REPORT FOR:	**HEALTH AND WELLBEING BOARD**
Date of Meeting:	3 March 2016
Subject:	Harrow Health and Wellbeing Strategy 2016 action plan
Responsible Officer:	Consultant in Public Health - Sarah Crouch
Public:	Yes
Wards affected:	All
Enclosures:	Appendix 1 – Harrow Health and Wellbeing Strategy action plan Appendix 2 – A picture of health and wellbeing in Harrow

Section 1 – Summary and Recommendations

This report and the appendices which accompany it outlines the feedback received from stakeholders following publication of the Health and Wellbeing Strategy along with an action plan outlining what the Health and Wellbeing Board will do in 2016 to implement the Strategy. The Board believe these actions reflect areas where joint working will achieve more than operating alone. The actions cut across the three priority areas outlined in the Harrow Health and Wellbeing Strategy and will help residents in Harrow to start, live, work and age well. At present, nine actions have been proposed but there is an opportunity for further actions to be added if opportunities for strategic joint working, particularly with the community and Voluntary and Sector emerge following the development of a health and wellbeing sub-group from across the voluntary sector.

Progress against a set of indicators is also presented. This collectively provides the Harrow Health and Wellbeing Board with a 'picture of health and wellbeing in

Harrow' which they can review annually to get a sense of the priority issues and health inequalities.

Recommendations:

The Board is requested to:

- Agree the actions for implementation in 2016
- Commit to monitoring these actions on a quarterly basis with a view to understanding how to celebrate and improve partnership working
- Consider stakeholder feedback on the Health and Wellbeing Strategy particularly how to:
    - further engage with the voluntary sector in order that they can strategically collaborate with the Harrow Health and Wellbeing Board
    - demonstrate what is being done to concentrate on those with the greatest current and future mental health need – both those with protected characteristics and those living in deprivation.
    - enable long term collaborative planning in light of the economic down turn and reduced services
    - increase engagement with the Police given mental health is an area of joint interest.

Section 2 – Report

Background

The Harrow Health and Wellbeing Board Strategy for 2016-20 was approved by the Board in November 2015 on the understanding that an action plan would later be presented to outline work that will be jointly undertaken in 2016.

The agreed mission of the Health and Wellbeing Board going forward is to provide the leadership to enable everyone living and working in Harrow to join together to improve health and wellbeing.

The vision is to help all in Harrow to start, live, work and age well concentrating particularly on those with the greatest need. Specifically, the Board wants:

- children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential
- high quality, easily accessible health and care services when we need them and sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods

- to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing
- to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths.

Current situation

Appendix 1 defines the work the Harrow Health and Wellbeing Board will undertake in 2016.

Appendix 2 gives an overview of Harrow health and wellbeing which can be annually monitored which was a commitment made in the Harrow Health and Wellbeing Strategy.

Since the Harrow Health and Wellbeing Strategy was presented to the Board, time has been taken to engage with stakeholders and obtain their feedback on the content and what it means for them. Overall, the comments have been very positive. There has been a great deal of support for the start well, live well, work well, age well themes because it enables the role of social determinants of health to be brought into focus and also because stakeholders have been able to see the way in which their work could contribute to delivery of the Strategy as a whole.

Themes from the feedback have been extracted and are presented below along with suggestions for how this feedback could be acted upon.

	Feedback received	Response
2.1	Enthusiasm for improved signposting to facilities and services which improve health and wellbeing for all	Addressed in the action plan
2.2	Concern to ensure that the cultural and religious diversity of the Harrow population is acknowledged and the needs of particularly the newer migrant population in relation to mental health are met	The most recent JSNA paints a picture of Harrow and its people and is a point of reference for all interested in health and wellbeing in Harrow. Clearer links will be made in the Health and Wellbeing Board (HWB) strategy to the JSNA so information does not need to be duplicated. The JSNA states that Harrow is one of the most ethnically diverse boroughs in the country – with 54% of the population from BAME groups and projected to increase to 68% in the next 10 years. Alongside this, Harrow has great religious diversity with one of the largest Hindu communities in the country (26% of the population) but also a significantly greater proportion of people of Muslim and Jewish faith than the national average. The vision of the Harrow HWB is to help all in Harrow to start, live, work and age well concentrating particularly on those with the greatest need. Now the strategy has identified at high level the priorities and an action plan is being implemented, consideration should be given to the degree to which inequalities are being addressed in the priority areas identified. In relation to mental health, there are range of inequalities which should be addressed which are comprehensively reviewed in the analysis of impact on equality which accompanies the 'No Health without Mental Health' strategy[i]. There is a public sector duty to advance equality and reduce inequality for people with certain protected characteristics which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. There is also a clear relationship between lower socio-economic group and higher rates of mental health problems. This may interact with aspects of people's identify, such as ethnicity compounding the inequality experienced. A brief overview of some of the evidence in relation to these factors is outlined below to give some context. Some BAME groups have lower wellbeing and higher rates of mental health problems. People from some BAME groups are more likely to be admitted to mental health services under the Mental Health Act and are over-represented in high security units. The impact of stigma on health seeking behaviour is greater among some ethnic minority communities. This clearly underlines the importance of ensuring that the mental health needs of BAME groups in Harrow are recognised and addressed. However, HWB members should pay equal attention to the needs of other groups who may experience inequality in relation to their risk of mental illness, access, experience or outcomes from mental health services. For example, as many as 40% of those in care homes may experience depression, 35% of people with mental health problems are over 65 but problems are less often diagnosed and treated promptly in primary care. Dementia is also a key mental health issue for older people but

		low rates of diagnosis limit opportunities to minimise harm and promote good quality life. People with learning disabilities have a particularly high risk of mental illness. Children from families with a gross weekly income of less than £200 are at a 3 times greater risk of mental health problems than children from households with an income of £600 or more. Similarly, during adulthood, all mental health problems except alcohol dependence are more common in those from the lowest 20% household income compared to top 20% household income. A significant minority of women experience acute or postnatal depression. BAME women are underrepresented in postnatal depression services. There is evidence that being married/being in a supportive relationship is good for mental health; there are higher rates of mental health problems in divorcees. The HWB are asked to consider how to demonstrate what is being done to concentrate on those with the greatest current and future mental health need – both those with protected characteristics and those living in deprivation. There is considerable local intelligence available identifying needs and potential evidence based solutions. The Board could provide a leadership role by disseminating best practice and identifying gaps and opportunities for collaborative action. The Board may wish to define an additional action on the basis of this discussion.
2.3	Concern that mechanism proposed to empower the whole community only centres on volunteering	Volunteering was intended to be just one example of a mechanism to empower the community and the Board welcomes suggestions for new models, including peer support. Harrow Communities Click has been highlighted in the Board's action plan.
2.4	The importance of the criminal justice system in providing integrated health and care services was emphasised, particularly in relation to mental health.	The Police are key members of the HWB and this is an area of interest to all. The Board will investigate options for further joint discussion of this issue with appropriate stakeholders.
2.5	Demonstrating the deprivation across the borough	See 2.2
2.6	Reference to the equalities act and protected characteristic, specifically in relation to improved multi-agency working and improved identification and assessment of vulnerable groups	See 2.2
2.7	Sustainability , building resilience and independence – particularly in	The voluntary sector may wish to identify how they would like to strategically collaborate and engage with the HWB and how the Board can facilitate collaborative planning.

	light of the economic down turn reduced services	
2.8	Performance monitoring and evaluation	- A set of indicators which collectively give an overview of the status of health and wellbeing in Harrow will be reviewed annually. - An action plan has now been developed and will be monitored quarterly. - Performance against the NHS, Public Health and Social Care Outcomes are already monitored by individual HWB partners. Appropriate indicators from each have been collated to provide an overview of health and wellbeing (appendix 2). However, these indicators take time to change and so this is not intended to be a performance dashboard. Focus in this regard will instead be on implementation of the action plan. - The strategy action plan will be required quarterly. A new action plan will be set annually with an opportunity to ensure the strategy is still reflective of priorities. The strategy will be refreshed in 2019.
2.9	How the Health and Wellbeing Board will specifically address health inequalities	The strategy is based on a social model which advocates that action on the determinants of health – education, employment, housing, poverty etc will have the greatest impact on health inequalities.
2.10	Concern to emphasise the importance of early intervention	See action plan which identifies an action to transform early help for children and young people.
2.11	Endorsement for the importance of integrated working	All elements of the action plan centre on multi-agency working.
2.12	Action meetings were suggested as a way to put the spotlight on specific areas e.g. empowering vol sector to deliver alternative models	The Health and Wellbeing Board welcomes suggestions for new ways of working collaboratively.

Main options

The Board is requested to:

- Agree the actions for implementation in 2016
- Commit to monitoring these actions on a quarterly basis with a view to understanding how to celebrate and improve partnership working
- Consider stakeholder feedback on the Health and Wellbeing Strategy particularly how to:
    - demonstrate what is being done to concentrate on those with the greatest current and future mental health need – both those with protected characteristics and those living in deprivation. There is considerable local intelligence available identifying needs and potential evidence based solutions. The Board could provide a leadership role by disseminating best practice and identifying gaps and opportunities for collaborative action. The Board may wish to define an additional action on the basis of this discussion.
    - enable long term collaborative planning in light of the economic down turn and reduced services
    - further engage with the voluntary sector in order that they can strategically collaborate and engage with the Harrow Health and Wellbeing Board
    - increase engagement with the Police given mental health is an area of joint interest.

Financial Implications/Comments

There is no budget assigned to the Health and Wellbeing Board and each organisation is facing considerable financial and capacity challenges.

This Strategy does not seek to create new workstreams but to build on what could be better as a result of working together. As a result, the action plan is expected to be delivered within the existing financial envelope for partner organisations. The Health and Wellbeing Strategy and the accompanying action plan aims to facilitate smarter collaborative working across the health and wellbeing system and guide commissioning intentions for all engaged in improving wellbeing for Harrow residents. If successful, there should be a clear thread which joins Harrow Council, CCG, Healthwatch and the voluntary sector together.

There is a risk however that if existing funding arrangements for the Health and Wellbeing Board partners are reduced significantly, the Board will not be able to fulfil the vision and objectives set out in this strategy and implement the actions identified for 2016.

Legal Implications/Comments

Under section 116 and 116A of the Local Government and Public Involvement in Health Act 2007 (as amended), the local authority and CCG have a duty to assess the health and social care needs of the local population (joint strategic needs assessment) and to devise a joint health and wellbeing strategy in response to this (joint health and wellbeing strategy). Under section 196 of the Health and Social Care Act 2012, these functions are to be exercised by the Health and Wellbeing Board. In preparing a strategy, the Health and Wellbeing Board must consider the extent to which needs could be met more effectively by making arrangements under s.75 of the National Health Service Act 2006. It must also have regard to the mandate published by the Secretary of State under section 13A of the National Health Service Act 2006 and any statutory guidance. There is a requirement that Healthwatch and people living and working in the local area are involved in formulating the strategy.

Statutory guidance was published in 2013 and recommends setting a small number of key priorities within strategies. A mandate from the Secretary of State to NHS England was published in December 2014 and outlines the following objectives:

- managing ongoing physical and mental health conditions such as dementia, diabetes and depression – so that we, our families and our carers can experience a better quality of life; and so that care feels much more joined up, right across GP surgeries, district nurses and midwives, care homes and hospitals;
- helping us recover from episodes of ill health such as stroke or following injury;
- making sure we experience better care, not just better treatment, so that we can expect to be treated with compassion, dignity and respect;
- providing safe care – so that we are treated in a clean and safe environment and have a lower risk of the NHS giving us infections, blood clots or bed sores.

When exercising their functions, the local authority and CCG must take account of the joint health and wellbeing strategy. Health and Wellbeing Board may give its opinion on whether the local authority is complying with its duty under section 116B of the 2007 Act.

Equalities implications

The Strategy sets out an approach to improve the health and wellbeing of the whole population concentrating particularly on those with the greatest need. It explicitly highlights health inequalities associated with deprivation but also equalities groups (based upon the evidence presented in the Joint Strategic Needs Assessment) and reinforces the need for approaches which target and reach these groups. It is recommended that an impact on equalities in relation to mental health is conducted by the Health and Wellbeing Board to ensure that need in the borough and best practice solutions are disseminated and implemented by Board partners.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable

The strategy highlights the unacceptable differences between people living in different parts of Harrow and the Health and Wellbeing Board's desire to narrow the six-year gap in life expectancy across the borough.

- Making a difference for communities

The Strategy talks about helping people to live well, a large component of which is about community cohesion but also about how important the environment people live in – their housing, high streets and green spaces – are to resident's health.

- Making a difference for local businesses

One element of the Strategy is to support Harrow residents to 'work well'. The Harrow Health and Wellbeing Board is keen to find opportunities to help people in Harrow to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing. Engaging with local businesses will be key to successful achievement of this objective.

- Making a difference for families

The strategy highlights the need to support children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential. Children need to be loved and nurtured if they are to achieve long term physical, mental and emotional wellbeing. Good attachment with our parents and carers in early life are important so a family focused approach is critical to help children have the best start in life.

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards Date: 5 February 2016	[x]	on behalf of the Chief Financial Officer
Name: Sarah Wilson Date: 29 January 2016	[x]	on behalf of the Monitoring Officer

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

Contact: Sarah Crouch, Consultant in Public Health, x6834

Background Papers:

[i] No Health without Mental Health: A cross-Government mental health outcomes strategy for people of all ages. Analysis of the Impact on Equality (AIE). Department of Health (2011).