

CONSULTATION OUTCOMES: JOINT HEALTH AND WELLBEING STRATEGY 2022-2025

Relevant Board Member(s)	Councillor Jane Palmer Caroline Morison
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
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Papers with report	Joint Health and Wellbeing Strategy 2022-2025

1. HEADLINE INFORMATION

Summary	The paper summarises the results of public consultation on the Joint Health and Wellbeing Strategy 2022-25.
Contribution to plans and strategies	The Hillingdon Joint Health and Wellbeing Strategy (JHWBS) is the overall strategy for Health and Care in Hillingdon and sets out priorities and actions over the period 2022-2025. The development of the JHWBS and Better Care Fund (BCF) plan fulfil requirements within the Health and Social Care Act, 2012.
Financial Cost	There are no costs arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the results of public consultation on the Strategy be noted.

3. INFORMATION

3.1 Background Information

Hillingdon's Joint Health and Wellbeing Strategy 2022 – 2025 seeks to improve the health and wellbeing of all our residents and to reduce disparities in health and care across our communities.

Public consultation on the draft Strategy took place between 1st October 2021 and 12 November 2021. The strategy was published on the Council website and circulated widely to partner and voluntary organisations in the Borough. It was also publicised via social media channels.

The Strategy describes the achievements from partnership working to date and sets out the key health advantages and challenges for Hillingdon. Consultation noted that the development of a

new Hillingdon Hospital is central to the Strategy, and that the collective response to the Covid-19 pandemic meant providing more services over the phone or online, setting up joint health and care teams to provide care for people in the community to avoid emergency admissions, and increasing capacity in key services such as Rapid Response, Discharge to Assess, Reablement and home care to speed up the discharge of people from hospital back to their own home.

The Strategy seeks to deliver on six priority areas:

- **Priority 1:** Support for children, young people and their families to have the best start and to live healthier lives.
- **Priority 2:** Tackling unfair and avoidable inequalities in health and in access to and experiences of services.
- **Priority 3:** Helping people to prevent the onset of long-term health conditions such as dementia and heart disease.
- **Priority 4:** Supporting people to live well, independently and for longer in older age and through their end of life.
- **Priority 5:** Improving mental health services through prevention and self-management.
- **Priority 6:** Improving the way we work within and across organisations to offer better health and social care.

The consultation sought the views of residents and organisations on these priorities and on the detail of the plans proposed to implement them.

3.2 Consultation outcomes

30 responses were received to the online consultation, 19 of which were from residents. 5 responses were received from a business or organisation, along with 4 provider responses, 1 community organisation and 1 charity. Consultation also took place with the Council's Housing Team. Based on the consultation, several amendments have been made to the text of the Strategy which is at Appendix 1. Feedback will be provided to relevant Transformation Groups to ensure that the points made are taken into account.

Priority 1: Support for children, young people and their families to have the best start and to live healthier lives.

This priority area sets out how the first year of life can have a huge impact on the health and wellbeing of an individual and that family and environmental factors will impact on the overall health of a child. It describes how multi-agency teams will support children by working in partnership in local areas, for example with a new Stronger Families service to engage families earlier and provide long-lasting solutions to ensure a safe, stable, and nurturing environment in which children, young people and parents can thrive.

To address levels of obesity in our young children, the Strategy sets plans to work across partners to improve diet and nutrition and to increase levels of physical activity, promote greater

uptake of breast feeding, and reduce the level of tooth decay. It also sets out work to reduce smoking in families.

80% of respondents 'strongly agreed' or 'agreed' with this priority, and 83% 'strongly agreed' or 'agreed' with the actions set out to achieve Priority 1.

The consultation invited additional comments from respondents. One respondent asked for more on education of parents and children regarding mental wellbeing and developing resilience - early prevention and intervention measures also need to be considered as well as a trauma-based service for children. One respondent felt that unpaid carers were not mentioned enough and that more needed to be done to support the health and wellbeing of carers. On child healthy weight, respondents asked for ongoing diet/cooking education for children and adults to help reduce dependence on takeaway food.

One respondent complained that the waiting time for child mental health treatment was unacceptably long.

Colleagues in the Council's Housing Team requested recognition of the importance of good housing and a stable home to health and wellbeing. Additional metrics for homelessness

Priority 2: Tackling unfair and avoidable inequalities in health and in access to and experiences of services.

This priority sets out how we intend to work in collaboration with Brunel University to identify inequalities in Hillingdon and engage directly with our communities to understand how we can support their health and wellbeing. We will help to improve the life chances of people with learning disabilities and/or autism through increased integration between health and social care. Working in partnership, we will increase the opportunities for people undertaking an unpaid caring role to be identified and ensure access to the support that will enable them to continue caring for as long as they are willing and able to do so.

90% of respondents strongly agreed or agreed with Priority 2, and 83% 'strongly agreed' or 'agreed' with the actions set out to achieve Priority 2.

Comments from respondents mentioned the importance of working closely with the voluntary sector. Several respondents asked for additional support for unpaid carers. One respondent requested greater flexibility to allow people with learning disabilities and their carers to drive the content of care packages. One respondent noted that waiting times for child mental health services were unacceptable.

Housing colleagues commented that the link between housing and health had been highlighted by Covid-19, revealing unequal impact related to housing circumstances, with overcrowded households particularly badly affected.

Priority 3: Helping people to prevent the onset of long-term health conditions such as dementia and heart disease.

Priority 3 notes that cardiovascular disease and cancers are two of the main causes of death in Hillingdon, particularly in the 65 and over population. Actions to address the causes or contributors to these conditions, such as obesity, smoking and reducing alcohol consumption

will assist in enabling our population to live longer and healthier lives. Increasing early detection will also facilitate early treatment and increase survival rates.

Vascular dementia is a type of cardiovascular disease and the actions taken to prevent other forms such as heart disease and stroke, would also apply. The promotion of a balanced healthy diet, keeping weight within recommended levels, keeping hydrated, stopping smoking, avoiding drinking too much alcohol and keeping cholesterol and blood pressure under control are all actions that will assist in stopping, or at least delaying, the onset of Alzheimer's disease, which is the main form of dementia. Increasing rates of detection also ensures access to early treatment and appropriate support networks.

90% of respondents strongly agreed or agreed with Priority 3, and 87% strongly agreed or agreed with the actions set out in the plan to achieve the objectives.

Respondents commented that promoting physical exercise, healthy diet, and opportunities to develop and sustain social networks are key areas that will improve health and reduce risks. One commented that food, smoking, and drinking were often linked to poor mental health. Another respondent wanted more specific information about the dementia pathway. There was reference made to the need for good GP services, offering face to face appointments. There was a call for more defibrillators and CPR training to be made available.

A respondent noted that some groups such as travellers do not normally access information about health and wellbeing. Using contacts with groups such as this to provide information is essential.

Priority 4: Supporting people to live well, independently and for longer in older age and through their end of life.

Priority 4 is focussed on the population aged 65 and over. During the lifetime of the strategy partners will further embed neighbourhood working to identify those people most at risk of losing their independence and ensure timely access to services that will prevent avoidable attendance and/or admission to hospital. This will include addressing risk factors such as susceptibility to falls and loneliness caused by social isolation.

We will work through primary care networks to identify older people who may be at risk and offer proactive support and access to care. We will continue to support older people to live well through social activity programmes and support to voluntary and community groups.

We will further develop services to prevent a hospital admission where possible and expedite discharge where it is not or where an admission is appropriate to address medical need.

Taking into consideration the projected expansion in the older population during the lifetime of this strategy and beyond, we will plan for future retirement accommodation provision to address the future expected range of need.

For people who are on the end-of-life pathway, dying in hospital may not be the preferred choice. We will improve end of life services to ensure that people who wish to die in their own home rather than hospital are able to do so.

87% of respondents either strongly agreed or agreed with Priority 4. 87% also agreed with the

actions identified to achieve the delivery of Priority 4.

Respondents stressed the importance of income maximisation and digital inclusion for older people to minimise inequalities and increase access to health and care services. Again the voluntary sector was seen as a crucial partner in delivering innovative services. One respondent suggested looking at the Swedish model of integrated care for people with terminal illness. Several respondents referred to the need to support unpaid carers and to provide proper support for paid carers. One organisation noted that it could be difficult to get help for older people with issues other than social isolation. More joined-up working and easier referral pathways were cited as potential solutions.

Priority 5: Improving mental health, learning disability and autism services through prevention and self-management.

Priority 5 sets out our aims to ensure that people with mental health needs including learning disabilities and/or autism can live longer, healthier lives, and to work to prevent suicide. We will expand the scope of the new model of care to support people living with mental health challenges and/or people with learning disabilities and/or autism at a neighbourhood level. We will work across partners to offer support early to prevent crisis but also to ensure that should crisis occur we have the right response in place to provide timely and appropriate support. We will offer a range of crisis alternatives to support both early intervention and those going through crisis. We will widen the offer of community support availability with the development of mental health and remodelled community mental health teams including primary care, additional roles reimbursement scheme.

We will expand the scope of our model of care to support people with learning disabilities and/or autism at a neighbourhood level. We will work with partners to prevent suicide in Hillingdon and to offer support to those who are bereaved.

90% of respondents either strongly agreed or agreed with Priority 5 and its aims. 87% agreed or strongly agreed with the actions planned to achieve the aims. Services must work together across sectors to provide cohesive and cost-effective solutions.

Respondents commented that education and early intervention are essential to address mental health and associated costs. Care packages for people with learning disabilities need to include travel expenses for carers, and there needs to be provision for respite care. One respondent felt there was insufficient professional support available for child mental health issues, resulting in extended waiting time and worsening problems.

Priority 6: Improving the ways we work within and across organisations to offer better health and social care.

This priority is focussed on care market management and development, digital and business intelligence-led improvements, workforce development and delivery of strategic estate priorities. These are 'enabling' improvements which help support the delivery of the other 5 priorities.

The sustainability of the independent sector care market is of critical importance to residents remaining independent in their own homes and to managing demand on more expensive services including in-patient hospital services. We will embed Adult Social Care provider engagement arrangements to identify and address provider issues, including access to

guidance and sharing good practice. We will review our integrated approach to Adult Social Care provider risk management arrangements to ensure timely and appropriate interventions where required. We will secure agreement on long-term brokerage arrangements to simplify systems for providers and improve understanding of market capacity.

We will coordinate a local response to Covid-19 outbreaks in care homes and supported living schemes.

We will establish and implement lead commissioning arrangements to address local health and care system care home placement requirements.

We will make better use of data to improve understanding of need, capacity and pressure points and increasing efficiency and effectiveness using of digital assistive technologies, e.g., telecare in people's homes and remote monitoring equipment and consultation technology in care homes. We will share relevant activity data to ensure that there is understanding across the health and care system of capacity and pressure points. We will also establish a remote vital signs monitoring pilot in care homes to facilitate early intervention by health professionals.

A suitably trained workforce is crucial to the delivery of services to support the independence and wellbeing of residents both within the independent sector provided care market and within HHCP. Early warning systems will provide alerts to possible capacity issues within the independent sector and aid the development of workforce development plans. We will complete and implement a HHCP integrated community workforce plan. We will monitor staff vacancy and retention levels among Adult Social Care providers and identify possible interventions to provide support where there are issues.

Effective use of existing NHS or Council owned assets must be made to ensure we can meet the current and future health and wellbeing needs of residents. We will review Council and NHS owned assets and explore the scope for meeting current and future population and health and care system needs.

Respondents commented that resources for adult social care seemed inadequate. More information for younger care users transitioning into adult services is available. Digital services may not be accessible to all. Respondents recognised the advantages that digital services can bring, but also noted that an understanding how older people, those with learning challenges or physical disabilities use online services is information that needs to be gathered and understood as well as responded to. Direct client experience feedback is additional to 'click and complete' site monitoring.

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 text has been reviewed and some amendments have been made as a result of the consultation. Feedback will be provided to relevant Transformation Groups.

Consultation Carried Out or Required

This report provides details of public consultation on the Joint Health and Wellbeing Strategy 2022-2025. Consultation on the previous Strategy was carried out in 2017.

Select Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Corporate Finance has reviewed the report and confirms that there are no direct financial implications arising from the report recommendations.

Hillingdon Council Legal comments

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