposals require transparency and democratic accountability so the roles of Health and Wellbeing Boards and overview and scrutiny committees should be utilised fully to develop proposals.

### **3.1.2. NWL CCGs: Case for change consultation**

Linked to the long term plan are proposals to reduce significantly the number of CCGs across the country and in North West London this means moving to a single NWL CCG and with one integrated care system overseeing local integrated care partnerships, such as in Hillingdon, Hillingdon Health and Care Partners. The NWL collaboration of CCGs issued its case for change "Commissioning reform in NWL" at the end of May 2019. This document is due for discussion at CCG governing bodies during June and wider engagement extending to end of July. The fastest track approach would lead to proposals being made to NHSE in September 2019 with a launch in 2020.

The Board will wish to consider how it wishes to engage with this process and its ramification for Hillingdon. For example, the case for change reports that across the NWL system there remains an underlying deficit of nearly £100m and we might estimate that about £10-11m of that could be attributed to activity in Hillingdon, mainly outturn at THH. Elsewhere on today's agenda are updates on the development of Hillingdon Health and Care Partners and a view from HCCG on its approach to this process.

### **3.1.3. End of Life (EOL)**

#### **Michael Sobell House**

The closure of the Michael Sobell House (MSH) inpatient unit at Mount Vernon Hospital has had significant impacts to Hillingdon patients and families. Hillingdon CCG has recently completed a procurement process to re-establish hospice care at the unit, with Harlington Hospice awarded the contract to mobilise acute hospice services. Mobilisation is currently underway toward re-opening the unit from July 2019.

However, there remain risks to mobilisation, including foremost the formal handover of the lease for the estate, including the hospice building and associated offices in the adjacent building, from East and North Hertfordshire NHS Trust back to the leaseholder, The Hillingdon Hospitals MHS Foundation Trust (THH), and then again to Harlington Hospice. Building works must also take place and equipment portered in to enable the service to re-open. Hillingdon CCG has requested clarity on progress to addressing these issues from East and North Hertfordshire NHS Trust, as well as THH.

There continues to be a need to closely engage with staff as well. This has been complicated by the number of stakeholders required to act jointly to ensure service transition occurs with due consideration to NHS quality and safety accords. Hillingdon CCG is one of three main CCGs to have historically had patients given palliative treatment at Mount Vernon Hospital (with Harrow CCG and Herts Valley being the others, along with East and North Hertfordshire CCG being the lead CCG for the Trust). This has meant additional complexity to the process from the beginning. As such, whilst work continues at pace locally to progress mobilisation of the service, joint working is occurring at a relatively slower pace.

#### **Hayes Cottage**

Palliative care at Hayes Cottage, delivered by Harlington Hospice, has reported improvements to the quality of care to patients, as well as improved integration with other end of life and palliative services to provide greater holistic care experience to patients. The service continues to be a key

part of the end of life care services programme in Hillingdon.

### **Your Life Line 24/7 – Single Point of Access and Palliative Overnight Nursing Service**

The Your Life Line service accepted 339 referrals in the last 6 months of 2018/19 after a mid-September commencement date. Of these referrals, 217 patients have since passed away with 203 passing away in their preferred place (93.5%). This is a highly commendable outcome for the service, run by CNWL in collaboration with Hillingdon Health and Care Partners.

There is an intention to undertake a deep dive analysis of the end of life programme from July 2019 in order to better understand deaths at home and in hospital. The outcomes of this will support greater integration of end of life services in 2019-20.

### **Nursing Night Sitting Service, Bereavement Service, Lymphedema**

Harlington Hospice has reported greater numbers of referrals to supporting end of life services for night sitting, bereavement and lymphedema. This has been considered an effect of the Michael Sobell House service issues, which has resulted in alterations to referral patterns. The re-establishment of Michael Sobell House will support a return to 'normal'.

### **End of Life Strategy 2016-2020: preparation for renewed engagement**

Hillingdon CCG has drafted, and will soon be implementing, an engagement plan in collaboration with Hillingdon Health and Care Partners to engage residents and patients on EOL care this year. Over the next 12 months, HCCG will be working to ensure continued access to specialist palliative care and to retain the MSH service. 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 remains to ensure residents in the North of the Borough have access to the necessary level of support from end of life services.

#### **3.1.4 Health Based Places of Safety (HBPoS) Review**

The NWL collaboration of CCGs has written to partners (April 2019) confirming that the proposals for reshaping the provision of HBPoS in NWL have been paused whilst they take a view as to the resource implications and consider how this fits in with priorities for Mental Health across NWL.

#### **3.1.5 Public Health: cross-cutting issues**

There are a number of emerging cross cutting issues that are impacting on health and wellbeing of residents and have required significant partnership responses. At the last meeting, issues were raised regarding Air Quality and an update on the consultation is contained on today's agenda. We have also reviewed our approach to tackling Childhood Obesity and proposals are brought to today's Board.

Areas that are also a cause for concern (and score high on Public Health indicators) relate to levels of homelessness and to increases in knife crime. It is proposed that papers on these themes, setting out the current issues and the local response and way forward be commissioned from officers and brought to the next Health and Wellbeing Board meeting in September for discussion.

## **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 Health and Wellbeing 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.

### **Policy Overview Committee comments**

None at this stage.

## **6. CORPORATE IMPLICATIONS**

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

Corporate Finance has reviewed the report and confirms that there are no direct financial implications arising from the report recommendations.

### **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 – June 2019

## DA1 Radically upgrading prevention and wellbeing

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

- *MyHealth* - The CCG's MyHealth team has developed a number of programmes with patients who have Long-Term Conditions to enable them to self-care and navigate services. The current programmes include 'Health Heart and Chronic Obstructive Pulmonary Disease (COPD)'. New programmes in the co-production phase, include: 'Back, Neck and Knee Pain' for adult chronic pain and a school-based intervention for childhood obesity.
- The Early Intervention, Self Care and Prevention working group has approved the proposal to embed PAM (Patient Activation Measure) surveys into general practice, this work will commence from June 2019. This will measure a patient's activation level and provide health practitioners with insight of how to optimally support patients with long-term conditions to self-care. They have also undertaken a mapping exercise of partnership early intervention and prevention activity so as to guide future action planning and sign-posting of services for patients/carers.
- The 'Health Help Now' app that was launched in January has had 3,263 visits since March 2019. The top **symptom categories visited by patients are: mild allergic reaction, unconscious, severe breathing difficulties, serious injury, severe blood loss, abdominal pain, sickness and diarrhoea and eye problems.** The use of the app will continue to be evaluated. The app can be found here:  
<https://www.healthiernorthwestlondon.nhs.uk/digitalhealth/apps/healthhelpnowapp>.
- HCCG, H4All and commissioners have been working together to undertake work to develop new MyHealth programme for MSK and Cancer. The next steps will be to co-produce the self-care pathways with patients, carers, stakeholders and the third sector.
- A draft Childhood Obesity Action is set out in more detail on today's agenda.
- The Hillingdon Air Quality Action plan public consultation has concluded and a summary is on today's agenda.
- The Hillingdon Suicide Prevention Group has recently reviewed its priorities and an updated action plan is being developed. A focus on venues for suicide, especially road junctions as well as establishing a greater understanding of self harm and young women will be considered. Training for front line staff and advice for residents continues to be important. A communication plan will form part of the update.

**T1. Integrated care for Children and Young People**

- *Paediatric Integrated Clinics* – A total of 1,049 CYP were seen in a joint GP / Paediatrician consultation in primary care settings during 2018/19. Although 49 GPs have taken part there is still some work to be done to ensure greater coverage. To date, the feedback of the service has been very positive from service users. A review of the overall service is underway and recommendations will inform future developments.
- *Paediatric Community Phlebotomy Service* - a phased roll out of the Paediatric Community Phlebotomy service for non-urgent bloods for CYP aged 2 to 18 years commenced in December 2018. All four clinic locations are now operational.
- *Children's Integrated Therapies* - LBH and HCCG are currently working with CNWL to pilot the new model for Integrated Therapies, which is intended to provide access and support to CYP with mild to moderate needs.
- *Transition of CYP to adult services* – CYP partners: LBH, HCCG, THH, CNWL, Young Healthwatch and DASH are working together to improve transition planning and to better integrate the support provided to young people who need to transfer into adult services. Proposed improvements include: case management, key workers and service navigators.

**Children & Adolescent Mental Health Services (CAMHS)**

- *Transformation Plans* - 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. The plan is currently being assured by NHSE and is now published on the HCCG Website.
- *Integrated Early Intervention Service*- Hillingdon CCG is hosting three workshops during May/ June 2019 with stakeholders across Hillingdon to develop an Integrated Early intervention model for children with emotional well-being mental health and physical needs. The aim is to reduce waiting times for access and provide effective and timely support. The workshops will inform the development of a new service specification for the service which will be completed in June 2019.
- *KOOTH* - The CCG commissioned KOOTH on-line counselling service for CYP aged 11-19, in Hillingdon and for students at Harrow and Uxbridge College. The service started on 9 July 2018 and has increased the number of children that it sees from 30 in Q1/Q2 2018 to 70 children per month by Q3 2018; this number has continued to rise to 80 children per month in 2019/20. Kooth provides fast access, earlier intervention and support for children with emotional and well-being issues. The CCG has put plans in place to extend provision of well-being services to support young people up to the age of 25.
- *NHSE Funding* - Hillingdon CCG has been successful in bidding for £45,000 non-recurrent waiting list monies from NHSE. This has removed 70 children from the waiting list using an evidence based Cognitive Behavioural Therapy (CBT) approach and CNWL is currently meeting the 18 week RTT target. These monies will be used to reduce the CAMHS waiting list by a total of 90 children by 31 May 2019.

**T2. New Primary Care Model of Care**

- *Neighbourhoods/Networks* - a key goal for primary care transformation is to implement a new fully integrated 24/7 neighbourhood-based model of health and social care built from the registered GP list. As part of 'A five year framework for GP contract reform to implement the NHS Long Term Plan,' general practice takes the leading role in every primary care network (PCN) under the Network Contract Directed Enhanced Service. The CCG is working closely with all practices to ensure we achieve 100% population coverage. PCNs enable the provision of proactive, accessible, coordinated and integrated care to improve outcomes for patients. PCNs will be small enough still to provide the person centred care valued by both patients and GPs, but large enough to have impact through deeper collaboration between practices and others in the local health (community and primary care) and social care system. They will be a key building block of the Integrated Care Partnership.
- *Model of Care* - The new model of care for Hillingdon proposes a range of approaches to support the health and wellbeing of the 85% of the local population without chronic health needs, and intensive, highly integrated approaches for the 15% of the population with chronic health needs who are most at risk of a hospital intervention or long-term care. The vision builds on the view that people with complex or unstable long-term conditions benefit most from high quality, integrated multi-disciplinary care and support which is provided as close to their home environment as possible.
- *Extended hour hubs* - There are three locality based extended GP access hubs operating outside of core GP hours from 6.30pm to 8pm during weekdays and from 8am to 8pm at weekends. The Confederation operates a 12 hour 8am to 8pm bank holiday service over three sites and includes a weekend visiting advice service. Comparative year on year quarterly data (2017/18 & 2018/19) show there has been a reduction in Urgent Care Centre (UCC) and Minor Injury Unit patient attendances. April's performance data shows 78% of patients attended their appointment of which a high percentage reported that they would recommend the use of this service to others.
- *Outcomes Based Contracts* - a comprehensive review of the Primary Care Contracts has been undertaken and for 2019-20 we have an outcome based contract encompassing all service specifications that are aligned to the CCG's strategic objectives and provide value for money.
- *IT Software Solution* – the CCG has procured new software for practices. The benefits include: improved clinical coding, including Quality Outcomes Framework (QOF) codes and primary care contract codes, which will not only provide more accurate prevalence data and lead to improved health outcomes, but also reduce variation between practices coding, so that data is reflective of activity. This tool will also reduce bureaucracy through use of a dynamic template, showing clinicians only the elements they need within the scope of their consultation. It will facilitate the opportunity to deliver patient centred care, and be able to work through multiple conditions within a consultation without the need to open and run multiple templates.

## DA2 Eliminating unwarranted variation and improving LTC management

### **T4. Integrated Support for People with Long Term Conditions**

- *Respiratory* - planning is underway for virtual clinics to be established between the hospital consultant, GPs and practice pharmacists to review patients with Chronic Obstructive Pulmonary Disease (COPD) to ensure they are not being unnecessarily prescribed inhaled corticosteroids.
- ***Diabetes*** - QISMET Accredited MyHealth reached its NHSE target for Q4 and for 2018/19 with a recorded 956 people attending MyHealth course. DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) is being evaluated and continues to be part of the Structured Education offer to patients. NWL STP continue to be working on the provision and access to education via: digital platforms, Apps, interactive models as well as face to face. Virtual clinics continue to be provided for patients across GP practices. The Diabetes Integrated Community Service is in the process of commencing another recruitment exercise to fill some vacant posts.
- *Diabetes Outcome Based Contract* – Hillingdon CCG's contract review process included a review of diabetes provision to strengthen current arrangements and integrated working across primary, community and secondary care. The process has involved a mapping exercise (including against NWL diabetes service specification), a gap analysis and shaping the provision to meet current and future needs of patients in Hillingdon. The Outcome Based Contract is going through HCCG internal governance process and will be implemented from 1 July 2019 across all GP practices.
- *NWL Programmes* - Hillingdon CCG continues to make good progress in all four NWL projects: Structured Education, improving the three NICE Treatment Targets, roll-out of the improved foot-care pathway and NDPP (National Diabetes Prevention Programme)) through effective engagement with our practices and service providers. The progress across all GP practices is now monitored through the introduction of a 'diabetes dashboard'. This is used as a quarterly monitoring and reporting tool.
- *Heart Failure* – practice systems are being audited to pick up patients who may not be medically optimised. An Independent Prescriber, Community Heart Failure Nurses, and a cardiologist are working together to review patients and titrate medication where required.
- *Atrial Fibrillation* – Data for 2018/19 shows that 20 fewer people were admitted to hospital with a stroke which is an outcome from the AF audit programme ran in 2018 to ensure patients were anticoagulated. In addition, this would have avoided 10 deaths from stroke.
- *Prevention* - 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**

- *Faecal Immunochemical Test (FIT)*– NWL Primary Care Cancer Board are leading on the roll-out of NICE approved FIT that will replace the current Faecal Occult Blood (FOB) test in primary care for use in low risk symptomatic patients with suspected colorectal cancer. The test will be available from June for GPs to use and the uptake of the test will be monitored. Communication and resources have been circulated to GP Practices.
- *Bowel Cancer Screening* – Community LINKS a London-based charity funded by Royal Marsden Partners (RMP) finished work at the end of March to increase bowel screening uptake in GP practices via telephone reminders. The CCG cancer lead will be working with St Mark's Bowel Cancer Screening Centre (SMBCSC) and Cancer Research UK leads to continue the work to increase uptake in primary care and promote use of the FIT test.
- *Cervical Cancer Screening Programmes* - NHS England are using text reminders for patients and there is 100% coverage of GP practices signed up. The CCG Communication and Engagement is also Team is working with local Somalian and Asian BAME communities to increase uptake amongst these groups.
- *Low Dose CT Pilot (Lung Cancer Detection)* – This is a national pilot and the work is led by RM Partners and funding has been extended for a further two years. Eight GP practices have participated in the project and patients are assessed in primary care to ascertain if they are at high risk of lung cancer. Those that are high risk are referred for a scan. Patients who have the scan and are identified as having COPD are able to be referred to the CCG's MyHealth Programme. The evaluation report for Phase 1 will be made available in August.
- *Cancer Survivorship* –The CCG MyHealth Team and H4All are working together to take forward a MyHealth Cancer pilot in the new Neighbourhoods that will bring together the two organisations resources to better support patients and their carers by personalising a package of care and using Patient Activation Measures (PAM) to promote self-management. This will involve co-production work with stakeholders that will take place over the next few months.
- *Transformation Funding* – London Cancer Alliance submitted a number of primary care bids to access Cancer Transformation Funds in December 2018 and has been successful in securing funding, that is above the national average, due to the overall strong performance against the 62 day standard. A number of projects have been pump primed with this funding to support the organisations in taking up new clinical models and to achieve specific cancer targets e.g. roll out of the prostate RAPID pathway project, implementation of the Oesophago-Gastric pathway and development, implementation of a colorectal Stratified Follow-up pathway and roll-out of the CtheSigns tool to help GPs identify and manage patients at risk of cancer.

### **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 3.1.3

#### **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 to date.
- *Care Homes* - Included in the 2019/20 action plan for the system wide Care Home Group is the implementation of enhanced support to the residents and staff in care homes for older people in Hillingdon and the tenants of LBH Extra Care Housing. This enhanced support will include proactive regular visits from a dedicated nursing team, physical and mental health and anticipatory care planning of a consistent format and quality, provided by the Hillingdon GP Confederation on behalf of the Hillingdon GP the person is registered with. This new provision is additional but will work closely with existing services eg. Rapid Response, LBH Quality Assurance team, Your Life Line, Care Home pharmacist. It is currently being recruited to and aiming to be in place from July 2019.

### **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**

- *Learning Disabilities* - This work is being progressed jointly by the CCG and the Local Authority. Managers are progressing with formal agreements to deliver pathway improvement.
- *Psychological Support for Wellbeing* – There has been further agreed investment in Hillingdon talking therapies services to meet the needs of a greater number of adults affected by depression and anxiety. Hillingdon is meeting national targets and exceeding them in some areas.
- *Health Based Places of Safety* - Proposals for the development of HBPoS in North West London (NWL) have been paused to allow for further clarification of resource implications and to enable a review of mental health priorities across the region to undertaken. The NWL Like-Minded Team will re-engage with stakeholders when it is possible to proceed with the project. The Accountable Officer for the NWL CCGs has informed the Leader of the Council of the current position.

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

### **T10. Transformation in Local Services**

- *Musculoskeletal* - HCCG has worked with HHCP to deliver a pilot to transform MSK services and deliver an integrated service in Hillingdon. The aims of the project were 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 aimed to consolidate existing MSK services to act as a single service to provide triage, assessment and treatment for people with MSK conditions. The pilot service has offered 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 outcomes of this pilot are currently being evaluated by the CCG.
- *Ophthalmology* - The CCG has been working local partners to redesign our Ophthalmology services during 2019/20. The new service will provide more care out of hospital to improve access and reduce waiting times.
- *Dermatology* - The CCG plans to transform dermatology services to improve the integration of services and access to dermatology care in the primary and community care settings. This will involve embedding teledermatology in primary care and an enhanced education program for the primary care workforce.
- *The Community Advice & Treatment Services (CATS)* –are being integrated with the North West London Outpatient Transformation programme pathways (see below), the first wave of which started on 2 January 2019.
- *The NWL Transformation Outpatient Demand Management Programme* – involves the introduction of standardised referral pathways in primary care in addition to clinical triage of referrals. This will support patients to access the right care first time and reduce variation across NW London. This first wave of the programme involved: gynaecology, dermatology, MSK, gastroenterology and cardiology specialities and went live on 1 April 2019. The second phase will commence in July/August and bring in other specialities: Neurology, Ophthalmology, Respiratory and Urology.
- *Neurology* - A Community Parkinson's Clinical 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. However, they have recently serviced notice and recruitment plans are underway. The Community Epilepsy CNS post has now been successful recruited and the new post-holder commenced at the end of April.
- *Gastroenterology* - An Irritable Bowel Syndrome/Irritable Bowel Disease (CNS) is now in post and is seeing patients.
- *Surgery* – Hernia Repair is to be carried out in the community in GP premises. A host GP practice site has been secured and the service is expected to commence in June 2019.

### **T8. Integration across Urgent & Emergency Care Services**

Hillingdon CCG is working with partners to deliver the integrated Demand Management strategy which includes: High Intensity User Service, the Urgent Treatment Centre, NHS 111, and End of Life (covered elsewhere in this HWB update).

The following provides an update of progress to service deliverables and outcomes:

- *High Intensity Users Service* – The HIUS targets the 50 most intensive users of A & E and London Ambulance service through a health coaching approach proactively supporting people to address the underlying causes of their frequent requirement for unscheduled care. The service has two Case Workers in post who are actively case managing a number of patients.
- *Urgent Treatment Centre* - The re-location of the THH UTC purpose built unit, as part of the hospital's rebuild is planned to open in October 2019. To support the UTC until the opening, two additional consultation rooms have been opened.
- *NHS 111 Procurement* - The NWL NHS 111 procurement is being taken forward via the NHS 111 Procurement Board. The newly procured integrated NHS 111 service is planned to commence in April 2020. Additional resource has been invested in the 111 service to increase access to clinical advice for patients and appointments can be booked directly by 111 into the UTC or extended access hubs. There is a new work-stream currently underway to enable 111 to have electronic access to book two appointments per day directly into each the GP practices.
- *Integrated Discharge* - work continues to progress the Integrated Discharge program with a focus on developing discharge pathways to support THH patient flows.

### **Enablers**

## **E1. Developing the Digital Environment for the Future**

- Hillingdon is seeing improved access to shared care records, with the focus being to support organisations to use to deliver 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.

### Key programmes:

- *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* - empowerment for the patients to manage booking / repeat prescriptions. Work is progressing to support GP practice to enable patients to make all referral booking on-line. The CCG are on target to achieve national targets set by NHSE.
- *GP WiFi* - for patients and guests to all GP Practices within Hillingdon infrastructure has been deployed to over 99% of Practices and the IT team are working with them to develop the service further and realise associate benefits in particular with staff mobility across the patch.
- *The Health and Social Care Network (HSCN)* - is a new data network for health and Care organisations which replaces N3. It provides the network arrangements to help integrate health and social care services by enabling them to access and share information. The CCG is working with the supplier for NWL, Exponential-E, to install a 'fit-for-purpose', cost effective fibre circuits across all GP Practices within Hillingdon. The IT team are on target to have this completed for all practices by the end of July 2019.
- *Deployment of Docman-10* - with the secured funding from NHSE/D HCCG will in 2019/20 deploy Docman-10 across all its GP Practices. This will enable clinical correspondence, to be centrally hosted in the Cloud, similar to the EMIS clinical application.

### Potential to enable clinical correspondence to be available in a Hub / neighbourhood environment.

- *E-consultation* – Hillingdon CCG will in 2019/20, be deploying an integrated e-consultation digital solution to optimise workflow. This will include on-line digital triage and potential video consultation.
- *Replace Windows-7 device with Windows-10* - across all Hillingdon GP Practice and CCG estate. All NHS organisations must commit to migrating from their current Windows 7/8 estates to Windows 10 by 4 January 2020.

## **E2. Creating the Workforce for the Future**

### **Transition Academy Update**

*The Workforce Programme continues to provide the four programmes of: student placements, education and training, recruitment (Transition Academy) and admin development (practice capacity). In particular:*

- Clinical Correspondence and Signposting programmes are seeing results in practices reducing the number of letters to GPs; and the voluntary sector becoming more involved with practice staff, and therefore patients. Practice Managers and administrators continue to come to bespoke training and share best practice in peer learning groups.
- The 2018-19 student placements are currently: nine pre-registration nurses (bringing the total to 58); three physician associates (total 13) and four Independent Prescribing Pharmacists (IPP) trainees (total 9). Four new trainers have finished the course in the south of the borough and we await the approval of three new training practices in that area as a result. Six new trainers are currently on the course, three from new practices in the south of the Borough.
- The Transition Academy has funded bursaries to practices to recruit four new nurses to train up as GP Practice Nurses (GPN) through the Bucks University transition course. This brings the total GPN transition numbers to 15, part of the 29 nurses recruited or retained through the Transition Academy.
- The Transition Academy has also helped secure the retention of six of the nine ST3 GPs who completed the Hillingdon Vocational Training Scheme last year. The six GPs are in regular Hillingdon practice work. The other 3 ST3s left London on completion of the scheme. This brings the total of GPs retained from ST3 or returned to work in Hillingdon to 20. Over the past three years, 50% of the ST3s have stayed and worked in Hillingdon.
- The Confederation pharmacists provide eight of the new practice-based pharmacists in Hillingdon, with the Transition Academy assisting a further eight mostly IPPs into GP practices. Five of these were trained up as IPPs on placements in our practices.
- Finally, six receptionist apprentices have completed their business administration apprenticeships and remain employed in their training practices. Along with a rolling programme of Masterclasses and CPPD training for GP practice staff and beyond, these are the programme outcomes up to January 2019.

The CCG is also linked into the work of NWL CCGs and their strategic plans: *North West London Sustainability and Transformation Plan (STP) Workforce Transformation Strategy 2017 – 2022.*

[https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/nwl\\_stp\\_workforce\\_strategy\\_2017-2022\\_0.pdf](https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/nwl_stp_workforce_strategy_2017-2022_0.pdf)

### **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 CCG has a robust performance management structure in place to monitor providers' performance against our statutory national targets.

In addition, NWL produces a monthly integrated performance reports for CCGs that provides an update on CCG and related providers' operational performance against national standards. This includes achievement of the:

- A&E four hour target
- 18 weeks Referral to Treatment Target for elective care
- Cancer waiting times
- London Ambulance Response Times

This section also includes performance in key indicators for mental health and community services. Detailed information on underachieving indicators including recovery plans and mitigating actions are reviewed and monitored.

There is a review of a number of the Statutory Targets by NHSE Access Standards Review. The interim report published in March 2019 sets out the initial proposals for testing changes to access standards in mental health services, cancer care, elective care and urgent and emergency care. These proposals will now be field tested at a selection of sites across England, before wider implementation.

NHS England has a statutory duty to undertake an annual assessment of CCGs through the Improvement Assessment Framework (IAF). The latest results are available for 2018/29 Q3 data. HCCG also internally monitors and has action plans in place in relation to the IAF that also includes a number of the statutory targets. Hillingdon CCG was rated 'Good' by NHSE England in the 2017/18 annual CCG's assessment. To aid transparency for the public, and CCG benchmarking against peers, NHS England presents both the overall ratings and the performance against individual indicators through a range of channels, including publication on 'MyNHS', part of the NHS website: <https://www.nhs.uk/service-search/performance/search>.

### **E5. Medicines optimisation**

- *Care Homes* - there is pharmacist support to Care Homes to optimise medicines and streamline processes to reduce unplanned admissions.
- *Medicines optimisation* - rollout of GP practice level specialised pharmaceutical support for medicines reviews and diabetes and asthma clinics supporting medicines optimisation.
- *Long-term conditions* - 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. These pilots are now in the second cycle. Focus on patient education related to medicines for LTCs via various portals e.g. Health videos. As part of the Respiratory Clinical Working Group Inhaler videos My Health website link was developed – available on link: <http://www.myhealthhillington.nhs.uk/inhaler-videos/>
- *Repeat Prescriptions* - 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 and non-adherence to treatment regimens and over-ordering.
- *Inappropriate usage of antibiotics* - GP antibiotic prescribing in Hillingdon has been discussed with practices at annual visits by Pharmaceutical Advisors. Individual prescribing trends have been highlighted and peer group discussion has been undertaken at the May 2019 subgroup meetings. The aim is for feedback to be given at subgroup meetings quarterly, and to individual practices as required.

### **E6. Redefining the Provider Market**

Please refer to agenda item 10 in the main report for an update on Hillingdon Health and Care Partners (HHCP) - Delivering Hillingdon's Integrated Care System.