Havering Health and Wellbeing Board

Joint Health and Wellbeing Strategy 2019/20 – 2023/24

Havering
LONDON BOROUGH

Our priorities

Achieving this vision will require action on the part of many stakeholders. The Havering Joint Health and Wellbeing Strategy sets out what the Havering Health and Wellbeing Board will do, as a partnership between Havering Council, local NHS bodies and Havering Healthwatch to improve the health of local residents. To this end, over the next four years, Havering Health and Wellbeing Board will prioritise action to address the concerns listed below , which span the four 'pillars' underpinning good physical and mental health.

1. The wider determinants of health

- Increase employment of people with health problems or disabilities
- Develop the Council and NHS Trusts as anchor institutions[1] that consciously seek to maximise the health and wellbeing benefit to residents of everything they do.
- Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.

2. The communities and places we live in

- Realising the benefits of regeneration for the health of local residents and the health and social care services available to them
- Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.

3. Lifestyles and behaviours

- The prevention of obesity
- Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups
- Strengthen early years providers, schools and colleges as health improving settings.

4. Local health and social care services

- Development of integrated health, housing and social care services at locality level.

An action plan will be prepared for each priority. Each plan will specify a lead officer and detail relevant milestones and quantitative targets. Regular reporting against these measures will demonstrate progress overtime and the added value of leadership provided by the Havering Health and Wellbeing Board.

1 An anchor institution is one that, alongside its main function, plays a significant and recognised role in a local area by making a strategic contribution to the local economy. Anchor institutions are typically large employers with significant purchasing power.

Introduction

Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which leaders from the local health and care system can work together to improve the health and wellbeing of local people.

Each Health and Wellbeing Board has a statutory duty to produce a Joint Health and Wellbeing Strategy setting out its priorities to address the health and wellbeing needs of local residents as captured in the Joint Strategic Needs Assessment. This document sets out how the Havering Health and Wellbeing Board has identified a small number of key strategic priorities for action that will make a real impact on the lives of local people.

Our vision for the health and wellbeing of local residents

Havering Health and Wellbeing Board is working so that *'everyone in Havering enjoys a long and healthy life; and has access to the best health and social care services'.*

Delivering our vision

The health of the population is determined by the interaction of a variety of different factors. A recent paper[2] by the King's Fund describes these factors in terms of four pillars underpinning good population health:

- **The wider determinants –** a reasonable income; good employment; secure, high quality housing etc. are the most important drivers of health and wellbeing. Action to improve these factors at borough level will improve the health of the population as a whole. Targeted action to help people living with significant health problems or disability e.g. to gain or maintain good employment or better adapt their home to meet their needs can significantly increase independence and wellbeing.

- **The communities and places we live in –** where we live, both the physical (e.g. access to green space and leisure services, exposure to air and noise pollution, etc.) and social environment (e.g. the extent to which we support and are supported by family, friends and the wider community) affect our risk of ill-health and the extent to which we are resilient and able to cope with adversity.

- **Our behaviours and lifestyles -** Individual behaviours and lifestyle choices e.g. regarding smoking, alcohol consumption, diet etc. directly affect our risk of developing physical and mental illness. As such, many of the conditions that cause the bulk of early deaths and disease are essentially preventable. Lifestyle related risks are affected by the community we live in and by levels of disadvantage and are the immediate cause of a significant proportion of health inequalities.

- **Integrated health and social care services –** Studies suggest that health and care services account for about 20-25% of the health of the population – the remainder being attributable to the other three pillars. Traditional models of care are struggling to meet the needs of a large and growing number of residents who live with multiple long-term conditions and require integrated health and social care tailored to their needs that cut across organisational silos. Effective integration will improve both user experience and the cost effectiveness of health and social care services.

Achieving our vision for health and wellbeing in Havering will require further improvement regarding all four pillars and hence action on the part of many stakeholders from individual residents to national government; statutory services, voluntary sector organisations and private business.

2 A vision for population health: Towards a healthier future. King's Fund 2018.

Deciding on our priorities

The Joint Strategic Needs Assessment (JSNA) describes the health and wellbeing needs of local residents[3].
A short pen portrait of the borough, based on information contained within the Joint Strategic Needs Assessment and structured with regard to the four pillars of population health is presented as Table 1.

The Joint Strategic Needs Assessment outlines many significant problems but also opportunities to improve the health and wellbeing of local residents. By inclusion in the Joint Health and Wellbeing Strategy, the Havering Health and Wellbeing Board has prioritised for action those issues it believes: -

- are otherwise likely to be neglected

and/or

- where an effective response would benefit from :-

- joint planning and action between partners represented on the Board
- better links between health and social care services and the community served, including the community and voluntary sector and / or other assets within the borough

As importantly, the Strategy does not include priorities where robust plans are already in place. This is particularly pertinent with regard to plans for high quality, integrated health and social care services as explained on page 6.

3 https://www.haveringdata.net/joint-strategic-needs-assessment/

Relationships with the BHR Integrated Care

Since 2015, organisations participating in the Havering Health and Wellbeing Board have been working with others to establish an integrated care system across Barking, Havering and Redbridge. This work is led by the Barking and Dagenham, Havering and Redbridge Integrated Care Partnership Board, which brings together Cabinet members and officers from Havering Council and counterparts from the London Boroughs of Barking and Dagenham and Redbridge with clinicians and managers from BHR CCGs, BHRUHT and NELFT.

The Integrated Care Partnership Board has already set out a clear strategy[4] to establish an integrated care system built on the development of integrated health and social care services at locality level and with Primary Care Networks.

More recently, a number of Transformation Boards have been established to develop and implement detailed plans regarding key care groups and health conditions:

- Older people and frailty and end of life
- Long term conditions
- Children and young people
- Mental health
- Planned Care
- Cancer
- Primary Care
- Accident and Emergency Delivery Board
- Transforming Care Programme Board
- Maternity

These plans will:

- be consistent with the Joint Strategic Needs Assessments of the three boroughs
- be based on the best available evidence of effectiveness
- include comprehensive plans to prevent as well as treat ill-health
- be informed by local service user and professional opinion

Given the above, and the participation at all levels of Havering councillors and officers, and clinicians working within the borough, the Havering Health and Wellbeing Board is confident that the needs of Havering residents will be adequately captured in plans developed under the auspices of the Integrated Care Partnership Board. As such, the Havering Health and Wellbeing Board consider the strategy and plans developed by the Integrated Care Partnership Board to be an integral part of the Havering Joint Health and Wellbeing Strategy. Progress regarding plans developed by the Integrated Care Partnership Board will be reported to the Havering Health and Wellbeing Board periodically.

[4] http://democracy.havering.gov.uk/documents/s34823/Update%20Health%20and%20Care%20Transformation.pdf

Priorities included in the Joint Health and Wellbeing Plan

Having considered the challenges and opportunities identified in the Joint Strategic Needs Assessment; the extent to which robust plans already exist and the particular strengths of the Havering Health and Wellbeing Board as a borough level partnership between the Council, NHS partners and Healthwatch, the Havering Health and Wellbeing Board has identified the issues set out in Table 2 0n pages 10–11 as its priorities for the next four years.

Table1: What the JSNA tell us about Havering with regard to the four pillars underpinning population health

Global assessment of health

Life expectancy is slightly better than average and has increased in recent decades but there are significant inequalities between communities and population groups; and the rate of increase in life expectancy has slowed and much of the additional years of life gained in the recent past is lived in poor health.

Wider determinants of health

Havering is more affluent than the national average and rates of employment are high. But average income, and the proportion of residents with higher qualifications or employed in a profession is lower than the London average. Some communities and some population groups e.g. residents with long term conditions, mental illness, physical and learning disabilities experience significant socio-economic disadvantage that puts them at risk of further decline in health.

The consequences of disadvantage are evident at (pre) birth; on entry to school and on life chances thereafter. House ownership is relatively high but renting, sometimes in HMOs, is increasing. Housing costs are cheap for London but rising. Homelessness including rough sleeping is of increasing concern.

The communities we live in

The population has grown and become more diverse and will continue to do so. The population is relatively old and getting older; a large number of care homes increases the need for health and social care still further. More recently, the number of births and young children in the borough has also increased.

Havering is a collection of distinct communities with their own history and character. Regeneration will provide significant additional (affordable) housing; an opportunity to refresh town centres and develop community hubs, accommodating joined up services at locality level.

High quality green space is an asset but poor north / south public transport results in car dependency, physical inactivity and poorer air quality. School (non)readiness, vulnerable adolescents, domestic violence, loneliness and social isolation are all current concerns. Action to promote self-help, build resilience and support vulnerable residents at the edge of care are priorities. A strong community and voluntary sector is already contributing and could do more.

Lifestyles & behaviours

A significant proportion of premature death and ill-health (and associated use of health and social care services) is preventable. Significant improvement is possible if changes in smoking, diet, activity, drug & alcohol use can be achieved. Variation in lifestyle and behaviour partly mediates the impact of disadvantage on health - the opportunity / challenge increases with increasing disadvantage e.g. smoking remains particularly prevalent in disadvantaged communities and amongst vulnerable groups. Clinical intervention can assist with change or partially mitigate harm but action re. the determinants of health and changing community norms is also essential.

Health & social care services

The increasing population size and age structure drives high demand for care. An increasing number of CYP have SEND needing integrated health, social care and education support. An increasing number of CYP have mental health problems. Many adults are affected by cancers, LTCs and / or MH problems. Some are identified late / miss out on effective interventions or have a poor experience of care. Urgent / unplanned care services are under pressure year round. Much of this activity could be dealt with in the community; but primary care is itself under pressure and needs development. Social care and community services are already working together (including co-location between adult social care and community nursing) but fully integrated locality services are still to be established. Newly created Primary Care Networks of local GPs will be crucial participants. The BHR system as a whole has a significant financial deficit and issues with recruitment / premises.

Table 2: Priorities for Joint Health and Wellbeing Strategy

Wider determinants of health

- *Priority –*
  Assisting people with health problems (back) into work.
- *Rationale –*
  Being in good work is good for health. For many people, health problems are a barrier to gaining or retaining a job. The Board can bring together private, public and third sector stakeholders to assist excluded groups into work; benefitting them and the public purse.
- *Priority –*
  Further developing the Council / NHS Trusts as 'anchor institutions'.
- *Rationale –*
  Anchor institutions recognise their importance to local economy and seek to maximise the benefit to the local community in all they do. Councils / NHS bodies have huge scope to benefit local people e.g. as an employer or by procuring services from local businesses.
- *Priority –*
  Provide strategic leadership for collective efforts to prevent homelessness and the harm caused.
- *Rationale –*
  Homelessness in all its forms is bad for health - life expectancy for street sleepers is under 50 yrs; homeless people are high users of urgent and acute health care which rarely result in a solution to their complex underlying issues.

The communities we live in

- *Priority –*
  Realising the benefits of regeneration for health and social care services.
- *Rationale –*
  The agreed model of care across BHR is dependent on more / better community facilities so that acute hospitals can focus on more urgent / acute / specialist problems. The private / public sector partnerships established to deliver housing regeneration offer an alternative means of improving health and social care premises as an integral and essential part of community infrastructure at locality level.
- *Priority –*
  Improve support to residents whose life experiences drive frequent calls on health and social care services.
- *Rationale –*
  Some people repeatedly contact health care services with problems that are caused or made worse by the context in which they live and life experiences. Action to support such residents before they present to services (e.g. local area coordination) coupled with mechanisms to guide people away from health care services to more effective forms of support (e.g. social prescribing) will improve outcomes and free up capacity for people that would benefit more from treatment services.

Lifestyles & behaviours

- *Priority –*
  Obesity.
- *Rationale –*
  1 in 5 children are overweight or obese by the time they start school and rates continue to rise. 2 in 3 adults are overweight or obese. The Board is best placed to coordinate and sustain action in the long term to tackle the obesogenic environment; shift cultural norms and encourage individuals to make healthier choices.
- *Priority –*
  Reducing tobacco harm.
- *Rationale –*
  Smoking remains common in some communities / groups and is the immediate cause of a significant proportion of health inequalities. E-cigs provide new opportunities to reduce the harm caused where smoking remains entrenched.
- *Priority –*
  Early years providers, schools / colleges as health improvement settings.
- *Rationale –*
  more CYP are making healthier choices than ever before (e.g. re. smoking). But other health issues (e.g. mental ill-health) and safety concerns (e.g. CSE, knife crime) have increased necessitating new partnerships including schools and colleges to build resilience for all CYP and support the vulnerable.

Health & social care services

- *Priority –*
  Development of integrated health and social care services for CYP and adults at locality level.
- *Rationale –*
  With a fully functional ICS in place, decisions re. high level strategy, effective models of care and treatment options will increasingly be made at BHR level. But the majority of care will be delivered at locality level by integrated teams of primary, and community health care professionals and social care counterparts, working with other statutory partners e.g. housing, DWP and the CVS. The precise offer at locality level will vary to reflect the specific needs of the population and make best use of assets available in the community. Better community involvement will serve to increase self-care and support to vulnerable residents.

Next steps - our approach to developing and implementing plans to address priorities identified in the joint health and wellbeing strategy

A member of the Health and Wellbeing Board will be identified to lead action regarding each priority.

They will be supported by a senior manager and programme management support drawn from organisations participating in the Health and Wellbeing Board.

This team will develop a detailed action plan for each priority within 12 months of the adoption of the strategy.

Wherever possible, plans will adopt innovative, evidence based approaches that will be of interest further afield and therefore offer the additional benefit of showcasing Havering and / or the 'BHR' patch as an attractive location to live, work and invest.

Each plan will include clearly identified milestones and quantitative performance indicators.

Progress will be reported to the Health and Wellbeing Board at least once a year.

Reporting against these measures will demonstrate progress overtime and the added value of the Joint Health and Wellbeing Strategy and its leadership by the Havering Health and Wellbeing Board.

Glossary and list of Acronyms

- Anchor Institutions – **see here** for examples of NHS Trusts acting as anchor institutions
- BHR CCGs – Barking, Havering and Redbridge Clinical Commissioning Groups – the local commissioner of NHS services
- BHRUHT - Barking Havering and Redbridge University Hospital Trust – the provider of acute hospital services at Queens and King George Hospitals
- CSE – child sexual exploitation
- CVS – community and voluntary sector
- CYP – children and young people
- HWB- Health and Wellbeing Board
- HMO – house of multiple occupation
- ICPB – Integrated Care Partnership Board
- ICS – integrated care system – **see here** what NHS Long Term plan says re. ICS.
- JHWS – Joint Health and Wellbeing Strategy
- LTCs – long terms conditions – may be physical (e.g. diabetes) or mental. As treatment has improved, many more people are living with conditions that were previous life limiting e.g. some cancers and HIV.
- MH – mental health
- NELFT – North East London Foundation Trust – the provider of mental health and community services in the borough.
- PCNs – primary care networks – **see here** for more information about PCNs
- SEND – special education needs and disability