

# JOINT HEALTH & WELLBEING STRATEGY ACTION PLAN UPDATE 2013/2014

<b>Relevant Board Member(s)</b>	Councillor Ray Puddifoot Councillor Philip Corthorne
<b>Organisation</b>	London Borough of Hillingdon
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<b>Papers with report</b>	Appendix 1 – Action Plan Update

## **1. HEADLINE INFORMATION**

<b>Summary</b>	This report presents progress on key actions to deliver Hillingdon's Health and Wellbeing Strategy priorities. The Board is asked to consider and comment on the update.
<b>Contribution to plans and strategies</b>	This paper helps the Board to see the progress being made to deliver the key actions to underpin Hillingdon's Health and Wellbeing Strategy.
<b>Financial Cost</b>	There are no direct financial implications arising directly from this report.
<b>Ward(s) affected</b>	All

## **2. RECOMMENDATION**

The Health and Wellbeing Board is asked to:

- 1) review and comment on the performance achievements since 1 April 2013.
- 2) recommend areas where the action plan and progress updates could be developed further to support the Board in its role to drive health improvement in Hillingdon.

## **3. INFORMATION**

### **Supporting Information**

- 3.1 Attached to this report (Appendix 1) is an update of the 2013/2014 Health and Wellbeing Action Plan to the end of October 2013. The action plan has been structured to see easily how actions being taken align to the priorities in Hillingdon's Health and Wellbeing Strategy. The actions focus on those areas identified to promote health improvement and reduce differences in health.

- 3.2 The updates to the action plan indicate where progress is being made and will contribute to the range of indicators which measure improvement within the outcomes frameworks for health, public health and adult social care.
- 3.3 Where information is available, the updates to the action plan also include local information about the difference services are making to improve peoples' lives. In response to comments received at the Board meeting in October, three case studies have been included in this update to provide further information about outcomes. Additional case studies will be included in future reports.
- 3.4 A summary of the achievements to date against each of the priorities set out in the Health and Wellbeing Strategy are as follows:

**Priority 1 – Improving health and wellbeing and reducing inequalities**

The priority set out in Hillingdon's Health and Wellbeing Strategy is to increase the number of people taking part in regular exercise and tackling obesity.

Key Targets	Progress	Status
<ul style="list-style-type: none"> <li>An additional 7,000 people take part in regular exercise by March 2015</li> </ul>	<ul style="list-style-type: none"> <li>Nearly 3,500 additional residents are now taking part in regular exercise since April 2012 (half way through the 3-year target).</li> <li>A range of new activities are available for Hillingdon residents of all ages and abilities, including free swimming, planned cycle rides, healthy walks and targeted exercise programmes for children and young people, and people with disabilities.</li> </ul>	✓ On track.

**Priority 2 – Invest in prevention and early intervention**

The priorities set out in Hillingdon's Health and Wellbeing Strategy are to reduce reliance on acute and statutory services; children's mental health and risky behaviours; dementia and adult mental health; and sight loss.

Key Targets	Progress	Status
<ul style="list-style-type: none"> <li>More than 50% of people receiving intensive reablement do not require care following the service</li> </ul>	<ul style="list-style-type: none"> <li>44% of residents do not require ongoing care or support following re-ablement and a further 12% require a reduced care package following completion of their intensive reablement plan.</li> </ul>	✓ On track.
<ul style="list-style-type: none"> <li>Complete a review of the CAMHS service and recommend changes for the care pathway</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing. A review of the CAMHS service and needs is underway. This includes an evaluation of the service and recommendations for developing the service to meet needs.</li> </ul>	✓ On track.
<ul style="list-style-type: none"> <li>Reduce the number of low birth weight babies by increasing the percentage of expectant mothers who have seen a midwife or maternity healthcare professional</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing. The latest available data (2012/13) from the NHS shows that mothers attending a 12 week assessment rose during the year to just over 90%. Action is underway to target areas of the Borough to increase take-up further.</li> </ul>	✓ On track.

Key Targets	Progress	Status
<ul style="list-style-type: none"> <li>Continue to achieve a high percentage of children and older people being immunised to protect them from infection.</li> </ul>	<ul style="list-style-type: none"> <li>Historically Hillingdon has a high take-up level of immunisations.</li> <li>The latest data for MMR shows take-up is higher than London, but lower than England take-up rates.</li> <li><u>MMR data for Apr-Jun 2013</u> MMR 24 Months 92.4% (this is lower than England, 92.6%, but higher than London, 87.5%) MMR (1 dose) 5 years 93.8% (this is lower than England, 94.4%, but higher than London, 91.6%)</li> </ul>	✓ On track.
<ul style="list-style-type: none"> <li>Establish a plan to maintain healthy sight and manage the impact of sight loss</li> </ul>	<ul style="list-style-type: none"> <li>A review is underway led by the Pocklington Trust. This includes an analysis of current and future needs. Recommendations will be presented to the Board for consideration in the Spring 2014.</li> </ul>	✓ On track.

### **Priority 3 - Developing integrated, high quality social care and health services within the community or at home**

The priorities set out in Hillingdon's Health and Wellbeing Strategy are to develop integrated approaches for health and wellbeing, including telehealth; and the Integrated Care Programme (ICP).

Key Targets	Progress	Status
<ul style="list-style-type: none"> <li>Full rollout of the Integrated Care Programme (ICP) to all GP practices by the end of 2013.</li> </ul>	<ul style="list-style-type: none"> <li>As at 31st October 2013, 87% GP practices are participating. The evaluation of the first 12 months is showing very positive results. 65% of professionals attending an integrated care planning arrangement have reported they have changed their practice.</li> </ul>	✓ On track.
<ul style="list-style-type: none"> <li>Extend the TeleCareLine service to 3,000 additional people by March 2015 (750 additional people per year over 4 years)</li> </ul>	<ul style="list-style-type: none"> <li>As at 31st October 2013, 2,533 new service users were in receipt of a TeleCareLine equipment service. The technology is helping people to live safely and independently at home. The take-up of TeleCareline is exceeding the target of 750 new service users set for each year of the scheme.</li> </ul>	✓ On track.
<ul style="list-style-type: none"> <li>Provide extra care and supported accommodation to reduce reliance on residential care</li> </ul>	<ul style="list-style-type: none"> <li>The supported living building programme is currently being reviewed to ensure it meets the current and future needs.</li> <li>4 bespoke small schemes are being developed for clients with mental health needs or learning disabilities who will benefit from shared accommodation. These will be complete within the next 4 months.</li> </ul>	✓ On track.

#### **Priority 4 - A positive experience of care**

The priorities set out in Hillingdon's Health and Wellbeing Strategy are to develop tailored, personalised services; and establish an ongoing commitment to stakeholder engagement.

Key Targets	Progress	Status
<ul style="list-style-type: none"><li>Increase the percentage of adults and older people in receipt of a personal budget to at least 70%</li></ul>	<ul style="list-style-type: none"><li>As at 31st October 2013, 73% of all social care clients (2,261 clients in total – adults and older people) were in receipt of a personal budget (based on services which are subject to a personal budget). Take-up of personal budgets is higher for older people (79%). The take-up of personal budgets is exceeding the national target of 70%.</li></ul>	✓ On track.
<ul style="list-style-type: none"><li>Complete a review of stakeholder engagement and present recommendations to the Health and Wellbeing Board</li></ul>	<ul style="list-style-type: none"><li>A group has been established to review and co-ordinate stakeholder engagement across health and social care. The leads for engagement across health and social care are meeting regularly and will develop recommendations for consideration by the Board in the Spring 2014.</li></ul>	✓ On track.

#### **Outcomes / Making a Difference**

The following case studies provide an illustration of how local services are making a difference to local residents. Further case studies will be provided in future reports.

##### **Reablement**

Ann is 89 years old and lives alone. Following a fall, she was admitted to hospital with a prolapsed disc. Prior to hospital admission, Ann was fully independent.

The Reablement Service aimed to help Ann to manage stairs and personal care independently, improve her mobility inside and outside, and enable her to access shops and community facilities. As a result of a six-week reablement package, Ann achieved all these aims and a long-term package of care was not required. Ann was happy with the outcomes and her increased independence.

##### **TeleCareLine**

Janet is 82 years old and lives alone. Her family live close by and visit often, providing support with shopping and domestic activities. Janet has been diagnosed with dementia and short-term memory loss. She has also sustained multiple fractures to her hip, resulting in a reduced range of movement and weakened muscles alongside poor balance and mobility.

Janet has a history of falls especially during the night and would often lie on the floor for long periods because she could not access help. This impacted on her son who worries constantly about his mother – this anxiousness has affected his work.

Janet had the TeleCareLine service installed including a bed occupancy sensor to raise an alarm if she gets out of bed during the night and does not return within an agreed time.

If the alarm is triggered the monitoring centre officer can call the relevant emergency services and get the appropriate help quickly to prevent her from lying on the floor for prolonged periods.

Janet's son is very happy with the service and is reassured that when an alarm is activated, the monitoring team are able to support Janet and control the situation, which has relieved some of the stress he has been living with.

### **Home Adaptations**

Due to her disability Gwen, aged 71, was unable to manage the stairs in her house. This meant she could not get to the toilet and bathroom easily or manage getting in and out of the bath. In addition, the heating in the house was supplied by a single bar heater.

Private Sector Housing provided a stair lift, replaced the bath with a level access shower, and installed central heating. Gwen now enjoys a warm home. She is able to access her whole house again - especially the WC and the now easy-to-use washing facilities.

### **Financial Implications**

There are no direct financial implications arising from the recommendations set out in this report.

## **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendation?**

The update of the action plan for Hillingdon's Health and Wellbeing Strategy supports the Board to see progress being made towards the key priorities for health improvement in the Borough.

### **Consultation Carried Out or Required**

Updates of actions to the plan have involved close working with partner agencies to provide information.

### **Policy Overview Committee comments**

None at this stage.

## **5. CORPORATE IMPLICATIONS**

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

There are no direct financial implications arising from the recommendations set out in this report.

## **Hillingdon Council Legal comments**

The Health and Social Care Act 2012 ('The 2012 Act') amends the Local Government and Public Involvement in Health Act 2007.

Under 'The 2012 Act', Local Authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty to prepare a Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) for meeting the needs identified in JSNAs. This duty is to be delivered through the Health and Wellbeing Board (HWB).

HWBs are committees of the Local Authority, with non-executive functions, constituted under the Local Authority 1972 Act, and are subject to local authority scrutiny arrangements. They are required to have regard to guidance issued by the Secretary of State when undertaking JSNAs and JHWSs.

## **6. BACKGROUND PAPERS**

Nil