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 issues 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 developing Hillingdon's Integrated Care Partnership.
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 3.1. 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

This report provides the Board with a high level performance update against Hillingdon's Joint Health and Wellbeing Strategy 2018-21. Key performance updates 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 NWL CCGs: Case for change consultation

The Board heard about the NWL collaboration of CCGs case for change "Commissioning reform in NWL", consultation issued at the end of May 2019, at its last meeting in June. At that stage, it was agreed that Mark Easton be invited to discuss the proposals with the Council with the aim of seeking assurances regarding financial arrangements for Hillingdon. That meeting took place on 17 July 2019. Since then, Mark Easton has written to colleagues (29 August 2019) to confirm that CCG chairs have agreed to recommend to their governing bodies that:

- The merger should take place from April 2021 (and not 2020 as first indicated);
- The merger should cover all eight NWL CCGs, creating one NW London CCG; and
- That the 2020-2021 be used as a transitional year to enable focus on:
    - System financial recovery;
    - Development of integrated care and primary care networks;
    - Building closer relationships with local authorities;
    - A single operating structure across the commissioning system; and
    - Resolving questions that still require work such as the status of historic CCG financial positions.

HCCG Governing Body considered a paper setting out the recommendations for commissioning reform on 4 September 2019. The paper recommended that NWL CCGs merge to a single CCG for NWL from 1 April 2021. This would allow a transition year to focus on:

- System financial recovery;
- Development of integrated care at Primary Care Network, borough and integrated care system level;
- Building closer working relationships with local authorities to support the change;
- The development of a single CCG operating structure; and
- To work with providers in the development of the single structure and its implications for reimbursement, commissioning and service provision arrangements.

The paper was accepted by the HCCG Governing Body and is available for public review online at the HCCG website as part of Governing Body papers.

3.1.2. NHS System Recovery plan

In addition, on 28 August 2019, Mark Easton sent a further letter regarding the NWL financial recovery plan. This explained that NWL CCGs' operating plan forecast 2019/20 year end deficit was now expected to be net £61m overspend to the CCG Control Totals set by NHS England rather that the £51m first forecast. A further net £20m overspend to the Provider Control Totals is also forecast. The largest elements of overspend are acute and the costs of continuing healthcare.

The letter also states that a strong focus is being put on the system around the London North West University Health Care Trust, where the financial challenges are greatest. It also sets out

a list of eight areas of expenditure where immediate action is proposed to ensure "good housekeeping" and to avoid waste. There is also a commitment to talk to local authorities, residents and stakeholders regarding plans that will affect patient services for the next few years. The Board will wish to hear progress and updates as this plan is developed.

3.1.3. Spending Round 2019

The Chancellor announced £1.5 billion extra funding for social care next year, but promised that this was a “down payment ahead of fundamental reforms” that are needed in the system. The Government said: “the Local Government settlement contains an additional £1 billion for adult and children’s social care.” The additional £0.5 billion is likely to come through an extension to the adult social care precept, but the Government has said it will consult on this.

Previously, the Prime Minister had said that the plans to tackle adult social care crises are being delayed in order to get a consensus across the political divide. Plans in "due course" will satisfy two criteria: that nobody should be forced to sell their home; and that everybody should have dignity and security in old age. More funding has also been promised for public health budgets but details are not yet available.

4. Financial Implications

5.

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.

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 – September 2019
DA 1 Radically upgrading prevention and wellbeing

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

- ***MyHealth Hillingdon*** **- The CCG's Early Intervention, Prevention and Self-management Steering Group has developed a number of programmes with patients and for patients living with a Long-Term Condition/s. The workshops, available across the Borough, provide clinically-led educational information that empowers patients to self-care and navigate health and community services. Current workshops available include: Healthy Hearts, managing Diabetes Type 2 and Preventing Diabetes. New programmes in the co-production phase, include: Chronic Obstructive Pulmonary Disease (COPD), Cancer (in partnership with Harlington Hospice), Back, Neck and Knee Pain' for adult chronic pain and a school-based intervention for childhood obesity.**
- **The PAM (Patient Activation Measure) in general practice rollout has commenced with 11 practices expressing an interest to be part of the first phase. The ability to measure a patient's activation level will provide health practitioners with further insight of how to optimally support patients with Long-Term Conditions to self-care.**
- **The `Health Help Now' app that was launched in January 2019 and has had to date 4,807 visits and 738 downloads. The top symptom categories visited by patients for August 2019 were: Cold, cough, sore, throat, abdominal pain, sickness and diarrhoea and dental 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.**
- **H4All and commissioners have been working together to undertake work to develop a new MyHealth programmes for MSK and Cancer. The next steps will be to co-produce the self-care pathways with patients, carers, stakeholders and the third sector.**
- **The Child Healthy Weight Plan is included in separate paper to the 24th September Board.**
- **The Hillingdon Suicide Prevention action plan has been refreshed in light of latest data and progress so far. The partnership prevention group meets again in September and will consider issues regarding TfL and Heathrow as well as potential to invest in postvention support for bereavement via NWL CCGs**

Delivery Area, Transformation Programme and Progress Update – September 2019

T1. Integrated care for Children and Young People & Children & Adolescent Mental Health Services (CAMHS)

- ***Paediatric Integrated Clinics*** **– Joint GP and Paediatrician consultations continue to be delivered in primary care settings. The addition of three new schemes is being considered for 2019/20 focusing on: improving asthma care, support for CYP with diabetes and children with cow's milk intolerance.**
- ***Paediatric Community Phlebotomy Service*** **- All four clinic locations are now operational. Focused work on improving on-line referral system and high DNA rates.**
- ***Children's Integrated Therapies*** **– preparation for the formal launch of the new therapies model is underway. It will mobilise over the autumn school term.**
- ***Transition of CYP to adult services*** **– work has commenced to identify a cohort of CYP with complex needs to inform the development of transition planning and support provided to young people who will transfer into adult services.**
- ***Integrated Early Intervention Service*****- Hillingdon CCG hosted three workshops during May & June with stakeholders across Hillingdon to develop an Integrated Early intervention model for CYP with emotional well-being, mental health and physical needs. The output from these workshops is the development of a draft service specification for the new model. This has been agreed with local partners. The next steps are to locally agree with partners the resources and the business case for the new model by October 2019. The pilot for the new model will then take place in a designated neighbourhood area in Hillingdon in the autumn. The plan is to evaluate the learning from the pilot with a view to scaling the model across Hillingdon in 2021/22. The benefits will be reduced waiting times and improved access to support for CYP.**
- ***KOOTH*** **- The CCG commissioned KOOTH an on-line counselling service for CYP aged 11-19, in Hillingdon and for students at Harrow and Uxbridge College. The service has demonstrated positive outcomes for Hillingdon Children and young people in 2018/19. These include:**
  - **In 2018/19 over 500 children were supported by the service**
  - **48% of the children are from BAME Communities**
  - **There is no waiting list and faster access for support for CYP**
  - **97% children would recommend KOOTH to a friend**

The CCG has commissioned the service for 2019/20 and there are plans to extend the service provision from 18-25 in line with the directives in the NHS 10 year Plan.

Delivery Area, Transformation Programme and Progress Update – September 2019

T2. <u>New Primary Care Model of Care</u>

- ***Neighbourhoods/Primary Care Network*s - 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 set out in the document `*A Five Year Framework for GP Contract Reform to Implement the NHS Long Term Plan*' (2019), general practice takes the leading role in every Primary Care Network (PCN) under the Network Contract Directed Enhanced Service. The CCG has seven PCNs delivering extended hours to population sizes of between 30,000 to 50,000 people. PCNs are an enabler for 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 and social care system. They will be a key building block of the Integrated Care Partnership.**
- ***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 weekend and bank holiday service over three sites and includes a weekend visiting advice service. Performance data for July 2019 shows 80% utilisation and patient feedback of the service is that patients 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. This will provide more accurate prevalence data and lead to improved health outcomes and 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* – A pilot of Consultant Led virtual clinics held in GP Practices started in July. Records of patients with Chronic Obstructive Pulmonary Disease (COPD) are being reviewed and their medications assessed. The results will indicate the number of patients who may need to be taken off inhaled corticosteroids across Hillingdon. The capacity for the management of this cohort of patients has been incorporated into the Primary Care Respiratory Service modelling and the business case for the service was approved on 24th July. The Service will be Nurse Led with Consultant oversight and provided by The Confederation Hillingdon.**
- ***Diabetes* - QISMET Accredited MyHealth continues to be highly referred programme for patients with Type 2 diabetes. DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) continues to be part of the patient Structured Education offer. 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 continues with efforts to recruit to fill a 0.7 consultant post.**
- ***Diabetes Outcome Based Contract* – The Outcome Based Contract went live on 1/7/2019 across all GP practices. The contract strengthens current arrangements and integrated working across primary, community and secondary care.**
- ***Integrated Diabetes Community Service* – The community service specification is currently being reviewed to ensure the service model is 'fit for purpose' and meets the needs of patients and is due to be finalised at end of November 2019.**
- ***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* – the roll out of the audit tool and amendment of system coding in all practices was completed in August. Reruns of the searches will provide a list of patients to be reviewed for medicine titration. The CNWL Heart Specialist Failure Nurses will then liaise with the practices to set up HF Review clinics for their patients.**
- ***Atrial Fibrillation* – A CCG Pharmacist has been collaborating with Practices to review their exception reporting rates for patients with AF. 86 patients were picked up who possibly could be anticoagulated and should be reviewed again. This would represent further prevention of 2 deaths and 4 admissions per year from stroke for the original project.**
- ***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

- ***Mount Vernon Cancer Centre NHSE Strategic Review* –This item is in the covering paper.**
- ***Colorectal Cancer* – The NICE approved Faecal Immunochemical Test (FIT) to detect colorectal cancer in low risk symptomatic patients has been rolled out across NW London. FIT was distributed to Hillingdon GP practices at the end of June. Promotion and benefits of the new test has been discussed at all three locality meetings in July. Uptake by GP practices will be monitored to ensure equity of use. A colorectal cancer Masterclass took place on 17th July at THH involving GPs and Consultants which also incorporated FIT and education to improve the quality of two week wait (2ww) referrals. In addition, targeted work led by THH and CCG clinicians is taking place with GP practice to improve education and learning around the quality of 2ww referrals.**
- ***National Cancer Diagnosis Audit* – The Primary Care Board endorsed recommendation for GP practices to participate in the audit that will support early diagnosis of cancer. Subsequently, the London Transforming Cancer Services Team (TCST) announced some limited funding (Wave 1) to London PCNs/practices allocated on a `first come, first served' basis. Four PCNS in Hillingdon have been successful in obtaining funding. TCST are seeking additional funding for the other PCNS/practices that submitted applications, as part of Wave 2.**
- ***Cancer Survivorship* – A joint bid has been developed with THH and CCG to recruit a project manager for the `Right by You/Personalised Care' Programme for two years and the post was advertised in August that will work across both primary and secondary care. The HCCG My Health Team and Harlington Hospice are working together to develop a My Health programme to deliver personalised care for patients with cancer. The Cancer Survivorship Group is working to ensure that patients who experience cancer as a LTC have access to psychological support and that patients have high quality Cancer Care Reviews (CCR) carried out in primary care.**
- ***Screening Programmes* – There is 100% update by practices of use of text messaging for cervical cancer screening. Community outreach work is taking place with BAME and Somalian groups to raise awareness. For bowel cancer screening, the CCG is working with St Marks National Bowel Screening Centre, Cancer Research UK and Community LINKS to align resources to promote awareness and train practices to increase uptake. For lung cancer screening, funding has been agreed to continue the Low Dose Lung CT to detect lung cancer and to continue work in Hillingdon. The RMP West London Cancer Alliance evaluation report, for Phase 1, is due to be finalised in September.**

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.

T1. <u>Transforming Care for Older People</u>

- **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.**
- ***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. A weekday acute visiting service will build on the existing weekend and bank holiday advice and visiting service provided by the GP Confederation. This new provision is additional to but will work closely with existing services eg. Rapid Response, LBH Quality Assurance team, Your Life Line, Care Home pharmacist. The nursing team is currently being recruited, with the GP acute visiting and care planning component aiming to be in place by October 2019. This will replace the existing pilot scheme run by the GP Confederation.**

DA4 Improving outcomes for children & adults with mental health needs

T6. <u>Effective Support for people with a Mental Health need and those with Learning Disabilities</u>

- ***Mental Health Transformation* - work continues to support the MH and emotional wellbeing needs of patients/ carers to integrate community/primary care response for adults and children. Hillingdon Talking Therapies (IAPT) is also part of neighbourhood development within multi-morbidity pilot.**
- ***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 Place 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 an integrated service in Hillingdon. The pilot aimed to consolidate existing MSK services to act as a single service to provide triage, assessment and treatment for patients. 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 pathway. The outcomes of this pilot are currently being evaluated by the CCG with plans to move to implement phase two that includes self-referral and an advice line.**
- ***Pain Management service* – a review is underway, with THH clinical input, to agree a draft model of care for a future integrated community service. The CCG is awaiting the Trust's response to the proposal before the final agreed model can be implemented. *Ophthalmology* - The CCG has been working with HCCP to redesign our Ophthalmology services during 2019/20. It is being included in ICP planning to support an integrated locally delivered consultant led care model. 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 NW London Outpatient Transformation programme pathways (see below).**
- ***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 supports patients to access the right care, first time and reduces variation across NW London in the management of commonly presenting conditions. Wave 1 specialities in: gynaecology, dermatology, MSK, gastroenterology and cardiology were implemented from April 1st 2019. Wave 2 specialities: neurology, ophthalmology, respiratory medicine and Urology were implemented during Aug/Sep 2019.**
- ***Community Neurology* –the CCG has invested in a community neurology service designed to improve access and support self- management of LTC. This supports a CNWL Community Parkinson's nurse post and a pilot CNWL Epilepsy Nurse post. The Epilepsy nurse took up her appointment in May and is working in liaison with the Lead THH Consultant Neurologist to build up the new service.**
- ***Gastroenterology* – an Irritable Bowel Syndrome/Irritable Bowel Disease (CNS) is now in post at Hillingdon Hospital managing patients.**
- ***ENT* – the CCG is working with an LNWHT ENT Consultant to plan a potential community ENT service that would also offer postgraduate education to GPs and be designed to meet the H&WB objectives of reducing variation and reducing the prevalence gap. This will also be proposed as a Hillingdon innovation to inform the NWL programme for ENT as a Wave 3 specialty, later in 2019/20.**
- ***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 planned to commence on 9/9/2019.**

T8. Integration across Urgent & Emergency Care Services

Hillingdon CCG is working with partners to deliver the Urgent and Emergency Care Programme. The CCG leads on Demand Management for UEC services, 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 HIU service 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 16 patients. Data is now available to show that there has been a reduction in activity for this cohort of patients. The caseload is regularly reviewed with some patients being stepped down and new patients accepted.**
- ***Urgent Treatment Centre* - The re-location of the UTC unit, as part of the hospital's rebuild is planned to open in December 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 June 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.**
- ***Same Day Emergency Care* – a work stream has been set up to increase the number of patients that can be treated in the emergency department and then discharged home on the same day. The aim is that same day emergency care is the default position for all patients unless their clinical needs require admission.**
- ***Integrated Discharge* - work continues to progress the Integrated Discharge program with a focus on developing discharge pathways to support THH patient flows. This work will be supported by the development and subsequent implementation of standards for triage. The program will secure formal agreement between system partners for Phase two of the integrated discharge model in the form of either a Memorandum of Understanding or Service Specification. Significant work is in progress to reduce long Length of Stay in the Hillingdon Hospital, and weekly review meetings are undertaken.**

Winter Planning for 2019-20 is commencing in September 2019.

Enablers

E1. <u>Developing the Digital Environment for the Future</u>

- **Hillingdon is seeing improved access to shared care records, with the focus being to support organisations to deliver personalised care. The local system is also implementing a 'Paper Switch Off' date in line with national 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.**
- **Make progress towards shared digital care and support plans to enable better integrated care across care settings, integrated with Primary care clinical systems, and including EoL care planning and digitally enabled self-care.**

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.**
- ***NHS 111 In-Hours direct appointment booking* - facility which allows 111 providers to book patients registered to each practice into an appointment slot allocated by the practice for a face to face consultation. Supporting NHS England commitment for care providers to work together to support further use of 111 direct booking into GP practice**
- ***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 fiber circuits across all GP Practices within Hillingdon. The IT team are on target to have this completed for all practices by the end of Sept 2019.**
- ***Deployment of Docman-10* - With Funds secured 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 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 4th January 2020.**
- ***Deployment of Advanced threat protection (ATP)*- across all GP practices and CCG IT estate further securing the IT estate with real time monitoring and support by central NHS CareCERT to effectively and safely dealing with any potential cyber security threat.**

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 via Connect to Support and Health Help Now App. Practice Managers and administrators continue to come to bespoke training and share best practice in peer learning groups.**
- **To support Primary Care Networks (PCN) baseline works force analysis has been conducted with individual workforce planning visits taking place across GP practices. This will also support national requirements to report workforce figures.**
- **In recognition of the crucial role and leadership of Practice Managers, focused work on IT peer support and business and change management skills has been provided.**
- **All Brunel's Physician Associate students have been placed and preparations for their medical school placements are underway. Numbers of nurse mentors, supervisors, and students continue to increase.**
- **All three levels of the Hillingdon Receptionists' Competency Framework has been completed and booklets distributed. The Competency Framework for Health Care Assistants (HCA) is being finalised and one is also being complied for Practice Managers. This allows for career pathways and training packages to ensure consistency across practices and staff.**
- **The creation of clinical leads and clinical project work roles in HCCG, the Hillingdon Primary Care Confederation and Harlington Hospice has allowed younger GPs to apply for these roles.**

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/nhsnwlondon/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 including new 28 day Faster Diagnostic Standard**
- **London Ambulance Response Times**

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

There is a national 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 a Medicines Optimisation in Care Homes pharmacist supporting Care Homes to optimise medicines and streamline processes to reduce unplanned admissions.**
- ***Medicines optimisation*** **– Medicines Management Team engagement with NHSE Clinical Pharmacists in GP practices through regular attendance at their team meeting. Support provided to the clinical pharmacists on prioritised work streams to support medicines optimisation.**
- ***Long-term conditions*** **- The 2 Asthma and Diabetes pilots have now concluded. These incorporated 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. The outcomes showed better management of the 2 conditions.**
- ***Repeat*** **Prescribing Project – Independent Pharmacist Prescribers are reviewing and streamlining repeat prescription processes in practices, i.e., addressing ordering unwanted items, duplicate items and non-adherence to treatment regimens and over-ordering. Issues are feedback to the practices for sustainability.**
- ***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. A dedicated Pharmaceutical Advisor will be driving the agenda forward in GP practices. New resources have been developed and ordered from the TARGET website (Treat Antibiotics Responsibly, Guidance, Education, Tools), for use in GP practices. These will be distributed to practices at the September 2019 subgroup meetings.**

Audits:

- **An audit on broad spectrum antibiotic prescribing has been sent to practices for completion by June 2019 and a second audit for December 2019. The aim of this audit is to demonstrate adherence to Public Health England (PHE) issued guidance and reduce prescribing of broad spectrum antibiotics which have been associated in community-acquired C. difficile & MRSA infections.**
- **An audit on antibiotic prescribing for Urinary Tract Infections (UTI) has been sent to practices to be completed by September 2019 and April 2020. The aim of this audit is to reduce inappropriate prescribing for UTI) in primary care, supporting the prevention of antibiotic resistance and antibiotic related infections such as MRSA and C.difficile.**
- **The MMT Pharmacy Technician will be leading an audit to support practices in reviewing the prescribing of broad-spectrum antibiotics. This is due to start in September 2019 in the top 6-outlier practices.**
- **An audit on Trimethoprim prescribing for over 70 year olds was carried out between July and November 2018 by the Medicines Management Team Pharmacy Technician to assess and promote appropriate antibiotic prescribing in accordance with existing local/PHE guidelines and reduce the inappropriate antibiotic prescribing for UTI in primary care. The audit was undertaken in 15 of the highest prescribing surgeries in the borough. The results were shared with the respective practices on completion, to support clinicians in promoting quality improvements by reviewing antimicrobial prescribing within practice. The original 15 practices are being re-audited and additional practices included. This is near completion.**
- **The Medicines Management Pharmacy Technician continues to undertake audits on the**

appropriateness of vitamin and mineral prescribing, according to *NHSE guidance: Guidance on conditions for which over the counter items should not routinely be prescribed in primary care.*
E6. <u>Redefining the Provider Market</u> **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.**