Title: Creation of the Joint Health and Wellbeing Strategy 2019-21

Report of the Director of Public Health

Open Report For Decision

Wards Affected: ALL Key Decision: YES

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Sponsor: Anne Bristow, Deputy Chief Executive & Strategic Director for Service Development & Integration.

Summary:
The Health and Social Care Act 2012 requires Health and Wellbeing Boards to develop a Joint Health and Wellbeing Strategy, based on Joint Strategic Needs Assessments for their population, with the purpose of improving the health and wellbeing of local communities and reducing health inequalities for all ages.

The Barking and Dagenham Joint Health and Wellbeing Strategy 2015 – 2018 follows the previous Strategy for 2012-2015. A refresh of the strategy is now required for another 3 years. Our Strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of people’s lives by 2021. The aim is to help residents improve their health by identifying the key priorities based on the evidence in our Joint Strategic Needs Assessment 2017, and what can be done to address them and what outcomes are intended to be achieved. These proposed priorities will then underpin commissioning plans and other agreements to undertake the actions together, to make the greatest impact across the health and social care system and wider Council responsibilities. It will also set out how we will work together to deliver the proposed priorities.

This report outlines the high-level process steps before it is presented for consideration and sign off for public consultation.

Recommendation(s)
The Health and Wellbeing Board is asked to:
1. Agree to incorporating an 'I' Statements approach to establishing outcomes and whether focusing on three strategic themes we are losing focus on areas of importance to the BHR system such as frailty?
3. Note that the draft Strategy will be presented to the Board for endorsement on 5 September 2018 prior to the commencement of a public consultation exercise.

Reason(s)
The Health and Social Care Act 2012 introduced the requirement for health and wellbeing boards to prepare joint health and wellbeing strategies for their local areas. The Joint Health and Wellbeing Strategy should provide an over-arching framework to ensuring a strategic response to the health and social care needs of the local population.
1. Introduction

The joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA) are two of the key statutory documents that are produced by the Health and Wellbeing Board under the Health and Social Care Act 2012. The Clinical Commissioning Group has a duty to develop the JSNA and the Joint Health and Wellbeing Strategy together with the Council through the Health and Wellbeing Board. There is a requirement to have a joint Health and Wellbeing Strategy agreed.


1.2 The key strategic principles for drafting the refreshed joint health and wellbeing strategy are laid out in statutory guidance. The Strategy will:

- Set out shared priorities based on evidence of greatest need that puts the emphasis on prevention and early intervention.
- Make health and wellbeing a personal agenda supported by borough-based programmes and interventions.
- Set out a clear rationale for the locally agreed priorities and what that means for the other needs identified in the JSNA and how they will be handled.
- Not try to solve everything but take a strategic overview on how to address the key issues identified in the JSNA, including tackling the worst inequalities.
- Concentrate on an achievable amount with an outcome focus – prioritisation is difficult but important to maximise resources and focus on issues where the greatest gains in health and wellbeing can be achieved.
- Address issues through joint working across the local systems and describe what individual services will do to tackle priorities and give effective solutions to individual problems.
- Enable improved patient and service user engagement in the development of our Strategy and plans.
- Enable increased choice and control by residents who use services with independence, prevention and integration at the heart of how choices can be made.

1.3 The Accountable Care Partnership across Barking and Dagenham, Havering and Redbridge (BHR System) agreed in October 2016 is working towards the integration of health and social care commissioning, the formation of the alliance of providers, establishment of place-based care and the exact form these crucial relationships will take following the London devolution deal\(^1\). The refresh of strategy will need to be an enabler in the evolution of commissioning and provision to facilitate new models of care and see it as providing opportunities for improved health and social care outcomes in the long term.

\(^1\)https://www.london.gov.uk/press-releases/mayoral/greater-devolution-to-improve-health-care
2.0 Local strategic context

2.1 The joint Health and Wellbeing Strategy has strong links to national policies and strategies. In the local context the Health and Wellbeing Board will not seek to replicate existing strategies but seek synergies to ensure delivery of the aspirations laid out in the Borough Manifesto\(^2\). However, we will work with other boards, to ensure the achievement of our outcomes is supported across the whole partnership.


2.2 An independent ‘Growth Commission’ was commissioned by the Council in 2015 to consider how growth opportunities in the borough can be maximised for the benefit of all its residents. In early 2016, they delivered their report\(^3\), with recommendations for achieving this.

2.3 Through these ambitions the council is prioritising:
   - Social determinants of health – for example, a wide-ranging health impact assessment was carried out in 2017 for the forthcoming Local Plan.
   - Prevention – for example, exploring how behaviour change interventions could work for childhood obesity.
   - Integration and care – for example, the recently launched all-age disability service.

2.4 The Growth Commission Report provided the impetus for the Borough Manifesto (below).

The Borough Manifesto, ‘Barking and Dagenham Together’, sets out a shared vision for the next 20 years aimed around 10 themes:
   - Employment, Skills and Enterprise
   - Education
   - Regeneration
   - Housing
   - Health and Social Care
   - Community and Cohesion
   - Environment
   - Crime and Safety
   - Fairness
   - Arts, Culture and Leisure

2.5 In addition to the overt health and social theme, all the other themes can be viewed as social determinants of health. As such, this provides a blueprint for reducing health inequalities in the long term, not only within the borough, but also in relation to London and England. This is explicitly stated in its targets, the majority of which are to bring indicators above London and East London averages.

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\(^2\) https://www.lbbd.gov.uk/council/priorities-and-strategies/borough-manifesto/overview/

\(^3\) https://www.lbbd.gov.uk/business/growing-the-borough/our-strategy-for-growth/overview-2/
The Corporate Plan 2017/18

2.6 The Council’s corporate vision is: ‘One borough; one community; London’s growth opportunity’. The aim is to encourage civic pride, enable social responsibility and grow the borough. The Corporate Plan and the Borough Manifesto both detail how to achieve this vision. The 2017/18 Corporate Plan was published in June 2017. This sets out the short- and medium-term changes the Council is making to meet the shared 20-year vision for the borough, developed with residents, outlined in the Borough Manifesto. These shorter-term changes include the transformation the Council is undergoing to become a commissioning organisation (see image below). This includes the formation of ‘Community Solutions’, which aims to tackle issues earlier and help increase residents’ resilience and capacity for self-help. It has also seen the creation of a new all-age disability service, which aims to provide a more joined-up experience for users to support them across their life course.

North east London Sustainability and Transformation Plan (draft 2016)

2.7 The Sustainability and Transformation Plan (STP) outlines how the NHS in north east London will become financially sustainable and deliver improvements to health and health services by 2021. It sets out six key priorities:

- Aligning demand with the most suitable type of services, including reducing demand via prevention and self-care
- Supporting self-care, locally based care and high quality secondary care services
- Ensuring that providers can overcome the financial challenges that many are facing
- Collaborating on specialised services
- Developing a system-wide decision-making model that enables place-based care and partnership working
- Better use of physical assets

2.8 As a joint strategy, many of the priorities relate to collaboration and integration of services. There is already considerable partnership working between Barking and Dagenham, Redbridge and Havering, including the current review of urgent and emergency care services and the joint commissioning of pharmaceutical needs assessments for the three boroughs.

A framework for person-centred care has been developed (right), which emphasises prevention and draws on the social determinants of health.

The Equality and Diversity Strategy is the keystone of our policy framework. This Strategy provides an overview of our approach to equality and diversity, it highlights some of the work we are doing to close equality gaps and sets objectives to make a difference over the next period. The document is comprehensive but reflects only a small portion of everything we do to advance equality and diversity.

3.0 The challenge - We need to get to the root cause of problems

3.1 The Integrated Care Partnership has established a direction of travel that will see providers lead a collaborative approach to rethinking health and care delivery. Care will be more strongly centred around the individual, by removing the organisational barriers, boundaries and silos that currently get in the way of frontline health and care staff doing what is in the best interests of the individual. At the same time, the emphasis will be pushed towards prevention or proactive management of conditions. The focus of the joint Health and Wellbeing Strategy needs to include building resilience so that people are better able to help themselves. In doing this the Strategy needs to describe what our radical approach to prevention is to support the reduction in demand for our higher cost health, social care and wider council services over the next 5 to 15 years.

3.2 This approach incentivises high-value interventions, shifting resources to community services, a focus on keeping people healthy and in their own homes, and co-ordinated care across settings and systems. The aim is to achieve better outcomes through integrated person-centred services and ultimately provide better value for every pound spent on health and care. It also encourages a resident focus on becoming self-sufficient and resilient, the experience of using the services, and achieving the outcomes that matter to them.

4.0 Outcome based commissioning

4.1 Outcomes based Commissioning is the corner stone of the new commissioning landscape and the joint Health and Wellbeing Strategy needs to focus the Health and Social Care Commissioners on measuring and rewarding outcomes rather than inputs. Measuring outcomes and aligning incentives will enable the Commissioners to monitor performance across the whole health and care economy and, when combined with appropriate contractual and payment mechanisms, will allow providers to work together to deliver whole person integrated care and achieve a common set of goals.

4.2 The intention is that, when broad outcomes and the financial envelope had been more fully scoped by commissioners, the newly formed Provider Alliance would work on ways in which a deeper collaboration could transform outcomes, freed from some of the constraints set by contractual specifications.

5.0 Strategic Themes

5.1 Before we decide on outcomes it’s important to note that the Board at its last meeting on 16th January agreed that the refreshed Strategy addresses three main areas of action identified through the JSNA 2017:

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• Best start in life.
• Early diagnosis and intervention.
• Building resilience and prevention to achieve better health and wellbeing.

5.2 The strategy will subsequently be re-drafted around these themes. Each theme will have a number of actions identified to deliver improvements to health and wellbeing and reduce health inequalities. Measures will be identified, mainly from the national outcomes frameworks, against which progress will be tracked, and these set out in the strategy document.

5.3 An example to facilitate discussion on what this would mean for each of the three main areas of action is described in Appendix 1. They are a starting point/prompt for discussion and by no means exhaustive.

6.0 Outcomes

6.1 The Board needs to consider what the key outcomes should be and their measures as the driver for the commissioning process and the business plans of the Alliance of Providers in the BHR system. The Board needs to discuss the basis for establishing these.

6.2 The key outcomes from the delivery of our Strategy in 2012 – 2015 and 2015 -2018 are to:

- Increase the life expectancy of people living in Barking and Dagenham.
- Close the gap between the life expectancy in Barking and Dagenham with the London average.
- Improve health and social care outcomes through integrated services.

The three high level outcomes remain a strong strategic fit with the key strategies noted in section 2.0.

6.3 A point for the Board to note and debate is that outcomes-based commissioning is a way of recognising the importance of working with the community to identify the results they want to see achieved in relation to health and care services; these outcomes then set the framework within which providers of services can design solutions to achieve them. A central aspiration of the Borough Manifesto.

6.4 The Council and the CCG when developing integrated case management in 2015 reviewed learning from Health and Social Care in Sweden and invited the creators of the Esther Model to showcase their approach. The Esther model originates in Sweden, specifically the county of Jonkoping and was developed about 10 years ago. Esther was a real person who became unwell with serious heart failure and was admitted to hospital. There were delays in diagnosis, treatment and care planning. Overall the experience that Esther had was not good and somehow typical of a lot of patients and service users. The health and social care staff involved in Esther’s care recognised that there was a different way of doing things that would lead to better outcomes, higher quality care and efficiency.

In developing this alternative model the patient ‘Esther’ whose experience inspired this new thinking was remembered and the name ‘Esther’ was applied to any patient or service user who might find themselves in a similar situation. In this sense Esther can be female or male, old or young; Esther is simply a person who needs care and attention from more than one health and care provider.

Under the Esther model clinicians and care professionals ask “what is best for Esther?” to ensure person-centred care. User involvement is integral to the model, building a network around Esther including family, friends and key staff from health and social care. Under this model Esther has the right to:

- Be involved in his or her own health and social care
- Access to good care in or near their own home
- An individual care plan which is updated regularly
- Equal treatment regardless of where his or her home is situated
- Experience all relevant health and social care providers as one service.

6.5 The natural progression for our joint Health and Wellbeing Strategy is to incorporate this learning and evolving practice in London. This involves working with partners and the public on identifying a set of primary outcomes expressed as ‘I statements’.

6.6 The next phase once identified is to measure ‘what matters’ and to embed these measures through the services and strategies to establish an outcomes driven health and care system. Examples for discussion include:

**The Social Care Institute for Excellence** have a new model (see below) which places the young person at the centre. The model is based on ‘I statements’ supported by enablers. The model highlights what good, holistic support for mental health and wellbeing looks like from the perspective of the young person, and what needs to be in place to make it happen.

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11 February 2016 slides and report
6.5 I'm Still Me... a narrative for co-ordinated support for older people\textsuperscript{13}, this document describes the way older people want high quality coordinated care to support them. This document is intended to be used as an extension to the Narrative for person centred coordinated care published by National Voices and Think Local Act Personal, in May 2013. Together they will help commissioners and providers to work together with older people to design care and support that will be successful in achieving the outcomes that matter most to them.

\textsuperscript{13} https://www.nationalvoices.org.uk/publications/our-publications/im-still-me
6.6 The Board is asked to consider whether we should incorporate an ‘I’ Statements approach to establishing outcomes and whether focusing on three strategic themes we are losing focus on areas of importance to the BHR system such as frailty?

7.0 Delivery Plan

7.1 Underpinning the high-level Strategy and its key actions there will be a detailed delivery plans. The recommendation is that this needs to be developed within the governance arrangements for the Health and Wellbeing Board.

8.0 Next Steps

8.1 Following the agreement of a draft Strategy and public consultation plan with key partner agencies an agreed period of public consultation will run from September to November 2018. Appendix 2 outlines the joint Health and Wellbeing Strategy indicative high-level timeline – drafting, consultation and approval. The Strategy will then be updated and produced in a final format.

8.2 The consultation will involve:

- presentations and discussions at specific meetings and events with stakeholder organisations including:
  - an online survey that any individual or organisation can use to give their feedback;
  - direct invitation to stakeholder and partner organisations to participate in the consultation and give their views with an offer to attend any relevant or specially organised meetings to discuss the draft strategy.

Communication activity and webpage

- The draft Strategy will be available on the website with access to the survey and other supporting information such as the PowerPoint presentation setting out the key headlines/priorities from the strategy.
- A set of questions the Board would like responses to (draft survey below – there will be a version for organisations/partners and one for residents).
- The consultation will be advertised through:
  - Web and digital communications (Facebook and Twitter);
  - Press and PR support;
  - Placed feature articles in local and regional media;
  - Posters in GP surgeries, community halls, leisure facilities etc.

9.0 Financial Implications

Implications completed by Katherine Heffernan, Service Finance Group Manager

9.1 The Joint Health and Wellbeing Strategy assumes that it will be delivered within existing resources. The Public Health Grant will be made available to the London Borough of Barking and Dagenham from 1 April 2018 until 2021. Under section 75 of the NHS Act 2006, we will consider flexibilities such as pooled budgets and lead commissioning that can better meet the needs identified in the JSNA. The NHS England (London) is also under a duty in the legislation to encourage the use of these flexibilities by clinical commissioning groups, where it considers use of
flexibilities would secure the integration of health services and health related or social care services. The desired effect of using these flexibilities is improved quality of services provided or reduced inequalities between persons about access to services or outcomes from them.

10.0 Legal Implications
Implications completed by Dr. Paul Feild Senior Governance Solicitor

10.1 As set out in the body of this report the Health and Social Care Act 2012 places a statutory duty on the Health and Wellbeing Board to prepare a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment.

10.2 Local authorities and each of its partner clinical commissioning groups must when exercising any functions have regard to any relevant Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) prepared by them (s193 of the Health and Social Care Act 2012).

10.3 When preparing JSNAs and JHWSs health and wellbeing boards must have regard to the Statutory Guidance and as such boards have to be able to justify departing from it. The proposed refreshed joint Health and Wellbeing Strategy will need to be prepared and consulted on in accordance with the requirements under the Health and Social Care Act 2012 and under the Local Government and Public Involvement in Health Act 2007.

10.4 Health and wellbeing boards must meet the Public Sector Equality Duty under the Equality Act 2010, and due regard must be given to the duty throughout the JSNA and JHWS process.
Best start in life

What does the evidence say?

A best start in life builds the foundation for future health and development. Physical and emotional health throughout adulthood is shaped by what happens in pregnancy and early childhood. This is a key time to intervene to reduce health inequalities.

A loving, secure and reliable relationship with a parent or carer is essential to support a child’s emotional wellbeing, brain development, language development and ability to learn as well as the child’s capacity to maintain and build positive relationships with others.

What sort of questions should we be asking?

Does the child’s mother have a healthy pregnancy?
- Good pre- and postnatal mental health
- Free from smoking, alcohol and substance misuse
- A well balanced diet & physically active
- In a supportive relationship free from domestic violence
- Not socioeconomically disadvantaged

Does the child have access to interventions that support good health and development?
- Vaccination
- Breastfeeding
- Newborn screening

Does the child in an environment that supports good health and development?
- Good nutrition
- Facilities to protect good oral health
- Prevention of injuries
- Ability to be physically active
- Smoke free
- Positive relationships

What do local measures look like?

Smoking status at delivery
The number of women who smoke at the point of delivery in LBBD
8 in 100 smoke at birth

Breastfeeding status at 6-8 weeks
65.5% were partially or totally breastfed.
For those with a known status.

The proportion of children that achieve a good level of development (GLD)
- M 64.8%
- F 78.8%
5-year-olds achieving a GLD

*References detailed at the end of the resource
Early diagnosis and intervention

What does the evidence say?

Early diagnosis and intervention are methods of secondary and tertiary prevention, which facilitate better outcomes for individuals and for society as a whole. Evidence across different health conditions suggests that early diagnosis can result in better health outcomes for the individual as well as being cost effective for healthcare services. Early diagnosis and effective intervention can increase the chance of survival, reduce the risk of complications and in some cases reduce the risk of disability and development of further health conditions. For some health conditions such as cancer early diagnosis is one of the most important factors affecting health outcomes. Early diagnosis and intervention are equally important for mental health conditions. Below are some examples of benefits of early dementia diagnosis:

- Increased ability to stay well for longer through effective condition management
- Increased chances of effective care and treatment
- Increased control and ability to plan

What do local measures look like?

The proportion of cancers diagnosed at early stages (1 and 2) is approximately 48% of all cancers are diagnosed at an early stage.

Rate of minor diabetic lower-limb amputation procedures: 33.3 per 10,000 had a minor amputation.

The percentage of adults with a late HIV diagnosis: 52.5%. Over half of those diagnosed with HIV have a late diagnosis.

What sort of questions should we be asking?

<table>
<thead>
<tr>
<th>Are local interventions supporting early diagnosis?</th>
<th>How can public engagement enhance early diagnosis?</th>
<th>How can healthcare systems better support early diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ High risk groups</td>
<td>✓ Health promotion and information accessibility</td>
<td>✓ Awareness of signs, symptoms and risk factors</td>
</tr>
<tr>
<td>✓ Targeted vs general population</td>
<td>✓ Population understanding of need for intervention e.g. screening</td>
<td>✓ Engaging underserved populations</td>
</tr>
<tr>
<td>✓ Risk factors</td>
<td>✓ Awareness of risk factors</td>
<td>✓ Effective signposting and referral mechanisms</td>
</tr>
<tr>
<td>✓ Lifestyle and behaviour change</td>
<td>✓ Resources and the worried well</td>
<td>✓ Supporting research into diagnostic techniques</td>
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<tr>
<td>✓ Screening uptake</td>
<td></td>
<td></td>
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<tr>
<td>✓ Effective referral mechanisms</td>
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</tbody>
</table>

*References detailed at the end of the resource, please also note that specific indicator information is also included with the references.*
Building resilience and prevention to achieve better health and wellbeing

What does the evidence say?

Resilience:
- Resilience is the ability of individuals, communities or populations to withstand stress, challenge and hardship. It is often understood in context of vulnerability to poor outcomes.
- Resilience is building resilience among individuals and communities offers a framework not only for recovery from hardship but also for the ability to thrive beyond crisis.
- There is growing recognition that although disadvantaged communities and individuals have a range of complex and inter-linked needs they also have assets that support resilience to and recovery from health conditions.

Prevention:
- Prevention is a cornerstone of public health with prevention interventions having recognised benefits not only to individual health but also to society as a whole. Evidence has shown prevention to be cost effective, which is highly relevant in the context of financial and resource constraints as outlined in the NHS Five Year Forward View. There are different levels of prevention:
  - Primary: Protecting people from developing disease
  - Secondary: Catching disease early through diagnosis
  - Tertiary: Preventing complications in established disease

What do local measures look like?

- The percentage of secondary school students with a high resilience score:
  - Around 1 in 3 young people had a high measure of resilience in the 2017 School Survey.

- Percentage of those with a mental illness or learning disability in employment:
  - Around 1 in 4 people with a diagnosed mental illness or a learning disability are in paid employment.

- Percentage of people using outdoor space for exercise/health reasons:
  - 1 in 4 people in the borough use outdoor space for exercise or health reasons.
Reference list – Appendix 1


17. Social Care Institute for excellence. Why early diagnosis of dementia is important. Available from: https://www.scie.org.uk/dementia/symptoms/diagnosis/early-diagnosis.asp?gclid=Cj0KCQIA3t7UBRdaARIsA0reQjOi2KGdrkQEp5eNNBDIDRi8YhmDRI3f66-QGU6yCOFXWoJR5L6SoaAjCgEALw_wcB [Last accessed 01/03/18]


Please note that icons utilised in this resource have been sourced from the noun project: https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data#page/4/gid/8000035/pat/6/par/E1200007/ati/102/are/E09000002/iid/90791/age/18/sex/4 [Last accessed 01/03/18]

[Last accessed 01/03/18]
# Health and Wellbeing Strategy indicative high-level timeline – drafting, consultation and approval

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>31st March – 31st May 2018</td>
<td>Discuss and shape a draft strategy with CCG, Health Watch, CVS, Council, Board members</td>
<td>Prepare draft refreshed strategy</td>
</tr>
<tr>
<td>June</td>
<td>Meet with community leaders/ groups including PPG Groups, Cultural Groups, Carer Groups, other community stakeholder groups.</td>
<td>Provide input and the views and opinions gathered were fed back into the process to support the development of and verify the detailed outcome design</td>
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<tr>
<td>July</td>
<td>Themed Workshops</td>
<td>Explore and discuss with stakeholders: <strong>Outcome Goals:</strong> Each outcome domain is supported by a number of outcomes goals. These statements give further definition to the high-level outcomes. <strong>Outcome Indicators:</strong> A balanced set of indicators that clearly demonstrate achievement or otherwise of the desired outcomes. <strong>Incentivised Indicators:</strong> A smaller number of indicators that should enable a shift in performance across the system. A percentage of the Expected Annual Contract Value will be linked to the achievement of these.</td>
</tr>
<tr>
<td>September</td>
<td>Corporate Strategy Group</td>
<td>Consider draft refresh H&amp;WB Strategy</td>
</tr>
<tr>
<td>September</td>
<td>CCG joint executive team</td>
<td>Consider draft refreshed H&amp;WB Strategy</td>
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<tr>
<td>5th September</td>
<td>H&amp;WB Board</td>
<td>Approve draft strategy for consultation</td>
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<tr>
<td>10th September – 26th November</td>
<td>12-week consultation period</td>
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<tr>
<td>13th December</td>
<td>Corporate Strategy Group</td>
<td>Consider final H&amp;WB Strategy post consultation (draft H&amp;WB Board/Cabinet report)</td>
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<tr>
<td>15th January 2019</td>
<td>H&amp;WB Board</td>
<td>Consider final draft, to recommend that the Strategy is adopted by all agencies by 31st January 2019.</td>
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<tr>
<td>1st February 2019</td>
<td></td>
<td>Publish Strategy</td>
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**Note:** This high-level timetable does not include other governance groups or boards within partner organisations that will be included in the consultation plan.