

KEY ISSUES AND DEVELOPMENTS

Relevant Board Member(s)	Tony Zaman Caroline Morison Graeme Caul
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners Central and North West London NHS Foundation Trust
Report author	Kevin Byrne - Health and Strategic Partnerships
Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper presents a shortlist of current and live issues that the Board may wish to discuss and note, in addition to the more comprehensive performance report on today's agenda. It covers: <ul style="list-style-type: none">• Key positions at North-West London ICS• Pharmaceutical Needs Assessment – outline process• 16-25 Mental Health Service changes• Children's Dental Health review and Select Committee recommendations• Health Inequalities and Community engagement proposals
Contribution to plans and strategies	Joint Health and Wellbeing Strategy and Hillingdon Health and Care Partners Transformation plans
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the issues at 3 below be considered and the implications for the health and care system in Hillingdon be discussed.

3. INFORMATION

Background Information

3.1. North West London ICS Changes

There have been a number of changes announced regarding the NWL ICS recently:

- NWL ICS announced on 12 November 2021 that Rob Hurd had been appointed as Chief Executive of the NWL ICS from January 2022. He will succeed Lesley Watts who has been interim Chief Executive. Rob joins from the North Central London ICS where he is on secondment from his role as Chief Executive of the Royal National Orthopaedic Hospital

NHS Trust.

- Professor Ian Goodman has been appointed as the Borough Medical Director for Hillingdon, a role that will provide senior clinical leadership to the quality and transformation of services in Hillingdon.
- Dr Mohini Parmar has announced that she will retire in March 2022. Dr Parmar is currently Chair of North West London CCG.
- Pippa Nightingale MBE, Chief Nurse for North West London Integrated Care System, has been appointed as Chief Executive for London North West University Healthcare NHS Trust.

3.2. Pharmaceutical Needs Assessment (PNA)

The statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area is a duty of Health and Wellbeing Boards (HWBs). The 'Pharmaceutical Needs Assessment' (PNA) assists in the commissioning of pharmaceutical services to meet local priorities. NHS England also uses the PNA when making decisions on applications to open new pharmacies. Although HWBs are required to revise their current PNA within 3 years of publication, this has been delayed due to the pandemic. For Hillingdon, a revised PNA should be published by 1 October 2022.

The process for completing a PNA is prescribed and an important part of this is wider engagement. Key partners from across sectors include The Local Pharmaceutical Committee (LPC), Healthwatch, the CCG and Public Health. Partners will be invited to support the work and to advise and develop processes to support the preparation of a comprehensive, well researched, well considered and robust PNA, building on expertise from across the local healthcare community. This is the third time that Hillingdon will be completing the PNA so there is a body of learning to draw upon. A broad timeline and project plan is in place and an update on progress will come to the March 2022 Board, with a formal public consultation exercise following over the summer of 2022.

3.3. 16-25 Young Adults Mental Health Service changes

The September 2021 Board noted that Central and North West London NHS Foundation Trust (CNWL) was in the process of developing a new 16-25 Young Adults Service to better bridge the gap between CAMHS (Child and Adult Mental Health Services) and adult mental health services (AMHS) and that more information on this would come to this Health and Wellbeing Board.

In 2020, CNWL and West London NHS Trust (WLT) began a programme of work to inform the design, development and mobilisation of a new mental health model of care for 16 to 25-year-olds ("young adults") across NWL. A key piece of work has been engaging with a range of stakeholders from different sectors such as local authorities, the voluntary sector, education, care leavers and service users from both CAMHS and AMHS.

A young adult ambassador group has been established which has a group of fifteen young adults from North West London in the 16-25 age group who are passionate about mental health, youth services or have a general interest in the area. A clinical senate has been established with a group of clinicians from across North West London. Utilising their insights and knowledge, they have assisted in developing the model and meet fortnightly in order to input into the model and shape the design of the model.

There will be a carer and service user group in Hillingdon and as part of the implementation group

which are being set up in November 2021.

Principles

Following the period of engagement, ten underpinning principles have been created to capture everything that young adults, professionals, parents and carers had said. These principles have formed the base for the development of the partnership model. They are:

1. All resources, where possible, provided as a co-ordinated accessible young adult friendly offer, e.g., virtual/physical hub.
2. Consistent high-quality interface between CAMHS and AMHS to reduce the focus on caseloads and more on meeting the needs of young adults.
3. Enhanced triage/referral pathway providing integrated and responsive care to ensure consistent access and assessment for all (students, disability, ethnicity, etc).
4. Delivery of evidence-based interventions that meet the young adults' developmental needs. Delivered by a workforce trained to work with young adults. This may be within CAMHS, AMHS or Young Adult offer.
5. Support is developed flexibly and tailored to individual concerns and goals of young adults. It is person centred, holistic and support is delivered closer to home. For example, transition to adult services is based on needs not age.
6. Young adult, family and friend's participation is integrated into service delivery and development.
7. New 16-25 roles, providing specialist expertise, proactive care and support across the system including to higher education, social care, primary care and youth services.
8. Local alliances between the NHS and wider community to address inequalities and better identify unmet need, improve equality of access to early intervention and navigation of services.
9. Digital support platforms joining up NHS and Non-NHS support offer to young adults including self-referral and self-management.
10. Standardising the approach, where possible across NWL, whilst tailoring services to meet the needs of 16-25-year-olds and address inequalities.

Opportunities and Data

Focused work has been completed to identify opportunities, to understand why people are re-appearing in services and what we can do to bridge this gap. We have also studied other factors including ethnicity, at what time young people are entering services, the number of referrals into services and the number of young adults that transitioned into adult mental health service.

Type of referral	Brent	Harrow	Hillingdon	K&C	Westminster	Ealing	H&F	Hounslow
CAMHS (data 2018-19)								
Total 16-18 years new referral	355	209	309	124	181	296	165	247
CAMHS transitions to adult services	23	16	21	11	14	21	12	26
CAMHS discharged 16-18	235	176	207	84	159	289	112	240
AMHS (non-IAPT) (data 2020)								
Total 18-25 new referrals	816	575	984	292	532	954	480	802
IAPT First (data 2020)								
Total 18-25 new referrals	1751	1019	1251	790	1089	967	456	381
Monthly totals								
CAMHS referrals of 16-18s per month	30	17	26	10	15	25	14	21
AMHS referrals of 18-25s per month	68	48	82	24	44	80	40	67
IAPT referrals of 18-25s per month	146	85	104	66	90	81	38	32
CAMHS Transition to AMHS per month	2	1	2	1	1	2	1	2

Table: Young Adult (16-25) Referrals

Model Development

We need to work as a partnership to deliver what young people need. This partnership approach is on a borough-based level. In each borough, there will be development of a young adult protocol which is around how we as organisations work together to better meet the needs of young adults.

Multi-Agency Young Adult Triage Meetings

The new 16-25 triage and partnership meetings will be a central mechanism for improvement within the mental health pathway for young adults, without creating new or separate service boundaries.

Depending on need, the meetings will be at Hillingdon borough level or primary care network level. With attendees including CAMHS, AMHS, IAPT, VCS, HEI's and wider agencies as required. The principles behind the meeting include it being needs-led, not age-led with a no bounce and no threshold policy. Where disengagement and/or risks have been identified in young adults in CAMHS/AMHS, individuals can be referred into YAP to explore additional or alternative support to improve engagement or provide more appropriate care options.

Referral Pathways

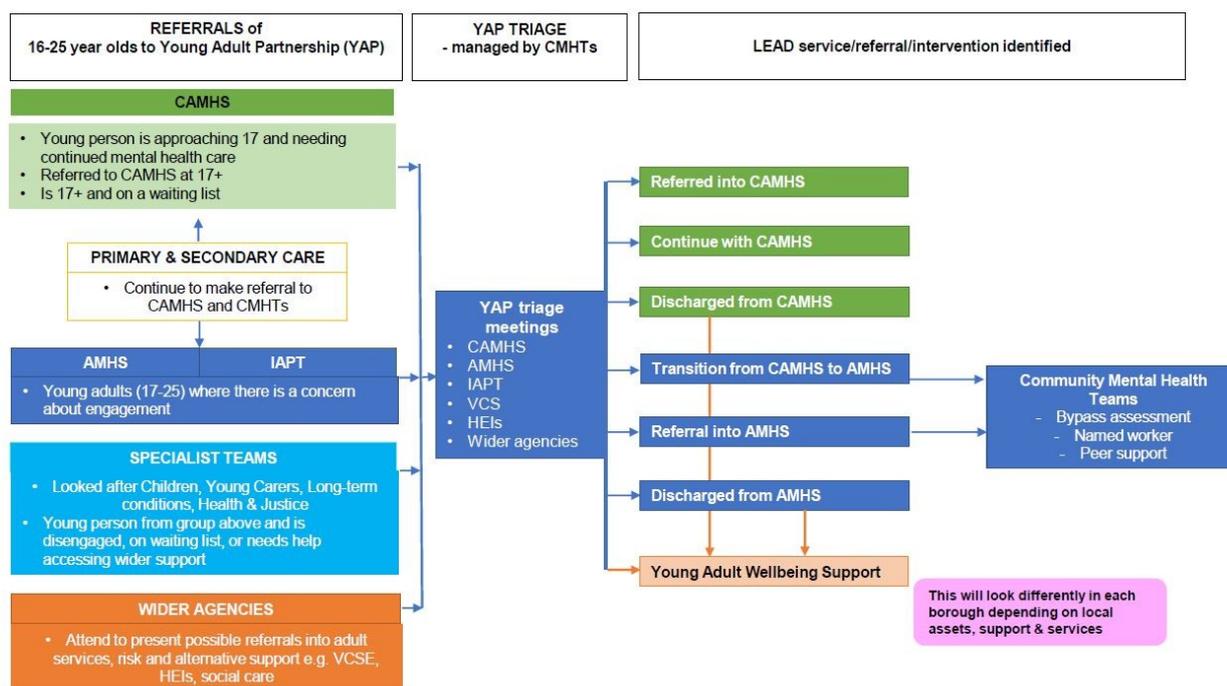


Table: Young Adult (16-25) Referral Pathways

The table above, Young Adult (16-25) Referral Pathways, provides an overview which recognises that with YAP triage meetings there will continue to be referrals going into CAMHS and AMHS directly. They would then refer into the young adults meeting where specialist teams will link into the most appropriate support such as the voluntary sector who provide a key part of the support network for young adults who are transitioning into adult mental health services.

Tailoring & Funding

As we move forward with implementation, there are parts of the model that have the opportunity to be tailored locally. We have received dedicated funding from the NHS long term plan. We need to establish a dedicated mental health practitioner who will be in the role of young adult pathway lead. Each borough will have this role and there will also be dedicated psychiatrist time to support this role.

We will also be recruiting clinicians into the mental health services to create capacity within community hubs and to support existing all ages services where high numbers of young adults are seen (e.g., Complex Emotional Needs, At Risk Mental State and CMHTs).

We aim to provide training in systemic and young adult focussed therapies (e.g., DBT & AMBIT). The aim is to establish roles around signposting with the community navigator model which will be hosted within the voluntary sector (H4All in Hillingdon).

We are developing a peer support model and working within Hillingdon partners locally on how that we can develop this, as well as University Link pilots.

There is a community grant scheme to build on some of the sets of assets that exist in Hillingdon and supporting them to address inequalities.

Considerations and Next Steps

A Hillingdon borough-based implementation group has been established that will lead locally on this work with support from the senior development lead, clinical leads and project support. We aim to go live in April 2022 with the triage and partnership meetings and fully establish the new pathway for young adults.

The new model includes multi-agency YA triage meetings with a flexible interface between services tailored to need not age led, support for young adults moving from CAMHS to AMHS, extension of support to 25 for LAC and Health & Justice, young adult focused therapies and an improved wellbeing and recovery support for young adults on waiting lists and post-treatment.

3.4. External Services Select Committee review of Children's Dental Services

Based on concerning evidence of levels of tooth decay in young people in Hillingdon, and as part of the local authority scrutiny function, the External Services Select Committee agreed that it would undertake a review of dental services in the Borough. The review specifically focussed on service provision for children and young people and the effectiveness of preventative measures taken by partners in relation to caries and other oral health issues. The primary remit of the review was to explore the current situation within Hillingdon and consider possible areas for improvement, with a view to increasing customer satisfaction and reducing the incidences of tooth decay in the young. The review concluded earlier in 2021 and was reported to October 2021 Cabinet. The review's recommendations are:

1. That the Cabinet Member for Health and Social Care write to the Department of Health and Social Care / Secretary of State for Health and Social Care, The Rt Hon Sajid Javid MP, to request that a proportion of the Soft Drinks Industry Levy (SDIL) be ringfenced for dental health initiatives;

2. That the North West London Clinical Commissioning Group (NWL CCG) be asked to liaise with NHS England regarding the collection and carry forward of any unused Units of Dental Activity (UDAs) in Hillingdon within the year for redistribution to local dental related action programmes / initiatives such as fluoride varnishing in schools;
3. That the Cabinet Member for Health and Social Care liaise with pan London counterparts to encourage the fluoridation of water supplies across London;
4. That the Council's Early Years team liaise with private and local authority run nurseries (as well as school nurseries and Children's Centres) in Hillingdon to encourage routine supervised brushing after meals;
5. That the North West London Clinical Commissioning Group be asked to liaise with dentists locally to agree a way that children under the age of 11 can be guaranteed an appointment;
6. That the Corporate Director of Social Care & Health be asked to ensure that health visitors provide new mothers with information about free NHS dental services and brushing kits at their first contact and ask the Royal College of Paediatrics and Child Health to include oral health information in the Personal Child Health Record ('red book');
7. That Corporate Director of Social Care & Health ensure that training be made available for health professionals such as health visitors and school nurses on the promotion of good oral health;
8. That the Families, Health and Wellbeing Select Committee receives annual updates from Public Health on the performance of dental health services commissioned by the NHS in Hillingdon; and
9. That the Health and Wellbeing Board oversee a comprehensive communication and education plan on oral health coordinated by a Children & Young People's Dental Health task and finish group.

The Children & Young People's Dental Health task and finish group, led by CCG (Hillingdon) and with Public Health, will review these recommendations and build actions into their delivery plan.

3.5. Health Inequalities and Community engagement proposals

The Borough's Joint Health and Wellbeing Strategy sets out the Hillingdon ambitions to:

"Tackle unfair and avoidable inequalities in health and in access to and experience of services".

The plan points to the Borough's collaboration with Brunel University to develop a more robust Joint Strategic Needs Assessment to provide an up-to-date picture of current disparities in Hillingdon and set the scene for further interventions to reduce inequalities. The epidemiology for the JSNA is near completion and it is hoped that a stakeholder workshop can be held, if possible, before Christmas to review the emerging findings and reach a clear view on next actions. It will also propose further work programmes to better understand some of the drivers behind inequalities and drill down into specific areas and to engage with residents, via a qualitative survey, to better understand their experiences and views on health and care services. This work

will be reported via the HHCP governance structure up to the HWB at its next meeting in March 2022.

In parallel to this work, the NWL ICS is embarking on a Population Health management programme to support its work in tackling health inequalities and has appointed Optum to develop this work at local level. In Hillingdon, the Hayes and Harlington Neighbourhood will be our pilot area for the Optum/NWL population health management work, with a focus on diabetes.

Work will commence through December 2021 and into January 2022. Local stakeholders to be involved in the programme have been identified. The relevant people will then form part of the action learning sets as laid out on the timeline. The work will report through to the HHCP Neighbourhood Development Board so that it links directly into the Borough's transformation work.

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 Board will be able to note and consider live and current issues and drive forward its leadership of health and wellbeing in Hillingdon.

Select Committee comments

None at this stage.

6. 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.