


<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">HEALTH AND WELLBEING BOARD</p> <p style="text-align: center;">24 July 2018</p>	
<p>DEVELOPING THE 2018/19 WORK PLAN</p>	
<p>Open Report</p>	
<p>Classification: For Decision Key Decision: No</p>	
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1. INTRODUCTION

- 1.1 Joint Health & Wellbeing Strategies (JHWSs) are partnership plans developed by the Council, local CCG, Healthwatch and any other member organisations of the Health and Wellbeing Board (HWB). A key role of the HWB, as per the H&F Constitution, is to provide organisational leadership by agreeing the vision and strategic priorities for health and wellbeing in Hammersmith & Fulham. These form the Joint Health & Wellbeing Strategy which the Board drives the development and implementation of.
- 1.2 The JHWS 2016-2021 was created following a number of workshops from which a vision, four priorities and five underpinning principles emerged. As such, the strategy is relatively high level providing the strategic direction and shared priorities for local health, social care and voluntary sector services.
- 1.3 This brief paper seeks to summarise the main areas of the Strategy and make suggestions of potential areas for the Board to focus on in 2018/19. Given the strategy covers a broad range of topics and runs for a number of years, it is recommended that the most effective use of the Board's time is to choose a small number of focal priorities (perhaps 2-4) as opposed to covering a high number of topics in less depth.

- 1.4 A lighter touch approach could then be taken to the broad range of priorities within the scope of the JHWS e.g. limited to an annual review of the strategy and progress on the wider range of shared priorities.

2. JOINT HEALTH AND WELLBEING STRATEGY 2016-2021

2.1 Vision

“for a people-centred health and social care system that supports communities to stay well, consistently providing the high-quality care and support people need when they need it and enabling communities to stay healthy and independent with choice and control over their lives.”

2.2 Priorities

1. Good mental health for all
2. Giving children and families the best possible start
3. Addressing the rising tide of long-term conditions
4. Delivering a high quality and sustainable health and social care system

2.3 Principles

1. Upgrading prevention: i.e. supporting people who are ‘mostly healthy’ with the information and tools they need to stay well and maintain healthy lifestyles.
2. Enabling independence, community resilience and self-care: i.e. promoting and encouraging communities to be more actively involved in their own health and wellbeing and enabling everyone to take a greater role in the management and maintenance of their health and care conditions, and the health and care conditions of others wherever appropriate.
3. Tackling the wider determinants of health: i.e. working to ensure that the environment into which people are born, grow, live work and age supports them to stay well and make healthy choices.
4. Making community, primary care, and social care an effective front line of local care: working to ensure the right support is provided closer to home enabling people to stay well in their homes and communities.
5. Delivering integration and service reform: working to ensure that when people need access to health and care services that those services are personalised and joined up around their needs and the needs of family members and carers.

3. SUGGESTIONS FOR 2018/19

- 3.1 The Board is invited to make suggestions for topics to include, which will then be used to form the work plan for the year ahead. NB, these are the focal items, other items will come to the Board, but likely as one-offs rather than reoccurring items.

3.2 Initial suggestions from the Chair are as follows:

1. **Loneliness and isolation** – There is a growing understanding that lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and it worse for us than well-known risk factors such as obesity and physical inactivity. Loneliness and isolation was a topic begun last year by the HWB, and has become a major focus for the Older People’s Commission. It is important to maintain momentum on achievements so far in this area, and as a cross-organisational issue, the Health and Wellbeing Board is well placed to do this.
2. **Nutrition (including obesity)** - Diet was a reoccurring theme throughout the JHWS. Within the second priority of giving children and families the best possible start, respondents encouraged the Board to take on diet through school meals, education, cooking lessons and restricting ‘unhealthy’ food businesses near schools. Childhood obesity is one of the most serious public health challenges of the 21st century. It is estimated that approximately 4,000 children between the ages of 4-15 in LBHF are obese. Obese children are at an increased risk of developing social, psychological and other health problems, with 79% of obese children becoming obese adults, resulting in long term personal ill health, lower life expectancy, social stigmatisation, lower chances of employment, increased social care costs, reduced productivity and increased sickness absence. Nutrition is however about much more than obesity, the Board would take a more holistic view of relationships with food.

In the third priority of addressing the rising tide of long-term conditions, diet again was a popular topic as part of educating and raising awareness about healthy eating.

3. **Dementia and mental health** – This speaks to the first JHWS priority – ‘good mental health for all’. Furthermore, improving mental health services and becoming a dementia-friendly council are both key commitments in the H&F manifesto, and the Integrated Care Partnership’s Older Peoples group has recently set up a dementia workstream following a workshop with professionals, the voluntary sector and residents.
4. **Co-operative prevention** – This speaks to the first overriding principle of the JHWS – upgrading prevention. Preventive services are designed to support people below the NHS/social care thresholds, keeping them well and preventing them from needing more serious

interventions later on. Early intervention is vital, but its value can be hard to demonstrate, and with mounting financial pressures, this can be one of the areas most at-risk from cuts. Within the council, prevention services are commissioned by Public Health, Social Care and corporately. The CCG also provides funding for preventative services and now has responsibility for commissioning local primary care services. There is no governance structure currently in place to look at the funding and reach of these services taken together. The HWB could provide key leadership in this area.