

# Consultation with board members regarding priorities for refreshed Joint Local Health and Wellbeing Strategy

## **Objectives and Approach**

To finalise the refreshed priorities for the Joint Local Health and Wellbeing Strategy (JLHWS) in the London Borough of Havering, a consultation process was undertaken involving the Health and Wellbeing Board members (HWB). The main objective was to condense an original list of 20 potential priorities into a streamlined set of 12 priorities, specifically suitable for leadership by the HWB and distinct from those led by other partnership groups.

## **Stakeholder Engagement**

The HWB comprises diverse stakeholders including four elected council members (Lead Member for Adults and Public Health, Lead Member for Children's Services, Leader of the Council, and another nominated councillor), senior council officers (Directors responsible for People, Place, Resources, Living Well, and Starting Well), representatives from North East London Integrated Care System (NEL ICS), Healthwatch, Barking, Havering and Redbridge University Hospitals NHS Trust (BHURT), North East London NHS Foundation Trust (NELFT), the voluntary and community sector (VCS), a representative from Havering Primary Care Network (PCN), and the Chair of the Carers Board.

A survey was used as the primary consultation method, enabling HWB members to choose their preferred 12 priorities from the original 20 proposed with the opportunity to recommend other priorities dependent on whether it met the selection criteria. Public Health had already recommended a set of 12 priorities which were highlighted within the survey. From 18 board members, 11 responses were received. Members were also given ample time and reminders to respond. Non-responses were clearly communicated to imply agreement with Public Health's recommended list.

## **Challenges and Solutions**

The main challenge was the initial low response rate, with 9 out of 18 members responding to the first survey. This necessitated a second round, resulting in two additional responses. No qualitative comments or further suggestions were submitted by respondents, simplifying the final priority-setting process.

## **Priority Selection and Finalisation**

Priorities were assessed against criteria including their relevance to reducing health inequalities at the population level, avoiding duplication of responsibilities with other partnership boards, and ensuring sufficient management support for implementation. The selected priorities were aligned with Havering's strategic frameworks, encompassing the four pillars of good health (wider determinants of health, places we live in, lifestyles and behaviours, health services), the life stages approach (start well, live well, age well, die well), and alignment with NEL ICS's integrated care strategy.

Below is the list of 20 priorities that were included in the survey. They are listed in order of the number of actual votes received by members, thus the first 12 priorities will be the ones carried forward into the refreshed strategy.

1. Adolescent mental health and wellbeing strategy
2. Prevention of self harming by young people
3. Reduce inequality in educational outcomes
4. Reduce homelessness and harm caused
5. Reduce obesity and harm caused
6. Support people with mental health problems to live fulfilling, meaningful and health lives
7. Empower older people to live independently
8. Improve diagnosis and support of dementia
9. Early intervention to improve school readiness
10. Improve transition from child focused to adult services
11. Improve employment and wage levels to reduce poverty
12. Reduce tobacco related harm - including from vaping
  
13. Reduce waiting times for planned care
14. Increase cancer survival
15. Increase diagnosis and management of CVD and risk factors
16. Improve management and monitoring of LTCs
17. Use PHM to reduce need for / cost of care packages and improve outcomes achieve where necessary
18. Same day access to urgent care / improved experience ED
19. Improve uptake of adult immunisations
20. People are supported in last stages of life