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Summary and Recommendations

It was been agreed to present a joint Director of Public Health (DPH) and Health and Wellbeing Board Annual Report for 2013/14 at the Health and Wellbeing Board (HWB) in June 2014. The Board is asked to consider and approve the final report.

Part 1 - Director of Public Health Annual Report

It is a statutory duty that an annual report on the health of the local population is written by the DPH and the authority’s duty to publish it. The content and structure of the report is something to be decided locally.

The annual report is an important vehicle by which the Director of Public Health can identify key issues, flag problems, report progress and, thereby, service their local populations. It acts as a key resource to inform local, inter-agency action.

The report presents the Director of Public Health Annual report and seeks HWB member’s approval of its content.

Part 2 - Health and Well-being Board Annual Report

The Health and Social Care Act 2012 gave the HWB specific functions. These functions include the preparation of the Joint Strategic Needs assessment (JSNA), the Joint Health and wellbeing Strategy (JHWS), and a duty to encourage integrated working.

In addition it is proposed that the Hounslow HWB will produce an annual report that accounts for its activities and performance during 2013/14 against its priorities as set out in the Health and Wellbeing Strategy, and to outline the Board’s priorities for 2014/15. This will enable the Board to promote its purpose to a wider audience and encourage an ethos of openness and transparency.

This outline of the Joint DPH and HWB Annual Report 2013/14 seeks approval of members of the HWB of its content.
It is my pleasure to introduce the first Director of Public Health’s report since Public Health returned to its home in the Council in 2013. The Public Health team has made great strides in carrying out its new duties in its first year. Highlights include exceeding Corporate Targets for Health Checks and the signing of the Local Government Declaration on Tobacco Control. The team has also worked through the year building relationships with other parts of the Council and partners in the Borough to work together to improve the health of the local population. The joining of Leisure Services with the Public Health team to form the Health and Wellbeing Unit has created new opportunities to address the key local public health problems of obesity and lack of physical activity. As the ‘Public Health Outcomes Framework’ set of health indicators shows us, we have more to do to improve the health of the people of Hounslow. In particular, we must keep our focus on reducing obesity, increasing physical activity, and reducing smoking and alcohol misuse. Investment in these key prevention activities will bring health improvements for the people of Hounslow and will, in the longer term, also save money through the reduced need for health and social care.

I am pleased to also introduce the first annual report of the Hounslow Health and Wellbeing Board as a statutory body. As the report shows, Hounslow now has a fully functioning Health and Wellbeing Board with a clarity of purpose. Supporting the strengthening of integration between services and organisations, in particular in relation to adult social care, will be a key area for the Board in the coming year. Building links between the long term prevention work of the public health team and adult social care will be important.

I welcome the new Director of Public Health to the Borough of Hounslow and look forward to seeing the Public Health team continue to strengthen its work in improving the health of the people of Hounslow.
PART 1

Director of Public Health Annual Report for 2013/14

1. Introduction:

This is the first annual report by the Director of Public Health (DPH) at the London Borough of Hounslow (LBH) since the transfer of the public health functions to local government in April 2013. The report brings together the work of the new team over the past 12 months in a time where there has been a reliance on interim DPHs, in a part-time post. This report also looks forward to the coming year 2014/15 and its priorities, a full-time DPH post and new structure.

Hounslow presents a broad range of public health challenges, starting with the underlying determinants (alcohol, smoking, obesity and low levels of physical activity) of the major causes of preventable death in the borough (cancer and heart disease and stroke). Broader still, are the areas for preventing ill-health in the older age-groups in the borough, supporting evidence based interventions for improved mental health and working with partners to reduce domestic violence. Public health must also step up to contributing to the reduction of carbon emissions as part of the global climate change challenges. Preventing ill-health at an early stage will contribute to reducing NHS and welfare bills in the future. The need to prevent ill health is made ever more pressing by the reductions in funding for local government, which are likely to continue.

The Faculty of Public Health defines three key areas for public health practice: ‘Health Improvement’, ‘Improving Services’ and ‘Health Protection’. In this report, a review of the activities of the Public Health Team is made for the year 2013/14 in these three categories of public health work, presented by the three sections of the Health and Wellbeing Unit. A look forward is then made to 2014/15 and key priorities for action are proposed.

The team has made a strong start in its new home in Hounslow Council. Over the year, the team has been built up and at the end of 2013/14 a new full-time Director of Public Health was appointed, who will take up the role in mid-2014.

2. New Arrangements for Public Health:

In April 2013, the arrangements for Public Health changed across England. As part of the health system reforms outlined in the Health and Social Care Act 2012, ‘Primary Care Trusts’ (PCTs) were abolished in April 2013. New structures were put in place for providing and commissioning public health work and associated services, primary care and secondary care health services, emergency planning and community health services. Public health work was restructured into three main bodies: Local Government (largely preventive health work and commissioning of some public health

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services and Emergency Planning), Public Health England (including incorporation of the Health Protection Units, which deal with public health management of communicable disease) and NHS England (commissioning of national screening and immunisation programmes). The return of preventative health work and some public health services to Local Government has been a ‘homecoming’ to, what many people have felt, the rightful location for this type of work. These nationally led changes have not been without complications, however. Some details of exactly which organisation is responsible for funding or for quality of different services continue to be unclear. In addition, some of the services transferred to local government did not have available data on what was included in the service or detailed performance data. Within the London Borough of Hounslow, the new local Public Health team was largely placed in the new ‘Health and Wellbeing Unit’, within the Regeneration, Economic Development and Environment (REDe) Directorate and under the management of the Assistant Director for Housing, Leisure and Public Health. The team in 2013/14 was structured into three components: Public Health Services, Preventative Health and Leisure and Supported Independent Living Services. In addition to the Health and Wellbeing Unit team, Public Health Intelligence was placed in the Chief Executive’s Directorate under the management of the Assistant Director for Strategy, Intelligence and Engagement. A part time Director of Public Health (DPH) with a strategic advisory role, was agreed. The DPH post was originally to be part of a full-time DPH shared with LB Brent. In light of new guidance on the roles and responsibilities of the DPH (published in October 2013) and a review of risks and opportunities in the public health arrangements in December 2013, a revised structure for the public health function was submitted to and approved by Cabinet in February 2014. Within the new structure a full-time DPH will take charge of the Public Health function. The new structure also brings Public Health Intelligence into the Public Health team, located in the Health and Wellbeing Unit. The Supported Independent Living Services team moves into the Housing team. The new structure will come into full operation when the fulltime DPH is in post in July 2014.

The work of the Health and Wellbeing Unit is outlined in a ‘Health and Wellbeing Business Plan’, which is approved by the Hounslow Health and Wellbeing Board. This report summarises progress against that plan. The plan is based on the Hounslow Joint Health and Wellbeing Strategy 2013-2017. The strategy was informed by the 2012/13 Hounslow Joint Strategic Needs Assessment (JSNA). The Health and Wellbeing Unit also contributes to several of the targets of the Corporate Plan 2012-2015 of the London Borough of Hounslow.

The work of the Health and Wellbeing Unit has been funded by the Ring Fenced Public Health Grant (£12.8 million for 2013/14) and other sources (including revenue, capital and externally secured funding). In 2014/15, the Health and Wellbeing Unit will receive £14,084,300 from the Ring Fenced Public Health Grant and also funds from a number of other sources for related Preventative Health and Leisure activities.

3. Overview of Major Public Health Issues:

The estimated resident population of Hounslow is 268,875 (Greater London Authority estimates for 2014). This includes 21,715 children aged under 5 years and 59,749 children under 15 years of age. There are around 13,299 people aged 75 years and over, and 3632 people aged 85 years and over. Around 13,800 of the children aged 0-15 are living in poverty.  

1 Local Health. PHE (accessed May 2014, 2010 data).  
http://www.localhealth.org.uk/#v=map9;l=en;sid=109;z=-325868,345307,373792,340354;slv=utla_2012_DR
The main causes of early death in Hounslow are cancer and heart disease and stroke. Around 1,674 premature deaths in people aged under 75 years occurred in the borough between 2010 and 2012. In many cases, several or more years of health and social care input preceded the early death.

The main preventable causes underlying these premature deaths are smoking (currently 30,000 smokers in the borough), inactivity and obesity (an estimated 63% of adults in Hounslow are overweight, 29% are ‘inactive’ and less than 10% use the outdoor space for exercise or health) and alcohol misuse (Hounslow is significantly worse than England as a whole for alcohol related hospital admissions). There are currently around 14,000 people with diabetes in the borough, of which a high proportion will be closely linked to obesity. Without major changes, this preventable ill-health and early death will continue and may even increase in the borough.

Indicators from the Public Health Outcomes Framework also show that senior health is not as good as it could be in the borough. On a range of indicators, including preventable sight loss, flu vaccination, injuries due to falls, and excess winter deaths in the over 85s, Hounslow performs significantly worse than England as a whole. Further work is needed to improve the health outcomes for this age-group.

In terms of mental health, the most recent programme budgeting data available (2012/13) shows that this area accounts for the largest category of NHS expenditure in Hounslow. Public Health Outcome Framework indicators show that social isolation is a problem in the borough, with only 33% of adult social care users reporting having as much social contact as they would like, a figure significantly lower than England as a whole. Of carers in the borough, 31% report loneliness and isolation. Many factors are linked to poor mental health, including a number amenable to public health intervention (for example, exercise, smoking and weight). The New Economics Foundation has put together a framework of the ‘Five Ways to Well-being’, a set of evidence-based actions which promote people’s wellbeing. The ‘five ways’ are: Connect, Be Active, Take Notice, Keep Learning and Give. In terms of public health, the team is supporting activities under the ‘Connect’ and ‘Be Active’ areas (working with on social inclusion, befriending activities and volunteering, and physical activity programmes for a range of age-groups and smoking cessation services). Further work may be needed in these areas in the borough to improve the mental health outcome indicators. Suicide levels in the borough are not significantly different from England as a whole. However, in a recent survey of local providers, carried out by Hounslow Public Health for the All-Party Parliamentary Group on Suicide and Self-Harm Prevention in March 2014, it appears that further work is needed in Hounslow to bring together different organisations together to work jointly to prevent self-harm and suicide.

Linked to the health and wellbeing of the population in Hounslow and closely linked to adverse mental health and also child protection, is domestic violence, a major public health issue in the borough. Hounslow was a forerunner in the protection of women and children through the provision of the UK’s first domestic violence shelter in 1971, by the agency ‘Refuge’. Yet it is a tragic fact that despite this work, nine women in Hounslow alone have lost their lives to domestic violence since 2001. In the last year alone, over 1000 people in Hounslow called the national domestic violence help line.

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2 Longer Lives, 2014. PHE. http://longerlives.phe.org.uk/area-details#are/E09000018/par/E92000001
3 http://ash.org.uk/localtoolkit/
8 http://www.neweconomics.org/projects/entry/five-ways-to-well-being
Looking to the future health of the borough, the child health indicators in the Public Health Outcomes Framework show that further work is needed with the youngest in the borough. At five years, 60% of children in the borough are not ‘school ready’ (and 70% of the poorest children are not ‘school ready’), an indicator closely linked to poorer health outcomes in later life. Hounslow is significantly worse than England as a whole for this key measure of child wellbeing. At age 10-11 years around two fifths of all children in Hounslow are overweight/obese. Low coverage of the key childhood immunisations is also a concern in Hounslow. Hounslow is not yet meeting national targets for vaccination coverage and thus, remains at risk of outbreaks of preventable childhood diseases.

A particular Health Protection issue for Hounslow is tuberculosis (TB). The borough has a significantly higher level of TB incidence than England as a whole. Treatment completion rates are not significantly different than England as a whole. An ongoing local challenge is ensuring adequate staffing for outreach work to help ensure that treatment is completed by patients. In addition, further work is needed at the local/ regional and possibly national level on a protocol on how to support people with TB during treatment who have no general recourse to public funds.

An all encompassing challenge for public health is climate change. Public health needs to play a role in raising awareness of public health implications of climate change and giving support to carbon emission reduction efforts in the borough. The borough already has around 90 excess winter deaths each year together with avoidable cold and damp housing associated ill-health (asthma and other respiratory conditions) which may result in avoidable GP or hospital care. Pollution, which is implicated in a significant proportion of heat related ill-health, currently accounts for at least 116 deaths annually (data for pollution from very small particles, known as ‘PM2.5’ only, 2008). Both more extreme cold or heat events as a result of climate change may result in worsening seasonal health indicators. Carbon emissions reduction work, through encouraging active travel and better insulating housing stock, will also, in the short term, help the borough improve physical and mental wellbeing through exercise and contribute to reducing excess winter deaths.

All the public health issues raised here have a preventable component. Of the leading causes of premature death (under 75 years old), the Public Health Outcomes Framework shows that, both in Hounslow and in England, over half of all cancer and cardiovascular disease cases in the under 75 year olds are considered preventable. More than two thirds of premature deaths from liver disease are preventable. It is not only premature death that may be prevented, but also a large part of the burden of ill-health in the borough. For example, many of the 14,000 cases of diabetes in Hounslow could have been prevented through the avoidance of obesity. The costs to the health and welfare system of this avoidable ill-health are high and include costs for bed-based care. To give just two examples, diabetes care is currently estimated to be using around 10% of all NHS expenditure. Smoking in Hounslow costs the NHS £9.8 million pounds per year in Hounslow for cancer and respiratory health care and other treatments. Other annual smoking associated costs to the borough include £1.8 million on smoking related fires and £1.2 million on cleaning up smoking materials litter.

In this era of greater knowledge and available interventions to prevent this ill-health, and at a time of decreasing local government budgets, further energetic and joined up work is needed to make

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inroads into these challenges. Some have already started to bring positive local results, such as the Stop Smoking Service. Others, such as reducing fuel poverty which is linked to excess heart disease and stroke deaths in winter in vulnerable groups, will grow in the coming year. And with a renewed focus on areas of deprivation and causes of ill-health, through increased joint working between the various welfare and health services of the council, interventions can be better targeted for maximum effect. The linking of health and leisure in the new Health and Wellbeing team means that Hounslow is well placed to implement initiatives to increase physical activity and reduce obesity in the borough. The Adults Transformation Programme and the new Better Care Fund offer up routes to working jointly with partners on measures to prevent ill-health at the primary and secondary levels of prevention.

Further details on the health of the local population are available from the updated Hounslow Joint Strategic Needs Assessment.

4. Health and Wellbeing Business Plan:

The Health and Wellbeing Business Plan 2013/14/15 is guided by the three ‘outcomes’ identified in the Joint Health and Wellbeing Strategy: 1. Reduced difference in life expectancy between communities 2. Every child has the best possible start in life and 3. Adults retain their independence and good health for longer. Within these outcomes, a top priority was identified for each. These are, respectively: to help those who wish to give up smoking be successful, to improve oral health in children under 5, and to reduce the use of bed-based care. The Public Health team works towards these three outcomes and the priorities contained within each outcome. For the Public Health contribution to these three outcomes, three priorities in the Health and Wellbeing Business Plan 2013/14/15 were identified for the Health and Wellbeing team for 2013/14/15: i. Enhance existing public health provision to better meet priorities identified in the JSNA ii. Reprioritise existing services to focus more on reducing obesity levels in Hounslow in line with priority of the Health and Wellbeing Board iii. Encourage communication and engagement with residents to support and encourage greater behaviour change towards improved health. To achieve this, a set of activities was agreed and described in the Health and Wellbeing Business Plan for the Health and Wellbeing Unit to carry out. The plan for 2013/14 was approved by the Health and Wellbeing Board in September 2013. The Ring Fenced Public Health budget (and some other funding sources) were allocated to support this work to be delivered through the three teams of the Health and Wellbeing Unit: Public Health Services, Preventative Health and Leisure and Supporting Independence Service.

In this report, the performance and achievements against the Health and Wellbeing Business Plan for 2013/14 are outlined for each of the three teams of the Health and Wellbeing Unit. For 2014/15 some activities and budget lines for the Health and Wellbeing activities were slightly adjusted based on experiences and new data on local need, and these changes were approved by the Health and Wellbeing Board in March 2014. The new activities and budget continue to support the three outcomes of the Joint Health and Wellbeing Strategy and the three priorities for the Health and Wellbeing team presented in the original Health and Wellbeing Business Plan.

5. Performance and Achievements for 2013/14:

The Health and Wellbeing team has made a strong start, building capacity over its first year in existence. Highlights for 2013/14 are divided up against the work areas of the 2013/14 Health and Wellbeing Business Plan.
5.1 Public Health Services:
Improving Services:

As part of the transfer of local Public Health to Local Government, the following services are commissioned by the Local Authority, using funding from the Ring Fenced Public Health Grant. The services in place through 2013/14 were those originally commissioned by the Primary Care Trust (PCT) and then inherited by the new Local Authority Public Health service.

- Sexual Health Services
- School Nursing
- Smoking Cessation Services
- Substance Misuse Services
- NHS Health Checks Programme

Much work has been undertaken throughout 2013/14 to clarify activities, costs and targeting of the inherited services. A considerable amount of work was undertaken to bring payment arrangements and contracts into line with local government requirements. In 2013/14 the Public Health team has also worked with providers on improving services for the local population. Further work will be needed in these areas through 2014/15. In addition to work with colleagues in the borough, the team has worked with partners through the ‘West London Alliance’ (WLA) structure.

Highlights for the specific public health services for 2013/14 are listed below:

5.1.1 Sexual Health Services:

Highlights for 2013/14 include progress being made in integrating the hospital and community sexual health services. The service had 7,982 patient visits in the first six months of the year. Other highlights include a borough wide expansion of the emergency contraceptive service through pharmacies, now located in target areas to prevent teenage pregnancy, resumption of the coordinating board for partners working on sexual health across the borough and lead by Public Health (resumed in November 2013), and agreement reached on expanding HIV testing to all new registrations with GPs in Hounslow, and the provision of chlamydia testing in general practices (both of which are to commence in April 2014). In December, Hounslow Public Health supported a special additional HIV testing clinic as part of activities for World AIDS Day 2013 and National HIV Testing Week 2013. New agreements were reached with two voluntary sector providers to provide targeted HIV prevention work with two key target groups in the borough. The Public Health team also participated in London wide decision making on HIV prevention and committed funds for a new ‘Pan-London HIV Prevention Programme’ (finalised in November 2013). An updated and detailed ‘Sexual Health Needs Assessment’ was completed in March 2014 and the results of this have informed commissioning plans for 2014/15, and will inform a refreshed Sexual Health Strategy.

5.1.2 School Nursing:

The Public Health team has worked with the Community Provider, ‘Hounslow and Richmond Community Health’ (HRCH) to establish more clearly what services and how many children are currently supported under the inherited arrangement. In the meantime, the provider has continued to carry out mandatory activities including the National Child Measurement Programme (NCMP), the school immunisation programme and Child Protection activities. A ‘School Nursing Service Needs Assessment’ was completed in September 2013. This indicated that the Hounslow School Nursing Service was understaffed compared with national best practice ratios and based on local need. To improve capacity of the local service it was agreed in September 2013 to utilise some of the Ring Fenced Public Health Grant to add additional school nurses. Unfortunately, the service was unable to
recruit additional staff within the remainder of the year. However, the goal remains for the following year. It is envisaged that under the new expanded service, not only will more school nursing time be available to schools, but that school nurses will also take on a broader range of school based public health interventions. A national ‘service specification’ is being developed and will be put in place in Hounslow in 2014 when it is available.

5.1.3 Smoking Cessation Services:

The Hounslow Public Health team commissions the local Smoking Cessation service. The team inherited the existing arrangement which is provided through HRCH. The service is meeting local targets of 1400. Overall, in the first nine months of 2013/14, 1097 people had successfully quit smoking at a four week follow up (putting the borough on target to meet the annual goal of 1400). The Stop Smoking Service offers services in pharmacies, GPs, community clinics, West Middlesex Hospital, West London Mental Health Trust and schools (GPs are also encouraged to refer patients to the service). In addition, a ‘Smoke Free Homes’ project was initiated in 2012, in which smokers pledge not to smoke in their homes. This year there have been 50 new pledges. In addition, the fire service encourage sign-ups to the ‘Smoke Free Homes’ project as well as referring to the service. A ‘Smoking Health Equity Audit’ was completed in February 2014. This analysis will help guide where services should be targeted in the coming year.

5.1.4 Substance Misuse Services:

The contract for commissioning the adult substance misuse services, with substance misuse treatment provider ‘iHear’, was transferred to the Public Health team in April 2013. In addition, the Public Health team manages contracts for specialists in patient services for Hounslow residents. In 2013/14 the Public Health team has monitored the local service. At any one time, there are around 750 people in Hounslow being assisted by this service. An updated ‘Substance Misuse Needs Assessment’ for adults was completed in March 2014. The Public Health team has worked with Public Health England (PHE) and iHear, to strengthen local provision in a number of areas. Areas for improvement include completion and representation rates, assertive outreach with the street homeless looking to engage them in the service and provide support around substance misuse issues. Another area for improvement is testing/ vaccination for blood borne viruses.

The Public Health Ring Fenced Public Health grant also funds an element of the Council Children’s Services commissioned Youth Substance Misuse Services (‘Visions’). However, throughout 2013/14 there was a lack of clarity on responsibility for this service and the optimal role for the Public Health team with this service. It is hoped that this will be more clearly defined for 2014/15. A ‘Youth Substance Misuse Needs Assessment’ was completed in March 2013 by the Public Health team, which identified a number of areas for improvement in the youth service. Work to implement these changes with partners in Children’s Services is continuing.

5.1.5 NHS Health Check Programme:

Following the transfer of responsibility for the NHS Health Check Programme to the local authority Public Health Team, agreement was reached with the local GPs in October 2013 to expand the programme to meet national recommendations (20% of 40-74 year olds invited each year). The Corporate target of 4600 checks was reached by the end of March 2014. The total figures for 2013/14 were 11,063 people invited for a Health Check and 5,193 Health Checks completed (approximately 47% uptake). The new national Health Check arrangement also includes an ‘alcohol screen’ and provision of information about dementia for each person receiving the check. In 2013/14, 42 GPs signed up to provide the check. A challenge in the following year will be to ensure that all target people in the borough have access to a Health Check, even if their GP has elected not to provide the service.
Broader health improvement activities carried out by the Public Health services team:

5.1.6 Tobacco Control:

The Public Health team has been working with partners, particularly Trading Standards, on the wider issue of tobacco control. A new ‘Hounslow Tobacco Control Strategy’ was prepared in 2013 and approved by the Health and Wellbeing Board in February 2014. In addition, Hounslow became the fifth London Borough to sign the ‘Local Government Declaration on Tobacco Control’ and this was commemorated as part of ‘Stop Smoking Day 2014’ in March 2014.

5.1.7 Seasonal Health:

The Public Health team has worked with the Private Sector Housing team on preventing excess winter deaths through further developing links between Fuel Poverty Alleviation Measures and health services (‘Winter Warmth’). Agreement was reached at the Health and Wellbeing Board in February 2014 to establish a longer term ‘Seasonal Health Working Group’ bringing together key partners across the borough.

5.1.8 Domestic Violence:

Delivery of a ‘Domestic Violence Health Needs Assessment’ was completed in January 2014 in partnership with the Community Safety team. This work has informed the commissioning new Domestic Violence prevention/ assistance services in Hounslow for 2014/2015. Involvement in multi-sector work on preventing ‘Female Genital Mutilation (FGM)’ in Hounslow began in December 2013 and will expand in 2014/15.

5.1.9 Alcohol Harm Prevention:

The public health team has completed new ‘upstream’ work on alcohol harm prevention, including systematic assessments of all alcohol licensing applications by Public Health. This has resulted in positive changes to premises licensing conditions in order to promote and protect health, and a greater awareness amongst applicants of the health impacts of their applications. Additionally, an alcohol-related violent injuries data collection pilot project is underway in A&E at West Middlesex University Hospital (WMUH), in line with good practice. This pilot has experienced some challenges and these will be addressed in 2014/15, in addition to rolling out the project to the Urgent Care Centre. To mark Alcohol Awareness Week in November 2013, media messages were issued throughout the week by Public Health with the support of the LBH Communications team and the local media. A pilot project, spearheaded by Public Health and in partnership with the Police, Community Safety, Licensing, and Trading Standards, on implementing a voluntary ban on the retailing of high strength beers, lagers and ciders in a defined area began in late 2013, with the commencement of the ban expected in summer 2014 following the local government election. This project follows a similar successful project in Suffolk, and will reduce access to high strength alcohol, with positive outcomes expected in terms of reduced alcohol-related crime and hospital admissions.

5.1.10 Homelessness and Health:

Work on establishing an innovative project to improve the health of rough sleepers in partnership with Housing Options was completed in 2013/14. As a result, a new three-year rough sleepers outreach service was commissioned in April 2014, majority funded by Public Health. The service is innovative in that it includes a nurse role to assess the health needs of rough sleepers and support them into relevant health services, alongside generalist outreach workers who will engage rough sleepers and support them off the street. This service will not only reduce the health inequalities faced by these vulnerable residents, but is a cost-effective intervention for local services, as it will
decrease chaotic and inappropriate use of local services. Work will continue to embed this service in local health services and ensure appropriate pathways are in place with GPs, the TB clinic, mental health services and others.

5.1.11 Clinical Networks:

A number of ‘clinical networks’ were established in Hounslow in 2013/14 and supported by the Public Health Team. Four groups covering: cancer, cardiovascular disease, tuberculosis, and respiratory conditions and immunisation were set up.

Health Protection:

5.1.12 Emergency Planning:

Funding from the Public Health grant was allocated to a post in the Hounslow Local Authority Emergency Planning team for 2013/14. Members of the wider Public Health team also contributed to the review of emergency plans, including influenza plans. Team members have also participated in Emergency Planning Exercises and a number of team members are on the list of LBH ‘emergency volunteers’. A training in LBH Emergency Planning has been scheduled for the whole Public Health team to strengthen public health input into local arrangements.

5.1.13 Communicable Disease:

- Tuberculosis (TB): A representative of the Public Health team participates in the Hounslow TB Working Group. The Public Health team has also worked with partners to provide emergency support to TB patients who are homeless or at risk of being homeless. Through the Public Health grant, funding has been provided for an additional nurse within the Hounslow TB Team at West Middlesex University Hospital for 2013/2014/15 only. Informational activities for the general public, including information stands in town centres, were supported to mark World TB Day on March 25th 2014.
- On-call arrangements for Health Protection are in place through the interim DPH.
- Ad hoc support to partners within LB Hounslow, in coordination with the NW London Health Protection Team, as and when cases of communicable disease have arisen
- Avoidance of an outbreak of measles in summer 2013 through Public Health-led partnership working and rapid communications to schools and parents to facilitate an MMR (measles, mumps, rubella) catch-up programme for 10-16 year olds, and promotion of vaccination for young children. This practice was shared with other boroughs to promote good practice.

5.2 Preventative health and leisure

Health Improvement:

One of the innovative new arrangements in the new structure for public health is the new link between Health and Leisure Services, which now come together as part of the Health and Wellbeing Unit. There is now no divide between those working on diet, obesity and the promotion of physical activity and the providers of green spaces in the borough, the commissioning of council contracted leisure centres and physical activity opportunities and services such as libraries which help support independence and improve quality of life.
5.2.1 Physical Activity:

13/14 has been a high achieving year with physical activity levels increasing from 21% the previous year to 23% in 13/14. Visits to leisure centre facilities have continued to rise in 2013/14. Visit numbers rose from 898,875 in 2010 to 1.5 million in 2013 (11 months only). 10,315 residents engaged with our physical activity service provided by St Marys University (which targets those where activity would have the greatest impact on health) and 401 were referred to the exercise on referral programme (available to support those with disease conditions to take part in regular exercise). £625,000 was also successfully secured for providing targeted physical activity interventions for people with disabilities and women and girls through Hounslow’s Community Sport and Physical Activity Network.

Sport specific programmes have been extremely successful with a borough-wide tennis programme coaching children in all primary schools across Hounslow and a rowing development programme which attracted 272 to indoor rowing and 420 water coaching (an estimated >95% had no prior experience of rowing).

New or improved leisure facilities have also been developed providing more opportunities for residents to get active including the refurbishment of Heston Pool. The closure of Heston Pool was approved on the 14th February 2014. A new £13.5 million leisure centre in Heston is planned which will include a 25m main pool, a learner pool, health suites, a 100-station gym, two dance studios, a café and soft play facilities (to open in November 2015). A significant investment of £1,143,520 has also been made into new play areas across the borough.

5.2.2 Active Travel:

External European funding was secured for a ‘SWITCH’ project which uses behaviour change tools and methodology to increase cycling and walking. Initially six primary schools have signed up to be pilot sites to test out tools and parent information, to gauge the impact on promoting walking as the most popular mode of transport.

5.2.3 Mental Health Promotion:

Small grant funding was made to the Cathja Project at ‘The Barge’ and ‘Mindfulness’. Around 100 people participated in these activities. Volunteering work and social inclusion activities were also funded through Age UK. Around 2,300 people were engaged with this work in 13/14. Support has continued to be provided for the self-help ‘Books on Prescription’ programme through the local libraries. HRCH also delivers an in-house smoking cessation clinic for people with mental health conditions which has been successful in achieving 35 quitters (4 weeks or more).

5.2.4 Healthy Weight:

The National Child Measurement Programme (NCMP) Hounslow achieved a participation rate of nearly 100% for reception (99.6%) and year 6 (99.4%) in 2012/13. This was a higher participation rate than London and England, 2012/13. The NCMP is carried out by the School Nursing Service. The NCMP results will help to inform and tailor future healthy weight interventions in the borough.
Small grant funding was allocated to nine local community and voluntary organisations for health interventions with healthy weight outcomes. The weight management service saw 73 people successfully completed the ‘Weigh 2 Lose’ programme and 34% of completers have lost at least 3% of their original body weight (NICE recommended weight loss for health benefits).

5.2.5 Health and Wellbeing/ Lifestyle Services:

The Public Health team commissions health and wellbeing services. These include health champions/trainers, health walks, wider physical activity programme and self-care management. There were 21,804 people who have been in contact with the services over the last 18 months. The type of contact varies from receiving information to attending a programme of activity or support. Benefits for patients with a long term condition who completed the Expert Patient Programme included: 70% feeling that participation had resulted in a reduction in time seeing their health professional on non-urgent issues and 80% believing it had reduced their visits to A&E or Urgent Care Centre.

For physical activity 3,251 people have enrolled in specific programmes which include activities for people with physical disabilities, learning disabilities, programmes targeted at women and girls as well as estate based community activity classes. Activities are constantly reviewed and refreshed which has seen the recent introduction of walking and football for the over 55’s.

5.2.6 HealthWatch:

Local Healthwatch was established in 2013 and aims to improve on the work already done by Local Involvement Networks. Their role is to champion local views and raise concerns with people who arrange and provide services, monitor standards of health and social care services locally and report back to appropriate decision-making and monitoring bodies. It will make recommendations and report back their concerns about, and knowledge and experience of, local services to Healthwatch England and provide information about health and social care services. Healthwatch Hounslow became fully operational and held a launch event in November 2013. LB Hounslow, through its monitoring role, is working with Healthwatch to ensure work plans for 14/15 have a community engagement focus and that there is active recruitment of volunteers to help deliver this.

5.2.7 Oral Health:

An Oral Health Review and strategy and action plan was completed in 2013/14 which will guide local dental health promotion activities for the under-fives in 2014/15. A ‘Brushing for Life’ programme and associated training was been commissioned. Training on key oral health messages will be delivered to staff in health visiting, school nursing, nursery nurses, children centres, looked after children and children in care. Trained staff will have toothbrushes, toothpaste and local information for families and children on taking care of their oral health.

5.3 Supporting Independence Service

The Supporting Independence Service provides access to housing related support to the most vulnerable people in Hounslow. The service aims to provide support as an early intervention and preventative measure in order to help vulnerable people achieve and maintain independence. This will also reduce the need for long term statutory services which carries a high cost to the Local Authority. The service works very closely with public health and wellbeing, housing and social care services providing access to Supporting People commissioned short term support services. The Supporting Independence Service performed well in 2013-2014. The service assisted 130 vulnerable
to move into supported accommodation where their support needs could be met. The service also arranged for 342 vulnerable people to receive floating support services to assist them maintaining the independent accommodation where they were living. This has contributed to achieving 97% positive outcomes for their clients, meeting the national Supporting People target. Positive outcomes are calculated as the total number of vulnerable people who have either moved on from services in a planned way or who have maintained independence following the end of a support service.

The service works in multi-agency capacity to help achieve positive outcomes for the borough and has jointly commissioned support services to tackle youth homelessness and improve outcomes for young people who are faced with homelessness. The Rough Sleepers Service is a newly commissioned service which is in partnership with Public Health and Housing. It sets out to reduce the number of people sleeping rough in Hounslow and improve outcomes for those who are supported into either supported or settled accommodation by helping them to sustain independence.

The Supporting Independence Service, which is funded through the Supporting People programme, is currently in the process of moving from Public Health into Housing and will report to the Assistant Director for Housing. The joint working with partner agencies will to continue and assist in improving outcomes for vulnerable.

6. Work in Support of Public Health Activities:

To meet our health and wellbeing related statutory duties, the Joint Strategic Needs Assessment (JSNA) 2014-15 is currently being refreshed by the Public Health team in collaboration with different directorates of the LB Hounslow, Hounslow Clinical Commissioning Group (CCG), and Healthwatch, which represents the local community, patients, carers and health and care service users. In addition, planning is underway to ensure that the statutory ‘Pharmaceutical Needs Assessment’ (PNA) 2015 is completed by 1st April 2015.

The Public health team has started a series of ‘Lunch and Learn Seminars’, with the first seminar, with a speaker from Public Health England talking about ‘Local Health Profiles’, being held in January 2014. Seminars are open to all London Borough of Hounslow (LBH) staff and colleagues in the borough and neighbouring boroughs. The second seminar took place in March to mark World TB Day, with a speaker from PHE to talk on TB in Hounslow. The third seminar took place in April 2014 and was given by the study authors of the ‘National Survey of Sexual Attitudes and Lifestyles’ (‘NATSAL’).

7. Risks and Outstanding Issues:

The Public Health team has strengthened throughout 2013/14. At the point of handover to the local authority, the team was not fully staffed and some roles were unclear. At the same time, the team had major new responsibilities for the commissioning of services. Arrangements for the transfer of some of the inherited work from the Primary Care Trust lacked clarity in some cases. A Risk Assessment of Public Health work was undertaken after the first six months of the new structure in LBH (November/December 2013) and a number of risks and opportunities were identified. Much work has now been undertaken by the Public Health team over 2013/14 to bring the work transferred from the PCT into line with Local Authority contracting and procurement requirements.
For the Sexual Health Services, the LB Hounslow has completed and signed all provider contracts. However, nationally this is not the case for a large number of local authorities and service providers. The Hounslow Public Health team is affected by this as invoices from other acute hospitals to Hounslow are delayed and it is not possible to estimate precisely the expected expenditure for this budget area. For other service areas, the Public Health team has started to look in more depth at inherited contracts to assess how closely they meet local needs and provide good value. This will continue into 2014/15.

Potential risks to the budget for 2014/15 include the ‘open access’ system for Sexual Health Services (meaning that members of the public may access these services at any time, anywhere in the country) and one cannot plan for the exact amount of spend that may occur in the year. In addition, there remain a number of potential changes that may arise about responsibilities for costs related to some of the sexual health and other public health services (such as some prescription and laboratory charges) not currently included in the Public Health budget plan, and currently being paid for by other parts of the health service. Therefore, there is a risk that the budget is inadequate for potential risks of increased spend in Sexual Health services or in changes in responsibilities for costs related to public health services.

Although guidance was produced nationally on the new responsibilities for public health activities (through local authority/ Public Health England/ NHS England) new issues continue to arise about responsibilities for particular activities. In particular, more work is needed to clarify exactly what is required in terms of ‘assurance’ for a range of areas not commissioned by the Local Authority including screening activities (wide range of programmes) and immunisation.

In terms of staffing, the team has now recruited nearly all staff required. A permanent Director of Public Health (DPH) and two permanent public health consultant posts were filled at the end of the year, with the new DPH coming into post mid-2014. The public health team has been understaffed throughout 2013/14. The Head of Health Intelligence post was, for a period, shared with interim DPH responsibilities. As a result of this, it will be necessary to work closely with the Hounslow ‘Clinical Commissioning Group’ (CCG) in preparation for 2014/15 to clarify what the Public Health team will provide in terms of the ‘Core Offer’ of healthcare public health and health intelligence advice. When the DPH and Consultants’ posts have been finalised, further work on developing the capacity of the existing team through Hounslow participating in regional and national public health training schemes would be advisable.

The Public Health team was ‘internally audited’ in January and February 2014 by Mazars Public Sector Internal Audit. The assessment found that the Public Health team is ‘substantially compliant’ (green rating) in terms of internal systems of control. The auditors made three recommendations which the team has already started to address.
8. Priorities for 2014/15:

The Public Health team will continue to work towards the three ‘outcomes’ (and their associated top priorities) identified in the Joint Health and Wellbeing Strategy: 1. Reduced difference in life expectancy between communities (with smoking cessation top priority) 2. Every child has the best possible start in life (with oral health improvement, immunisation coverage increase and obesity reduction priorities) and 3. Adults retain their independence and good health for longer (contributing into top priorities of reducing bed-based care, new models of mental health care and new approaches to long term conditions). The specific three priorities for the Health and Wellbeing team outlined in the Health and Wellbeing Business Plan 2013/14/15 remain the same for 2014/15:

i. Enhance existing public health provision to better meet priorities identified in the JSNA ii. Reprioritise existing services to focus more on reducing obesity levels in Hounslow in line with priority of the Health and Wellbeing Board iii. Encourage communication and engagement with residents to support and encourage greater behaviour change towards improved health. The planned activities for 2014/15 to help achieve these goals, are outlined in the updated Health and Wellbeing Business Plan 2014/15 (approved by the Health and Wellbeing Board in March 2014).

Work in support of these goals will include:

- In line with the findings of the updated JSNA 2014, maintaining focus on addressing the key underlying determinants of premature death and ill-health in the borough: reducing obesity, increasing physical activity, reducing smoking, reducing substance misuse and improving sexual health
- In line with the findings of the JSNA, beginning new work with other partners within LBH on activities to meet particular local needs and approved by the Health and Wellbeing Board: including Homeless health and housing-related work with Housing, FGM Prevention, Alcohol Harm Prevention with Community Safety/Licensing, Winter Warmth and Seasonal Health initiatives with Housing, Strengthening Domestic Violence Prevention Services with Community Safety, expanding ‘Early Years’ interventions for target families with children under five years with Children’s Services
- Further integration of public health work with other partners within LBH and key partners in the borough to ensure services are targeted effectively and opportunities for synergies grasped. This will take place, in part, as a component of Public Health input into the ‘Adult Transformation Programme’ and the ‘Better Care Fund’ initiative.
- Review of existing public health contracts to assess if target and groups at risk of poorer health are accessing these services, and also to assess value for money and draw up plans for 2015/16
- Work to develop communication of prevention messages, data analysis and needs assessments, and work with partners on the development and implementation of prevention strategies.
- Prepare for new commissioning responsibilities for 0-5 years Children’s Programme (Health Visiting, Family Nurse Partnership) (scheduled to take place towards the end of 2015)
PART 2

Health and Wellbeing Board Annual Report
2013/14

1. Introduction

The Hounslow Health and Wellbeing Board was established as part of the government’s changes to the health and social care system, as outlined in the Health and Social Care Act 2012. It became a statutory committee of the London Borough of Hounslow on 1 April 2013. The 2013/14 membership of the board is as follows:

Voting membership:

Chair - Councillor Jagdish Sharma (Leader of the Council)
Vice Chair - Councillor Ajmer Grewal (Cabinet Member Leisure and Public Health)
Councillor Lily Bath (Cabinet Member Children’s Services)
Councillor Shantanu Rajawat (Cabinet Member Adult Social Care and Health)
Councillor Colin Ellar (Cabinet Member Environment)
Bob Hardy-King (Healthwatch Representative)
Alan Adams (Interim Director Children’s and Adults’ Services)
Stephen Farrow (Acting Director of Public Health)
Nicola Burbidge (Chair Hounslow Clinical Commissioning Group)
Mary Harpley (Chief Executive LBH)
Peter Matthew (Assistant Director Housing, Leisure & Public Health Services)
Sue Jeffer (Managing Director Hounslow Clinical Commissioning Group)
Ann Bond (Co-optee – VCS representative for disability - Integrated Neurological Services)
Cherna Crome (Carers Representative)
Roger Shortt (Education Improvement Partnership)
Charanjit Ajitsingh (Co-optee - Community Representative)
Sarah Bishop (JobCentre Plus)

Non-voting membership:

Dame Jacqueline Docherty (Chief Executive West Middlesex University Hospital Trust),
Steve Shrubb (Chief Executive West London Mental Health Trust)
Thomas Neumark (Chair Integrated Provider Forum)
Mark Millar (Interim Chief Executive Hounslow & Richmond Community Healthcare)
Misak Ohanian (VCS representative for health and social care - Centre for Armenian Information & Advice)
Dr Mobin Salahuddin (Co-optee – Heathland Wellbeing Partnership)
Stuart Low (Fire Commander, London Fire Brigade)
Paul McGregor (Borough Commander, Hounslow Metropolitan Police Service).
2. Governance

2.1 Hounslow HWB aims to improve the health and wellbeing of Hounslow’s communities by bringing together the leadership of key organisations to plan and work in partnership, identify local needs and inequalities, monitor performance and develop effective plans and services. In order to achieve this a broad inclusive membership for the board was established and community stakeholders and key health providers were consulted with to help identify the most appropriate individuals to sit on the HWB.

2.2 Once the board was established, a forward plan and action plan was put in place to aid the board in delivering action against its identified priorities and in key-decisions for the forthcoming year. Inclusive of this is the HWB legislative responsibilities namely responding to and oversight of the Better Care Fund and JSNA. The HWB was effective in its role challenging and approving the service level plans and strategies associated to these key pieces of work.

2.3 The HWB also took the opportunity to review its relationship to other boards and partnerships and identified three types of relationships below. A number of changes relating to these groups are also detailed.

2.3.1 Sub-groups of the HWB – These are direct subgroups of the HWB who provide thematic project management and strategic direction. As a result of the HWB partnerships review, in March 2014 the HWB approved the creation of two new core delivery groups:

- **A Children’s Delivery Sub Group** – which will replace the Children’s Trust Board and ensure the HWB is the lead partnership on integrated commissioning relating to children and young people

- **A Health Integration Sub Group** – which will focus on developing a single vision for integration in Hounslow and have an overview of the forward planning processes. The HIWG will have a role in monitoring the Better Care Fund following the vision for the programme. In addition, it will operate as a think tank, understand the change agenda and generate ideas for the next 4-5 years.

Governance and linked partnerships have also been reviewed on an ongoing basis including the development of a protocol between the Local Safeguarding Children’s Board (LSCB) and Local Safeguarding Adults Board (LSAB) and approval of the Chair of these Boards to act as a special advisor to the HWB.

2.3.2 Advisors – This refers to those groups that are acting in an advisory, influencing and shaping capacity to the HWB. This includes the revised Joint Commissioning Board (JCB) which was established in 2013 to consider and develop the joint commissioning plans of London Borough of Hounslow and the Hounslow Clinical Commissioning Group. The JCB revised its
terms of reference in 2014 to reflect the changes in the health and social care commissioning landscape. Its purpose is:

- To set the strategic direction and agree joint decisions that affect commissioning for Hounslow Clinical Commissioning Group (CCG) and London Borough of Hounslow (LBH) in Hounslow
- To jointly commission Whole Systems Integrated Care and to oversee the system response to integrated commissioning
- To oversee the joint impacts of the Children and Families Bill (2013) and the Care Bill (2014)

The Health and Wellbeing Executive was also set-up in August 2013. It has helped to provide the necessary focus and leadership to the HWB agenda and has ensured HWB Members are supported and briefed on areas such as the Better Care Fund.

2.3.3 Delivery – The Partnership Delivery sub-groups deliver specific elements of the health and wellbeing priorities and play a key role in delivering the HWB strategic priorities such as: the Tobacco Control Alliance, the Sexual Health Network, the Substance Misuse Recovery Board and the Physical Activity and Sports Strategy Group.

3. 2013/14 Board Effectiveness and Priorities

3.1 The JSNA was refreshed in October 2012 which highlighted the current and future health and wellbeing needs of people who live in the borough. Subsequently, Hounslow produced a Joint Health and Wellbeing Strategy for 2013-17 which highlighted priorities that made a real impact on people’s lives, particularly where coordinated action is necessary.

3.2 In order to be effective and realise its potential, the HWB took a planned approach and made a commitment to focus on priorities and outcomes identified in the strategy which:

- engaged a cross-section of partners
- promoted integration and allowed for pooled resources
- encouraged a collective direction of travel which would elicit change and improvement
- could be jointly owned by Board members, their organisations and those involved in its delivery.

3.3 This approach recognised that to be effective the HWB would need to focus on high need areas, which would add value and not duplicate or merely sign off work programmes. The Board identified three top priorities to focus on for 13/14. These were:

- Top Priority 1: - to help those who wish to give up smoking to be successful
- Top Priority 2: - to improve oral health in children under 5
- Top Priority 3: - reducing the use of bed-based care
3.4 The HWB has looked to drive innovation around its top priority areas, identifying opportunities for collaboration and integration across agencies, and developing direct links to service users and patients. Examples of this would be developing not only the oversight mechanisms but also a forum for early stage project development and discussion to deliver the Better Care fund. The new Integrated Delivery Group brings together a variety of expertise from Public Health, Children and Adult Services and the Primary and Acute Health sectors to forward plan the Better Care Programmes. More detailed performance information regarding the Board’s achievements are detailed in Section 4.

4. Health and Wellbeing Board Performance

The following were identified as the key public health challenges identified in the Health and Wellbeing Strategy:

- A growing population size (particularly under-19s and over 85s) will create a need for a variety of health, wellbeing and social services across the borough;
- An overrepresentation of people from disadvantaged and less wealthy areas amongst premature deaths in Hounslow;
- A variation of deprivation between the borough’s wards, especially barriers to housing and services, and children living in poverty, which affect residents’ life chances and health;
- The percentage of children achieving a good level of development at age 5 is worse than national and regional averages. The Public Health Outcome Framework highlights that 60% of children in the borough are not ‘school ready’ (70% of the poorest);
- Lower immunisation rates than the target, and in general, lower rates than London and England averages;
- Inequalities in tooth decay experience, access to dental services and provision of fluoride varnish across the borough;
- Higher rates of obese and underweight children in Hounslow, unequally affecting children from deprived areas and Black ethnic groups
- High and growing numbers of preventable diabetes cases
- Higher rates of smoking-attributable hospital admissions and deaths compared to the London average, despite the lower prevalence of smoking;
- Higher rates of hospital admissions and male deaths due to alcohol misuse than the national average;
- A growing number of falls-related admissions, and prolonged length of hospital stay for elderly individuals admitted for a fall.

4.1 Performance

This section details the HWB performance against the top Health and Wellbeing Strategic (2013-17) priorities identified as areas where the HWB could have the biggest impact.

Top Priority 1: - to help those who wish to give up smoking to be successful

Theme - Reduced differences in life expectancy between communities
Evidence shows that the top three diseases responsible for the life expectancy gap are circulatory disease (heart disease and stroke) cancer and respiratory diseases. Smoking is an important and preventable cause of all three conditions and therefore it is a top priority to help those who wish to give up smoking to be successful.

- HWB approved the Tobacco Control Plan 2013-16 which includes actions to; reduce health inequalities and prevalence in key areas, tackle Hounslow’s illegal tobacco market and implement a new set of key performance measures.

- HWB signed up to a Local Declaration on Tobacco Control in March 2014. The declaration is a number of specific commitments including reducing the number of people smoking, working with local communities to develop plans and protecting tobacco control work from the commercial and vested interests of the tobacco industry.

- HWB has agreed to monitor performance against the eight new smoking and tobacco control key performance targets, which are focused towards health inequalities. This ensures compliance with ASH’s (Action on Smoking and Health) CLeaR process and improvement model.

Where Hounslow is performing well:

- general smoking prevalence rate in 2012 was 16.7% and has continued to be lower than national reported rates (19.7%); and routine and manual workers prevalence has declined steadily - falling from 23.5% in 2011 to 18.7% in 2012, as reported in the Integrated Household Survey (to note that the calculation method for this indicator from 2013 reporting onwards has changed so will no longer be comparable).
- Targets have been introduced for the Stop Smoking Service to ensure prevalence rates continue to declined

Where do we need to target our improvements?

- increasing referrals and quit rates, specifically increasing COPD referrals to Stop Smoking Service.
- understanding prevalence of ‘niche tobacco’ products, by strengthening links with dentists and recording of data.
- strengthen partnerships with Trading Standards and police to address supply and invest in proactive testing of products by Trading Standards.

Top Priority 2: to improve oral health in children under 5

Theme – Every child has the best possible start in life

- Oral Health is a key goal in the Health and Wellbeing Strategy 2013-17 due to the high rates of avoidable paediatric admissions being attributed to oral health in Hounslow.
• From the 1st April 2013 local authorities became responsible for promoting better oral health amongst their local population by developing oral health promotion strategies and commissioning oral health improvement programmes. Based on the North West London Child Oral Health Improvement Strategy 2011 and Hounslow Oral Health Review 2012, an updated 13/14 Oral Health Action Plan was developed for Hounslow, with the aim of improving oral health for children in the borough. This work has commenced to include Oral Health Promotion training for front line staff working with young children and families, distribution of Brushing for Life kits and information for families, this will be built on in 14/15 and beyond.

• The Children’s Trust Board (CTB) leads on children and young peoples’ health and well-being issues. Oral health promotion has been identified as a priority within the HWB strategy and Children and Young Peoples’ Plan (CYPP), in particular:
  
  - reducing the number of children with caries experience
  - reducing the proportion of children aged 5 and 12 with untreated dental caries

• A mid-year review and annual report for all CYPP priorities including oral health is submitted to CTB identifying areas that are performing well and areas for improvement.


Where Hounslow is performing well:

• overall tooth decay in 5 year olds has reduced from 30.9% (in 2007/08) to 27.9% (2011/12)
• the rate of sepsis in 5 year old children has reduced from 2.8% (based on BASCD 2007-8) to 1.7% in 2011/12 (National Epidemiological Dental survey results)
• 72.1% of 5 year olds in Hounslow (2011/12) are free from tooth decay, up from 69.1% in 2008
• a March 2014 snapshot showed that 88% of Looked after Children had a recorded dental check-up within the previous 12 months.

Areas where we need to improve

• the proportion of five year old children in Hounslow with decay experience (having one or more decayed, missing or filled teeth) in 2007/08 was 32.6%, this has increased to 36.4%, compared with 32.9% for London and 27.9 % for England (2012 survey results).
• the rate of fluoride varnish (FV) remains low.
• Reporting of dental issues is high amongst looked after children

Where do we need to target our improvements?
- improve data collection and data-sharing arrangements between local and national commissioners. This will help us assess the scale of the problem locally and to measure the impact of interventions we introduce to improve child oral health. In addition, LB Hounslow will conduct a school-based survey/census of around 50 children (5 year olds), from one school within each of Hounslow’s 20 wards, to provide a richer (ward-level) dataset, to be used as a baseline for future interventions.

- prioritise oral health promotion. LB Hounslow will commission a provider to train the wider children’s workforce; this will enable oral health interventions at every contact. It will also be an opportunity to increase children’s exposure to fluoride toothpaste, through promoting delivery of the Brushing for Life (B4L) programme, as well as reinforcing positive behaviour change messages using the "Healthy Teeth, Happy Smiles" leaflet created for Hounslow.

**Top Priority 3: Reducing the use of bed-based care**
Theme – Adults retain their independence and good health for longer

- Patients who are fit for discharge but remain in hospital are at risk from hospital-acquired infections. Many patients find prolonged stays frustrating or distressing and, for some, longer stays can lead to depression or loss of functional independence.

- The Adult Services Outcomes Framework data for 2012/13 shows that Hounslow is performing well. Hounslow is below the Outer London average for delayed transfers of care and above average for the proportion of older people discharged from hospital to their own home for extra care for rehabilitation back home. However more recent 13/14 patient experience data is showing a rise in delayed transfers in Hounslow. During April 2013, 12 patients experienced delayed transfers of care over an aggregate total of 418 days. In March 2014 this has increased to 21 patients and a total of 555 days.

- The Health and Wellbeing Board during 2013/14 focused its work on integrated working between the local authority and the Hounslow Clinical Commissioning Group. A new Joint Commissioning Board was established in 2013 reporting back to the Health and Wellbeing Board to agree joint priorities and spend. Membership includes the Chair and Managing Director of Hounslow CCG, Director of Children’s and Adults’ Services (LBH), Assistant Director Adult Safeguarding, Social Services and Health (LBH), Assistant Director Housing Leisure and Public Health (LBH) and Director of Public Health.

- In 2014 the Board approved Hounslow’s Better Care Fund Plan first submission to NHS England. Plans for 14/15 include:
  - a new service model integrating reablement with the community rehabilitation service
  - commissioning the falls service in an integrated way as part of the reablement pathway
- commissioning step down recovery / reablement beds
- commissioning social workers to work as part of locality based multi-disciplinary teams with general practice and other professionals with people who require earlier inventions to support social and functional stability.

Areas where we need to improve

Oversight of project proposals within the Better Care Fund will continue to be an area of significant focus for the Board. A proposal to the Board includes the creation of an Integration Working Group to focus on the transformation system changes needed over 14/15 to enable the delivery Better Care Fund Programmes in 15/16.

5. Improving the Board’s effectiveness and delivering priorities for 2014/15

5.1 The Hounslow HWB Annual Report for 2013-2014 allows the HWB to evaluate its own performance and check that members, both collectively and individually, are meeting the success criteria they have agreed. The HWB aimed to make progress against the 2013/14 priorities by engaging with its board members and subgroups, promoting integration and aligning the strategic direction of all partners. As this report details, through this approach the board has been successful in meeting a number of key milestones and responding to legislative requirements. Most significantly the review of the HWB partners has allowed for a set-up of the most appropriate structure in delivering future priorities, preparing it for its leading role in driving the integration and prevention agenda forward.

5.2 Coupled with recognising the achievements highlighted in the previous section is the identification of the need to maintain momentum. It is also recognising the reality that the HWB cannot, in isolation, meaningfully sustain and drive through an improvement agenda even against a focused set of priorities. The rationale for setting up the subgroups of the board is that these will drive and oversee the operational momentum with strategic direction and input from the HWB. The HWB will ensure groups are setting clear work parameters and objectives in line with the HWB’s priorities. Moving into 2014/15 the HWB will need to look at the outputs and outcomes from all these sub-groups in addition to its own decision making input to assess its effectiveness.

5.3 A more rigorous forward planning process will provide a simple check that the HWB focus is one of decision-making around its statutory duties and the priorities it has set itself. The HWB needs to be informed and updated but this should not dominate the HWB’s main meeting agenda.

5.4 A range of needs assessment and national outcome performance data indicated that reducing smoking, improving oral health and reducing bed-based care should remain as a focus. At the March 2014 HWB meeting, the board agreed to retain the 13/14 top priorities for 14/15 with an additional focus on mental health and wellbeing.
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<th>Top Priority 1</th>
<th>Help those who wish to give up smoking to be successful</th>
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<td>HWB Work streams:</td>
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<td>• To receive half yearly and end of year progress reports from the Tobacco Control Alliance. This will include: i.) Six monthly performance reporting against high level smoking cessation KPI’s and wider tobacco control indicators. ii.) spotlight on progress against areas for identified for improvement such as enforcement activity and tackling the illegal tobacco market. iii.) highlight areas for further action by the HWB.</td>
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<td>Reporting Partnership: Tobacco Control Alliance</td>
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<th>Top Priority 2</th>
<th>Improve oral health in children under 5</th>
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<td>• Children’s Delivery Group to review results of the enhanced dental survey and behavioural insight study and present findings, particularly implications for revisions to targeted services and re-focusing resources for oral health promotion.</td>
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<tr>
<td>• To receive end of year performance report to assess progress against measures and priorities identified within 13/14 Oral Health action plan.</td>
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<td>Reporting Partnership: Children’s Delivery Sub Group</td>
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<th>Reducing the use of bed-based care</th>
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<td>• Stewardship for priorities and metrics as part of the Better Care Fund.</td>
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<td>• Oversight of the impact of the Care Bill and future regulations.</td>
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<td>• Approve forward plan of commissioning intentions for the whole systems integrated care</td>
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<td>• To scrutinise CCG commissioning intentions.</td>
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<tr>
<td>• Long term prevention of ill-health through Public Health activities</td>
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<tr>
<td>Reporting Partnerships: Joint Commissioning Board and Health Integration Sub Group.</td>
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<tr>
<th>Top Priority 4</th>
<th>Improving mental health and wellbeing</th>
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<tr>
<td>Actions:</td>
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<tr>
<td>• To have oversight of new and developing models of mental health care.</td>
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<td>• Detailed annual progress report on mental health promotion work within the Health and Wellbeing Board Business Plan.</td>
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</table>
5.5 Other statutory and national commissioning changes the board will need to consider:

- Monitoring the Health and Wellbeing strategy
- Publishing the JSNA
- Approve commissioning process for the Pharmaceutical Needs Assessment
- Oversight (through the Children’s Delivery Group) of the move of 0-5 years public health commissioning to the local authority from NHS England.
- Oversight of the reform of SEN and joint commissioning for children with complex needs (through the Children’s Delivery Group)