HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2018-2021

Relevant Board Member(s)	Councillor Jane Palmer Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon CCG
Report author	Kevin Byrne, LBH - Health Integration and Voluntary Sector Partnerships Melanie Foody, HCCG - Head of Delivery
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 JHWBS 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 of the report.**

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 CORONAVIRUS (COVID-19)

The international and national position regarding COVID-19 is a rapidly evolving situation. The narrative which follows is based on information made available by the Department of Health and Social Care and Public Health England as of 20th February 2020

What is coronavirus? Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan City, China. Coronavirus is a type of virus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties. Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

The Government, Department of Health & Social Care and Public Health England's response to COVID-19:

Returning Travellers: Based on scientific evidence anyone who has travelled to the UK from mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau in the last 14 days and is experiencing cough or fever or shortness of breath, to stay indoors and call NHS 111, even if symptoms are mild. The Department of Health and Social Care (DHSC) and Public Health England (PHE) have in place arrangements for carrying out enhanced monitoring of direct flights from these areas. Passengers are told how to report any symptoms they develop during the flight, at the time of arrival, or after leaving the airport. These areas have been identified because of the volume of air travel from affected areas, understanding of other travel routes and number of reported cases. This list is kept under review.

PHE has introduced advanced monitoring at airports with direct flights from China. A team of public health experts has been established in Heathrow airport to support anyone arriving on flights from China who feels unwell. This is in addition to medical staff who are already permanently in place at all UK airports and the advice issued to all UK airports for people travelling to and from China;

Supported Isolation (Quarantine) Arrangements: The Government put in place supported isolation arrangements for British nationals and dependents arriving from Wuhan and Hubei province at Arrowe Park Hospital on the Wirral and Kents Part Hotel in Milton Keynes. Other locations at which to locate supported isolation arrangements are in the process of being identified.

The Government has introduced strengthened powers to bolster protections against the COVID-19 outbreak for people in England. The regulations apply to any individuals seeking to leave supported isolation before the current quarantine period of 14 days is complete. It will also apply to future cases during the current COVID-19 incident where an individual who may be infected or contaminated could present a risk to public health.

NHS Information: NHS information about how COVID-19 is spread and how to avoid catching or spreading it, is available at the following web address: https://www.nhs.uk/conditions/coronavirus-covid-19/

CURRENT POSITION IN THE UK

Risk level: Based on the World Health Organization's (WHO) declaration that this is a public health emergency of international concern, the UK's Chief Medical Officers have raised the risk to the UK population from 'low' to 'moderate'. This permits the government to plan for all eventualities. The DHSC and PHE have been working in close collaboration with international colleagues and the WHO to monitor the situation in China and around the world.

Number of confirmed cases of COVID-19: As of 20 February, a total of 5,549 people have been tested, of which 5,540 were confirmed negative and 9 tested positive for COVID-19. If more cases are confirmed in the UK, it will be announced as soon as possible by the Chief Medical Officer of the affected country. The DHSC publish updated data on the COVID-19 situation on a daily basis on the following web address: https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public?

3.1.2 The NWL Health and Care partnership: Five year Strategic plan

The draft NW London CCG five year strategic plan was submitted to NHS England on 15th November 2019. The requirement for local NHS STP areas to develop the plans was set out in the NHS Long Term Plan (January, 2019). The plan has been produced in collaboration with partners. A draft was shared with local government colleagues on 11th November 2019.

The NWL draft Plan has now been through a full engagement process and feedback has been taken on board. NWL CCG will be working with NHS England to coordinate the publication of the Plan with other London partners. The final document is due to be published at the end of March 2020.

3.1.3. Michael Sobell House

Michael Sobell Hospice (MSH) and the Specialist Palliative Care Centre based on the Mount Vernon Hospital site had been operating for 40 years providing: an inpatient unit, day centre and patient and family support, inclusive of bereavement counselling, rehabilitation support and a specialist palliative care education team. The service had been provided by East & North Hertfordshire NHS Trust (ENHT).

In 2018 ENHT informed HCCG that they were unable to provide palliative care in MSH in-patient unit. To bridge the gap in the provision, Hillingdon CCG completed a procurement process to re-establish hospice care at the unit. Harlington Hospice was awarded the contract to pilot the

service. Re-opening the beds has been a complex project with a change of management from East & North Herts NHS Trust to Harlington Hospice. MSH re-opened on 13 January 2020 and admitted their first patient on 14 January. Six beds are currently provided with plans to increase to ten beds during February 2020. The pilot will provide the opportunity to evaluate the benefits of an integrated model which aligns with the Hillingdon End of Life Strategy.

3.1.4. Neighbourhood working

There are 8 multi-disciplinary neighbourhood teams across the borough broadly aligned to the primary care networks. Hillingdon Health and Care Partners (HHCP), the borough's integrated care partnership, is made up of a large workforce, spanning across a multitude of disciplines and organisations including the wide range of staff employed and contracted within primary care.

The current services in scope include community nursing, care connection teams to support residents at risk of admission to hospital, clinical pharmacists, mental health, district nursing and social prescribing teams. Social care services have been aligned to the neighbourhoods through service leads and integrated team meetings. HHCP is supporting the Networks/Neighbourhoods on communication that will cover PCNs and neighbourhoods.

Currently, there are organisational development plans being put in place to support the development and transition of the Primary Care Networks/ Neighbourhoods. The plans are aligned to the NWL, local integrated care partnership priorities and PCN Directed Enhanced Service specifications.

3.1.5. Mount Vernon Cancer Centre Strategic Review Update

In May 2019, NHSE commissioned an urgent strategic review of Mount Vernon Cancer Centre (MVCC) adult oncology services due to concerns in relation to the sustainability of a high quality and safe oncology service provided at the site highlighted formally by the Care Quality Commission (CQC) 2018 inspection of its services.

The review was led by the East of England Specialised Commissioning Team (EESCT), involving London Cancer Alliances, peer reviews of the services, and engagement with, and the involvement of patients, clinicians, non-clinical staff and key stakeholders. In addition, a Programme Board, a Clinical Advisory Panel (CAP) and a Communications and Engagement Oversight Group (CEOG) have been established.

A review of MVCC by the CAP took place over two days in June 2019 and produced a report in July 2019 on their findings. The report highlighted the urgent need for a short term action plan to address immediate quality and safety concerns whilst a longer term solution materialises. They also recommended the appointment of a specialist cancer provider to run the MVCC services, and that this recommendation be taken forward as part of the development of options for long-term service provision.

Providers were asked to put forward an EOI during November-December 2019 to: either provide services from April 2021, including a Transition Support Team in the interim and/or provide a Transition Support Team only (not expressing an interest in the longer term provision of the services). A Panel was established to review the submissions in early January 2020. Two were submitted and the Panel shared their recommendation to the Programme Board and

EESCT.

University College London Hospitals NHS Foundation Trust (UCLH), subject to a period of due diligence, has been awarded the contract to take over the management of the centre from April 2021. It was also agreed that UCLH should be appointed to provide leadership support to Mount Vernon Cancer Centre from April 2020. The period of due diligence will enable both UCLH and NHS England to ensure the clinical and business implications and risks are fully understood by both organisations before a final commitment is made. It will also allow UCLH and East and North Hertfordshire NHS Trust to have important discussions with staff whose employment contracts would potentially transfer to UCLH in 2021. This decision means that, subject to the outcome of the due diligence, Mount Vernon Cancer Services would be provided by UCLH in the future. The earliest this would happen is April 2021.

From February 2020 work will commence with clinicians and patients to consider the best way to meet the needs of the MVCC population in the long-term. Patients, clinicians and stakeholders, including local hospitals and Clinical Commissioning Groups, will be involved in developing a range of options. These options will include maintaining services at or near the current MVCC site. They will be evaluated on a range of criteria on which patients have already been engaged and include local access and interface with other services. While the review continues, there will be no changes to where patients receive treatment. If changes are proposed in future, they will be designed to make improvements to services, such as better access for patients and where necessary, public consultation will take place.

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.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

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 – January 2020
DA 1 Radically upgrading prevention and wellbeing
T9. <u>Public Health and Prevention of Disease and ill-health</u> • ***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 CCG is working through phase four of the programme with plans for the programme to be embedded into the Integrated Care Partnership (ICP) and primary care neighbourhoods for year two.** • **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.** • ***Self-Care/Management*** **- The Early Intervention, Self Care and Prevention Steering Group approved the proposal to embed PAM (Patient Activation Measure) in general practice, this work has commenced with 11 practices expressing an interest to be part of the first phase roll out.** • ***Child Obesity*** **- A separate paper to the HWB provides an update on progress on the child healthy weight plan including proposals to run a pilot project with schools to promote healthy eating.** • ***Suicide prevention.*** **- the NWL postvention support for bereavement counselling is due to go to tender shortly. The Hillingdon partnership group met again in February**.

Delivery Area, Transformation Programme and Progress Update – January 2020

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

- ***Paediatric Integrated Clinics* – Joint GP and paediatrician consultations continue to be delivered in primary care settings. Two new schemes focusing on asthma care and cow's milk allergy have been approved and will be supported by the core PIC team. The Asthma Care Scheme will improve the management of asthma in young children and reduce unplanned access to hospital care. The allergy related initiative will ensure that infants prescribed special milk formulas are reviewed appropriately and reduce expenditure from prolonged use of expensive milk products.**
- ***Children's Integrated Therapies (CIT)* – The new CIT model has been mobilised with some initial positive feedback received from parents and primary schools.**
- ***Transition of CYP to adult services* – A business case has been developed to commission a 12-month pilot aiming to improve the transition journey of young people moving from children's to adult health services. The pilot will focus on four groups; CYP with complex needs / multi-morbidities, with long-term conditions, e.g. diabetes, with mental health needs, and Looked After Children (LAC) i.e. care leavers.**
- ***Oral health* – funding has been secured from NHSE to introduce a `supervised brushing' programme across Hillingdon targeting children aged 3-5years.**
- ***Integrated Early Intervention Service*- Hillingdon CCG has hosted three workshops with stakeholders 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 pilot for the new model will then take place in a designated neighbourhood area in Hillingdon in April 2020. 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 demonstrates positive outcomes for Hillingdon Children and young people in 2019/20. These include:**
  - ***86% users would recommend KOOTH to a friend.***
  - ***48% CYP are from BAME communities***
  - ***78% CYP use the service outside office hours.***
  - ***70% CYP record improved outcomes***

The CCG plans to continue to commission this service and extend the service provision from 18-25 years in line with the directives in the NHS 10 year Plan.

Delivery Area, Transformation Programme and Progress Update – January 2020

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. Hillingdon has seven PCNs in place delivering extended access hours. There are a number of additional roles within the PCNs to support patient centred care such as the social prescribers and clinical pharmacists. As of January 2020, there are three transformation managers in place to support the development and transition of the Primary Care Networks. For 2020/21 PCNs will have to deliver a set of seven PCN Directed Enhanced Service specifications.**
- ***Extended Access Hubs* - There are three locality based extended GP access hubs operating outside of core GP hours 365 days of the year from 6.30pm to 8.30pm during weekdays and 8am to 8pm at the weekends and bank holidays. Performance data for December 2019 shows there was a 74% utilisation rate of the service with overall patient satisfaction rated at 100%. From the 1st December 2019 the extended access service expanded its current service model to deliver *30 minutes per 1000* registered *population per* week. Previously the offer was *14 minutes per 1000* registered *population. The additional appointments include a skill mix of staff – GP's, nurse, HCA's and phlebotomists. As of mid-January the extended access service has been offering weekend routine phlebotomy appointments to registered patients.***
- ***Outcomes Based Contracts* – For 2020/21 Hillingdon will have in place again a single outcome based contract encompassing seven service specifications that are aligned to the CCG's strategic objectives and provide value for money. These contracts offer the opportunity for primary care to deliver a range of out of hospital health and care services for Hillingdon registered patients. All 45 practices signed up the 2019/20 contract to provide 100% population coverage.**
- ***IT Software Solution* – the CCG procured a software solution for practices in 2019/20 to support the delivery of our local contracts. The tool is aimed at reducing bureaucracy through use of a template showing clinicians only the elements they need within the scope of their consultation. It facilitates the opportunity to deliver patient centred care, and works through multiple conditions within a consultation without the need to open and run multiple templates. The benefits include: improved clinical coding, including Quality Outcomes Framework (QOF) codes and primary care contract codes. This provides more accurate prevalence data and leads to improved health outcomes and also reduce variation between practices coding.**

DA2 Eliminating unwarranted variation and improving LTC management

T4. <u>Integrated Support for People with Long Term Conditions</u>

- ***Respiratory* – The pilot of consultant led virtual clinics held in GP Practices is ongoing and a range of issues are being identified. Discussions with the Provider for the new Primary Care Respiratory Service have been held to draft a service specification. This is going through HCCG governance for approval.**
- ***Diabetes* - QISMET Accredited MyHealth is a 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. The Diabetes Integrated Community Service specification review is progressing towards consultation. First discussion commenced at January Diabetes Clinical Working Group meeting. .**
- **NWL REWIND (Reducing Weight through Intensive Dietary Support) programme – HCCG**

agreed to prototype REWIND programme with practice in Hayes based on population needs. Detailed project plan is being developed with the diabetes clinical lead.

- ***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 being reviewed to ensure the service model is 'fit for purpose' and meets the needs of patients. It will go through governance early 2020.**
- ***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 monitored through a 'diabetes dashboard'. This is used for quarterly monitoring/ reporting tool and monitored at Diabetes Clinical Working Group.**
- ***Heart Failure* (HF) – The audits resulted in 169 patients being added to the HF register & 370 were added to the HF LVSD (Left Ventricular Systolic Dysfunction) register. 362 Patients are to be reviewed by the CNWL HF team. 31 patients have been reviewed so far and 26% require drugs up-titration and 23% need their blood pressure medication reviewed.**
- ***Atrial Fibrillation* – Harefield Hospital will hold a stakeholder meeting in March regarding the extension of their AF project which will involve patients picked up through pharmacist AF screening being referred to a Primary Care AF clinic led by the Trust.**
- ***Prevention* - Hillingdon offers early diagnosis and prevention of stroke through managing: atrial fibrillation, hypertension and heart failure in primary care.**

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T5. Transforming Care for People with Cancer

- ***Mount Vernon Cancer Centre NHSE Strategic Review* – update in main report 3.1.4**
- ***Colorectal Cancer* – The uptake by GP practices of Faecal Immunochemical Test (FIT) to detect low risk symptomatic patients with cancer. This is being monitored and Hillingdon has the highest uptake across NWL. New GP cancer leads are working with practices to improve the education and learning around the quality of the two week wait referrals.**
- ***National Cancer Diagnostic Audit* – In 2019 the London Transforming Cancer Services Team (TCST) announced some limited funding (Wave 1) to London PCNs/practices to participate in the audit that is used as a quality improvement tool to drive early diagnosis of cancer. All of the PCNs in Hillingdon have been successful in obtaining funding to participate in the audit. Interim reports for Wave 1 have been shared with PCNs.**
- ***Cancer Survivorship* – A project manager has been recruited for the Macmillan Cancer Personalised Care Programme for two years. The post-holder is funded by Macmillan and will work across secondary and primary care to support personalised care for patients through better use of treatment summaries, cancer care reviews and holistic news assessment, improving access to psychological therapies and access to health and wellbeing events. The HCCG My Health Team and Harlington Hospice held a patient event in October to identify areas to improve in terms of supporting patients with cancer to develop a MyHealth programme to deliver personalised care for patients with cancer.**
- ***Cancer Decision Support Tool* – HCCG has been one of the four successful CCGs across NWL who will be piloting the CthSigns cancer decision support tool in primary care. This work is led by RM Partners (West London Cancer Alliance) in partnership with NW London. The tool will help GPs to identify patients at risk of cancer earlier. It uses the latest NICE guidelines and covers the entire spectrum of cancer. It detects patient with a 3% risk of cancer or more (1% for children and young people). It is designed to be used within the consultation. The plan is for the tool to be rolled out by the end of March 2020 to all practices across Hillingdon.**

DA3 Achieving better outcomes and experiences for older people

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

Michael Sobell House – update in main report; 3.1.2

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

- **The service is continuing to support patients at end of life with urgent palliative care needs. It is serving a high number of patients – above the anticipated number forecast – and is seeing a high number of people passing away where they wish to spend their last weeks of life. There is however a need to ensure that more patients without advanced care planning are identified and supported, and increase awareness of the service amongst GPs, 111 and London Ambulance Service teams.**

Hillingdon End of Life Strategy

- **The Hillingdon End of Life Strategy 2016-2020 will come to a close at the end of the year. Hillingdon CCG has begun early patient and clinical engagement to inform the**

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future direction of travel for a refreshed strategy. The findings for this are due for early 2020.
T1. Transforming Care for Older People • ***Better Care Fund*** **- 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*** **- 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 which has been fully recruited to and has been rolled out across the Borough from 3rd February 2020. This enhanced support will include regular visits from a dedicated nursing team, physical and mental health and anticipatory care planning of a consistent format and quality, provided by the new team, on behalf of the Hillingdon GP the person is registered with.** • ***A Weekday Acute Visiting Service - this*** **builds 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.**
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 • ***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 part of the multi-morbidity developments in PC neighbourhood development.** • ***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*** **– Hillingdon Talking Therapies services continue to meet the needs of a greater number of adults affected by depression and anxiety.** • ***NW London Likeminded*** **– all commissioners are working with Likeminded to support developments across the STP for improvements in CMHTs, Crisis and Perinatal Care.**
DA5 Ensuring we have safe, high quality, sustainable acute services
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 through a health coaching approach proactively supporting people to address the underlying causes of their frequent requirement for unscheduled care. There are two Wellbeing Officers in post who actively case manage around 20-25 of the more complex**

patients. The caseload is regularly reviewed with some patients being stepped down and new patients accepted. Further work is being developed with the Care Connection Teams to support the less complex cases.

- ***Minor Injuries Unit* – In accordance with the commitment by NW London to achieve consistency across urgent care services and equitable care, a review of the MIU at Mount Vernon Hospital has considered four possible options. The preferred option is for the MIU to retain its current state to avoid disruption to the current service provision and a more integrated urgent care service and closer working with other local providers.**
- ***Hillingdon Hospital Urgent Treatment Centre* - UTC has relocated to its new location within THH and is now fully operational.**
- ***NHS 111 Re-procurement* - is currently on hold and the CCG is awaiting further updates. The current provider contract has been extended to June 2020. They have been piloting the integrated service.**
- **NHS 111 Direct Booking - 111 direct booking into hubs, appointment slots have been made available for 111 bookings from 3pm Thursday for weekend access. A plan has been agreed between the CCG and the GP Confederation for a number of actions to be taken forward to improve utilisation of the hubs.**
- **NHS 111 Direct booking into GP Practices - all 45 Hillingdon GP practices have been connected for 111 direct booking and 317 appointment slots were booked into 27 of the 45 Hillingdon GP Practices from July to December.**
- ***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. The operational hours are currently 7am – 8pm Monday to Friday and 8am – 8pm Sat/Sunday. The team are working to develop further pathways for this service**
- ***Integrated Discharge* – The Integrated Discharge program is progressing, 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.**

Enablers

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

- **Hillingdon is seeing improved access to shared care records. The local system is also implementing a 'Paper Switch Off' date and NWL plans for the delivery of a paperless system.**
- **Introducing shared digital care and support plans for better integrated care across care settings, integrated with Primary care clinical systems, including EoL care planning and digitally enabled self-care,**

Key Programmes:

- ***EMIS and TPP S1 interoperability* - for community clinicians to access EMIS GP system to view the patients' medical records and EMIS GP to review consultation**

notes/reports on the TTP S1 system.

- ***Patient Online Access*** **- for patients to manage bookings / repeat prescriptions. GP's will support patients with this The CCG are on target to achieve national targets set by NHSE**
- ***NHS 111 In-Hours direct appointment booking*** **- this allows 111 providers to book patients into an appointment slot allocated by the practice for a face to face consultation. This has now been deployed and tested to all but two practices who are being supported to start.**
- ***GP WiFi*** **– this has been deployed to all GP practices in Hillingdon and the IT team are supporting 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.**
- ***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.**
- ***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*** **- all NHS organisations must commit to migrating from their current Windows 7/8 estates to Windows 10 by end January 2020. The IT team is making good progress with deployment windows 10 across the estate and are on target to achieve the bulk of the deployment by this date.**
- ***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. The IT team have successfully deployed ATP to all active devices.**

E2. Creating the Workforce for the Future

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

A Separate report is included in part 1 setting out progress to all hub developments in the North of Hillingdon and Uxbridge and West Drayton together with issues regarding GP provision at Yiewsley, Hayes and Heathrow Villages. The report also sets out S106 spend on health related projects.

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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. The NHS Oversight Framework for 2019/20 has replaced the CCG Improvement and Assessment Framework (IAF) and the provider Single Oversight Framework, and will inform assessment of CCGs in 2019/20. It is intended as a focal point for joint work, between NHS England, NHS Improvement, CCGs, providers and sustainability and transformation partnerships and integrated care systems. The specific metrics that will be used for oversight and assessment will include the measures identified in the NHS Long Term Plan Implementation Framework. Hillingdon CCG was rated `Good' by NHSE England in the 2017/18 annual CCG's assessment.

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 – Nov 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.***