Health and Wellbeing Board

Health and Wellbeing Strategy

Report authorised by: Executive Director Adults’ and Community Services and Strategic Director of Commissioning, Jo Cleary

Executive summary

A draft Cooperative Health and Wellbeing Strategy for Lambeth is provided with this report for approval by the Health and Wellbeing Board.

Summary of financial implications

This strategy sets out shared outcomes and objectives all partners in Lambeth can work towards. Decisions on resource allocation to meet the objectives in the strategy will be made through individual agencies through their own resource allocation processes.

Recommendations

(1) To note the feedback from consultation on the draft strategy.
(2) To agree the draft strategy.

Consultation

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<th>Department or Organisation</th>
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<tr>
<td>Cllr Jim Dickson</td>
<td>Cabinet Member for Health &amp; Wellbeing</td>
<td>27/06/13</td>
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<td>Jo Cleary</td>
<td>Strategic Director of Commissioning</td>
<td>27/06/13</td>
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<tr>
<td>Helen Charlesworth-May</td>
<td>Director of Integrated Commissioning</td>
<td>27/06/13</td>
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<td>Hiten Dodhia</td>
<td>Assistant Director of Public Health</td>
<td>25/06/13</td>
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<td>Tim Stephens</td>
<td>Governance and Democracy</td>
<td>27/06/13</td>
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<td>Pete Hesketh</td>
<td>Department Finance Officer (also on behalf of corporate finance)</td>
<td>27/06/13</td>
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<td>Frank Higgins</td>
<td>Corporate Finance</td>
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<td>Andre Pavlou</td>
<td>Legal Services</td>
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Report history

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Report author and contact for queries:

Kieron Williams. For queries please contact Helen Charlesworth-May, Director of Integrated Commissioning, The London Borough of Lambeth and Lambeth Clinical Commissioning Group

Email: HCharlesworth-M@lambeth.gov.uk Tel: 020 7926 4737

Background documents

Report to 22 May 2013 meeting of the Lambeth Health and Wellbeing Board: Lambeth Draft Health and Wellbeing Strategy (11/13-14)


A Joint Health & Wellbeing Strategy for Lambeth – Summary of Development Workshop on 22\textsuperscript{nd} November 2012.

Lambeth’s Joint Strategic Needs Assessment http://www.lambethfirst.org.uk/JSNA/


Appendices

- **Appendix 1**: Draft Lambeth Health and Wellbeing Strategy
- **Appendix 2**: Report from Health Watch Lambeth on consultation on the Draft Strategy
Health and Wellbeing Strategy

1. Context

1.1 A draft strategy for 2013-23 is presented for agreement by the Board.

1.2 Lambeth Council and the Clinical Commissioning Group are required to produce a Joint Health and Wellbeing Strategy for Lambeth through the Health + Wellbeing Board and to have regard to it when commissioning and planning services.

1.3 Lambeth’s Health & Wellbeing Board agreed at its May meeting an ambition to go beyond the minimum legal requirement to produce a ‘cooperative’ strategy for everyone in our borough (report 11/13-14).

2. Proposals and reasons

2.1 This strategy is a statement about what health and well-being means and how it impacts on individuals and families in Lambeth. It is a commitment to working together in a new, co-operative way to understand and address issues, and deliver tangible improvements for individuals and families, especially those with the greatest needs.

2.2 It provides an evidence-based approach to enable Lambeth’s communities, public services, businesses and voluntary and community organisations to work together to improve the health and well-being and reduce health inequalities in our borough. At its heart is a belief that we can go further and faster in improving health and wellbeing in Lambeth if citizens, services and business work together in an equal and reciprocal partnership.

2.3 This Strategy is not intended to include all health and well-being issues and actions within Lambeth communities. Neither does it make all existing strategic plans redundant. Rather it sets out a way to work differently and more effectively using existing resources by setting out shared outcomes and ways of working. The difference it will make is explained in its name, it is:

- **Co-operative** – It is developed, owned and delivered by all people and organisations in Lambeth to focus on the issues where co-production can improve outcomes.

- **Health and wellbeing** – Not just focusing on physical or mental health issues or health services in isolation, but considering the things that prevent ill health and the need to access care services; i.e. the things that make us happy and healthy (e.g. housing, employment, income, physical activity, education, etc.).

- **Strategic** – Considering short, medium and long term needs, and identifying priorities that will make a difference to individuals and families now and in years to come.

2.4 It sets out an ambition that Lambeth is a place where:
• Health and wellbeing is improving for all, and improving fastest for those communities with the poorest health and wellbeing

• People are able to reach their full potential and to feel good about themselves

• Everyone is able to make a contribution and to feel valued

• People are safe from harm

2.5 We have had real success in improving health and wellbeing in Lambeth over recent decades. However, as described in the strategy document, the challenges we now need to overcome to sustain that progress are substantial. We need to achieve a major shift in how Lambeth’s people, services and organisations work together. The strategy sets out four objectives to achieve that change. By making a major shift in how we work together to achieve each of these objectives we can achieve the continued improvements in the above health and wellbeing outcomes to which we aspire. The four objectives are:

• Enabling people to stay healthy and maintain good wellbeing (i.e. taking action that prevents ill health occurring)

• Citizens and services working together as equal partners (coproduction)

• Whole person care

• Safeguarding children and adults from abuse and neglect

3. Results of consultation

3.1 The strategy is based on both the wide ranging consultation Lambeth Council, Lambeth LINk, Heathwatch Lambeth and Lambeth Clinical Commissioning Group have undertaken with people and organisations in our borough over recent years; and, substantial specific consolation on the strategy itself including.

• A public workshop with 100 people in November 2012 (the notes of which were reported to the Lambeth Health and Wellbeing Board) on 6 February 2013 (report 234/12-13)).

• A public Health and Wellbeing Summit with 200 people in February 2013 (the notes of which were reported to the Lambeth Health and Wellbeing Board on 24 April 2013 (report 12/13-14)).

• A workshop hosted by Lambeth Community and Voluntary Sector Health and Wellbeing Forum and Healthwatch on 4 June 2013 at Lambeth ACCORD (the notes of which are at Appendix 1).

3.2 In addition the following organisations and partnership groups have been consulated during May and June 2013:

• Lambeth Children’s Trust Board
3.3 The main messages from the consolation were:

- Universal support for the focus on reducing inequalities
- Universal support for the focus on people of all ages
- Universal support for the proposed four outcomes (with the request that the third outcome be shortened to remove the previously included ending “… irrespective of an individual's background, social status or disability” which was seen to be unnecessary and to have a negative feel.)
- Strong support for the focus on enabling people to stay healthy and maintain good wellbeing by taking action that prevents ill health and poor wellbeing occurring. With request that this be made a more explicit objective
- Strong support for the use of a broad definition of health and the life course frameworks devolved by Michael Marmot
- Feedback from a wide range of people that the document could be clear and that it was hard to pick out the most important themes that people need to take away from it
- Requests from the safeguarding adults and children boards and Lambeth Council for safeguarding of adults and children to be an explicit theme in the strategy
- A number of requests for a fuller definition of wellbeing (this has now been included taken from the existing Lambeth Happiness and Wellbeing Strategy)
- A number of requests for a fuller definition of collaborative commissioning
- A request from Health Watch that the full version of the HWB citizen involvement principles be included
- Strong support for the focus on citizens and services working together as equal partners (coproduction)
• A consistent request that some of the language be made more accessible
• A number of requests, including from Lambeth Council, that integrated care be drawn out as a more prominent theme and that it be made clear this applies to children as well as adults
• A number of corrections to detailed statistics with the report
• A number of comments that the Health and Wellbeing Board, and the partners on the board, now need to be clear as to what they will do to help deliver the strategy
• A request from the voluntary sector that the Health and Wellbeing Board should be asking how the voluntary sector can become more involved in commissioning with a clear message that voluntary organisations should be involved in service design at the beginning
• Request that the governance / partnership arrangements in the strategy be made clearer.

3.4 The above responses have been fully incorporated into the revised report attached. In addition request were made that in delivering the strategy Lambeth should prioritise work on the following themes:

• Early intervention with children and young people
• Integrated care: for vulnerable children and families, for long term conditions, and for older people
• Reducing harm from alcohol
• Reducing violence (particularly youth and domestic violence)
• Making universal services accessible to everyone particularly people with learning disabilities
• Preventing homelessness
• Reducing the number of people who become infected with HIV
• Work with Schools
• Social Isolation in older age (linked to the current Big Lottery Bid that Lambeth is taking forward)
• Financial Resilience / impacts of welfare reform
• Reducing air pollution
• Improving mental health services, particularly for children and for BME communities
• Staying healthy (food, physical activity, mental wellbeing, smoking, immunisation)

4. Finance Comments

4.1 This strategy sets out shared outcomes and objectives all partners in Lambeth can work towards. Decisions on resource allocation to meet the objectives in the strategy will be made through individual agencies through their own resource allocation processes.

5. Comments from Director of Governance and Democracy

5.1 Lambeth Council and Clinical Commissioning Group have a statutory duty under the 2012 Health and Social Care Act to produce a Joint Health and Wellbeing Strategy for the borough through the Health and Wellbeing Board and to have regard to the strategy when commissioning and planning services.

5.2 Further legal advice will be provided as requested on specific work streams.

6. Organisational implications

6.1 Risk management: 
N/A.

6.2 Equalities impact assessment: An integrated impact assessment screening was performed on key elements of this strategy. In addition to considering statutory equalities groups (age, disability, gender, pregnancy and maternity, race, religion or belief, and sexual orientation), the assessment considered socio-economics and mental health. The conclusions of the assessment were used to finalise the content of this document and will be utilised in further development and delivery of the Strategy. Key findings are provided below.

There are substantial inequalities in health and wellbeing within Lambeth. People on lower incomes, those with disabilities, people from some black and ethnic minority communities, gypsies and travellers, and homeless people are all more likely to suffer poor health and wellbeing or to die young. There are also specific inequalities in health and wellbeing between men and women and between people with different sexual orientations. This strategy sets out a specific commitment to reducing these inequalities with the primary outcome of the strategy being for Lambeth to be a place where:

Health and well-being is improving for all, and improving fastest in those communities with the poorest health and wellbeing.

The health and wellbeing of many people is also being hit hard by the economic downturn. Certain population groups are normally at a disadvantage, but during an economic downturn their health can be further compromised as their physical, mental and financial resources are least resilient to withstand the economic
shocks. These groups include those with disabilities, ethnic minorities, the poor, some women and single mothers (and their children), young unemployed and older people. Unless we take local action they will suffer from an unequal recovery from the economic downturn which will in turn increase inequalities in health and wellbeing. Evidence from previous economic recessions shows that those with disabilities, people from ethnic minorities, and low skilled workers will experience an increase in and longer duration of unemployment. During this economic downturn young people are also experiencing disproportionately high unemployment.

6.3 **Community safety implications:**
N/A

6.4 **Environmental implications:**
N/A

6.5 **Staffing and accommodation implications:**
N/A

7. **Timetable for implementation**

7.1 Ongoing
Appendix 1: Notes from the joint Lambeth Community and Voluntary Sector Health and Wellbeing Forum and Healthwatch Lambeth consultation to seek feedback on the Lambeth’s DRAFT Health and Wellbeing Strategy 10.30 am on 4 June 2013 at Lambeth ACCORD.

Participation:

The event was attended by 29 people representing: Southside Rehabilitation Association; Mosaic Clubhouse; Healthwatch; Rathbone; Certitude; Guys and St Thomas’ Charitable Trust; LAMPAG; TOPAZ; Ethnic Health Foundation; Guys and St Thomas’ Community Health; Wheels for Wellbeing; Keep Our NHS Public Lambeth; Bridges Self Managemet; Fegans Child and Family Care; St John’s Community Development; Solace Women’s Aid; Lambeth Forum for Older People; Voicability; Raymand Ward and three Lambeth residents.

Format

Councillor Jim Dickson, Chair of the Health and Wellbeing Board presented the background to the strategy, the main focus areas to be developed and outlined the timetable for taking the strategy forward. The consultation broke into two workshops. A summary of the themes and concerns identified in the workshops is included below:

Workshops:

Workshop 1: What is Prevention? How can prevention be taken forward through commissioning? Can we come up with a model for voluntary sector commissioning that will support co-operative prevention delivery and what would it look like?

General Issues raised.

People reported that they are not aware of the preventative services available in the borough and did not understand how they can be referred to them or what the criteria for inclusion are. Participants noted that, for example, Lambeth Early Intervention Programme (LEIPS) does not support people who have had a Stroke.

There has to be wider awareness that people with mild learning disabilities who do not reach the inclusion criteria to receive services are falling through the net, especially with the spending cuts. As a result they will end up needing further support.

Volunteering is a good way of increasing health and wellbeing in the borough and people with learning disabilities like to volunteer, but not enough organisations have the resources to support them.

Increase in leisure facilities available for people with physical disabilities.
Violence Prevention Strategy

Participants noted that there needs to be a violence prevention strategy that can work at all levels. We live in a very violent culture, which you can “feel and see”, when you are out and about in the borough. There needs to be a higher awareness of the issues caused by violence and higher profile for organisations such as the police, Schools, GPs, Council who should work together. It was noted that the success of the teenage pregnancy campaign was attributed to robust collaborative working across many agencies and over a 5-10 year period.

Alcohol Prevention Strategy

Lambeth has a thriving night time economy which brings issues around alcohol and ill health. However, there has always been a clash between the benefits derived from the money pubs and clubs bring into the borough and the need to prevent alcohol related harm.

Prevention should be about empowering individuals to self-manage their condition. We should be asking people “what can you do to help yourself.” For example, in Lewisham, volunteers are given vouchers in return for giving their time.

Participants thought that exercise is an important area where the voluntary sector could make a significant contribution to prevention. For example, with small funding, Friends of Parks groups can create walking groups to get people out of their homes and exercising. This would also help with social isolation which we know is a cause of ill health. Public Health should be interested in taking this forward.

In conclusion participants thought that the voluntary sector should be used to spread public health messages to vulnerable people. Frontline organisations will already have these contacts, use them!!

Information Sharing

Needs to be more information sharing between voluntary organisations. There also needs to be an increase awareness of what voluntary organisations are out there.

Commissioning

The Health and Wellbeing Board should be asking how the voluntary sector can become more involved in commissioning with a clear message that voluntary organisations should be involved in service design at the beginning.

Some commissioning could be done at a “neighbourhood” level. There also needs to be more information sharing at a local level. Some organisations are not aware of who they can refer people to at a local level.

Many voluntary organisations are running on short staff and limited resources, therefore if the Health and Wellbeing Board want voluntary organisations to get involved in meetings relating to the health and wellbeing strategy and its commissioning they should publish clear outcomes
for all public meetings. The organisations need to know if their time and contribution is worthwhile.

Organisations with projects that they believe are working well need practical help to plan and resource evaluation and information on who they can share evaluation information with, for example commissioners, potential funders and others.

Guy’s and St Thomas Charity are looking into ways in which organisations can continue working well and also suggested a mini voluntary organisation trade fair. This would help in raising awareness of what is out there.

**Workshop 2. What is the role of the Voluntary Sector need in delivering the co-operative strategy? How can H&WB Forum support Healthwatch Lambeth to engage local communities and communities of interest?**

**What the sector brings to the strategy**

Lambeth community and voluntary sector brings many strengths and opportunities to the strategy including: opportunities for people to volunteer; grassroots engagement; innovation and creativity; extensive experience of holistic/client centred provision; detailed knowledge of gaps in services; potential to inspire, grow capacity and make things happen.

A weakness, however, is that the sector has a tradition of competing for funding which has prevented it from collaborating as fully as it could to ensure the strategy benefits from these strengths and opportunities.

Based in the community, the sector has lots of local expertise which it could share with the public sector but currently lacks structures/resources to make this widely available. It was suggested that the sector and Healthwatch could take the opportunity presented by the strategy and the consultation process to reframe engagement around geographical localities (ie the broader determinants of health) and community and away from reducing people to conditions and outcomes. This would require investment.

Geographical area engagement could be based around the new Community Hubs (NB: no one knew anything about these or how they are going to impact on Lambeth residents’ lives) or other locality based services.

A second proposal was that the Council could look at developing a participatory budgeting model was suggested as a way for engaging local people in designing investment solutions to bring about the strategies outcomes.

A third proposal suggested that the strategy should include assets/strengths as well as needs/deficits. It was agreed that the strategy could tell some of the positives about living in the borough more explicitly.

**Monitoring the impact of the strategy**

Healthwatch Lambeth has organisation members and can disseminate information and provide some infrastructure to bring the sector together. However, their focus is on the voice of the
individual patient/user – one model for measuring the impact of the sector would be for Healthwatch Lambeth and the sector to collaborate and bring together client/user feedback on a range of Health and Wellbeing Strategic outcomes. These could then be presented to the Health and Wellbeing Board by the Healthwatch representative.

Some resources could be found from our other partners – e.g. colleagues in the Urban Public Health Collaborative, which works across Lambeth, Southwark and Lewisham and other academic partners could be asked to help.

**What next?**

The draft strategy will go the Health and Wellbeing Board on July 10 for approval. The focus of the discussion is likely to be the strategic vision and outcomes. The public are invited to observe the meeting. Then it will be refined over the year to record projects that are taking place and how people can get involved.

Brief notes of the meeting will be circulated to all participants.
All participants are invited to become members of Healthwatch Lambeth and to attend our Launch on 19 June at Lambeth Accord at 5.00 pm.

Healthwatch Lambeth
June 2013