



CABINET

21 November 2012

Subject Heading:

Health and Wellbeing Strategy 2012-14

Cabinet Member:

Councillor Steven Kelly

CMT Lead:

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Policy context:

There will be a statutory requirement to produce a Health and Wellbeing Strategy under the Health and Social Care Act 2012. The strategy sets out the key priorities for health and health service improvement in Havering.

Financial summary:

There are no specific financial implications arising from adopting the aims within strategy. However achievement of these aims will be subject to the budgetary constraints of the various organisations and any financial implications identified as service delivery plans are formulated will need to be raised through the appropriate channels as they arise.

Is this a Key Decision?

No

When should this matter be reviewed?

November 2013

Reviewing OSC:

Joint Health O&S Committee

The subject matter of this report deals with the following Council Objectives

Ensuring a clean, safe and green borough	<input type="checkbox"/>
Championing education and learning for all	<input type="checkbox"/>
Providing economic, social and cultural activity in thriving towns and villages	<input type="checkbox"/>
Valuing and enhancing the lives of our residents	<input checked="" type="checkbox"/>
Delivering high customer satisfaction and a stable council tax	<input type="checkbox"/>

SUMMARY

This report outlines the 8 priorities of the Health and Wellbeing Strategy (attached in full as an appendix to this report). Its intention is to improve the health of the population in areas where Havering's performance is worse than the regional or national average. The strategy focuses on prevention and targeting people most at risk. It also has a specific priority focussing on improving the quality of health services in Havering.

Each section of the strategy identifies specific actions for delivery and targets for measuring performance improvement.

The Strategy has been endorsed by the Shadow Health and Wellbeing Board, and now requires formal ratification from Cabinet.

RECOMMENDATIONS

Members are asked to agree the content of the strategy and formally endorse its implementation.

REPORT DETAIL

1. BACKGROUND

- 1.1 The Health and Social Care Act 2012 will make an amendment to the Local Government and Public Involvement in Health Act 2007 imposing a duty upon the Council and the NHS Commissioning Board or the Clinical Commissioning Group (CCG) to prepare a joint Health and Wellbeing Strategy for meeting the needs identified in the local Joint Strategic Needs Assessment (JSNA). When it comes into force, this duty is to be discharged by the Health and Wellbeing Board. It will also place a legal obligation on

the CCG to take the JSNA and Health and Wellbeing Strategy into account when preparing and revising its commissioning plan.

2. HAVERING'S HEALTH AND WELLBEING STRATEGY

2.1 A workshop to identify the priorities for the HWBS was held with key stakeholders in March 2012. These included clinical commissioners (GPs), local authority and health commissioners, elected members and other agencies with an interest in improving the health and wellbeing of local people. The workshop identified the key health and social care issues emerging from the JSNA, as well as other practical intelligence, and looked at Havering's performance (in comparison with London and England) to identify areas where improvement was needed.

2.2 The HWBS sets out the vision "for the people of Havering to live long and healthy lives, and have access to the best possible health and care services". To help the Board achieve this vision, eight priorities have been identified. Under each priority, the strategy sets out:

- why the issue is important in Havering;
- what the current situation is in Havering;
- where we want to be in Havering; and
- how we will deliver improved outcomes, including key actions and performance targets.

2.3 The shadow Health and Wellbeing Board approved the content of the Strategy at a Special Meeting on 19th October 2012.

2.4 The Strategy is a key requirement of the Havering CCG's authorisation process, which takes place on 1st November, and as such the development of this strategy has been carried out to align with this timescale. The CCG has confirmed it is satisfied with the content and aims of the strategy and that it aligns to their strategic commissioning plan.

2.5 Havering's Health and Wellbeing Board has been set up in shadow form since last year, and will become a statutory Board from 1st April 2013. The Board will need to monitor the progress of the strategy to ensure commissioning plans align to its overarching priorities, which will also be a requirement of the new statutory duty.

3. THEMES, PRIORITIES AND OUTCOMES

3.1 Theme A: Prevention, keeping people healthy, early identification, early intervention and improving wellbeing

3.1.1 Priority 1: Early help for vulnerable people to live independently for longer

Older and vulnerable people, especially those with long-term conditions, are the most intensive and costly users of health and social care services and

there is a clear need for their experience and outcomes achieved to be improved. They account for half of all GP appointments, two thirds of all outpatient appointments and nearly three quarters of all inpatient bed days. As our older population continues to grow, we are faced with increasing demands on these services. By focusing on prevention and early intervention, we hope to relieve some of this pressure on services and enable more people to live independently and safely in their own homes for longer and with a better quality of life.

We will:

- Help more vulnerable people, including those with long-term conditions and complex needs, maintain their independence in the community and reduce use of acute/complex services
- Tackle isolation and support vulnerable people to help maintain independent living
- Improve choice and control over the health and social care people receive
- Deliver more community based support, including volunteer-led services for people recently discharged from hospital and provision of reablement services to help them re-adjust to independent living.

3.1.2 Priority 2: Improved identification and support for people with dementia

Dementia is a clinical syndrome characterised by a widespread loss of cognitive function, including memory loss, language impairment, disorientation, change in personality, self-neglect and behaviour that is out of character. It is an extremely distressing illness and a particularly pertinent issue for Havering due to our large, and growing, older population.

We will:

- De-stigmatise dementia and ensure sufferers and their carers receive the best possible support in managing their condition
- Ensure high quality and accessible dementia information by improving data collection on the prevalence of dementia and data sharing between organisations
- Clinically train professionals to recognise the symptoms of dementia leading to earlier diagnosis and improved outcomes for sufferers and their carers
- Deliver more universal services and better quality of care for people with dementia.

3.1.3 Priority 3: Earlier detection of cancer

About 1,200 people in Havering (one in every 200) are diagnosed with some form of cancer each year and more than 600 a year die of the disease. National research shows that more than 40% of all cancer cases are attributable to avoidable risk factors such as smoking, alcohol, poor diet and lack of exercise. Most people could significantly reduce their risk of developing cancer by living more healthily.

We will:

- Maximise participation in the three cancer screening programmes, particularly for bowel cancer, which is a relatively recent development
- Raise public awareness of the signs and symptoms of cancer. To this end, we will evaluate the recently commissioned local awareness raising campaign and continue to support relevant national and London wide campaigns.
- Further improve the identification and investigation of patients with signs and symptoms suggestive of cancer in primary care settings
- Improve quality of cancer care services and patients' experience of care, including maintaining excellent performance on waiting times between referral of patients with suspected cancer and first consultant contact (two week waits) and 31/62 day targets for receiving treatment quickly after diagnosis; and increasing access to optimal treatment, particularly radiotherapy and surgery.

3.1.4 Priority 4: Tackling obesity

Being overweight or obese increases a person's risk of developing diabetes, cancer and cardiovascular disease. Being obese can restrict mobility and contribute to poorer mental health, which can limit a person's participation in their community and reduce their quality of life. Obesity is a complex issue that is affected by a range of behavioural, psychological, social, cultural and environmental factors.

We will:

- Intervene early to slow down the rise in obesity levels in adults and children
- Promote healthier lifestyles and increase levels of physical activity to maintain healthy weight
- Raise awareness of the health risks associated with being overweight and obese.

3.2 Theme B: Integrated support for people most at risk

3.2.1 Priority 5: Better integrated care for the 'frail elderly' population

Future demographic change will significantly increase the proportion of older people in the population. As a result, the number of 'frail elderly' residents will also increase. These are people with the most complex needs that currently provide the greatest challenge to health and social care providers.

We will:

- Ensure with partners, seamless, integrated and efficient care pathways for 'frail elderly' people with care needs
- Improve pathways into and through community-based health services and general practice by working closely with the hospital and GPs

- Reduce the incidence and impact of falls that often lead to the hospitalisation of older people and improve the efficiency of care following injury as a result of a fall, including hip fracture
- Enhance independence and capability of individuals to manage their conditions at home
- Provide support to people within the community who have recently been discharged from hospital or who are at risk of admission/re-admission
- Improve care in nursing and residential homes, including better management of demand to reduce avoidable hospital admissions and monitoring of safeguarding controls
- Improve support to people not currently engaged with social care such as self funders and those with lower levels of need to ensure that greater opportunities to benefit from prevention, improved health and wellbeing and support are provided
- Ensure informed choice on end of life care through robust information and guidance for patients and carers.

3.2.2 Priority 6: Better integrated care for vulnerable children

Healthy, happy and educated children are more likely to become healthy happy and productive adult members of society. Setbacks experienced in childhood as a result of troubled family backgrounds can result in long-lasting harm that persists throughout life and has a spiral effect leading to significantly reduced outcomes for those young people. Vulnerable children, such as those in care or with learning disabilities, face particular, more complex, issues and our priority is to support them to realise the same positive and sustainable outcomes as rest of the population.

We will:

- Provide intensive, bespoke, support to families with multiple complex needs to address their problems earlier
- Improve the stability of care placements and reduce placement breakdown, including reducing the number of placements between foster care and adoption
- Improve health outcomes for children and young people, particularly those in care
- Improve the transition from children's to adults care packages for young people with disabilities
- Reduce teenage conceptions and improve sexual health through the delivery of targeted campaigns that raise awareness of health risks
- Commission universal and targeted access to health visitors and schools nurses to deliver the Healthy Child Programme
- Reduce the numbers of children experiencing poverty in Havering by working collectively to deliver actions in the Child Poverty Strategy
- Provide access to high-quality therapies for vulnerable children and young people.

3.2.3 Priority 7: Reducing avoidable hospital admissions

Hospital admissions, especially avoidable admissions, are extremely costly to the NHS and disrupt the lives of those affected, as well as causing unnecessary distress to family and friends. Long and frequent hospital stay also cause increased dependency and ill health and reduce people's confidence to manage at home. We are keen to reduce unnecessary and unplanned hospital admissions, particularly for ill-health or injury that could have been avoided and repeat hospital admissions where individuals are admitted into hospital on a frequent basis.

We will:

- Manage the care of patients proactively in the community through planned care transformation such as integrated case management
- Increase independence skills of people within the community who have recently been discharged from hospital or who are at risk of admission/re-admission
- Reduce inappropriate and unplanned discharges, which lead to re-admissions and seek greater collaborative approaches to ensure that planning for discharges takes place closer to an individual's point of admission
- Ensure that vulnerable people are safeguarded from neglect and abuse when receiving care at home
- Ensure high quality prescribing of medications to reduce unnecessary hospital admissions.

3.3 Theme C: Quality of services and patient experience

3.3.1 Priority 8: Improving the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

Ensuring patients, and their families and carers, receive the best quality health and social care services is crucial to achieving the best long-term outcomes for patients. We would like to see consistently high levels of quality of care in all health and care services provided in Havering. Through collaborative working and robust provider performance management, the CCG will continue to improve the quality and safety of services to deliver its aim of improving patient, family and carer experience. We want patient experience of health and care services in Havering to be positive.

We will:

- Bring about big improvements in quality of care and patient safety, especially maternity services in Queens Hospital
- Minimise the incidence of avoidable harms in hospital and community settings, including pressure sores, falls, urinary tract infections and VTE
- Ensure patient experience in A&E is improved by reducing waiting times and diverting people away from A&E where appropriate

- Focus on quality of care in community residential settings and implementation of a scheme to increase medical care in nursing homes
- Ensure sound financial management of the NHS budget for Havering so that quality of services is not compromised
- Risk is managed by providers systematically and accurately to reduce likelihood of occurrence of serious untoward incidents
- Commission and performance manage Healthwatch to high levels of ensure patient and public engagement activity that can affect improvement.

REASONS AND OPTIONS

Reasons for the decision:

The Council has a prospective duty to produce a Health and Wellbeing Strategy. This version has been progressed to an advanced stage and it is considered appropriate to ratify this to assist the CCG in their authorisation process.

Other options considered:

The current draft version could be used as a working document and would still suffice for the CCG authorisation process.

The Council could wait until the legislative changes are made and the finalised guidance is produced.

This has been rejected because it is considered more appropriate that the Council formally endorses the plan to be submitted by the CCG

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no specific financial implications arising from adopting the strategy which is a set of aims/value for the Council and our Health Partners to consider in delivering our services. Achievement of these aims through service delivery will be subject to the budgetary constraints of the various organisations and will depend on the actions which are developed in order achieve the various aims.

Any financial implications arising from the delivery of specific services in order to achieve these aims will need to be raised through the appropriate channels as they arise.

Legal implications and risks:

It will be a statutory requirement under the Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012 for the Council, in partnership with the NHS Commissioning Board or the CCG, to prepare a health and wellbeing strategy although no date has yet been set for implementation. Draft statutory guidance has been subject to consultation and again no date has yet been set for publication.

There will be a number of requirements as to how the strategy should be devised which are set out in the proposed new statutory duty.. This is likely to mean that once the duty comes into force it will be necessary for the Strategy to be revised and fresh consultation undertaken.

Human Resources implications and risks:

There are no HR implications arising from this report.

Equalities implications and risks:

The strategy is intended to promote inclusion and the health and wellbeing of the borough's most vulnerable residents, including children at risk and the 'frail elderly' population.

A full equality analysis on the strategy has been carried out and is attached as a supporting document.

BACKGROUND PAPERS

- Appendix A is the full Health and Wellbeing Strategy
- Appendix B is the Equalities Analysis of the Health and Wellbeing Strategy.
- Havering's JSNA is published at www.haveringdata.net/research/jsna.htm
- The draft statutory guidance on health and Wellbeing Strategies and JSNA's was published in July 2012. The document can be found at <http://www.dh.gov.uk/health/2012/07/consultation-jsna/>