

HEALTH & WELLBEING BOARD

Subject Heading:

Annual refresh of the Havering Joint Health and Wellbeing Strategy 2015-18.

Board Lead:

Cllr Wendy Brice Thompson

Report Author and contact details:

Sue Milner, Interim Director of Public Health

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

The HWB is now 3 years old and there have been massive changes in the local health and social economy in which the Board operates. This has led the Board to reflect on its current terms of reference to ensure they are still fit for purpose. Refreshed terms of reference have been drafted for consideration, based on previous discussion at the Board. In addition the 3-year Joint Health and Wellbeing Strategy (JHWS), signed off in April 2015, needs to be refreshed to ensure it reflects the up to date strategic priorities for the Board. The board's existing strategic priorities (as currently stated in the JHWS) have been reframed and are presented here for further discussion and confirmation. Once agreed the reframed strategic

priorities will lead to a refreshed JHWS. The refreshed JHWS will then be underpinned by appropriate actions plans and a dashboard of appropriate indicators. This will allow the HWB to be assured that its strategic priorities are being addressed and progress is being made. Once we have confirmed the strategic priorities we can determine the boards/groups that look to the HWB for their governance and set up the appropriate monitoring arrangements as part of forward planning for the Board's agenda.

RECOMMENDATIONS

The Board is asked to: -

1. Agree to a refresh of the JHWS based on the revised strategic priorities and the subsequent development of an underpinning action plan and dashboard of performance indicators.
2. Agree to provide e mail feedback on the draft refreshed JHWS in sufficient time to bring a final draft back to the July HWB.

REPORT DETAIL

1 - Strategic priorities for the JHWS

Demand for health and social care services is increasing at a time when resources across the health and social care economy are diminishing. It is essential to slow the increase and then reverse the increase in demand for health and social care services. The collective resources of the constituent members of the HWB need to be deployed as efficiently and effectively as possible to provide high quality services in the right place at the right time to improve service user experience and outcomes.

There are a number of system-wide transformation programmes in place at national, regional and sub-regional levels. These are designed to promote greater integration between key partners by reducing barriers and providing enablers for these partnerships to provide localised solutions. Within BHR we are currently working on the development of an urgent care vanguard programme. In addition we are developing a business case for an Accountable Care Organisation (ACO). The local

NHS is required to produce a Sustainability and Transformation Plan (STP) and work jointly with local authorities to develop Better Care Fund plans. All of this further strengthens our need for partnership working and provides the contextual backdrop for the refreshed JHWS.

The Board has previously agreed that the JHWS should not attempt to cover everything that needs to be done to improve health and wellbeing. Instead it should concentrate only on those areas where the Board can add value by providing high level strategic leadership to promote system-wide transformation.

Below are the themes and priorities that were set out in the JHWS last year. Very shortly after the JHWS was signed off by the Board (April 2015) the landscape across the BHR health and social care economy changed rapidly and Board members agreed that the priorities would need to be revisited in line with the principles and approaches being proposed as part of the ACO business case development.

1.1 Current themes and priorities in the JHWS

Overarching Themes	Priorities
<p>Theme A: Preventing, reducing and delaying the need for care and support through effective demand management strategies</p>	<p>Priority 1: Provide effective support for people with long term conditions and their carers so that they can live independently for longer</p> <p>Priority 2: Improve identification and support for people with dementia and learning disabilities and their carers</p> <p>Priority 3: Reduce obesity</p> <p>Priority 4: Reduce premature deaths from cancer and cardiovascular disease</p>
<p>Theme B: Better integrated support for people most at risk</p>	<p>Priority 5: Better integrated care for the “frail elderly” population</p> <p>Priority 6: Improve integrated care for children, young people and families most at risk</p> <p>Priority 7: Reduce avoidable hospital and</p>

	long term care home admissions
Theme C: Quality of services and patient experience	Priority 8: Improve the quality of services to ensure that patient experiences and long term health outcomes are the best they can be

1.2 The JHWS Vision

The vision of this strategy remains:

“For the people of Havering to live long and healthy lives, and have access to the best possible health and care services.”

1.3 Principles underpinning the refreshed JHWS

The principles set out below are those articulated in the ACO business case and the STP submission and should shape the actions we need to undertake to deliver our agreed priorities

- Whole system, place-based services for defined population groups
- Greater emphasis on prevention
- Greater integration across health and social care and between primary, community and secondary health care
- Greater emphasis on tackling the socio-economic determinants of health and wellbeing
- Greater emphasis on individual responsibility and self-care

1.4 Reframed priorities for discussion: -

Taking the context of the ACO and STP into account the existing JHWS themes and priorities and been reframed.

Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities. **Healthy** life expectancy can be increased by tackling the common socio-economic and behavioural risk factors for poor health:

-socio-economic factors

- Getting people into work
- Helping people to achieve (education and skills)



- Ensuring people have a good home
- Providing an environment in which it is easier for our residents to make healthier choices
- Increasing community and individual ability to take control over the own health and care

-behavioural risk factors

- Mental health promotion
- Reduction of harm from tobacco
- Reduction of harm from alcohol
- Diet, physical activity and healthy weight management
- Improving sexual health
- Increase uptake of immunisations
- Increase uptake of screening programmes

Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on.

- Vulnerable children and families – identify them and intervene earlier.
- Provide effective support for children with health needs.
- Provide effective support for people with long term conditions (LTCs) and their carers so they can live independently for longer.
- Provide effective support for people with learning disabilities/dementia and their carers so they can live independently for longer
- Low level mental health issues - identify and intervene earlier.
- Secondary prevention for those with existing LTCs, e.g. identify those at risk of going on to develop CVD, diabetes, liver, renal failure etc. and clinically intervene to avoid worsening outcomes.
- Promote earlier presentation of signs and systems, e.g. 'be clear on cancer'

Theme 3 Provide the right health and social care/advice in the right place at the right time

- Provide improved and, where appropriate, integrated care pathways especially for the major causes of morbidity and mortality, e.g. diabetes, CVD, cancer, mental ill-health
- Reduce avoidable A/E attendances, by changing 'health seeking' behaviour in our residents and providing alternatives

- Reduce avoidable admissions to hospital or long term care homes
- Improve access to primary health care

Theme 4 Quality of services and user experience

- To ensure that services provided/commissioned are of good quality, are effective and provide the best possible service user's experience.
- Reduce variations in quality and practice across primary and secondary care and social care.
- Reduce variations in access to services

3 System Enablers

The work streams below have been identified as essential to the successful transformation of the health and social care economy in the ACO and STP. Although they are not specific priorities for the HWB per se, the Board will need to be kept updated on how this work is progressing.

- Intelligence and data sharing across the system – mapping hot spots
- Workforce transformation, e.g. clinical and social care workforce
- IT – to facilitate joint data sharing and working together across boundaries
- Estates transformation
- Innovation - new models of care and pathway redesigns
- Clinical engagement

4 Next Steps

If the Board agrees with these priorities the JHWS will be refreshed to reflect them. Action plans and a dashboard of KPIs will be developed to assist the Board in monitoring performance and outcomes against these priorities. The groups/services responsible for delivering the actions and achieving the outcomes will be clearly identified and a proper governance structure will be established underneath the HWB.