

HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2013-2016

Cabinet Member(s)	Councillor Ray Puddifoot Councillor Philip Corthorne
Cabinet Portfolio(s)	Leader of the Council ocial Services, Health and Housing
Officer Contact(s)	Linda Sanders, Social Care and Health
Papers with report	Appendix 1 – Joint Health and Wellbeing Strategy

HEADLINE INFORMATION

Summary	This report is seeking Cabinet approval for Hillingdon's Health and Wellbeing Strategy following an agreed period of consultation about the priorities proposed in the strategy. The strategy was endorsed by Hillingdon's shadow Health and Wellbeing Board on 19 th February 2013. The purpose of the joint strategy is to improve the health and wellbeing of Hillingdon's residents and address the needs of Hillingdon's residents, as identified within Hillingdon's Joint Strategic Needs Assessment (JSNA).
Contribution to our plans and strategies	The Joint Health and Wellbeing Strategy is a key over-arching plan helping to inform the priorities of the Council and local partners.
Financial Cost	There are no direct costs arising from the recommendations of this report. The delivery of the strategy will need to be contained with the budget of the Council and partner organisations.
Relevant Policy Overview Committee	Social Services, Health and Housing
Ward(s) affected	All wards in Hillingdon

2. RECOMMENDATION

That Cabinet approve the proposed Joint Health & Wellbeing Strategy for Hillingdon.

Reasons for recommendation

Guidance from the Department of Health (Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies) sets out a duty to prepare a strategy to address health inequalities and promote health improvement and to involve stakeholders in preparing the strategy. The strategy should be based on evidence, seek to address the greatest health and wellbeing concerns for local residents and set out the key outcomes to be achieved.

The adoption of the 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).

Alternative options considered / risk management

No alternative options have been considered.

Policy Overview Committee comments

The Social Services, Health and Housing Policy Overview Committee made the following comments at their meeting on 27th February 2013 about the priorities set out in the draft strategy which Cabinet are asked to consider:-

1. there should be an additional, stand alone priority to ensure that people had access to information on the range of health and social care services available to them.
2. in relation to the key priority 'Develop Integrated High Quality Social Care and Health Services within the Community or at Home' - diabetes should be included as a stand alone priority.

Overall, Members of the Policy Overview Committee agreed that the strategy document provided a concise and informative document which seeks to address a number of key local issues including: a focus on prevention, depression, diabetes, dementia and carers access to primary care.

Members should note that the External Services Scrutiny Committee is currently reviewing diabetes needs and services in Hillingdon and will report to Cabinet in due course with recommendations.

3. INFORMATION

Hillingdon's Joint Health and Wellbeing Strategy

- 3.1 Hillingdon's priorities for health and wellbeing have been developed with partners and following a period of consultation. The draft strategy was approved for consultation by the shadow Health and Wellbeing Board at the October 2012 meeting of the Board. As both statutory and voluntary sectors are working with limited resources, one of the key principles of Hillingdon's strategy is to target the areas where a collective focus will offer the greatest benefits as well as the greatest value for money to Hillingdon's residents.
- 3.2 Other key guiding principles of the strategy include:
 - 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.
- All of the various services helping to deliver health and wellbeing in Hillingdon need to work together and communicate well with each other and with Hillingdon residents.

Hillingdon's Health and Wellbeing Needs – A summary

3.3 The key needs the joint Health and Wellbeing Strategy will be seeking to address are set out below:

<p>Children engaged in risky behaviour</p> <p><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></p>
<p>Dementia</p> <p><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></p>
<p>Physical activity</p> <p><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>
<p>Obesity</p> <p><i>Obesity is the most widespread threat to the health and wellbeing of the population.</i></p>
<p>Adult and Child Mental Health</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>Type 2 Diabetes</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>Increasing child population and Maternity Services</p> <p><i>With an above average birth rate in Hillingdon, we need to do more to support pregnant mothers.</i></p>
<p>Older People including sight loss</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>Dental Health</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 2013-2016

3.4 The following summarises the key objectives and priorities set out within the joint Health and Wellbeing strategy:

Objective 1

Improve health and wellbeing and reduce inequalities

We know that people will feel better and be healthier if they are more active and have access to better facilities across Hillingdon.

As a priority we will focus on:

- Physical activity and obesity.

Objective 2

Invest in prevention and early intervention

We need to spend more on preventing disease and illness. The sooner health and social care are delivered, the better the chance of a good outcome.

As a priority we will focus on:

- Reducing reliance on acute and statutory services;
- 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;
- The 'Integrated Care Pilot' for frail older people, people with diabetes and mental health.

Objective 4

Creating a positive experience of care

We will tailor our services in a more personalised way. We can only achieve this if we hear your views and experiences.

As a priority we will focus on:

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

Consultation on the priorities for improving Health and Wellbeing

3.5 In developing this strategy the Shadow Health and Wellbeing Board agreed at their meeting on 18th October 2012 to consult on the priorities for improving health and wellbeing in Hillingdon. The consultation confirmed support for the four proposed key priorities in the draft strategy and indicated a need for further information about the

implementation plan to deliver the priorities. A consultation plan was prepared to ensure a wide cross-section of opinion was gathered using a mixture of approaches to inform the development of the strategy. This included an online survey and presentations / discussions at a number of local Groups. The consultation approach covered the following:

- Standard and easy read versions of the consultation survey were created. These were made available online and in paper format.
- The consultation had its own page on the Council's website, with details of the strategy and links to both versions of the survey (standard and easy read versions).
- An email promoting the consultation was sent to an established consultation list of over 1,700 residents.
- Messages were sent to partner organisations in the Borough inviting contributions.
- Local groups and forums were approached to take part in the consultation. Officers attended many of the groups to take part in and listen to the discussion. A number of scheduled events and groups took part in the consultation which included service users, carers, local residents and representatives from partner organisations. These included the following groups and events:
 - Age UK Conference – 5th December
 - Hillingdon Disabled Tenants' and Residents' Group -18th December
 - BAME Elders Forum, Hayes – 8th January
 - Carers Strategy Group – 9th January
 - People in Partnership event, Hayes – 11th January
 - Hillingdon Youth Council – 14th January
 - Women in the Community Network Steering Group, Yeading – 15th January
 - Learning Disability Partnership Board – 15th January
 - Sheltered Housing Group – 17th January
 - Hillingdon Parent Carers Support Group – 23rd January
 - Disability Assembly Steering Group – 25th January
 - Learning Disability Forum for Providers – 25th January
 - Parent Carer Reference Group – 29th January
 - Carers' Café arranged by Hillingdon Carers in Hayes – 31st January
 - Hillingdon Centre for Independent Living Forum – 4th February
 - Traveller Forum – 6th February
 - Older People's Assembly Steering Group, Civic Centre – 8th February
 - Assembly for Disabled People, Civic Centre – 11th February

3.6 Through these group meetings and discussions, hundreds of people in Hillingdon engaged in the discussion about the priorities for Hillingdon's draft Health and Wellbeing Strategy. In general, those taking part welcomed the opportunity to engage in the consultation about the health and well being priorities for Hillingdon. In addition there were 127 written responses to the consultation between 30th November 2012 and 11th February 2013, of which 65 were paper responses and 62 were online.

The Consultation – Key Findings

3.7 The following section of the report sets out the headline findings from the consultation. In general, the consultation findings demonstrate support for the four key priorities set out in Hillingdon's draft Joint Health and Wellbeing strategy. Only two responses directly disagreed with any of the proposed priorities. Some people / organisations responding to the consultation suggested other priorities which represent suggestions for how the

priorities could be delivered across partners. Cabinet are asked to note that these suggestions will be taken forward for consideration as part of the implementation of the strategy.

A. The majority of responses agreed with one or more of the four proposed priorities:

- Three quarters (78% - 99 people) agree with all four priorities.
- Priority 1 – Improved health and wellbeing and reducing inequalities (90% agree - 114).
- Priority 2 – Prevention and early intervention (89% agree - 113).
- Priority 3 – Developing integrated, high quality social care and health services within the community or at home (90% agree - 114).
- Priority 4 – A positive experience of care (92% agree - 117).

B. Only two of the responses disagreed with any of the priorities. Some only agreed 'in part' with the priorities. Reasons given for this include:

- Seeking assurance that the quality of care services will not be adversely affected.
- Wanting more detail about the priorities/implementation plans.
- Comments /raising questions about the challenge ahead to influence health improvement by changing behaviours (e.g. healthy eating, increasing physical activity).
- The need to focus on early years, early intervention and prevention.

C. Just under half (47% - 60 people) suggested other priorities, including:

- A comprehensive communications strategy to ensure all social groups are engaged and aware of relevant health messages e.g. using a range of targeted messages delivered via different media.
- Ensuring that the strategy is the product of meaningful engagement with the public.
- Financial support / sign-posting for vulnerable carers and patients to help them cope when they are unwell or struggling with their circumstances.
- Ensuring that care standards are maintained or improved.
- Continuing to improve care pathways for those leaving hospital.
- Recognising the challenge that the local authority, health partners and other partners face in delivering the changes needed.

D. One third (33% - 42 people) of the respondents made further comments about the proposals. They were broadly supportive but some requested:

- More detail on proposed activities and on the funding available for the strategy and possible impacts on existing services.
- Assurances about care standards and waiting times.
- Assurances that the wider determinants of public health are recognised and addressed.

Financial Implications

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.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

Approval of the strategy will set clear priorities for improving health and wellbeing in Hillingdon. It will also ensure that the Council is compliant with its statutory obligations.

Consultation Carried Out or Required

The development of Hillingdon's Joint Health and Wellbeing Strategy has involved partners to develop the suggested priorities for the strategy and a programme of consultation on these priorities for improvement has followed which has involved consultation with a wide range of local stakeholders, including local residents. This has included consideration of the draft strategy by the Social Services, Health and Housing Policy and Overview Committee.

5. CORPORATE IMPLICATIONS

Corporate Finance

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 MTFE that impact upon the proposed objectives and priorities to address the key needs identified within the Joint Strategic Needs Assessment.

Legal

The Health and Social Care Act (2012) places a duty on Local Authorities and Clinical Commissioning Groups (CCGs) to develop a Joint Health and Wellbeing Strategy that focuses on the needs identified in the Joint Strategic Needs Assessment (JSNA). These statutory duties came into force in April 2013 and will be statutory duties of the Health and Wellbeing Board. Guidance from Central Government encourages local authorities, CCGs and other partners to work together.

6. BACKGROUND PAPERS

NIL