Performance Review – Neighbourhood Renewal Strategy

Attendance at review meeting: Health and Well being

Date of Review 23/04/04

Paul Haigh, Cllr Blakeman, Menghi Mulchandani, Janine Jolly, Marc Thompson, Henry Bewley, Helen Kay

NRS Issue 4: Variations in the quality & accessibility of local health and care services

Health and Well-Being

Special Achievements

- MORI's Social research on access to Primary Health Facilities in Golborne, St Charles and Cremorne wards (all in top 20% most deprived in the country) found overall satisfaction with health services was very high.
- PALS service up and running. The PALS office is situated by reception at St Charles hospital. Patients can access PALS via face-to-face drop in, telephone (answer-phone for out of hours enquiries) website and the two workers carry out outreach in the community. Between April 03 and January 04 there were 207 enquiries 67% of these related to requests for information and 33% for support with problem solving. The main issues or registering with and transferring GP's.
- 90% of patients within RBKC can now see a GP within 48 hours and a primary care professional within 24 hours
- BME Health Forum has helped promote the health needs of BME residents e.g. initiated task groups around the needs of Muslim women
- Use of Sports and health facilities increased by underusing groups (Check figs)

Barriers

- Encouraging the PCT and council to integrate the recommendations of the BME Health Forum into their commissioning process.
- No council staff representation on the BME Health Forum for some time slowed progress.
- Insufficient health facilities (and inaccessible and expensive buildings)
- Smoking cessation targets very tough and high drop out rates
- Likely to fall outside deprivation index in future so will be increasingly difficult to access funding.

Action for Improvement

- Increased representation of hard-to reach groups is a priority in the PCT's User Involvement Strategy and by increasing the capacity of the PCT's Community Health Development Team.
- Increase access to Leisure facilities when council Leisure contract is renewed. PCT has provided information based on evaluation of the exercise referral scheme to encourage greater access for low-income groups, BME groups, older people and the disabled.
- Complete audit of building services provision
- The 2004/2005 Smoking Cessation Plan will see a shift of emphasis with the priority being to full engage Community Pharmacists and GP practices to carry out Level 2 services one-to-one support to stop smoking following DH guidelines. The thrust will be to provide practitioners with accredited training asap and then incentivise them with a payment for each person who ceases to smoke.

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Special Achievements

- Integrated service and pooled budged for learning disabilities
- Person Centred Planning toolkit for learning disabilities
- Joint posts between RBKC and PCT in both older people and learning disabilities services
- Delayed discharge for K&C residents remains low
- Return from hospital scheme
- PCT launched April 2002
- PALS and Patient Forums up and running
- Social services has IIP accreditation
- Good progress on improving placement choice and adoption outcomes
- Building on GP exercise referral scheme
- Sure Start is delivering
- Large amount of resources going into Smoking Cessation work

Barriers

- Schools need to take the Healthy Schools Scheme seriously
- Risks inherent in the integration of service
- Negotiations on Ellesmere have been prolonged (but now at contract signing stage)
- There is a question marks over the political direction of family centres and changes in the Charter Mark scheme
- Large drop out rate and very ambitious targets for smoking cessation
- Relative deprivation in RBKC as measured by the new index may leave the Royal Borough outside the tranche of authorities that qualify for special grants.

Action for Improvement

- In 2004/5 looking at increased integration of health and social care – mental health, older people (papers to Joint Health Partnership Board) and Children Services (Children Bill and Green Paper)
- New strategic priorities of the PCT
- Improve access to primary care
- Improve action for BME communities
- PCT performance management approach with new GP contract
- Complete audit of the PCT building services provision
- Need to mainstream the Healthy Schools Scheme
- LSP and Borough could use the PCT more to measure health

Possible Solutions	
• Reduce demand for secondary care – keeping people out of hospital is a PCT priority • Take a slow and steady approach to joining up social care and health care where it is beneficial • Work commissioned by WCC/RBKC to effectively use Person Centred Planning • RBKC submission on IMD sought to ensure as accurate as possible a representation of deprivation in the Royal Borough. • Encourage Council/Partners to pilot health, environment and equity impact assessment	impact of plans, initiatives and policies.

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General Observations on Partnership working and the new Community Strategy

Special Achievements

- Made progress on Disabilities –now on the agenda for all partners on the KCP
- Pleased that a number of Health related projects funded by NRF for 04/06

Performance Review – Community Strategy

Barriers (and problems)

Too much time taken up with bureaucracy and demands of GO-L at LSP meetings and elsewhere

Reporting structure duplicates reporting elsewhere

Insufficient data to measure progress on objectives

No progress made on Health Impact Assessments in CS mainly because not seen as a priority/important. Difficult for PCT to know where to start to effect change.

LSP doesn't force us to work in different ways – it should! E.g. KCP could be thinking collectively about how to get Health Impact Assessments off the ground – PCT could help other organisations assess the impact on health of initiatives and projects but only if this is seen as something that KCP sees as a priority

Some dilemmas for the LSP

* How can we address the widening gap between our healthiest and unhealthiest wards?
* How can we prevent ill health and improve health and wellbeing?
* How do we address the problem of different priorities leading to budget shifting or other organisation not doing what a different organisation would have liked them to do?

Possible Solutions

Sub-group to deal with the demands arising from GO-L to free up time at meetings Group to make recommendations which LSP note and don't really have to discuss in any detail Therefore time at meetings can be spent on practical ways to make a difference

Action for Improvement

Propose to Community Strategy sub-group:

Health to be a cross-cutting issue along with Equalities and sustainability. All services need to be geared towards improving health well-being for all. To ensure improvements carried on into the future all developments to be sustainable.

Could each chapter/silo of the new Community Strategy be made to have targets in the cross cutting areas? Or all other objectives to address how they could/would impact on health, equalities and sustainability positively or negatively.

Should be a bold, brave, proactive document with new and innovative objectives, not just our existing strategies all in one document. At moment feels too much like list of things we were already doing. Ought to demonstrate how the LSP has made us work together differently and achieve things we wouldn't have done if LSP didn't exist Could be shorter document if existing strategies referred to rather than stated. Currently tries to be both an "advert" for K&C and an aspirational planning document.

If must focus on existing strategies narrow down number of objectives to 2 or 3 per chapter (did I hear this right?) Must have SMART targets, proper indicators at start. For Health chapter must have strong links to Local Delivery Plan.

For KCP meetings/process:

Would like to see evidence of added value of KCP. E.g. Collective effort on projects on the ground. (These projects discussed as part 2 agenda items) but discussed 1st at meetings

More time given to understanding each partners' work and aiding with each others objectives.

Propose to Agenda Planning group that have Part 2 items first and deal with GO-L and bureaucracy later (when tired!)

Make sure that actions agreed at meetings are followed up (Helen to do list of actions from meetings to check on this)