

## SOCIAL CARE, HEALTH & HOUSING POLICY OVERVIEW COMMITTEE - 27.2.13

Cabinet Member: Cllr Corthorne

Lead Officers: Linda Sanders & Paul Feven

Cabinet Report: Health and Wellbeing Strategy - draft approved subject to consultation 20.12.12 approval following consultation planned for 25.4.13

This Cabinet report will present a revised Health and Wellbeing Strategy for approval.

### **National Guidance on Health and Wellbeing Strategies**

The following is a summary including specific excerpts from the DH draft guidance (Nov 11) *JSNAs and joint health and wellbeing strategies*:

Summary of duties and powers relating to HWB Strategies – Health and Social Care Bill

- Duty to prepare strategies
- Duty to involve third parties in preparation of the strategy
- Duty to have regard to statutory guidance in developing the strategy
- Duty to consider health act flexibilities when developing the strategy
- Duty to publish the strategy

Key principles of health and wellbeing strategies:

- Should be strategic
- Should look at local assets as well as needs
- Should understand inequalities in the local area
- Should focus on the things that can be done together e.g. added value of pooling budgets and other resources, joint commissioning
- Should prioritise the issues requiring the greatest attention, avoiding the pitfalls of trying to take action on everything all at once.

Overall aim of health and wellbeing strategies:

to jointly agree what the greatest issues are for the local community based on evidence in JSNAs, what can be done to address them and what outcomes are intended to be achieved. “

Values that underpin good health and wellbeing strategies:

- Setting shared priorities based on evidence of greatest need
- Setting out a clear rationale for the locally agreed priorities
- Not trying to solve everything but taking a strategic overview on how to address the key issues
- Concentrate on an achievable amount
- Addressing issues through joint working across the local system

- Supporting increased choice and control by people who use services

## **Purpose of Hillingdon's Strategy**

The draft strategy has been written for members of the public and presents a clear and straight-forward picture of the key priorities that the key health and wellbeing partners will be focused on for the next few years.

The strategy outlines the key priorities for the Board and within this:

- An outline of the current situation
- Areas for improvement
- Specific actions and success measures that can be monitored

## **Outline of the Strategy**

- Strategic context section outlining key issues for (a) Council and social care (b) CCG and (c) public health. This includes information on common principles and the financial context we are working in.
- **Key objectives** for the strategy are:
  - Improved health and wellbeing and reducing inequalities
  - Prevention and early intervention
  - Developing integrated, high quality social care and health services within the community or at home
  - Creating a positive experience of care
- These objectives frame a series of more specific priorities which the Strategy provides details on.
- **Key priorities within each objective** are as follows:

### **1 IMPROVE HEALTH & WELLBEING AND REDUCE INEQUALITIES**

- Physical activity and obesity

### **2 INVEST IN PREVENTION AND EARLY INTERVENTION**

- Reducing reliance on acute and statutory services;
- Children's mental health and risky behaviours;
- Dementia and adult mental health.

### **3 DEVELOP INTEGRATED, HIGH QUALITY SOCIAL CARE AND HEALTH SERVICES WITHIN THE COMMUNITY OR AT HOME**

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

## 4 CREATING A POSITIVE EXPERIENCE OF CARE

- Tailored, personalised services;
- An ongoing commitment to stakeholder engagement.

### **Governance**

Attachment 1, Health & Wellbeing Board report 19.2.13.

Health & Wellbeing Board on 19.2.13 considered the findings from the consultation process and endorsed the priorities set out in the strategy with a view to utilising the consultation feedback to shape implementation planning. This is with a view to formal approval at April's Cabinet as well as formal consideration by Hillingdon's Clinical Commissioning Group.

Once the priorities have been agreed, it will be possible to develop task and finish groups to take day to day responsibility for the completion of agreed actions, subject to the determination of the Board.