

HEALTH AND WELLBEING STRATEGY: PERFORMANCE REPORT

Relevant Board Member(s)	Councillor Ray Puddifoot MBE Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Policy and Partnerships
Papers with report	Appendix A - Health and Wellbeing Delivery Plan Appendix B - Indicator Scorecard

HEADLINE INFORMATION

Summary	This report provides an update on progress against the Joint Health and Wellbeing Strategy Delivery Plan objectives. It also includes changes to the Delivery Plan to reflect the final Better Care Fund Plan.
Contribution to plans and strategies	Hillingdon's Joint Health and Wellbeing Strategy is a statutory requirement of the Health and Social Care Act 2012.
Financial Cost	There are no direct financial implications arising directly from this report.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) notes the updates in the report and delivery plan (Appendix A); and**
- 2) notes the performance indicators in the quarterly dashboard (Appendix B)**

INFORMATION

Supporting Information

In December 2014, the Health and Wellbeing Board agreed to a refresh of the Joint Health and Wellbeing Strategy which brought together reporting information for the Strategy, the Public Health Action and the Better Care Fund plan. It was noted that all partners had had the opportunity to contribute to the Strategy and that it had been produced through partnership working that would see a collective effort to make a change to residents' lives. Four priority areas had been identified through the Joint Strategic Needs Assessment (JSNA). A more detailed delivery plan and a scorecard of performance indicators would form the future monitoring arrangements for the Health and Wellbeing Board on progress against the Strategy.

Highlights on progress from the Delivery Plan under each of the priority areas are detailed below:

1. Priority one: Improving Health and Wellbeing and reducing inequalities

- 1.1 Smoking cessation. Smoking prevalence in Hillingdon has come down from 17.5% to 16.2% in line with the national decrease.** The number of women smoking at time of delivery also continues to decline with recent figures showing a decrease from 8% in 2013-14 to 7% as of 31 January 2015. During 'Stoptober' a number of health promotion events resulted in 56 direct referrals to the stop smoking service.
- 1.2 Childhood Obesity.** The figures for excess weight in children little change (4-5 year olds from 21.4% in 2012-13 to 21.6% in 2013-14 and 10-11 year olds at 34.6% in 2012-13 and in 2013-14). There is a full programme of activity to try and reduce this. Activities include lifestyle weight management programme for children targeting families at high risk and training for children's centres in the 'Feed My Family' model.
- 1.3 Physical activity.** A needs assessment is being undertaken to inform a refreshed strategy from March 2015 with suggested focus to be on reducing inactivity, e.g., engaging people who are not doing 30 minutes of activity a week.
- 1.4 Free swimming for over 65's.** Remains popular with sessions at Hillingdon Sports and Leisure Centre at full capacity. To the end of Q3, there have been a total of 18,874 free sessions across all the facilities.
- 1.5 Adults with a learning disability in paid employment.** Out of 5,393 adults with a learning disability (2015 PANSI predictions from 2011 Census), the % of those in paid employment has increased from 1.1% in 2013-14 to 1.9% as of 31 January 2015.

2. Priority 2 - Prevention and early intervention

- 2.1 NHS Health Checks.** During the first nine months of 2014/15, 6743 Hillingdon residents received an offer of an NHS Health Check and of these, 4272 people went on to receive an assessment. This is an increase on previous year performance at 3740. A campaign will be also launched to raise the profile of the NHS Health Check locally, e.g., through articles in Hillingdon People and local Gazettes, poster campaigns, etc.
- 2.2 Long Term Conditions.** Hillingdon CCG has been engaging with partners to ensure effective secondary prevention for people with Long Term Conditions including cancer, cardio-vascular disease, diabetes and dementia. This work has included investigating the expansion of risk stratified cancer pathways and integrated service models for diabetes, cardio-vascular diseases and respiratory conditions such as COPD and asthma. The 'Dementia Friends' Scheme continues to be very popular. From October until December 2014, the Public Health Team delivered 'Dementia Friends' sessions to 535 volunteers. This included pupils, sheltered housing scheme managers, library staff, residents and care home staff. The local Metropolitan Police have also agreed to run sessions for Police Officers.
- 2.3 Children's Dental Care.** The evaluation of the Brush for Life programme in 2014 across Hillingdon showed that knowledge about visits to dentists had improved with 79% of parents thinking that children should attend the dentist before the age of 2 years (60% before BFL initiative), dental visiting had increased by 21% and there was a 13% increase in the number of parents reporting brushing their children's teeth twice daily. However, prevalence of tooth decay at age five and age three in Hillingdon remains above the London and England averages.

2.4 **CAMHS.** Hillingdon CCG is leading on a joint working group with key partners to agree an integrated Emotional and Mental Health and Wellbeing Strategy for children and young people. This includes a review of the Children Adolescent Mental Health Service (CAMHS). A strategy and delivery plan is being developed.

2.5 **Rapid Response and joined up Intermediate Care - BCF scheme 3.** Much closer working between the Council's Reablement Team, CNWL staff at the Hillingdon Intermediate Care Unit (HICU) and THH staff on Beaconsfield East ward has accelerated the discharge of patients medically fit for discharge.

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

3.1 **Home adaptations.** From April to December 2014, a total of 140 homes have had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 88 older people, of which 62 were in the private sector.

3.2 **Carers Strategy.** Consultation activity has started on a new Joint Carers Strategy for Hillingdon. This took place in January and February at a number of locations including Hillingdon Hospital, Uxbridge and Botwell libraries, Young Carers Group, Disability Assembly and Hillingdon Carers Cafe. Carers are being asked to provide feedback via online and paper surveys and by engaging in activities to explore what assistance they may need with regards their health and wellbeing, financial situation and enjoying a life outside of caring. Results of the consultation activity will inform the delivery plan of the strategy with actions agreed across partners.

3.3 **Care Act Implementation.** BCF Workstream 5. Agreement on the Connect2Support portal being the platform for all information about information, advice and advocacy services as well as other services to meet the care, support and socialisation needs of residents with social care needs. This new system will also enable residents to undertake self-assessment, check their care accounts (relevant to self-funders) and shop on line for appropriate services to meet their needs. A gap analysis of information, advice, advocacy and preventative services was undertaken that identified a gap in the availability of independent financial advice services and personal assistant (PA) provision. Work will be undertaken during Q4 to address these gaps.

3.4 **SEND reforms.** The new Education, Health and Care (EHC) assessment process has been implemented and EHC Plans are being produced. This is an outcome focussed and person centred process and is providing an improved experience for families. The new approaches need to be fully embedded in all services and there remain opportunities for greater integration.

3.5 **Mental Health.** Sessile Court, a Mental Health Unit with 14 places is on track to open in March and two Learning Disability schemes, Honeycroft Hill (16 units) and Church Road, Cowley (6 units) are on track to open early summer 2015.

3.6 **Integrated Case Management - BCF Workstream 1.** A screening tool for identifying frailty and susceptibility to falls, dementia and/or social isolation has been developed that will be tested by a third sector organisation starting in Q4. An End of Life action

plan has been developed that includes identification of what needs to be in place to enable a person to have a 'good' death. A review of current service provision against the ideal will be undertaken in Q4.

3.7 Seven Day working - BCF Workstreams 3 & 4 - Seven day working and Seamless Community Services. A review of the needs of inpatients at Hillingdon Hospital and the Perfect Week in November has identified some gaps in provision 7-days a week, e.g., GP cover, ability to make community equipment referrals, specialist nursing to cover wound dressing, ability to make homecare referrals. Q4 will see 7-day working priorities being agreed and a gap analysis against those priorities being undertaken. 7-day working Key Performance Indicators will also be established.

3.8 Care Home Initiative. The provision of more systematic support to care homes as a result of much closer working between professionals has assisted in reducing the number of avoidable admissions to hospital from the borough's residential and nursing homes. In December 2014, the number of admissions to hospital reduced by 7% at exactly the time when winter pressure-related issues would be expected to see an increase. Since January 2015, the outcomes of support provided concerning specific care residents is being recorded to give a more accurate picture of the impact of the scheme. The results will be reported to the Board as part of the next performance update.

4. Priority 4 - A positive experience of care

4.1A BCF plan a Stakeholder Communication and Engagement Implementation Strategy will be developed. A series of awareness raising events have been arranged for GPs and clinical staff at Hillingdon Hospital about the BCF and the Integration Programme in Hillingdon. The strategy is intended to set out how a broader range of stakeholders will be engaged.

4.2A project has commenced to engage CYP with SEND in the development of information for their peers in relation to Preparation for Adulthood.

BCF Metrics Update

Appendix 2 Indicator scorecard provides the position at the end of Q3 for the quarterly dashboard agreed at the Board's December meeting. The following commentary may assist interpreting this data:

- **Permanent admissions to residential care 65+:** A key factor that has contributed to the increase in the number of placements during Q3 includes the high proportion of new referrals of older people with complex needs, e.g., people with multiple conditions, which account for approximately 35% of new placements and is linked to increased activity at Hillingdon Hospital since September 2014. The Board may wish to note that evidence from the review in September 2014 of older people admitted to Hillingdon Hospital showed that only 25% of the 125 people reviewed were already known to the Council and, of those reviewed, 54% had multiple conditions. Another factor contributing to the increase is the number of short-term placements that have been converted into permanent placements due to frailty and complexity of need issues, as well as the limited availability of alternatives at the current time such as extra care housing. This accounts for approximately 10% of the permanent placements.

- **Delayed transfers of care (DTOCs):** This metric is a whole adult population metric and information is provided by NHSE and they receive their information directly from the relevant NHS trust. The main reason for delays (65%) is attributed to issues in sourcing appropriate care home placements for people who cannot be supported safely at reasonable cost in the community, e.g., people with challenging behaviours. The Council, HCCG and CNWL are working together to address this.

The emergency admissions target which the performance element of the BCF relates to will be included in the dashboard in future performance reports to the Board. At the end of Q3 the actual number, 2,726, was marginally below the projected figure of 2,815, therefore meaning that the revised target figure that relates to emergency admissions of the 65 and over population is on track.

Financial Implications

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

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The update of the action plan for Hillingdon's Joint 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 has involved discussions with partner agencies to provide up to date information.

Policy Overview Committee comments

None at this stage.

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).

Health and Wellbeing Boards 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.

BACKGROUND PAPERS

NIL.