

HILLINGDON JOINT HEALTH AND WELLBEING STRATEGY 2022-2025: YEAR 1 REVIEW 2022-2023

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Organisation	London Borough of Hillingdon
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Papers with report	Full information resource.

RECOMMENDATION

That the Board:

- 1) Notes the content of this review of year 1 (2022/23) of the Hillingdon Health and Wellbeing Strategy (H&WBS) that includes the process of review, what has been achieved, areas requiring improvement, and presents recommendations that aim to improve the delivery and outcomes of the H&WBS for discussion.**
- 2) Considers a revised evaluation process anticipating the need to evaluate year 2 (2023/24) of the H&WBS, led by the LBH PH team which enables periodic oversight and assurance of progress made, outcomes achieved, and escalation routes for improvement milestones not being achieved.**

INFORMATION

1. Introduction:

This paper presents the Hillingdon Joint Health and Wellbeing Strategy 2022-2025 Year 1 Review. The purpose of the review is to inform the Health and Wellbeing Board of the progress achieved by Hillingdon Health and Care organisations after Year 1 (2022/23) in the delivery of the H&WBS. The paper sets out the review process; identifies the progress against priorities that has been achieved.

For some priorities, the information submitted shows demonstrable progress, for other areas the information submitted indicates limited progress. There are gaps in information provided that does not allow for any progress to be determined. The review recognises the challenges in reporting this information and addresses this as part of the recommendations for the Board to consider. The recommendations made are intended to achieve a more effective and efficient process and framework of reporting that will result in a more comprehensive review for Years 2 and 3 of the H&WBS.

2. Process:

The Public Health team was asked to review Year 1 of the H&WBS. The process of review started with the development of a framework aligned to the priorities of the H&WBS to systematically review and measure what has been achieved in year 1, 2022/23. The H&WBS has six thematic priorities, to:

1. Support children, young people and their families to have the best start and to live healthier lives.
2. Tackle unfair and avoidable inequalities in health and in access to and experience of services.
3. Help people to prevent the onset of long-term health conditions such as dementia and heart disease.
4. Support people to live well, independently and for longer in older age and through to the end of life.

5. Improve mental health services through prevention and self-management.
6. Improve the way we work within and across organisations to offer better health and social care.

The H&WBS also identifies six (6) enabling workstreams through which the thematic priorities will be delivered. Table 1 (below) shows which the enabling workstream that is contributing to the delivery of each of the six thematic priorities. For example, workstream 1, neighbourhood based proactive care aims to tackle unfair and avoidable inequalities in health and in access to and experience of services; help people prevent the onset of long-term health conditions; improve mental health services through prevention and self-management and the way we work within and across organisations to offer better health and social care.

Table 1: Workstreams to enable the priorities to be delivered:

Workstream 1	Neighbourhood-based Proactive Care	Priorities 2, 3, 5, 6
Workstream 2	Urgent and Emergency Care	Priorities 2, 3, 5, 6
Workstream 3	End of Life Care	Priorities 3, 4, 6
Workstream 4	Planned Care	Priorities 3, 6
Workstream 5	Care and Support for children and young people	Priorities 1, 6
Workstream 6	Care and support for people with mental health challenges (including addiction) and/or learning disabilities and/or and autism	Priorities 2, 5, 6

The H&WBS indicates that it was intended that each workstream is delivered through a HHCP Transformation Board, however the responsible officers and groups most appropriate to lead each of the six areas were not identified and therefore it is unclear whether the priorities have been fully embedded in the workstreams.

Officers working in priority areas were asked to work with Public Health to capture information and data on each thematic priority, or to signpost to a more appropriate officer who could contribute, providing the information on what has been achieved to qualify a 2022/23 update. Each officer was asked to provide the following information:

- Identify the responsible officer(s) for each workstream, and any other officers that could provide details of individual projects identified in the H&WBS.
- Identify the lead strategic and/ or operational group responsible for delivery to determine which forum has overseen the progression of each workstream(s).
- Baseline information, the starting point of the strategy delivery, and agreed ambitions (targets), with direct and indirect performance measures.
- Reporting processes through the strategic and operation group that oversees progress and performance.
- The achieved activity and outcomes for 2022/23, and how a partnership approach had contributed.
- Plans for 2023/24 that are progressing.

The information received has been complicated by variable understanding of the strategy priorities and this reflects the quality of the information provided, and the level to which the priorities may have been included in HHCP workstreams.

The information received is comprehensively recorded as part of the Hillingdon Joint Health and Wellbeing Strategy 2022-2025 Year 1 Review framework working document. This report is based on the information received within the review period and recognises that there are gaps in information. The challenges of this process are stated, and potential solutions are included in the recommendations for improved working.

3. Findings:

3.1 Areas where progress has been demonstrated from the information returned:

The table below highlights 10 focus areas that are demonstrating progress during 2022/23. This information has been provided from senior officers across HHCP organisations. The information provided has focused on operational progress and there is a gap in quantifying the outcomes achieved.

Focus Areas	Priority	Progress in 2022/23
<p>Tackling falls and falls prevention amongst older residents in Hillingdon: A Population Health Management Project: OPTUM population health management approach to reduce falls in the over 65 population group.</p>	4, 6	<ul style="list-style-type: none"> - Refresh of falls referral pathways, - Produced a Falls Directory of Services, - Developed a Falls Decision Support Tool (DST), - Produced a resource pack for falls prevention and management in care homes, - Developed a falls prevention training programme for care home and extra care housing staff, - Piloted evidenced-based strength and balance training, and - Developed a community falls education programme consisting of face-to-face workshops and a self-assessment guide.
<p>Preventative Care: Hypertension workstream: Implementation of Fuller Report: Integrated Neighbourhood Teams. Hypertension was identified as a focus for the Preventative Care workstream.</p>	2, 3	<ul style="list-style-type: none"> - Development of hypertension webinars in various languages hosted on the Confederation website, - Promotion of the community pharmacies offering free blood pressure checks, - Events calendar highlighting opportunities for conducting blood pressure checks and wider support available for patients at risk of hypertension, - Developed pathways to send community blood pressure check results to general practices directly and escalate high risk patients, and - Finalised a clinical code to track and monitor the journey for any patient identified as hypertensive through BP checks at community events.
<p>Whole System Approach (WSA): Healthy Hayes: An asset-based community development approach to tackle unhealthy weight and inequalities, piloted in Hayes, the area of the borough with the highest levels of obesity.</p>	1, 2, 3, 6	<ul style="list-style-type: none"> - Agreed approach to develop WSA developed, - Health needs assessment, review of evidence, asset mapping and national toolkit completed, engaged community leaders and local insight collected, including stakeholder feedback on overweight and healthy weight, breastfeeding and food behaviours, - Workshops to develop insight and shared understanding of the scale of the overweight/obesity/ health challenges in Hayes was reached, and causes, challenges and potential solutions were identified, - Systems maps developed, and - School Superzone grant awarded by GLA for Minet school (Hayes Town ward) with 10 Council Teams engaged and HHCP represented in delivery.

Focus Areas	Priority	Progress in 2022/23
<p>Reforming 'intermediate tier' services: Supporting hospital discharge and admission prevention.</p>	2, 4, 6	<ul style="list-style-type: none"> - HHCP Integrated Discharge Hub is fully operational, and the number of step-down beds has increased from 10 to 15 and EOL beds has increased to 12 leading to Hillingdon being the leaders for End of Life (EoL) care in NWL, - 6 bedded Frailty Assessment Unit is in place at the front door of THH to reduce avoidable admissions, - Review of Care Home Support Group and Care Connection Teams to strengthen their offer, - Maximised the Home First model, - Fully utilised D2A and Comfort Care capacity to increase discharge rates, - Reducing discharge delays, flexing resources and increasing care home capacity, and - Public Health working with Reablement is developing exit pathways for residents in reablement, aiming to support their on-going physical and mental wellbeing and reduce the risk of requiring LTC packages, being achieved through staff training, identification of opportunities for residents, working with social prescribing and the JOY app.
<p>NHS Health Check: The NHS Health Check (NHSHC), the national risk assessment, awareness and management programme to reduce the risk of LTC, increased uptake and completion.</p>	2, 3	<ul style="list-style-type: none"> - Rapid service review undertaken Summer 2022, - Findings and recommendations presented to the Health & Wellbeing Board (Sep 2022) where it was agreed to increase NHSHC uptake by reducing variation across GP providers and improving access, target under-served groups, raise the profile of NHSHCs and improve outcomes by increasing the uptake of preventative interventions and targeting higher risk groups, - NHSHC performance for 2022/23 was Hillingdon's best year to date: the number of people who received a first offer of an NHSHC (in a five-year period): 23,004 (27.6% of the total eligible population); and the number who received an NHSHC: 9,046 (10.9%), and - Confederation launched extended hours hub NHSHC clinics in Oct 2022.
<p>Reducing homelessness</p>	1, 2	<ul style="list-style-type: none"> - Partnering arrangements ongoing with P3 in relation to young people 18 to 25, particularly care leavers, who are homeless or potentially homeless, - Homeless services restructured, work continuing with transformation team under Project Neptune to refocus service on prevention, - Full skills review carried out and extensive training programme being rolled out for staff, - Care leavers protocol in place and now being reviewed, - Hospital discharge protocol in place with a clear focus on duty to refer, - Ending Rough Sleeper Plan in place co-produced with DLUHC, - Significant funding approved under Rough Sleeping Initiative, Rough Sleeping Drug and Alcohol Treatment Grant, and Rough Sleeping Accommodation Programme, - Proactive outreach work at Heathrow including patrols and in-borough outreach,

Focus Areas	Priority	Progress in 2022/23
		<ul style="list-style-type: none"> - Successful work with target 1000, most entrenched rough sleepers – 10 of 14 in some form of off-street accommodation, - Additional funding secured under Supported Housing Accommodation Programme, Local Authority Housing Fund and Refugee Housing Programme, - Additional provision via new build, acquisitions, supported shared housing, Extensions, Under Occupiers schemes, and Cash incentives, Olympic House first stage accommodation, Beechwood supported provision, Saviour’s Housed temporary accommodation, and - Increased collaboration via partnership forums.
<p>Hillingdon Domestic Abuse Advocacy Service (HDAAS):</p> <p>Providing help and support for victims experiencing domestic abuse.</p>	1, 2, 6	<ul style="list-style-type: none"> - Service capacity has increased and HDAAS is now able to offer help and support for victims experiencing domestic abuse at any level of risk: Independent Domestic Violence Advocates (IDVAs) for high-risk cases and Floating Support Workers for low-medium risk cases, - Funding granted for the implementation of the IRIS programme, which will assist in reaching out to clients who may not be known to or come to the notice of other services such as the police or social care, and - HDAAS is now offering workshops/training sessions to raise awareness of HDAAS with services within and outside of LBH.
<p>Supporting carers to enable them to continue in their caring role</p>	4, 6	<ul style="list-style-type: none"> - 4,790 (21.3% of people identifying as adult carers in 2021 Census) adult carers and 1,187 (48.4% of people identifying as young carers in 2021 Census) young carers on the Hillingdon Carer Register as at 31/3/2023, - 41 (5.1%) increase in carers assessments, - 780 (20.6%) reduction in refused carers assessments, - £837,000 in carer-related benefits secured to improve incomes of 231 households, - Support groups for bereaved carers and bereavement counselling service for carers established, - New co-produced ‘Are you a carer?’ leaflet developed, - 33 out of 44 (75%) GP practices have identified a carers champion and 26 have carer support service access information on their websites, - THH visiting rules updated to reflect recognition of unpaid carers, - 1,203 attendances by 192 individual young carers at school support, and - 12,644 breaks delivered for adult carers and 2,586 for young carers.
<p>Dementia:</p> <p>Supporting residents with dementia and their carers</p>	4	<ul style="list-style-type: none"> - Borough awarded Dementia Friendly Community Status with 10 venues accredited under the Dementia Friendly Venue Charter, - Residents living with dementia and their carers can now access 13 different activities weekly, offering 230 free spaces,

Focus Areas	Priority	Progress in 2022/23
		<ul style="list-style-type: none"> - 62 new referrals were made from the Memory Clinic, Alzheimer Society and Admiral nurses into the Council's early intervention programme, and - A new online dementia pathway has been introduced to enable residents to access information on services/ activities for dementia from point of diagnosis to end of life. - A training programme is delivered by LBH with Carers, HHCP staff and Hillingdon Hospital and LBH staff. Around 260 residents are engaged in the Dementia Friendly programme. - The Dementia Friendly Hillingdon Programme offers an activities to support residents living with dementia; cognitive function, mobility and reduce social isolation.
<i>Implementing the Autism Strategy</i>	5	<ul style="list-style-type: none"> - Autism Partnership Board established, - Brent Harrow and Hillingdon Adult Autism Diagnostic Service lead by CNWL has been established, - Private organisation commissioned by CNWL to address the current waiting list backlog, - One-year pilot programme initiated to provide post-diagnosis support through a voluntary organisation, - Dynamic Support Register established for both children and adults, - Enhanced specification for Severe Mental Illness (SMI) and Common Mental Health Issues (CCMI) within NWL developed, - Increased SMI health checks to 75% on the QOF register, viii) MIND and Confederation commissioned to provide training for patients and healthcare providers and support the uptake of annual health checks for patients who are difficult to reach, and - Learning disability annual checks: these are now included in social worker annual reviews; training has been provided for all GP practices and 76% of people with learning disability received an annual health check.

3.2 Areas where progress has not been demonstrated, from the information received:

This table identifies the focus areas where information provided indicates limited progress in 2022/23.

Focus Areas	Priority	Progress in 2022/23
Transform the support offered across partner organisations to CYP and their families to promote a healthy weight and reduce obesity.	1	<p>The prevalence of overweight (including obesity) children in Year 6 in Hillingdon continues to remain above the England and London averages. In addition, the proportion of physically active children and young people is below the national average.</p> <p>The CNWL School Nursing team continues to deliver 'My Choice' a healthy weight intervention programme, across the borough; however, capacity is limited, and take-up is low. 53 CYP started the course in the school year 2022/23 and only 35 completed.</p> <p>Further work is developing to address the challenges of child obesity, prevention, early</p>

Focus Areas	Priority	Progress in 2022/23
		intervention and supporting families more effectively with children to a healthy weight through supported intervention of an evidence-based programme.
Undertake a Public Health review of disparities and inequalities in Hillingdon and recommend actions.	2	<p>There has been training across HHCP to better use Population Health Management (PHM) as a toolkit for tackling health disparities through a systematic targeted programme and examples of using this approach to achieve improved and sustainable outcomes.</p> <p>NHSE funded PHM capacity and capability needs to be developed to support the ambitious programmes that HHCP has aspired to and embedded through a public health approach to enable system-wide transformation.</p>

3.3 Priority areas with information gaps that means progress has not been evaluated.

The table below shows the focus areas within each priority where no information was provided for the sub-focus areas. Therefore, a review could not be included at this time.

Priority 1: Support for children, young people and their families to have the best start and to live healthier lives. Information requested asked what has been achieved in the H&WBS that we would:

- Develop a strong universal offer to ensure that CYP enjoy good physical, mental and emotional health.
- Implement the long-term new integrated therapies pathway model for children and young people.
- Support CYP and families experiencing SEND, LD and autism to ensure needs are met and child development is supported.

Priority 3: Helping people to prevent the onset of long-term health conditions such as dementia and heart disease.

- No information was provided on the H&WBS focus on Long COVID.

Priority 5: Improving mental health services through prevention and self-management.

- Support people to remain in the community by reconfiguring community mental health services to provide mental health expertise in primary care.
- Implement roles in primary care arising from the 'Additional Roles Reimbursement Scheme.'
- Complete the transition of the Community Framework Transformation to a Hub model.
- Implement crisis and short-term intensive support teams for people with autism.
- Remodel the mental health pathway and provide a range of crisis alternatives that offer earlier intervention and support.

Priority 6: Improving the ways we work within and across organisations to offer better health and social care: Workforce development:

- Complete and implement the HHCP integrated community workforce plan.
- Monitor vacancy and retention levels among ASC providers and identify interventions to provide support when there are issues.

4. Challenges identified, and improving year 2 outcomes:

The review aimed to provide oversight and assurance of delivery, demonstrate improvement and quantify what the H&WBS has achieved in year 1.

The review has been challenged by a lack of identified SRO and lead strategic and/or operational group responsible for delivery of the priorities. This has resulted in gaps in the information provided that has not allowed the reviewers to demonstrate progress being achieved.

The H&WBS was not published with baseline data from which improved performance will be measured, or the direct or proxy targets that would demonstrate improvement ambition. This means that some officers were unclear of the focus, what needed to be achieved, and consequently have been unable to show measurable progress. Consequently, determining progress and impact achieved in 2022/23 was not available.

The recommendations presented aim to tackle these challenges, including the need to socialise the requirements of the H&WBS across HHCP transformation boards and sub-groups, confirm responsibilities, and agree aligned performance and outcome measures reported through a systematic, business as usual approach. A more efficient and effective process, using an up-to-date contacts list of SROs, lead officers and forums will improve the data-gathering process, and allow greater time for analysis and clarification of information submissions.

5. Recommendations:

The Health and Wellbeing Board are asked to consider the following recommendations.

These recommendations have been developed in response to learning from the review process and are aimed to be a methodology that can improve the focus on the H&WBS priorities, measure and evaluate performance and outcomes, and ensure there is a responsible group for delivery and outcomes being achieved, with a designated reporting officer. This is to improve progress, and outcomes achievement, and have oversight and assurance.

The Board are particularly asked to focus on those recommendations overseeing performance so that they can be assured that the H&WBS is driving improvement in health and care across the Borough.

The Board are asked to consider the following groups of recommendations:

5.1. Reflect changes in national guidance in the local Health and Wellbeing Strategy:

- 5.1.1. Change the title of the strategy to reflect the national guidance to Hillingdon 'Joint Local Health and Wellbeing Strategy.'
- 5.1.2. The Hillingdon H&WBS includes the elements of the ICS strategy that apply to Hillingdon.
- 5.1.3. The H&WBS should reflect PHM as an enabler of the H&WBS's priorities and be updated to include the NHSE inequalities funded programmes.
- 5.1.4. The Core 20 with aligned PLUS groups should be considered for inclusion in the H&WBS as part of the tackling health inequalities section.

5.2. Improved Board oversight and assurance:

- 5.2.1. A dashboard is developed that is a standing 6-monthly agenda item that sets out performance and outcomes.
- 5.2.2. Agree an annual review of the data published in the JSNA to measure change and demonstrate that the health risk continues to be a priority.
- 5.2.3. That the priorities stated in the H&WBS remain the priorities the Board want to focus on.
- 5.2.4. The Board should consider how stakeholder and resident participation in the H&WBS can be demonstrated, and this should be an iterative and ongoing process.
- 5.2.5. Map workstreams and strategy actions with the responsible delivery groups; confirm focus, actions, measures, synergies, overlap and duplication.
- 5.2.6. There is a Board Forward Plan that ensures information/discussion of progress and outcomes for all areas in the three years of the H&WBS.
- 5.2.7. The Board to delegate the administration and coordination of assurance of delivery of the H&WBS to the DPH and PH team. The PH responsibility will include:

5.3. Developing and implementing a governance process with a formal roll-out to ensure that HHCP organisations and workstreams are aware of the requirements of the H&WBS, and their responsibility in delivery. This ensure that all workstreams are aligned to the strategy and deliver the improvements stated.

5.4. Delegating responsibility for delivery of the H&WBS priorities:

- 5.4.1. There is a delegated and named SRO for each thematic area and identified officer for each sub-priority and there is an accurate list of who is responsible for each delivery area of the H&WBS maintained.
- 5.4.2. The lead forum responsible for the delivery of the priority workstream is identified.

- 5.4.3. The SRO and workstream lead group understand what they are expected to deliver and have performance baselines, measurable targets and know when they need to report to the Board.
- 5.4.4. There is an escalation process that ensures the Board are aware of delays in progress and outcome achievement that can align additional support.

6. **Financial Implications:** None Applicable

7. **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

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

The recommendations set out how through an improved, more efficient and effective process the combined resources of HHCP could achieve targeted action to improve outcomes for residents, particularly those in under-served, vulnerable communities, addressing the inequalities that exist in the Borough. In addition, more effective joint working can achieve improved transactional outcomes, reducing need and demand, and more sustainable health and care services.

The recommendations allow the Health and Wellbeing Board to ensure that the outcomes agreed in the H&WBS are delivered, and where progress is delayed, escalate through the partnership to ensure risks are mitigated.

7.2. **Consultation Carried Out or Required**

Engagement with stakeholders, Health and Wellbeing Board members, their respective organisations and the public has taken place. It is important that this is there is regular engagement and consultation to ensure that the priorities of the H&WBS remain relevant, and a recommendation is that periodic engagement and consultation is included as an underlying principle for delivery of the H&WBS. This will socialise the H&WBS to ensure that stakeholders and the public can contribute to the focus of the Board, and that there is flexibility to address emerging health risks to determine their inclusion in annual H&WBS reviews.

8. **CORPORATE IMPLICATIONS:** None stated.

Relevant Service Groups: This report refers to many LBH departments and organisations.

BACKGROUND PAPERS

None.