REFRESHING THE HAMMERSMITH & FULHAM JOINT HEALTH AND WELLBEING STRATEGY 2016-2021: STAKEHOLDER WORKSHOP
LINDEN HOUSE, BALLROOM
24 MAY 2016, 10.30am–12.30pm
SESSION NOTES

Attendees:
Cllr Sharon Holder (Lead Member for Hospitals and Health Care); Stuart Lines (Dep. Dir. of Public Health); Anna Waterman (Public Health); Steve Shaffelburg (Public Health); Jenny Platt (Strategic Lead Integrated Care/Joint Commissioning); Toby Hyde (Head of Strategy, HF CCG); Peter Beard (Head of LD Commissioning, HF CCG); Gayan Perrera (Analyst, Public Health); Tony Barrett (Senior Mental Health Commissioning Lead, LBHF); Nivene Powell (Policy and Strategy Team, LBHF); Bhatti Fawad (Policy & Strategy Team, LBHF); Steve Bywater (CS-Commissioning: RBKC); Chris Neill (Director, ASC Whole Systems); Dominic Conlin (Dir. Strategy and Business Development, Chelwest); Helen Poole (Deputy Managing Director, H&F CCG); Julie Scrivens (Head of Planned Care & Mental Health NHS H&F CCG); Anne Mottram (Director of Strategy, Imperial); Sonya Clinch (West London Mental Health Trust); Pauline Mason (West London Mental Health Trust); Lauren Buckley (Chelwest Strategy Analyst); Jessica Simpson (Programme Manager for Planned Care and Mental Health); Katherine Murray (Mental Health Commissioning Manager); Janice Woodruff (Senior Commissioning Manager NWL CCG); Jennifer Allan (Divisional Director of Operations, CLCH);

Apologies
Dr Mike Robinson (Dir. Public Health); Liz Bruce (Director ASC); Glen Monks (Assoc. Dir. for Mental Health WLCCG); Catherine Williams (H&F CCG); Professor Simon Barton (Chelwest Assoc. Medical Dir. for Integrated Care); Susie Alexander (strategic relationship manager, Agylisis);

Introductions

Chris Neill welcomed everyone to the session. It was explained that the Hammersmith & Fulham Joint Health and Wellbeing Strategy was being refreshed in 2016 and that the session was an opportunity to update people on the work so far, discuss some of the emerging thinking and priority areas and get people's views on the direction of travel from the perspectives of their service areas and organisations.

Chris began the meeting with a reminder of the purpose, membership and role of the health and wellbeing board (HWB) highlighting its role in promoting integration, reducing health inequalities, offering local systems leadership and delivering a collective vision for local commissioning. The approach being taken to the refresh of the Joint Health and Wellbeing Strategy was set out which included the vision, the population and broader priorities, a focus on outcomes and population groups to drive forward more person-centred, place-based commissioning and system enablers of change such as workforce, estates and technology. Chris outlined the development work undertaken so far including a session with the Board in March facilitated by Chris Ham from the King's Fund and the recent development day with the Board on 20 May. Chris mentioned that the team were aiming to have a full draft of the strategy by the end of May. Chris outlined the outputs from the second

workshop session and the Board's emerging thinking and priorities that had been articulated so far as:

- Prevention and early intervention across the life course
- Tackling health inequalities and supporting healthy lifestyle choices
- Best start in life and family support
- Mental health
- Social inclusion
- Enabling and supporting community resilience, independence and self-care
- Communication, co-production and co-commissioning with residents
- Integrated care focusing on patient outcomes and ensuring there is no wrong door for accessing services
- Tackling the wider determinants of health (air quality, poverty and worklessness)
- Digital: facilitate control, choice and effectiveness

Tone

- Enabling resident's to be responsible for their own wellbeing and wellbeing of those around them
- Not doing to people, working with.
- Shift perspective and emphasis from service provider to catalyst/enabler
- Move away from deficit and disability to asset and ability based model.
- Responsibility deal between professionals and people
- Celebrate the ageing population
- People centred with communities, facilities and services wrapped around

Chris then asked the group to reflect back on the emerging themes and whether there were any potential gaps or areas that had been overlooked. The following reflections were made:

- On people taking greater responsibility for their own health, it was noted that this would need to be reciprocal and not just be about the responsibilities of patients and people. That as part of this we would need to ensure the facilities and services are there to help people help themselves. On mental health, it was asked what the local offer would be and what people could expect from services
- On no front door, there was a recognition that the strategy needed to be clear about what this means. For instance, there are ambitions to deliver this approach in many different areas and so there is a danger, if approaches aren't joined up, that there end up being lots of different front doors. To deliver this approach, it was agreed that there would need to be a single training programme implemented across all public services locally and a minimum knowledge base across all services and front line staff.
- That commissioning for population groups split by age groups faces challenges and that transition between age groups can become an issue, especially between child and adult mental health services. It was stated that that commissioning for best start in life (0-2) and early years should be commissioned together.

- That there needs to be a focus on carers and an engagement platform to share information about volunteering and support
- That the strategy should explain role of the Board in delivery of the work
- That “integration” was a term that meant different things to different people and that the strategy should define what is meant by using it
- That people were often unaware of what services were available or how to access them and that the system needed to work together to ensure provision of consistent information and health messages. Also, that we need to do more to co-produce services and pathways with service users.

Gayan Perrera, Senior Public Health Analyst, then gave a presentation setting out the key population health and demographic characteristics in the borough. He highlighted the following points:

- That the borough is densely populated with huge variation in wealth and cultural background.
- That there are a high number of older people living alone.
- That the main causes of premature death are cancers, circulatory diseases and respiratory diseases
- That there are very large numbers of people on GP registers with Severe and Enduring Mental Illness
- That 95% of the determinants of population health are modifiable (health behaviours, social environment and medical care) and only 5% are unmodifiable (genes and biology)
- That we need to support our population to start well (poverty, obesity), stay well (smoking, drinking, diet, exercise, sexual health, mental health) and age well (social isolation, depression, dementia)
- That there would be big increases in the number of patients with diseases over the next 15 years.

<u>Group discussion one: priorities</u>
The group were asked to reflect on the data Gayan had presented and say what the HWB should prioritise. The group had the following reflections:

- Because of high levels of population churn there was a need to be smart about how we target health and care interventions and messaging. Churn was a particular issue for GP registration and immunisation coverage
- Regeneration and developments and their impact on demand for services should also figure into our thinking about targeting services and planning for the future.
- On areas of greatest deprivation we need to be clear what we are trying to achieve and whether it is about bringing all indicators up to a certain level or focusing energy and resources on where need is greatest.
- We need to be clear about where we will target resources most effectively e.g. on preventing harmful drinking or reducing alcohol related admissions. As 95% of the determinants of health are modifiable and 80% of the population is healthy we need to reinvest and target prevention, potentially reinvesting money spent at the acute end of the spectrum
- We know smoking, drinking, diet and exercise are the main causes of preventable death but we need to think about the pressures or reasons why

people lead unhealthy lifestyles or the barrier to leading healthy lifestyles and support people to overcome these.
- Air quality is a key consideration locally and is particularly bad in the borough. This will contribute to deaths from respiratory illness and disproportionately impacts vulnerable groups. We need to offer sustainable and active travel options.
- For younger groups we need to set the right behaviours.
- For adult groups we need to offer support to manage smoking and drinking
- For older people we need to tackle loneliness and isolation and links with income deprivation
- That currently all organisations have different priorities and we need to unify these under the JHWS
- That we need to learn from what we have achieved already against the existing priorities so we know whether to continue or change tack

Group discussion two: system enablers

Chris introduced the final breakout session. He explained that a strategy that set out a vision and priorities would also need to say something about how that change will be delivered. These are the enablers of change and included things like technology, workforce and governance. Group reflections included:

- Board membership – a role for housing?
- Finance – need to think about the LBHF pound and recognise this can only be spent once. We need to stop shifting costs around the system. Also need to commit to pooling budgets across health and care beyond the allocations in the BCF
- Workforce – the social care assessment process is often inefficient and passes people from one place to the next. Training is needed for the workforce using the experience of carers and service users. Also need to support the workforce to stay healthy
- Technology – need to join up our websites and connect up messages
- Community engagement – we need to be bold about this and speak to communities first before we do anything
- Leadership – leadership training and development is needed if we are going to achieve ambitions of managing assets and resources together
- Training – that staff training and development is needed to transition people into closer working with one another

Next Steps

Chris thanked everyone for their contributions and explained the strategy team would be pulling together a draft strategy for the next HWB meeting on June 20th drawing together the themes and discussion points from the meeting.