

# HILLINGDON'S DRAFT HEALTH AND WELLBEING STRATEGY

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<b>Cabinet Portfolio(s)</b>	Leader of the Council Social Services, Health and Housing
<b>Officer Contact(s)</b>	Paul Feven, Finance
<b>Papers with report</b>	Draft Health and Wellbeing Strategy

## HEADLINE INFORMATION

<b>Summary</b>	<p>This report is seeking Cabinet approval for Hillingdon's draft Health and Wellbeing Strategy, subject to public consultation.</p> <p>The purpose of this statutory plan is to improve the health and wellbeing of Hillingdon's residents and address the needs of Hillingdon's residents, as identified within the Joint Strategic Needs Assessment.</p>
<b>Contribution to our plans and strategies</b>	<p>This is a key strategy that will sit alongside the Sustainable Community Strategy as an over-arching plan informing the development of all other Council plans and strategies as well as those developed with other partners.</p>
<b>Financial Cost</b>	<p>There are no financial implications associated with the adoption of this Strategy. The delivery of the Strategy will need to be contained within the budget of the Council and partner organisations.</p>
<b>Relevant Policy Overview Committee</b>	Social Services, Health and Housing
<b>Ward(s) affected</b>	All

## RECOMMENDATION

**That Cabinet approves the draft Health and Wellbeing Strategy and also notes that consultation on its contents is underway, which will lead to a further report back to Cabinet in 2013.**

### Reasons for recommendation

The adoption of this Strategy will enable the Council to comply with its duty under Section 116 of the 2007 Local Government and Public Involvement in Health Act (as amended by the 2012 Health and Social Care Act) to work with the Clinical Commissioning Group (CCG) to develop a

Health and Wellbeing Strategy that will address the needs identified in the local Joint Strategic Needs Assessment (JSNA).

The draft strategy has been developed by the Hillingdon Health and Wellbeing Board.

### **Alternative options considered / risk management**

No alternative options have been considered.

### **Policy Overview Committee comments**

None at this time.

## **INFORMATION**

### **Introduction**

1. Local government has a long track record of setting up and sustaining effective partnerships to address improvements within the local community. This report concerns a new form of partnership which has been established between the Council, the NHS, local HealthWatch and the voluntary and community sector. The Health and Wellbeing partnership is designed to provide effective leadership for developing a more strategic and integrated approach to health and wellbeing in Hillingdon.

2. A shadow Health and Wellbeing Board, chaired by the Leader of Hillingdon Council, has been established to

- Improve the health and wellbeing of the residents of Hillingdon
- Develop a Health and Wellbeing Strategy to improve health and reduce health inequalities
- Develop, deliver and monitor the implementation of the Strategy and the continuous improvement of health and social care services.

### **Legislative Background**

3. The Health and Social Care Act 2012 requires that Health and Wellbeing Boards are set up in every local authority area in order to.

- Exert strategic influence over commissioning decisions across health, public health and social care.
- Strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care.
- Provide a forum for challenge, discussion, and the involvement of local people.
- Bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community.

4. The Health and Social Care Act also amended existing legislation to introduce new duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies ("HWB Strategies"). The aim of JSNAs and HWB Strategies is to improve the health and wellbeing of the local community, reduce inequalities for all ages and determine what actions councils, the NHS and other partners need

to take to meet health and social care needs of local residents. This will include recommendations for joint commissioning and integrated approaches to services across health and care.

5. In accordance with Section 116 of the Local Government and Public Involvement in Health Act (as amended) local authorities and clinical commissioning groups have a joint duty to prepare JSNAs and HWB Strategies and involve the National Commissioning Board (NCB). This duty must be undertaken through the local health and wellbeing board.

6. In summary, the new health and wellbeing partnership within each local authority are designed to drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision can also be addressed in the process.

### **Joint Health and Wellbeing Strategies**

7. Joint Health and Wellbeing Strategies (JHWBS) are designed to meet the needs that have already been identified in local JSNAs. The Strategy needs to explain what is unique to each local area as well as highlight the priorities that the local Board has selected to tackle the needs of local residents.

8. The 2012 Health and Social Care Act require councils, CCGs and the NCB to have regard to JSNAs and JHWBS in the way they carry out their functions. Clinical commissioning groups and the NCB also have a legal duty to consult health and wellbeing boards on whether their commissioning plans take proper account of the local JHWBS.

### **Hillingdon's Health and Wellbeing Board**

9. Hillingdon has acted well in advance of this statutory requirement in establishing a Board in 2010. This was remodelled earlier in 2012 to comply with the new requirements. The remodelled Board is now acting in shadow form until it formally assumes its new powers from the 1st April 2013.

10. Hillingdon's shadow Health and Wellbeing Board is a multi-agency group, chaired by the Leader of the Council, with membership as follows:

- Cabinet Member for Social Services, Health and Housing (Deputy Chairman of the Board)
- Deputy Leader of the Council and Cabinet Member for Education and Children's Services
- Cabinet Member for Community, Commerce and Regeneration
- Chairman of Hillingdon Clinical Commissioning Group
- Chief Executive, The Hillingdon Hospitals NHS Foundation Trust
- Director of Operations, Central and North West London NHS Foundation Trust
- Corporate Director of Social Care and Health
- Joint Director of Public Health
- Chairman of Hillingdon LINK Board (HealthWatch Board Chairman after 1<sup>st</sup> April 2013)

## Hillingdon's Joint Health and Wellbeing Strategy

11. Hillingdon's Strategy has been developed as part of an on-going process of stakeholder engagement about addressing the needs of residents. The draft Strategy was approved for consultation by the shadow Health and Wellbeing Board at its October 2012 meeting.

12. As both statutory and voluntary sectors are working with limited resources, one of the key principles of Hillingdon's Strategy is to focus on the areas where a collective focus will offer the greatest benefits as well as the greatest value for money to Hillingdon's residents. In this manner, the partnership of statutory health and social care services represented by the Board will continue to find ways to build and sustain value for money local services as opposed to making blanket cuts.

13. Other key principles of Hillingdon's Strategy are:

- Residents want to have a say about the services they use
- Most residents prefer to be treated as close to their homes as possible
- Preventing disease and illness is always better than curing it
- When illness does occur, the sooner services can help people, the better
- People prefer to live as independently as possible, at home and within the community as opposed to institutional settings.
- Technology can help residents to live independently when they are unwell or have health and care needs
- All services need to evidence the benefits they offer to residents and be open and honest about how well they are performing generally

## Hillingdon's Strategy – the Key Needs to Address

14. The key needs of people in Hillingdon that the Strategy will be seeking to address are:

<b>Children engaged in risky behaviour</b>
<i>Too many young people engage in potentially harmful behaviours that can risk their health, such as alcohol abuse, drug taking, smoking, taking risks with sexual behaviour or being overweight.</i>
<b>Dementia</b>
<i>As we live longer, more of us will suffer from dementia, and we are not currently doing enough to diagnose or support its treatment</i>
<b>Physical activity</b>
<i>If we can increase the amount of physical activity for people, then we can improve physical and mental health and reduce chronic disease</i>

<p><b>Obesity</b></p> <p><i>Obesity is the most widespread threat to the health and wellbeing of the population</i></p>
<p><b>Adult and Child Mental Health</b></p> <p><i>Mental illness is the largest single cause of disability in our society, and we can be more imaginative in the design of services to support adults and children</i></p>
<p><b>Type 2 Diabetes</b></p> <p><i>Type 2 Diabetes is a major cause of morbidity and mortality but good management of the condition can significantly improve outcomes for those with the condition</i></p>
<p><b>Increasing Child Population and Maternity Services</b></p> <p><i>With an above average birth rate in Hillingdon, we need to do more to support pregnant mothers</i></p>
<p><b>Older People including sight loss</b></p> <p><i>With more of us living longer, the range of services for older people needs to be updated and improved</i></p>
<p><b>Dental Health</b></p> <p><i>Our children have above average levels of dental decay and we need to educate families about the value of good oral health</i></p>

**Hillingdon’s Strategy – Objectives and Priorities**

15. There are four main objectives, each with more specific priorities attached to them:

<p><b>Objective 1</b></p> <p><b>Improve Health and Wellbeing and Reduce Inequalities</b></p> <p>We know that people will feel better and be healthier if they are more active and have access to better facilities across Hillingdon.</p> <p>As a priority we will focus on physical activity and obesity</p> <p><b>Objective 2</b></p> <p><b>Invest in Prevention and Early Intervention</b></p> <p>We need to focus resources on <i>preventing</i> disease and illness and when we need to provide health and social care, the sooner it is delivered, the better the chance of a good outcome.</p> <p>As a priority we will focus on:</p> <ul style="list-style-type: none"> <li>• Reducing reliance on acute and statutory services;</li> </ul>
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- Children's mental health and risky behaviours;
- Dementia and adult mental health;
- Sight loss.

### **Objective 3**

#### **Develop Integrated, High Quality Social Care and Health Services within the Community or at Home**

The changes in health and social care legislation are designed to create a more joined up set of services for our patients, their families and carers. We want to make this the normal experience for the people of Hillingdon.

As a priority we will focus on:

- Integrated approaches for health and well-being, including telehealth;
- Integrated Care Pilot for frail older people and diabetes.

### **Objective 4: Creating a Positive Experience of Care**

We will tailor our services in a more personalised way and we can only achieve this if we think of more methods for hearing about your views and experiences and then reacting to them.

As a priority we will focus on:

- The development of tailored, personalised services;
- An ongoing commitment to stakeholder engagement.

16. The draft strategy explains what is currently happening under each of the priorities and the actions that will be taken to deliver the objectives up to 31<sup>st</sup> March 2015. The strategy also sets out success measures so that the Health and Wellbeing Board and local residents will be able to gauge whether it has made a difference.

### **Financial Implications**

17. The adoption of the Strategy will not result in any direct costs to London Borough of Hillingdon. The delivery of the Strategy will need to be contained within the budgets of the Council and Partner organisations.

### **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

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

18. Approval of the recommendation will support the process of ensuring that the Council has a Strategy in place by the 1<sup>st</sup> April 2013 that will show how the health and wellbeing of residents will be improved. It will also ensure that the Council is compliant with its statutory obligations.

## **Consultation Carried Out or Required**

19. A programme of consultation with residents and stakeholders will close on the 13<sup>th</sup> February 2013. The findings from the consultation will inform the final version of the strategy, which will be presented to the shadow Health and Wellbeing Board for approval in February 2013. The outcome of the consultation process will be reported to the March meetings of Cabinet and the HCCG Board.

## **5. CORPORATE IMPLICATIONS**

### **Corporate Finance**

20. Whilst there are no direct financial implications associated with the approval of the draft Health and Wellbeing Strategy, the delivery of the final strategy will need to be delivered within the approved revenue and capital budgets for the various services impacted by the strategy. The development of the strategy must also, where appropriate, take account of any current savings proposals within the MTFF that impact upon the proposed objectives and priorities to address the key needs identified within the Joint Strategic Needs Assessment.

### **Legal**

21. The Health and Social Care Act (2012) places a duty on Local Authorities and Clinical Commissioning Groups to develop a Joint Health and Wellbeing Strategy that focuses on the needs identified in the Joint Strategic Needs Assessment (JSNA). These statutory duties come into force in April 2013 and will be statutory duties of the Health and Wellbeing Board. In the meantime, guidance from central government encourages local authorities, CCGs and other partners to work together in advance of the new duties coming into force. It is open to Cabinet to accept and/or amend the draft Health and Wellbeing Strategy. If accepted or amended, the document will be made available for a public consultation with the aim of presenting Cabinet with proposals for the Health and Wellbeing Strategy in 2013.

## **6. BACKGROUND PAPERS**

NIL