


<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</p> <p align="center">2 NOVEMBER 2016</p>	
<p align="center">DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY 2016-2021</p>	
<p align="center">Report of the Executive Director of Adult Social Care and Public Health</p>	
<p>Open Report</p>	
<p>Classification - For Decision Key Decision: Yes</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Executive Director of Adult Social Care and Public Health</p>	
<p>Report Author: Harley Collins, Health and Wellbeing Manager</p>	<p>Contact Details: Tel: 020 8753 5072 E-mail: Harley.collins@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. This report updates on progress with developing the Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2016-2021 (JHWS) and the outcomes of the period of public consultation which have been used to inform the next draft of the plan (Appendix 1). The Adult Social Care and Social Inclusion Policy and Accountability Committee are invited to comment on and contribute to, the development of the final plan scheduled to be approved by Cabinet in December.

2. RECOMMENDATIONS

- 2.1. The Health, Adult Social Care and Social Inclusion Policy and Accountability Committee is asked to note and comment on the draft strategy (Appendix 1) and the summary of consultation and engagement activity (Appendix 2);

- 2.2. To endorse (subject to any amendments it wishes to see made) Hammersmith and Fulham's Joint Health and Wellbeing Strategy 2016-21; and
- 2.3. To recommend that Cabinet approve the Joint Health and Wellbeing Strategy 2016-2021.

3. REASONS FOR DECISION

- 3.1. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties through the Local Government and Public Involvement in Health Act 2007 (as amended) to prepare a JHWS for their area, through the health and wellbeing board.

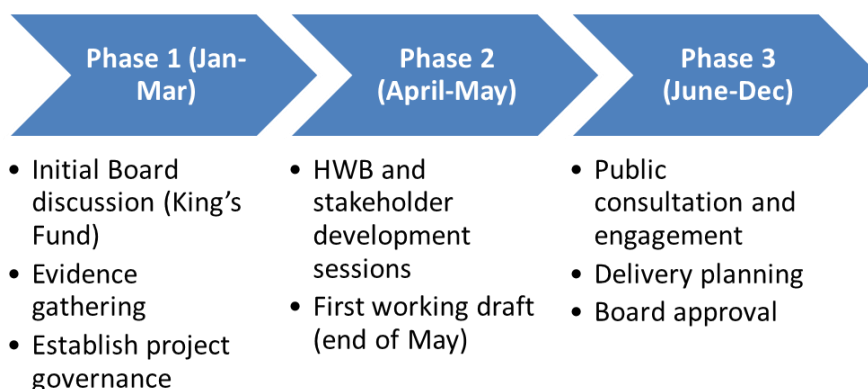
4. INTRODUCTION AND BACKGROUND

- 4.1. Joint Health & Well-being Strategies (JHWSs) are partnership plans developed jointly by the Council, the local CCG, Healthwatch and any other member organisations of the Board. They should draw on the needs identified in the Joint Strategic Needs Assessment (JSNA) and set key strategic priorities for action that will make a real impact on people's lives. The Board's first Joint Health and Wellbeing Strategy expires in 2016.
- 4.2. JHWSs should translate JSNA findings into clear outcomes the Board wants to achieve which will inform local commissioning leading to locally led initiatives that meet those outcomes and address identified need.
- 4.3. The JHWS offers the Health and Wellbeing Board an opportunity to set out a local vision for health and wellbeing and assume a systems-leadership role in addressing the financial and health-related challenges in the borough.

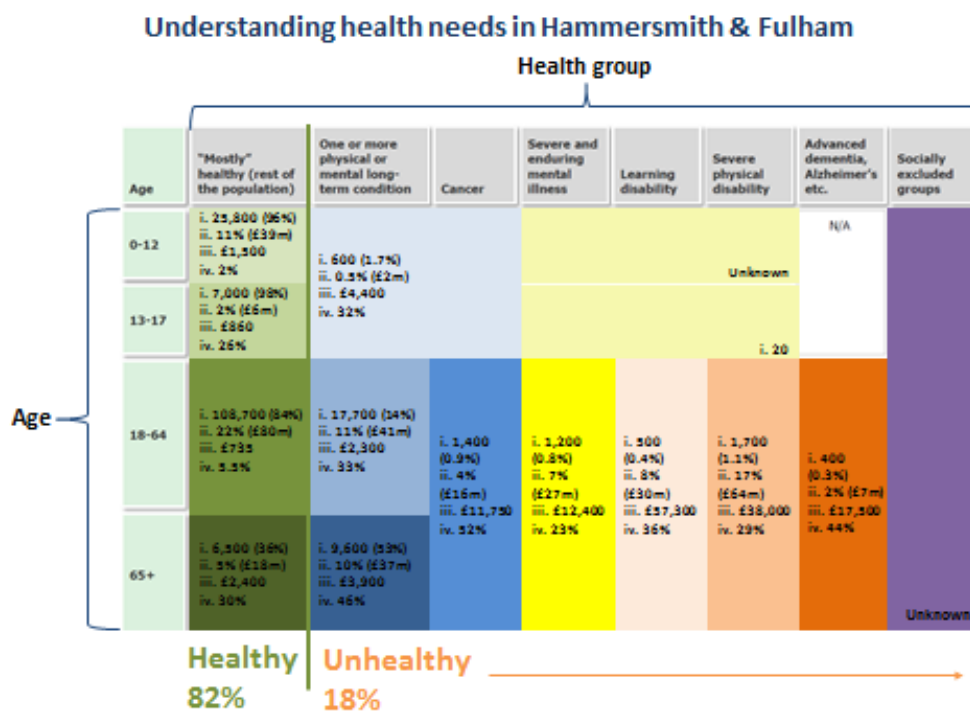
5. DEVELOPMENT

- 5.1. Development of the JHWS has been undertaken in three phases:

Figure 1. Project phasing: Joint Health and Wellbeing Strategy



- 5.2. At its meeting in March, the King’s Fund Chief Executive Chris Ham facilitated a discussion with the Health and Wellbeing Board about place-based systems of care and the solution they offer to the challenges facing the local health and care system. At that meeting the HWB considered the progress made by Health and Wellbeing Boards to date nationally, the changing needs of the Hammersmith & Fulham population and a suggested framework and timeline for refreshing the Joint Health and Wellbeing Strategy in 2016. The Health and Wellbeing Board approved the framework and timeline for a new 5-year strategy.
- 5.3. In January, a time-limited working group was established made up of officers from the Council and CCG. Between January and March, the working group supported by health and care commissioners and public health colleagues, undertook a wide-ranging evidence review exercise to understand the nature of need in the borough and identify the health and wellbeing priorities.
- 5.4. A population segmentation approach was used for the analysis; dividing the population into groups with similar needs using a framework developed by the London Health Commission.



- 5.5. This approach allowed the project team to estimate the numbers of ‘mostly healthy’ people in the borough, the average cost of health and care for each group and how numbers (and health and care costs) were likely to increase or decrease over the next fifteen years. Given agreed local priorities around person-centred care (i.e. care that meets the needs of patients and those who support them) and challenges around local system fragmentation, the approach is an important step towards achieving better outcomes as grouping people according to similar needs can help to ensure that commissioning and models of care address the needs of individuals holistically.

- 5.6. Between April and May, a programme of development and engagement workshops were organised with Health and Wellbeing Board members, wider partners and stakeholders and patient representative groups. Recurring themes and priorities emerging from the sessions included:
- The importance of improving outcomes for children, young people, and families
 - The importance of improving mental health outcomes for all and ensuring parity between mental and physical health services
 - The role of healthy lifestyles and behaviours in preventing long-term conditions such as cardiovascular disease, cancer, respiratory illness, dementia, and diabetes; and
 - The importance of finance, estates, technology, workforce, and leadership in creating a sustainable and joined up health and social care system
- 5.7. There was also a consensus around a set of principle; i.e., cross-cutting approaches that would underpin these priorities, including:
- Placing far greater emphasis on the role of prevention and early intervention;
 - Addressing the wider determinants of health (such as employment, education, and housing);
 - Enabling a shift by both the health and care system and its users towards greater self-care, self-management of conditions and supporting community resilience; and
 - Creating a person-centred health and care system where people are helped to stay well in their communities supported by an effective front line of primary, community and social care.
- 5.8. Combining the findings from the evidence review and stakeholder workshops, a first draft Joint Health and Wellbeing Strategy was produced identifying a high level vision, four draft health and wellbeing priorities and a set of five underpinning principles that would cut across all the Board's work

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”

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

Principles

- Upgrading prevention: i.e. supporting people who are 'mostly healthy' with the information and tools they need to stay well and maintain healthy lifestyles
- 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
- 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
- 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.
- 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.

6. PROPOSAL AND ISSUES

- 6.1. The results of the public consultation and feedback from ongoing engagement activity have are summarised at Appendix 2. The consultation findings have been used to update the Joint Health and Wellbeing Strategy at Appendix 1.
- 6.2. Overall, the consultation responses showed a great deal of support for the Board's four priorities and the principles underpinning the strategy with 80% of respondents agreeing or agreeing strongly that they were the right areas to focus on. Most feedback concerned work within the four identified priorities areas where consultees would like the Board to take action, for example:
- 6.3. On **mental health** respondents wanted the Board to reduce waiting and referral times for interventions before conditions deteriorate; to ensure that mental health services were more flexible and personalised; to ensure there were opportunities in the community for residents to connect with others facing similar issues and reduce isolation; to utilise the expertise of the voluntary sector services and people with lived experience; to encourage greater discussion and education about mental health in schools; to ensure there is proper access to mental health services in schools; and to promote physical health and mental wellbeing through diet, gardening and the use of greenspace.
- 6.4. **On the health and wellbeing of children and families**, respondents urged the Board to take action on diet (through school meals, education, and cooking lessons in schools, and by restricting 'unhealthy' food businesses near schools); on physical inactivity (by ensuring schools have active travel and competitive

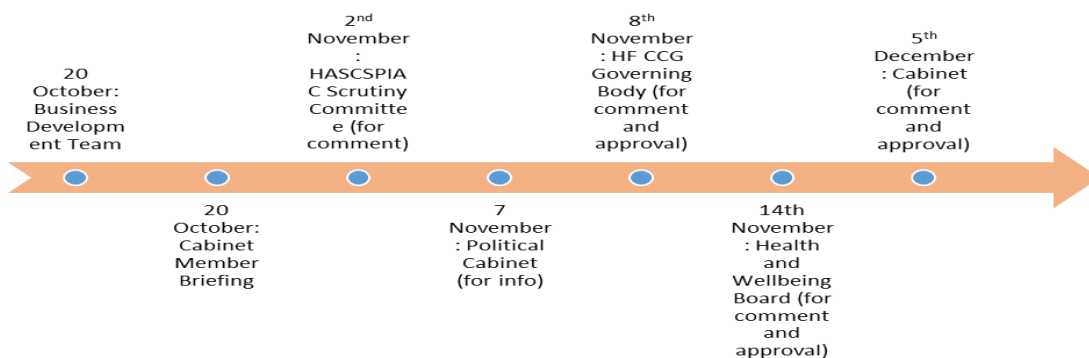
sport programmes); and teach children and families strategies for coping early on, including support for new mothers with post-natal depression.

- 6.5. **On long-term conditions (LTCs)**, respondents encouraged the Board to support healthy living to prevent or delay the onset of chronic disease including by providing cheap or free opportunities for people to exercise (e.g. green gyms, active travel or free gym memberships); to educate and raise awareness about healthy eating, including by working with national campaigns and local supermarkets; consider regulation to restrict access to alcohol and unhealthy foods; consider rewards and disincentives for healthy behaviour; to help those already with an LTC to not develop further chronic conditions; to provide education and information about how to self-manage and ensure self-help groups are available to support; to make it easier to access primary care and ensure there are more health-checks situated in convenient locations like shopping centres; and to ensure agencies involved in the care of people with chronic conditions are better at sharing information about a patient's conditions and ensuring care is personalised.
- 6.6. **On a sustainable health and care system** respondents spoke of the need for a more joined up health and care system that was integrated with social housing provision and the voluntary sector; the need to co-locate more services into 'hubs' or polyclinics; the importance of self-care and greater personal responsibility for stemming demand pressures on the system; and the importance of communication and engagement to get people to understand that health and care resources are not limitless.
- 6.7. **On the principles underpinning the Board's work**, there was good support but also calls for the Board to consider additional principles around communication, engagement, and co-production and measurement of progress.

7. NEXT STEPS

- 7.1. The approval path for the Joint Health and Wellbeing Strategy is set out below. The Health, Adult Social Care and Social Inclusion Policy and Accountability Committee is asked to note and comment on the draft strategy and to endorse (subject to any amendments it wishes to see made) Hammersmith and Fulham's Joint Health and Wellbeing Strategy 2016-21.

Figure 2: approval timeline



8. CONSULTATION

- 8.1. At its meeting in June, the Health and Wellbeing Board agreed a 14-week public consultation on the draft strategy to take place between July and October. A full summary of consultation and engagement activity undertaken in relation to the development of the JHWS is included at Appendix 2.

9. EQUALITY IMPLICATIONS

- 9.1. The strategy explicitly references the action the Board will take to prioritise the most vulnerable and at risk groups and reduce health inequalities in the borough. The strategy should therefore have an overall positive impact on equality. The purpose of the JHWS is to influence the health and care commissioning priorities of the Council and CCG. EIAs for service changes will be completed as and when they occur on a case by case basis.

10. LEGAL IMPLICATIONS

- 10.1. Section 116A of the Local Government and Public Involvement in Health Act 2007 sets out the duty to prepare a Joint Health and Wellbeing Strategy (“JHWS”) and the duty falls equally on local authorities and clinical commissioning groups. In preparing the JHWS due regard must be had to the Department of Health Statutory Guidance.
- 10.2. Section 116A(5) provides that preparation of the JHWS must involve the people who live and work in the borough. This report sets out in detail at Paragraph 5 the steps taken in developing the draft JHWS 2016-21 and the public consultation at phase 3 of the development of the JHWS and the feedback from that consultation is detailed at Appendix 2.
- 10.3. Paragraph 6 of this report summarises how the current draft JHWS attached as Appendix 1 was updated in response to the feedback from the consultation.
- 10.4. Implications verified / completed by: Kevin Beale, Senior Corporate Lawyer, Telephone 0208 753 2740
Implications verified/completed by: (Name, title and telephone of Legal Officer)

11. FINANCIAL AND RESOURCES IMPLICATIONS

- 11.1. There are no financial implications related to the contents of this report. These will be considered and provided later once a report outlining financial commitments for recommendation is available.
- 11.2. Implications verified/completed by: (Cheryl Anglin-Thompson Principal Accountant, Planning & Integration Team – ASC Finance, 020 87534022)

11. IMPLICATIONS FOR BUSINESS

11.1 This report is not intending or advocating at this point any procurement that might either affect or be of interest to the local business community; therefore, implications comments not necessary at this point.

11.2 Antonia Hollingsworth, Principal Business Investment officer, tel: 020 8753 1698

12. RISK MANAGEMENT

12.1 A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services. The Joint Health & Well-being Strategy draws from the assessment information necessary to improve an individuals and community's exposure to lifestyle and environment risk leading to improved commissioning priorities. The Strategy contributes to the management of external risks and, through commissioning, to the delivery of best value services at least possible cost to the local taxpayer.

12.2 Implications verified by: Michael Sloniowski, Risk Manager, 020 8753 2587

13. PROCUREMENT IMPLICATIONS

13.1 The strategy sets out an outcomes based commissioning framework for the future commissioning of provision from the health and social care economy, to support delivery of the strategy's objectives and priorities. The Council's procurement professionals should be consulted and engaged with at the outset of commissioning activity to:

- provide expert advice to commissioners on contract design and procurement delivery;
- ensure compliance with the Council's framework of contract standing orders, key policies and procedures and overarching legislation;
- drive better value and quality from our existing and future providers;
- engage with and develop our markets, strengthening and developing our potential supply chain; and
- provide insight and analysis of practice and contract data to inform commissioning priorities.

13.2 Procurement Implications completed by: Michael Sprosson, Commercial Development Lead, Tel : 07725 623440.

LOCAL GOVERNMENT ACT 2000 **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
	None.		

LIST OF APPENDICES:

Appendix 1 – Joint Health and Wellbeing Strategy 2016-2021

Appendix 2 – Summary of Consultation and Engagement Activity