

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 - progress update Appendix B) Latest Indicator Scorecard

HEADLINE INFORMATION

Summary	This report provides an update on progress against Hillingdon's Joint Health and Wellbeing Strategy Delivery Plan objectives (appendix A). It also sets out the outcome metrics (appendix B)
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 outcome 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 Plan 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 was agreed to form the future monitoring arrangements for the Health and Wellbeing Board on progress against the Strategy.

The Better Care Fund (BCF), whilst an integral part of Hillingdon's Health and Wellbeing Strategy, also provides the test bed for our partnership and work on integration. A separate report on Health and Wellbeing Board agenda on 21 July 2015 provides a detailed monitoring report on the operation of the new pooled budget and progress on the plan. Some of that information is replicated in the delivery plan to ensure that a full report, covering all the key health and social care issues in the Borough, is presented to the Board.

It is also worth the Board noting that new annual general and child health profile reports were published in June 2015 by Public Health England and can be found using the following links:

General

<http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=hillingdon®ION=50156&SPEAR=>

Child

http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES_STATIC_RES&SEARCH=H*

Some of the key highlights (note: this does not include all BCF progress - see separate report) 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 local figures showing a decrease from 8% in 2013-14 to 6.5% as of end Quarter 3 2014-15. During 'Stoptober', there were approximately 1,050 sign ups from residents, the third highest sign up to the campaign in London.

1.2 Childhood Obesity. The overall proportion of children carrying excess weight (overweight + obese) in Reception and Year 6 seems to be stabilising, although a slight increase in the Reception Year obesity rate (9.4% to 10.1%) points to a need for maintaining focus on prevention through early years. There is a full programme of activity to try and reduce this. Activities include universal led walks programme and targeted programme in Children Centres, all Hillingdon Children's Centres joining maternity and health visiting teams to achieve 'Baby Friendly Initiative' status and universal healthy lifestyle programme for families with children aged 2-4 years. The Healthy Schools Programme is a set of standards that schools self evaluate against and has a focus on healthy eating and physical activity. Locally within Hillingdon, there has been a focus on reducing childhood obesity.

2. Priority 2 - Prevention and early intervention

2.1 NHS Health Checks. During 2014/15, 9,351 Hillingdon residents received a first offer of an NHS Health Check and, of these, 6,547 people went on to receive an assessment. This is an increase on the previous year's performance by 858 residents, a take up rate of 70%, ahead of the 66% target.

2.2 Chlamydia Screening. Performance against the indicator: 'Rate of Chlamydia detection per 100,000 young people aged 15-24 years' is low at 1,485 for the year 2013 when compared to London at 2,179 per 100,000. Service providers (CNWL) are working to improve Chlamydia positivity rates by increasing outreach work to more targeted groups/areas.

2.3 Long Term Conditions. Discussions with the Hillingdon Hospital, the Royal Brompton,

CNWL and Public Health have led to the development of a robust Integrated Cardiology Service that is due to be approved in July for a service starting in October 2015. The Integrated Service for Respiratory Services has been approved and work is starting on mobilisation of the scheme with the aim of having the service in place by September 2015.

2.4 Dementia Action Alliance. On 19 May 2015, in partnership with the Alzheimer's Society, the Council launched the 'Hillingdon Dementia Action Alliance', part of a National campaign, the aim of which is to act as a vehicle for Hillingdon to becoming a dementia friendly borough. 12 organisations have committed to three actions each which promote awareness of dementia, include training for their staff and working towards developing dementia friendly environments.

Part of this commitment is the delivery of the 'Dementia Friends Scheme' which continues to be very popular. From April to June 2015, over 100 people have attending the training, including staff from the Council and the Pavillions shopping centre as well as Uxbridge College students and care home staff.

2.5 Children's Dental Care. The prevalence of tooth decay at age five and age three in Hillingdon remains above the London and England averages. A protocol has been developed with Children's Centres detailing the delivery of a brief intervention on 'Brush for Life' as part of the new parent registration to ensure full coverage of all new families. This is an addition to group sessions and special events and a targeted drop-in by the CDS in 3 Children's Centres. Two new dental practices to be commissioned in Hillingdon and a Schools Project will be delivered in the autumn where dentists will deliver fluoride varnish to 10 schools in Hillingdon identified as 'high need'.

2.6 CAMHS. A joint working group has been established to agree an integrated emotional and mental health and wellbeing service for children locally and a strategy and delivery plan is being developed.

A Child and Adolescent Mental Health Service (CAMHS) health and care needs assessment is also being developed. The CCG Commissioning Intentions for 2015/16 include the commitment to improve transition arrangements for service users between CAMHS and adult services and adult services and services for older adults.

Improving Access to Psychological Therapies (IAPT) - a business case has been approved to expand IAPT Services to target hard to reach groups and those with Long Term Health conditions such as Diabetes. Additional substantive staff are being recruited to expand the service to ensure 15% access target is achieved throughout 2015/16.

2.7 Not in Education Employment or Training (NEET). There have been changes to the way that the NEET service is provided by the Local Authority. The newly formed participation team now wraps school attendance and subsequent EET work into one function, thereby promoting the concept of early intervention for Not in EET (NEET) outcomes and seamless provision for children from the age of 5 to 18 (25 with SEND).

There are now regular drop ins at the Civic Centre for young people to receive information and advice, with sessions at Fountains Mill and Harlington Young People's Centre available by appointment. Current in year data, as at the end of April 2015, shows that the number of 16-18 year old NEETs is 258 young people or 2.6% of the 16-18 year old population, a -10.3% change over the last 12 months.

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

3.1 Home adaptations. From April 2014 to March 2015, a total of 223 homes had adaptations completed to enable disabled occupants to continue to live at home. This includes adaptations to the homes of 140 older people, of which 82 were in the private sector.

From 1 April 2015 to 30 June 2015, a total of 146 homes have had adaptations completed to the homes of 91 older people, of which 42 were in the private sector.

3.2 TeleCareLine. As at end April 2015, 4,144 service users were in receipt of a TeleCareLine equipment service, of which 3,192 people were aged 80 years or older. There have been 108 new service users in the month of April 2015.

3.3 Carers Strategy. Council Cabinet and the HCCG Governing Body approved the new Carers Strategy in April 2015 and detail in the Carers Delivery Plan has been finalised with task and finish working groups being set up to deliver on actions. The Delivery Plan will be monitored on a quarterly basis with the first update being taken to the Carers Strategy Group in July. Updates will be provided to Council Cabinet and HCCG Governing Body in November 2015.

3.4 Care Act Implementation. 'Connect to Support' was launched on 1 April with the completed information and advice pages. The number of private and voluntary sector providers registered on the resident portal has increased from 85 at 31/03/15 to 135 at 17/06/15.

A new independent chairman has been appointed for the statutory Adults' Safeguarding Board as well as the Children's Board.

3.5 SEND reforms. The new Education, Health and Care (EHC) assessment process has been implemented and approx 170 EHC plans are in place. Full consultation will take place in July with comments and feedback being published by 31 August. A full launch will take place in September 2015. The number of children with SEND attending independent and non-maintained schools has decreased from 145 in 2014 to 130, thus reducing our reliance on out of area schools.

3.6 Mental Health. Sessile Court opened in mid March. To date, all units are taken, with the majority of placements stepping down from higher need settings. The 6 week placement review showed the majority of placements are progressing well. The two LD schemes, Honeycroft Hill (16 units) and Church Road (6 units) are expected to open late July and early August 2015.

4. Priority 4 - A positive experience of care

4.1 Integration. A new communications plan will be developed in Q1 to engage residents and other stakeholders in shaping the next stage of integration of Health and Social Care in Hillingdon. This will be delivered in Q2 and Q3 and will help to inform recommendations for consideration by the Council and HCCG. Six awareness raising events took place for GPs, GP practice staff and clinical staff at Hillingdon Hospital about the BCF and the Integration Programme in Hillingdon.

4.2. Children and Young People and families. Work with 'Headliners' resulted in a film being produced with children, young people and their families. An initial screening has taken place

and a workshop to build on the actions and develop a model for ongoing, meaningful participation has been set up. Short films, with CYP, are being planned explaining various key points of the SEND Reforms to support and enrich the Local Offer.

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 have 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

Corporate Finance has reviewed this report and concurs with the financial implications set out above

Hillingdon Council Legal comments

The Borough Solicitor confirms that there are no specific legal implications arising from this report.

BACKGROUND PAPERS

Nil.