

HILLINGDON'S JOINT HEALTH AND WELLBEING STRATEGY 2018-2021

Relevant Board Member(s)	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon CCG
Report author	Kevin Byrne, LBH Health Integration Sarah Walker, HCCG Transformation and QIPP
Papers with report	Appendix A - Joint Health and Wellbeing Strategy

1. HEADLINE INFORMATION

Summary	<p>The draft Joint Health and Wellbeing Strategy 2018-2021 was issued for consultation until 26 November 2017. Responses have been very positive and do not directly require changes to the approach set out in the Strategy.</p> <p>The Board is invited to approve the strategy and note proposals for developing its ongoing performance management and reporting.</p>
Contribution to plans and strategies	<p>Producing a Joint Health and Wellbeing Strategy is a statutory requirement placed on Health and Wellbeing Boards by the Health and Social Care Act 2012.</p> <p>The Hillingdon STP local chapter has been developed as a partnership plan reflecting priorities across health and care services in the Borough. It is also closely aligned to the NWL STP and ensures that delivery will meet the needs of local people and supports development of solutions in the best interests of health and care in Hillingdon.</p> <p>The JHWB strategy encompasses activity that is underway including through various commissioning plans, the Better Care Fund and in taking Hillingdon towards an Accountable Care System.</p>
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board:

- 1. notes the positive outcomes from the public consultation and approves the Hillingdon Joint Health and Wellbeing Strategy 2018-2021.**

2. notes the proposals to take forward performance management of the strategy through the Transformation Group and to report back to the Board at each of its meetings.

3. INFORMATION

Background Information

1. Consultation

At its September 2017 meeting, the Board agreed that the draft Hillingdon Joint Health and Wellbeing Strategy 2018-21 should be issued for consultation, with findings to be brought back to the Board for consideration at its meeting on 12 December 2017.

A public consultation on the draft Strategy ran until 26 November 2017. The consultation sought views on the key aims of the strategy to improve people's health and reduce health inequalities. The draft Strategy was developed in conjunction with partners including the NHS, and uses the Joint Strategic Needs Assessment as the basis for identifying the key health and wellbeing needs of people in Hillingdon.

The full draft strategy was promoted via the Council's website for comment and to all residents through regular social media. A number of organisations were also contacted directly and asked to promulgate the consultation through their networks, including Healthwatch Hillingdon and voluntary sector partners such as Hillingdon4All.

Following the Board discussion in September, which requested that work was done to ensure that the consultation was presented clearly to residents, consultation questions were structured to ask residents if they agreed with the following priorities, and whether they had any additional comments to make, in addition to comments on the whole Strategy document.

Priority 1: Prevention and early intervention

We will prioritise **prevention** of disease and ill-health through early detection and intervention by more actively managing patients' wellbeing through GPs and by tackling risk factors such as smoking and obesity. We will work with parents and carers of babies, and children and young people, in order to give the next generation the best start in life.

16 out of 28 respondents strongly agreed with Priority 1 and 7 agreed. 3 said they disagreed strongly and 2 neither agreed nor disagreed. People commented that more should be done to encourage active lifestyles.

Priority 1a: Prevention and wellbeing

Our strategy to improve public health and prevent disease and ill-health will include: increasing physical activity levels for adults, reducing the number of people who smoke, reducing the harm caused by drugs and alcohol, reducing air pollution, increasing social contact for care users and carers.

16 out of 28 respondents strongly agreed with Priority 1a and 9 agreed. 3 people said they disagreed strongly. Comments focussed on increasing the opportunities for adults and older people to engage in physical activity.

Priority 1b: Children and young people

We want to improve support for children and young people in health and social care services. Our strategy will focus on increasing breastfeeding and vaccination, reducing smoking by pregnant women, and improving support for children with disabilities.

11 out of 28 respondents strongly agreed with Priority 1b and 14 agreed. 1 person neither agreed nor disagreed, and 1 person disagreed strongly, and there was 1 don't know.

Priority 1c: Primary Care

We want to make it easier to get a GP appointment and make it easier for people to receive treatment out of hospital. We want to improve the support offered to vulnerable people, those with mental health needs or learning disabilities.

21 out of 28 respondents strongly agreed with Priority 1C and 5 agreed. 1 person neither agreed nor disagreed, and 1 person disagreed strongly. Comments called for more preventative work, and for access to GPs to be increased to include evenings and weekends.

Priority 2: Helping people with long-term conditions and reducing early deaths

We will ensure healthcare services are delivered consistently by bringing together services to improve the management of **long term conditions**. We will also address variation in health outcomes, particularly when it comes to caring for people with cancer, cardiovascular disease, respiratory disease, diabetes and dementia. We will reduce early deaths from circulatory diseases (heart disease and stroke) through early detection and prevention; and through improving quality and safety of treatment services.

15 out of 28 respondents strongly agreed with Priority 2, and 10 agreed. 1 person disagreed and there were 2 don't knows. Comments called for more preventative work and promotion of active travel to help prevent long-term conditions.

Priority 2a: Long-term conditions

Increasing numbers of people are living with diabetes, heart disease, cancer, mental ill-health or respiratory conditions like asthma or COPD (chronic obstructive pulmonary disease). Our strategy is aimed at improving the identification of people with long-term conditions, improving treatment and helping more people to manage their condition effectively.

19 out of 28 respondents strongly agreed with Priority 2a and 6 agreed. 1 person disagreed strongly, with 2 don't knows. Respondents called for a programme of walks supported by health professionals and for diabetes to be managed with diet and exercise.

Priority 3: Improving care for older people

We will achieve a better experience and greater choice for **older people** in our communities. We will ensure care is coordinated between social, primary, community and acute care services to manage multiple conditions and frailty. We will reduce

isolation and loneliness, especially for people suffering from multiple conditions and for their carers.

15 out of 28 respondents strongly agreed with Priority 3 and 11 agreed. 1 person neither agreed nor disagreed and there was 1 don't know. Comments focussed on the need to encourage more social interaction for older people, respite for carers and transport for older people to day centres. One respondent noted that the flow of care between primary and secondary care settings is sometimes lacking due to poor communication between the two sectors, leaving patients vulnerable, especially with regards to discharge medications.

Priority 3a: Older people

People are living longer, and this increases the demand for health and social care. Our strategy sets out to enable people to live healthy, independent and active lives for as long as possible. We want to reduce the numbers of older people who need residential or nursing home care, as well as enabling older people to leave hospital when they are able to do so, with the right support in place. We want to do more to help identify and tackle dementia.

13 out of 28 respondents strongly agreed with Priority 3a and 12 agreed. 1 person neither agreed nor disagreed and there were 2 don't knows. Comments drew attention to the fear faced by older people at having to sell a home to pay for residential care.

Priority 4: Improving services for people with mental health needs and learning disabilities

We will improve outcomes and opportunities to live well in Hillingdon for children and adults with **mental ill health needs and learning disabilities**.

15 out of 28 respondents strongly agreed with Priority 4 and 8 agreed. 3 people neither agreed nor disagreed and there were 2 don't knows. Comments called for more consultant psychiatrists and access to a round the clock crisis service.

Priority 4a: Children and adults with mental health needs

Our strategy seeks to improve access to mental health services for children and young people and for adults to enable more people to receive the right care, advice and support more quickly.

14 out of 28 respondents strongly agreed with Priority 4a and 10 agreed. 2 people neither agreed nor disagreed and there were 2 don't knows. Comments called for more counselling rather than medication. One respondent commented that there is currently a very limited service available for young people living in Hillingdon who have mental ill health, but are not considered to be diagnosed with Mental Health issues, and called for an increase in service provision.

Priority 5: Providing sustainable, high quality health services

We will ensure we have safe, high quality, sustainable services, which provide people with support appropriate to their health and social care needs.

13 out of 28 respondents strongly agreed with Priority 5 and 13 agreed. There were 2 don't knows. One respondent commented that service provision was designed to help people to manage an emergency or crisis, but both preventative and post-care support is quite weak.

Priority 5a: Safe, high quality and sustainable health and care services

The number of people in Hillingdon continues to rise and people are living longer. At the same time the NHS and local authorities are facing financial challenges. Our strategy is to ensure consistently good access to services across Hillingdon, take actions to help prevent ill-health before treatment is required, and enable more people to take control of their own health and wellbeing.

15 out of 28 respondents strongly agreed and 11 agreed with Priority 5a. 1 person neither agreed nor disagreed and there was 1 don't know. Comments called for an end to free prescriptions, for cheaper access to leisure centres and for more information on the services that are available.

Comments were also received from the Council's Sport and Physical Activity team which drew attention to a programme of preventive work being developed in response to the POC recommendations on Social Isolation and on Stroke Prevention, and indicated that the team would be playing an active role in delivering actions in support of the Strategy.

Conclusions

Overall the volume of responses was relatively low, but a clear majority of those who responded strongly agreeing or agreeing with the priority areas set out in the Strategy. Specific comments can be taken into consideration as delivery plans take shape.

2. Performance and Programme management of the Joint Strategy

At its earlier meetings, the Board has expressed its ambition to work towards having in place one overarching strategy for Hillingdon and one overall performance report, whilst recognising that this could only be achieved over time, given the number of different reporting arrangements required through each governing body and onwards to NHSE such as for the Better Care Fund plan.

The JHWP strategy has been written so as to provide the strategic framework of priority setting for partners in the Hillingdon health and care economy. At its September meeting, the Board also considered a draft set of key performance indicators that could form an outcomes framework to review the priorities in the high level strategy, based on existing data sets, especially the Public Health Outcomes Framework.

Contained within the draft strategy are a number of key actions to 2021 which have their origins in the Hillingdon Chapter of the Sustainability and Transformation Plan (STP) and are based on the five delivery areas and the ten priorities identified. These key actions run to over 100 different areas of activity - some in themselves, such as the first - a commitment to developing an early intervention and prevention strategy, will entail further work to scope fully and to lead onto action plans. It has also become clear that there is no additional support via the STP route to fund bespoke programme and project management for the STP. At present, the transformation agenda is overseen through joint working via the Hillingdon Transformation Board, whilst programme management and delivery is driven by the Transformation Group.

It is proposed, therefore, that given the impracticality of establishing a fully resourced performance and project management office (PMO) approach across partners, the Delivery Area tables in the strategy be used to form the basis of discussion at relevant working levels

and specifically the Transformation Group, which will provide oversight of the actions and help to streamline reporting upwards to the HWB on matters of significance.

This approach will necessarily build onto the performance management arrangements that currently exist within partners, especially the Council and the CCG around business plans and commissioning intentions and joint projects such as the BCF and CAMHS where performance is already developed and reported.

It is recommended that this be discussed further at the Transformation Group and Board and a report be brought back to the next Health and Wellbeing Board based on the approach set out above and highlighting progress over the intervening period.

Financial Implications

There are no direct financial costs arising from the recommendations in this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

The Strategy once agreed will provide the framework for the Board to drive forwards its leadership of health and wellbeing in Hillingdon.

Consultation Carried Out or Required

As previously set out, Hillingdon's engagement and consultation to date builds on our local approach of continuous dialogue with the public and partners, to serve as a platform for the co-design and co-production of health and wellbeing plans. We have embedded inclusion of patient, public, provider and other stakeholder input to the initial stages of research, development and testing of system transformation projects in proposals regarding the STP and including the Better Care Fund.

It is envisaged that delivery of priorities in the JHWBS will be subject to similar ongoing co-design principles with residents and service users as proposals come to the fore and are turned into delivery.

NHS England published a guide for Engaging local people within each ST footprint areas (Sept 2016). The NWL STP has been subject extensive consultation based on this guidance and the results published alongside the October STP submission (as its Appendix D). Its Appendix E responds to the feedback from the first draft plan. See:

<https://www.healthiernorthwestlondon.nhs.uk/news/2016/11/08/nw-london-october-stp-submission-published>

In addition, the Health and Wellbeing Board agreed that the Hillingdon draft strategy, which builds on the above engagement, should in itself be made available for comments. Responses to that consultation are set out in the content of this report.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and concurs with the financial implications set out above.

Hillingdon Council Legal comments

The Borough Solicitor confirms that there are no specific legal implications arising from this report.