



London Borough
of Hounslow

Hounslow Joint Health and Wellbeing Strategy **2018-2022**

November 2018

Content

Foreword:	3
Introduction - How our strategy is organised	4
Hounslow Vision for Health and Wellbeing:	5
Our new approach to meeting local needs - what we hope to achieve from this joint strategy	5
Our new approach to meeting local needs: a life course approach	7
Start Well	8
Live Well:	9
Age Well:	9
4 KEY APPROACHES (PRINCIPLES)	9
First principle: Deliver the best outcomes for the best value	10
Enabling the first principle:	10
Second principle: Ensure clear and consistent communications	11
Enabling the second principle:	11
Third principle: Ensure services are well coordinated within and between partners	12
Enabling the third principle:	12
Fourth principle: Work in partnership	13
Enabling the fourth principle:	14
Measuring our progress	15
High-level outcome measures	15
Start well:	15
Live well:	16
Age well:	16
What happens next?	17
Appendix 1: Local needs and what the Joint Strategic Needs Assessment (JSNA) 2017 told us	18
Appendix 2: Learning from Experience – progress and what we have learned from the previous Joint Health and Wellbeing Strategy 2013-2017	21
Table 1: Progress against the Hounslow Joint Health and Wellbeing Strategy 2013-2017	22
Appendix 3: Strategic context for our work	26
Integration and new approaches	26
Person centred care, independence and self-management.....	26
Narrowing the gap – access, early intervention and prevention	27
A co-ordinated approach – seeking best value	27
A focus on place: developing our buildings and infrastructure to support health.....	28
Addressing local issues of concern.....	29
Appendix 4: The Dahlgren and Whitehead ‘Determinants of Health’ model (1992)	30
Appendix 5: Glossary of Terms	31

Foreword:

I am delighted to introduce Hounslow's Joint Health and Wellbeing Strategy for 2018-2022 as Chair of Hounslow's Joint Health and Wellbeing Board, and to take this opportunity to thank the many people and organisations who have given their time and effort to make significant contributions to its development.

Hounslow is vibrant place, we are a diverse population, a harmonious community with a strong entrepreneurial spirit and we live alongside beautiful green spaces and heritage locations. We are a place that is growing and always changing. The physical and mental health and wellbeing of our residents is the foundation for a thriving economy and this joint strategy sets the direction and focus for how we will work together over the next four years to ensure the people of Hounslow are supported to realise their full potential.

We know we have health and wellbeing challenges. The data and intelligence we have on the health of our residents shows us where the health of our community is poorer when compared to the national data. Our Joint Strategic Needs Assessment (JSNA), agreed late last year (2017), summarises these challenges. Knowing where our residents do well, and where they don't, helps the Council, our local Health Services, our Voluntary Sector, our residents and other key local partners to identify where we need to work together to improve health, care and wellbeing and reduce health inequalities, either for specific groups, in particular parts of the Borough or across our whole population.

We don't have limitless resources. In fact, our resources are stretched and will continue to be so for the foreseeable future. We all have a role to play in improving physical and mental health and wellbeing within the Hounslow community and it is not something that can be achieved without the full involvement of the community itself. We need our community to tell us how we are doing, to help evaluate the effectiveness of our services and to help us design and shape, (to co-produce) services so that they respond to need and are person-centred. We need to use the planning process for new development in the borough to ensure that new housing and infrastructure supports good health and wellbeing. Equally, we must acknowledge and draw on all the existing resources and assets we have in the Borough – wherever and whatever they are. This includes places and physical assets like buildings and clubs and, most importantly, the thousands of hours of support provided by volunteers and our crucial, but sometimes less visible, health and care workforce - those who are carers for relatives and friends.

Over the last six months, a steering group representing local organisations and people have worked together to shape this Joint Health and Wellbeing Strategy. This has been followed by a more extensive public consultation to ensure the Strategy reflects and acknowledges the efforts and views of our community. The Strategy lays out what the key health challenges are, how we will work together to tackle them, and the improvements we are seeking to make over the next four years.

This Health and Wellbeing Strategy, jointly created and owned, sets the direction and tone and identifies local priorities for all partners. These are challenging times, but if we all sign up to the aspirations in the strategy we can make great things happen. Our commitment to working together is key to ensuring our work as individual organisations neither duplicates nor contradicts the work of other partners but that we coordinate our collective efforts using all the levers available to us to become a truly 'Health Promoting Borough'.



Cllr Dunne
Cabinet Member for Communities and Workforce

Introduction - How our strategy is organised

We want our Joint Health and Wellbeing Strategy to make clear our aspirations and plans for the next four years. A great deal of work has gone into developing and writing the strategy and we want to acknowledge this, but also to make it easy to read and unequivocal in setting the direction for the actions of all partners.

It is organized, therefore, so that the future focussed information is at the beginning, with background information, and reporting on past performance in the appendices – you can choose how much you want to read.

We start with our **'Hounslow Vision for Health and Wellbeing'**, an overview of what we are trying to address with the strategy. This reflects important local conversations about what we want to achieve and how we need to work together to do this.

The next section, **'Our new approach'**, outlines how our approach to this strategy has changed following our reflections on what worked well, and what didn't, in our previous strategy. We believe our new approach will deliver better results for our community, join up our efforts for maximum impact and enable all the partners to get on with what they do best.

We then detail the way we are organising our thinking. We are taking a **'A Life Course Approach'** organised around three life stages, 'start well', 'live well' and 'age well'. Under these 3 themes we group the 12 Hounslow JSNA priorities we have chosen, although we acknowledge that some have impact right across the life course.

Our next section moves into more detail and introduces the **'Four key principles'** all partners are signing up to and the **'enabling actions'** for these principles. The list of principles is not exhaustive, but it is our belief that if we work to these principles and put the enablers into practice we will be joining our efforts and working collaboratively to improve the physical and mental health and wellbeing of our community.

Our strategy does not include detailed action plans. Its role is to give direction and set priorities for all local partners who have a part to play in improving physical and mental health and wellbeing in the Borough. The individual partner organisations, who make up our Health and Wellbeing Board will all have their own plans giving details about the specific actions their organisations will take to meet the needs and priorities identified in this strategy. Success against these plans will be measured through a set of **'outcome measures of success'** and a final section lays out the **'next steps'** the Health and Wellbeing Board are likely to take once the Strategy is agreed. These next steps will include the Board agreeing how the outcome measures of success will be monitored and what range of existing indicators will help us to chart our progress against the local outcomes we want our strategy to enable.

Leading the Strategy - Hounslow's Health and Wellbeing Board

The Health and Social Care Act 2012 ("the 2012 Act) required the establishment of a Health and Wellbeing Board for every upper tier local authority from April 2013. Health and Wellbeing Boards provide a sense of place, bringing together the key health and social care commissioners with Local Healthwatch. The 2012 Act prescribes a core statutory membership of at least one elected representative, nominated by either the Leader of the council, the Mayor, or in some cases by the local authority, a representative from each CCG whose area falls within or coincides with, the local authority area, the local authority directors of adult social services, children's services, and public health and a representative from the local Healthwatch organisation. Other members can be appointed. With this core membership, Health and Wellbeing Boards present a powerful opportunity for genuine joint working between key players within every locality, a principle underpinned by the ability of local people to influence the shaping of services that really meet their needs. Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies are shared outputs prepared jointly by all members of the board, and there is a clear expectation that these be reflected in plans for commissioning in relation to the area.

Hounslow Vision for Health and Wellbeing:

The Health and Wellbeing Board for Hounslow has agreed an overall strategic direction, a vision for addressing the health and care needs of the local community. While the detail of this strategy, and suggested approaches, concern the period to 2022, we expect the vision will remain relevant for the period to 2035 bringing it into line with other key local strategies for the area.

Our vision:

Our communities are healthy, happy, connected and enabled to realise their full potential

Our new approach to meeting local needs - what we hope to achieve from this joint strategy

A strategy informed by data and community voice

This strategy does not exist in isolation. Its purpose is to be influential and guide the work of all partners. As such, it must be based on robust and useful data and data analysis, take account of national and local mandates and priorities, seek to respond to the unique local environment and include the contribution and views of the community. In creating it we have drawn together information, data and feedback from several sources and are aiming to create a strategy that focusses and integrates our efforts, builds on what we have learnt from the past 5 years and responds to national strategy and local priorities, local assets and local ways of working. We don't detail those here but have included, in Appendix 3, background information that has influenced the shape and content of this strategy:

- Appendix 1: What we know about our changing population and the issues they face, and what our JSNA tells us about our population.
- Appendix 2: How well we did against the priorities we set for ourselves in the previous Health and Wellbeing Strategy.
- Appendix 3: A summary of the most influential national and regional strategies and priorities that set the context for, and underpin, our strategy.
- Appendix 4: A model that shows the many factors that have an influence on our physical and mental health and wellbeing.
- Appendix 5: A Glossary of terms used in this Strategy.

A locally focussed, jointly owned strategy that provides a lead and celebrates the contributions of all

First and foremost, our Joint Health and Wellbeing Strategy is about what we need to do and how we need to work together locally. Our approach must be right for Hounslow and our Hounslow community. It must reflect their needs, wishes and concerns and make best use of our collective resources and assets, those of the community as well as those of the partner organisations.

But our community is not static, it changes all the time. Our strategy, which seeks to set the direction for the next four years, must reflect this. If our strategy is to deliver better health outcomes for the community, all the partners will need to take responsibility for ensuring it is up to date with changes in population, health and care needs and that it responds to changes in the borough context. In signing up to the strategy, we all commit to doing this and to supporting those who work with us to achieve this aim; those in the community, those who volunteer in the community (and support volunteers), and those who represent the community and give voice to the vulnerable and disadvantaged.

An influential strategy that demonstrates the contribution all parts of the system can make to improving the health of borough residents and acknowledges a broad definition of health and wellbeing

In Hounslow we take a wider social determinants approach to understanding how we can support improvements in the health and wellbeing of our residents. This means we recognise that almost everything has a potential positive or negative impact on health – be it the housing conditions in which we live, the way our environment is planned and developed, air quality, access to education, jobs and services. A useful diagram summarises this on Appendix 4. It shows the wide-ranging influences on health and wellbeing which go well beyond what we might think of as ‘health and care’ related issues.

In addition, we recognise the vital importance that mental health and wellbeing plays in individual resilience and independence. This means that when we say health and wellbeing we mean both physical and mental health and wellbeing – each is reliant on the other. An example of this might be linking up our understanding of the important role that access to outdoor space has for both physical and emotional wellbeing with a planning requirement and commitment in our local plans that all new housing development contain enough outdoor areas for young children, teenagers and adults to enjoy. We know that those in our community experiencing mental health difficulties are also likely to be experiencing greater inequality of physical health and wellbeing. Our strategy must challenge all partners to address both physical and mental health within our community.

A strategy for the local area that promotes integration and joined up working

Our strategy must work, and be in step, with other local priorities and strategies. Our vision, for example, reflects the overall vision for the Borough expressed in the new Borough Strategy (Hounslow Together (2018-2035)¹²). In addition, we recognise the need to ensure health is included in all policies and particularly recognise the vital role environment and infrastructure, and therefore Planning, plays in supporting healthy communities. One of our key expectations, therefore, is that physical and mental health and wellbeing is incorporated at an early stage, and as a priority, in all local plans and Planning Reviews (see Appendix 3 for more details).

We know that local and national changes can put pressure on our community and our strategy must be able to respond. Therefore, we have chosen to put as much emphasis on principles and enablers, on how we will work together, as on what we are seeking to improve. Our success will not only be judged against the specific priorities highlighted in the JSNA and included in this strategy, but also by our actions in addressing the wider system issues that have an impact on health and wellbeing, the extent to which we are successful in working collaboratively, and how well we influence across boundaries.

Our new approach to meeting local needs: a life course approach

We have chosen, to organise our strategy around three life course themes. Many of these have national targets for improvement attached to them that we, and our partners already work to and report against. You'll see these in local action plans for the individual organisations. Where national targets do not exist for our chosen themes, we would expect our services, whether commissioned or directly provided, to set appropriate local stretch improvement targets and to work with communities to generate evidence of effectiveness to inform future decisions. In line with our vision and aspirations, we would also expect to see evidence of equal emphasis and priority to be given by all partners to:

- Community involvement at all stages of service design, commissioning and evaluation including making best use of existing feedback mechanisms and engagement activity and ensuring collection and analysis of user experience feedback is included in all service commissioning.
- Cross organisational working, joint communication and integration with other services to reduce duplication and increase impact
- Equal emphasis on mental as well as physical health and wellbeing
- Reducing health inequalities
- A focus on building resilience and independence so that people are enabled to help and make decisions for themselves.
- A focus on using the planning process to support health and wellbeing in the borough
- Use and re-use of existing assets in the Borough and in the community
- Building social capital and a strong infrastructure to support the role carers and volunteers play in the wellbeing of Hounslow people, including those community organisations and groups of volunteers who provide health enhancing activities and deliver health benefits locally.
- A focus on prevention in all areas

Addressing health inequalities in Hounslow: Hounslow is a borough of contrasts. Less than a tenth of primary school children in Chiswick Homefields are obese; three times as many of their peers in Bedfont are. Smoking rates are seven times higher in Hanworth Park than in neighbouring Hanworth and smoking is the leading preventable cause of premature mortality and ill health in the UK. Turnham Green ward has more than double the proportion of residents over 75 years old than Feltham West. Little more than half of Heston and Cranford residents believe that people pull together to improve the local area – compared to over two thirds of the residents in Brentford and Isleworth some five miles away.

These contrasts matter – pared back to the most basic point, a woman living in Chiswick Riverside will enjoy 11 more years of good health than a woman in Cranford; a man living in Chiswick Homefields can expect 9 more years of good health than one living in Feltham North. We are clear that these inequalities are not acceptable. We are also clear that this Health and Wellbeing Strategy won't be achieved solely through health interventions. Access to good health services is important and this strategy outlines where we can work to make improvements. Yet, the greatest influences on our health and wellbeing are, in fact, wider social determinants: a decent home; a good education; affordable, available food; pleasant local surroundings; good public transport; and sufficient capital – human, social, and financial – for people to thrive. Through our work in implementing our strategy, we need to maximise opportunities to influence such determinants as part of our efforts to reduce health inequalities in the borough.

We know from our JSNA 2017 that our communities face a variety of health challenges and that health outcomes at one stage of life are often influenced by health status, decisions or lifestyle at another stage (see Appendix 1). Our JSNA 2017 singles out the 12 individual areas we would most like to see progress against. Our detailed plans, as individual organisations and as a group of partners, will be seeking to address these and get best value from the resources we have, but we also want to go a step further in this strategy and look across all the stages of life. This will enable us to present key health issues across the 'life course' reflecting the links and inter-dependencies.

We are challenged by the need to decide where we can best use our resources. There are many reasons for this including the complexity of the environment in which we live, the variety and mobility in our local population and the multiplicity of needs and health inequalities within our community. We know that if we only focus on those who already have physical and/or mental health problems or challenges that levels of poor health and need will increase over time as the next generation grows up and replicates the problems of this generation, we must act to reverse this trend. This means we must work across all ages, across the life course as already stated and at all stages of life – we need to act to mitigate and improve the health of those already in need and at the same time invest in prevention to transform the future health outcomes of our population. This is not just because it is better for people but also because we must address the rising cost of poor health and increasing demand on both the health and care system.

Overall, we are seeking to be proactive and ensure we include an emphasis on preventing ill health and enabling wellbeing across the local population, as well as addressing priority areas of concern and need. Our work against the strategy must include a focus on reducing health inequalities across the borough and through the areas of particular need identified in the JSNA. In doing so our intention is to ensure the healthy stay healthy and the less healthy are enabled to improve their health and wellbeing or to maintain good health for as long as possible – at whatever stage of life they are. We have already stated that we place equal emphasis on mental health and wellbeing alongside physical health and wellbeing and expect to see this reflected in all aspects of our strategy and in the operational response to the strategy from all partners.

A life course approach to staying healthy across the ages: start well, live well and age well

Our JSNA, which brings together all the key health data and measures that are available for our Hounslow community and maps them against other areas in England, highlighted the following issues as areas of specific need in Hounslow and we have grouped them under our three themes below:

START WELL: Investment in the early years of a child's life delivers significant physical and mental health and wellbeing benefits in later life. We know adverse early experiences (if not addressed) can lead to poor health and wellbeing later. Investment in adolescent health reinforces this early investment and can rectify earlier problems and brings a 'triple dividend'¹³ of health benefits: promoting positive behaviour, setting a pattern of healthy lifestyle and promoting emotional wellbeing. Our timeline for this strategy is just over three years. Within this, we will focus on the areas outlined below while also considering further transformative approaches for children's and young people's services. **We will work with key partners, including schools, to focus on:**

- Improving school readiness
- Reducing child obesity and increasing physical activity
- Reducing accidents in children and young people
- Reducing domestic abuse and increasing support for children exposed to domestic abuse
- Improving air quality

13 WHO 'Why invest in adolescent health' www.who.int/maternal_child_adolescent/topics/adolescence/why-invest/en/

LIVE WELL: Our services and approaches need to enable people to live a healthy life and maintain their health and wellbeing for as long as possible into older age. For those with long term conditions our efforts must include helping people to stay active, healthy and engaged for as long as possible. Part of this involves ensuring we fulfil our responsibilities to people as employees through healthy workplace initiatives and strategies. **We will work with key partners and engage our community to focus on:**

- Reducing obesity and increasing physical activity
- Increasing uptake of cancer screening
- Reducing smoking
- Identifying those with underlying long-term health conditions^[1] earlier and ensuring those diagnosed receive evidenced based care to prevent further deterioration ('secondary prevention')
- Improving care for people with Learning Disabilities, ensuring that all are offered and encouraged to take up an annual health check and reducing any excess ill health in this population group
- Reducing unintended conception
- Improving air quality
- Reducing domestic abuse and repeat victimisation

AGE WELL: Physical and mental health are essential for good aging and there is much that can be done to maintain health and wellbeing for as long as possible into old age. We need to maximise opportunities to encourage healthy behaviours amongst older people and address key issue of loneliness and isolation as well as frailty. For those who live with long term health conditions we must enable them to make choices that support a good quality of life and enjoyment of the best health possible. **We will work with older people, their carers, the voluntary sector, charities and community groups to focus on:**

- Increasing age appropriate physical activity
- Reducing falls injuries
- Improving dementia related care to improve quality of life for residents and carers
- Reducing hospital emergency admissions

Principles and enablers:

If we are to realize our vision we must make the most of the resources we have, mobilize and support our community resources and build social capital in the Borough to encourage people to improve, or maintain, their physical and mental health and wellbeing. We believe we will be better able to do this if we have agreed a common set of principles to guide the way we work together. At the very least, these should ensure we are moving in the same direction, avoiding duplication and, most importantly, not inadvertently undermining other efforts. We have agreed four principles, each with its own set of enablers that will demonstrate we are working to the principles. These are detailed below:

4 KEY APPROACHES (PRINCIPLES)

1. **Deliver best value and outcomes**
2. **Ensure clear and consistent communications**
3. **Ensure services are well coordinated within and between partners**
4. **Work in partnership across London**

[1] A focus on: hypertension, diabetes and coronary heart disease

FIRST PRINCIPLE: DELIVER THE BEST OUTCOMES FOR THE BEST VALUE

This strategy, and the leadership provided by the Health and Wellbeing Board members, needs to ensure that investments are made where they can be proven to deliver clear outcomes and deliver best value in cost and quality of experience. This is likely to involve partners in designing and coordinating services together and in more shared investment to deliver the most impact. The efforts and involvement of the community are essential in this, to help design services and interventions based on experience and local knowledge, to identify local strengths and assets, and to enable local delivery through volunteers and local groups, particularly around preventative or early help services. Our JSNA and other community knowledge will tell us which groups in the community are a priority, and for what – helping us to target resources where they are most needed and where they may have most impact. Our workforce is critical to our success in delivering the strategy – as communicators, advocates and people who join things up on the ground. We must ensure they have the skills and knowledge to do this.

Enabling the first principle:

- Ensure resources are targeted against local need using available data and stakeholder views
- Ensure that resource is allocated where greatest benefit to residents can be found. Balance commitments to include investment in prevention to deliver longer term benefits in the future, appropriate focus on target groups with the greatest need, and achieving greater parity between mental and physical health services, prevention initiatives and broader wellbeing service funding.
- Make inclusion of local assets and their use the norm in service development and commissioning
- Ensure services are commissioned within an evidence-based pathway and coordinated with other services in that pathway for best outcomes
- Make use of new technologies where appropriate and support development of evidence base on effectiveness of new approaches
- Take a 'health in all policies' (HiAP) approach in key services that impact on health (eg. planning, transport, licensing, housing, procurement and others) to maximise health outcomes in the borough and create a supportive environment for health and wellbeing
- Share IT systems between organisations where possible and needed, aim to ensure that IT systems are compatible between services
- Lead by example in supporting our workforces to maintain a healthy lifestyle and encourage all employers in the Borough

Case study: workplace health and wellbeing

The West Middlesex Hospital employs almost 2,000 staff and the Trust has prioritised Staff Health & Wellbeing as part of its own Strategy as well seeing this as part of its commitment to the wider support to the Borough Strategy. The Trust runs regular Health and Wellbeing events and actively engaged in the Mayor of London's Healthy Workplace Charter. A current priority and focus has been on mental health, mindfulness and resilience; and how the Trust can support staff and their managers.

The Trust offers a free confidential staff counselling service through Occupational Health. There are questions relating to stress in the workplace as part of the Staff Survey and, as a result of last year's survey, the Trust is introducing Resilience (Management of Stress) in the Workplace policy. This policy is focused on recognising stress in both employees and their colleagues and has an emphasis on carrying out effective stress risk assessments, both for departments and individuals.

The Trust actively participated in Mental Health Awareness week which ran from the 14th to the 18th May. A full schedule of events was publicised prior to this week at the Trust Briefings that all staff are invited to attend and this was then advertised daily during the actual week in the Trusts on-line daily noticeboard. One of the key focuses of the week was to look at breaking the stigma of mental health and empowering staff so that they felt able to discuss how they were feeling and seek help when necessary. To highlight this the Trust Chairman agreed to be filmed speaking candidly about his own experiences of suffering with depression and this video was shared widely on the Trusts internal publications and Trust social media accounts in order to reach as many staff as possible. This video can be found at www.chelwest.nhs.uk/about-us/news/news-archive/2018/trust-chairman-sir-tom-hughes-hallet-opens-up-for-mental-health-awareness-week.

to sign up to workplace health initiatives that support good health and wellbeing outcomes.

- Build user 'quality of experience' measures and evaluation into commissioned services and initiatives to inform service improvement. Ensure service user feedback and involvement is inclusive and representative, particularly around the engagement with key target groups where health inequalities have been found and ensure equality for groups with 'protected characteristics'¹⁴
- Follow best practice to reach and support target groups and groups with protected characteristics
- Assess progress against outcome indicators for the key conditions identified in the JSNA

SECOND PRINCIPLE: ENSURE CLEAR AND CONSISTENT COMMUNICATIONS

Better communication about and between health and wellbeing services is needed. We need to ensure that residents and service staff members get appropriately targeted, consistent, up to date and accurate information about self-care and health improvement, services and other relevant local resources. We should take opportunities to amplify national wellbeing messaging with our own local information and working together, across organisational boundaries to co-ordinate and maximise the impact of our communications with our community. Communication must be two-way – we must engage with and talk to local people so that we involve them throughout and use their feedback to improve our offer. Clear communication about evidence based pathways of wellbeing and care are needed for the key conditions included in the issues of need identified in the JSNA. Further transparency is needed on how to access services, eligibility and how residents can also support themselves for wellbeing.

Enabling the second principle:

- Make more use of new communication technologies and methods including new digital and non-digital approaches to communicate with residents in the most appropriate way.
- Ensure that details of all services available in the borough are available to residents and staff in accessible formats, that clearly indicate who they are for
- Coordinate major campaign messaging across the borough, the major services and other sectors. Work with voluntary and community groups who represent, have knowledge, expertise and access to our target audiences to support this.

¹⁴ Protected characteristics are the nine groups protected under the Equality Act 2010: Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation

Case study: Falls pathway – an evidence based approach

Pat* is 69 years old and lives in Hounslow. She is retired and enjoys gardening and music. She is in generally good health although she has had a few falls this year in her house that did not result in injury. What does the National Institute of Health and Care Excellence (NICE) say about helping Pat stay in good health and prevent a more serious fall leading to a hospital stay? NICE says that Pat should be routinely asked if she has fallen in the last year by health professionals, such as her GP. When Pat tells her doctor that she has fallen, NICE says that she should be offered a 'multifactorial risk assessment'.

What's in a multifactorial risk assessment? In this assessment, Pat should be asked about her falls, her balance and other factors should be assessed together with her risk of osteoporosis. Visual impairment and other factors should also be assessed. In addition, she should be offered an assessment of home hazards.

Pat should receive information and education in writing and orally to help her reduce her risk of further falls. This should cover measures she can take to reduce further falls and how to cope if she did fall again.

Pat should also be considered for some individually tailored interventions to help her reduce her risk of falls. NICE recommends that Pat should be offered strength and balance training, which would be individually prescribed and monitored by an appropriately trained professional. She should also have a medication review to see if any medicines might be contributing to her falling risk.

Taking a consistent approach to falls across the borough, using an evidence based design on what works on the falls prevention pathway and communicating clearly about what support is available in Hounslow, can help people like Pat stay healthier for longer.

Reference: NICE reference: <https://pathways.nice.org.uk/pathways/preventing-falls-in-older-people>

**Example based on local trends and not real person or name*

- Use available data and best practice principles to more effectively target people, particularly the most vulnerable, disadvantaged and disenfranchised (including people with mental ill-health and those who are homeless) and those with specific risk factors or who might benefit from early interventions or other relevant services who find it difficult to access health and wellbeing services and adolescents in danger of adopting risky behaviours.
- Make Every Contact Count (MECC): utilise front line staff in all services contacts to 'make every contact count' to prevent ill-health or signpost to relevant services or opportunities
- For the key conditions of need identified in the JSNA 2017, ensure that services are coordinated are part of an agreed evidence-based pathway that is clearly communicated to staff and service users and carers
- Fully utilise the communication resources that exist within the borough for health messaging (eg through all commissioned services, including non-health services, all buildings or other venues owned or leased by Health and Wellbeing Board member services (eg. parks, heritage, housing, vehicle fleets etc)

THIRD PRINCIPLE: ENSURE SERVICES ARE WELL COORDINATED WITHIN AND BETWEEN PARTNERS

Service users have the right to expect seamless care and should not find services disconnected, whether between the various providers or over different geographic boundaries. We need to put people at the centre of service planning and ensure we listen to and involve carers and all groups affected. We need to be aware and supportive of the key role community groups and local community-based organisations can play in being a link to, and across disparate communities, and between those communities and health partner organisations. We may have to adopt some new and innovative approaches to budget sharing and planning across traditional boundaries to make sure our offer is co-ordinated. To further our community wellbeing aims, we must integrate wellbeing activity into all pathways to support self-care and promote prevention.

Enabling the third principle:

- Ensure that all the Hounslow JSNA priority needs are covered in jointly agreed relevant evidenced based wellbeing and care pathways

Case study: Communicating with young people

How young people receive and use information is constantly changing – and to reach people, we need to use the channels that they prefer. New methods of communication bring about opportunities but also challenges for health and wellbeing. Below, some of the key findings are summarised from a 2017 Ofcom report on media use and attitudes of 12-15 year olds:

- Ninety-nine per cent of 12-15s are online
- Ninety per cent of 12-15s use YouTube: It is the one they would turn to first for all types of content they say is important to them.
- Three-quarters of 12-15s have a social media profile: Fewer are using Facebook and Snapchat has increased in popularity
- Content that makes them laugh is most important to 12-15s when deciding what to watch: More than seven in ten choose content that makes them laugh, followed by content that relaxes them or that gives them something to talk about with their friends.
- 12-15s are more likely than in 2016 to say their main social media profile is on Snapchat
- One in eight 12-15s with a social media profile say there is pressure to look popular all of the time
- 45% of 12-15s who go online say that in the past 12 months they have seen something hateful on the internet
- One in ten 12-15s say they have seen something of a sexual nature online or on their mobile phone that made them feel uncomfortable
- One in eight 12-15s who have seen something worrying or nasty online have reported it
- A fifth of 12-15s say they have ever been bullied; this is equally likely to have been face to face or on social media (both 12%), followed by bullying via messaging apps or text (5%).

Reference: www.ofcom.org.uk/__data/assets/pdf_file/0020/108182/children-parents-media-use-attitudes-2017.pdf

- Ensure that details of pathways and relevant preventive self-care messaging are available to service staff and residents accommodating alternative formats where it can result in more accessible messaging to target, vulnerable audiences
- Consider budget pooling or other innovative budget use or integrated planning to ensure that service provision is seamless and aimed at reducing ill health at every life stage
- Ensure that service users and carers are fully involved in wellbeing and care pathways, in service planning and in communication about pathways and services. Place emphasis on ensuring that processes and routes to user and carer engagement are accessible to those who find it hardest to be heard, the vulnerable and disenfranchised and those for whom usual methods of engagement fail to work.
- Work creatively across borough boundaries where this will benefit residents and ensure that Borough boundaries do not create barriers to, or limit, access to services.
- Work with partners outside the borough (such as NHSE) to ensure that national schemes further meet local needs

FOURTH PRINCIPLE: WORK IN PARTNERSHIP

The fourth principle recognises that many issues impacting the health and care of Hounslow residents are common across neighbouring boroughs or London as a whole. In some instances, we can get more health and wellbeing gain for residents from joint working across borough, and across professional, boundaries. There are already some significant cross Borough boundary groupings (in our STP footprint, for example, which covers NW London) through which opportunities exist to help meet some strategy goals. We can also maximise the opportunity for stronger national lobbying for policy development nationally or for regionally organised service delivery to support our strategy and highlight the needs of our most disadvantaged and disenfranchised.

Case study: Healthy weight and planning

Jack* is 10 years old and attends a local Hounslow primary school in the west of the borough. He lives in a flat with his brother and sister and parents. In his recent school measurement, Jack was found to be overweight for his age. Jack's parents are concerned about the risks to his health from him being overweight. They recently learned that children should do at least an hour of physical activity a day. The national childhood obesity Plan for Action has called for children to do at least 30 minutes of exercise at school and at least 30 minutes outside of school. With busy schedules and driving to school, Jack is not doing this much exercise outside school. How could the planning for the local Hounslow environment help support Jack and his family be more active to have a healthy weight?

The Town and Country Planning Association (TCPA) has suggested 6 key elements that could be used to create an environment to support healthy weight:

Planning Healthy-Wellbeing Environments – Six Elements

- 1. Movement and access**
 - Clearly signposted, with direct walking and cycling networks
 - Safe and accessible networks, and a public realm for all
 - Walking prioritized over motor vehicles, and vehicle speed managed
 - Area-wide walking and cycling infrastructure provided
 - Use of residential and business travel plans
- 2. Open spaces, play and recreation**
 - Planned network of multi-functional green and blue spaces
 - Easy to get to natural green spaces of different sizes
 - Safe and easy to get to play and recreational spaces for all, with passive surveillance
 - Sports and leisure facilities designed and maintained for everyone to use
- 3. Healthy food**
 - Maintain and enhance opportunities for community food growing
 - Avoid over-concentration of unhealthy food uses such as hot-food takeaways in town centres and in proximity to schools or other facilities aimed at children and young people
 - Shops/food markets that sell a diverse offer of food choices and are easy to get to by walking, cycling or public transport
- 4. Neighbourhood spaces and social infrastructure**
 - Community and healthcare facilities provided early as a part of new development
 - Services and facilities co-located within buildings where feasible
 - Public spaces that are attractive, easy to get to, and designed for a variety of users
- 5. Buildings**
 - Adequate internal spaces for bike storage, dining and kitchen facilities
 - Adequate private or semi-private outdoor space per dwelling
 - Car parking spaces are minimized across the development
 - Well-designed buildings with passive surveillance
- 6. Local economy**
 - Enhance the vitality of the local centre by providing a more diverse retail and food offer
 - Centres and places of employment that are easy to get to by public transport, and on walking and cycling networks
 - Facilities are provided for people who are walking and cycling to local centres and high streets, such as street benches, toilets and secure bike storage.

*Example based on local trends and not real person or name

Enabling the fourth principle:

- Work creatively across borough boundaries where this will benefit residents
- Work with partners in other boroughs/across London to make representation on national issues impacting on the key issues contained in this strategy
- Require that new infrastructure development plans consider health outcomes at an early stage and developments promote and positively contribute to a healthy living environment
- Identify regional and national grant funds, in addition to local or regionally available planning and development funds, relevant to Hounslow that support strategy aims. Seek partners to work with collaboratively to maximise health and wellbeing benefits to residents through winning and utilising such grants most effectively
- Ensure robust and coordinated pressure is placed on regional and national commissioners and policy makers on behalf of the Health and Wellbeing Board



Case study: Integrating physical and mental wellbeing for better outcomes

Within the Hounslow Borough it has been estimated that approximately 71,000 people are living with a common 'long term condition' such as Chronic Obstructive Pulmonary Disorder (COPD), diabetes and Coronary Heart Disease (CHD). NICE Guidelines (2016) recommend that evidence-based psychological therapies are offered to those with such a long term condition, and that these should be delivered in an integrated pathway. Results from early-implementer sites suggest improvements to patient wellbeing and cost savings of approximately £1300 per person in this model.

Brian*, a 72 year old man diagnosed with COPD under the care of the local hospital Respiratory Team, was referred into the 'Improving Access to Psychological Therapies' (IAPT) Service by the Community Respiratory Team for panic attacks. He was having such attacks on a weekly basis brought on by a fear of becoming breathless and being unable to cope. He was losing his independence, having high levels of medication and the ambulance was called out several times in a month. He was also attending A&E regularly.

When he came to the IAPT service, he was assessed and found to have moderate depression and severe anxiety. The IAPT team liaised with Brian's Respiratory health team at the hospital to help develop a suitable plan. It was agreed that a group workshop approach would be beneficial for Brian, as this would allow his symptoms and fears regarding anxiety and breathlessness to become normalised by others experiencing similar symptoms. He was offered the opportunity to participate in the 'Living well with breathlessness workshop', a 6 week programme aimed at teaching those with COPD skills to reduce anxiety and low mood linked to breathlessness.

What was the outcome? Following attendance at the group workshop supporting Brian's mental wellbeing, Brian's anxiety and panic attacks improved, with assessment scores confirming a significant improvement. His physical wellbeing also improved with attendance at A&E reduced and fewer ambulance call outs in the 3 months following his attendance at the workshops.

**Name has been changed*

Measuring our progress

We have adopted a 'life course' approach to organise the JSNA priorities chosen in 2017. But, of course, we know that some of these priorities have an impact at all stages of life. We know, for example, that the lifestyle choices we make as adults, how much physical activity we do, whether we smoke etc, have an impact on our health in later life. We also know that children who have a healthy and secure start in life are more likely to both 'live well' and 'age well'.

Not everyone starts in the same place as far as health and wellbeing are concerned and what works for some may not work for all. To help reduce health inequalities, this means we must act across the whole population and for all ages. At the same time, we must target some action to those who have the poorest health, those who are most disadvantaged, vulnerable, or most at risk. None of this is easy to measure as it can take years for the positive impact of our actions to show up in the data. It can be difficult and challenging but we need to know we are making a difference – and not making things worse.

We have identified some 'high level' measures to monitor our progress on wellbeing. We hope these will help us to focus our activity and improve health and wellbeing across the whole population. These are listed below and followed by the specific measures for the 12 JSNA priorities. Many of these already exist as national measures which enable us to compare our community's health and wellbeing outcomes with the rest of the country.

High-level outcome measures

- **Increased healthy life expectancy while reducing differences within the borough**
- **Better mental health for all¹⁵**
- **Better air quality**

Identifying useful and effective measures to chart our progress as a Borough against these high-level outcome measures will form part of early action our Health and Wellbeing Board will take after this Strategy has been formally agreed. Several national and local measures exist which, when brought together, may give us a sense of our direction of travel over the next four years.

For our specific JSNA priorities, measures already exist and are summarised below, but we will consider whether including other, broader measures of wellbeing would help us to get a more comprehensive picture of our progress in these areas.

START WELL:

JSNA priority	Metric
School readiness	<ul style="list-style-type: none"> • Children at the end of Reception achieving a good level of development
Accidents in children	<ul style="list-style-type: none"> • Hospital admissions caused by unintentional and deliberate injury
Obesity and physical activity - children	<ul style="list-style-type: none"> • Children in Reception year recorded as overweight and obese • Children in Year 6 recorded as overweight and obese • Physically inactive children
Domestic abuse	<ul style="list-style-type: none"> • Support for children exposed to domestic abuse

¹⁵ General measures can include: % School Pupils with social, emotional and mental health needs (primary and secondary), % 15 year olds reporting positive life satisfaction, Health related quality of life for older people. Within the specific conditions under the three themes, mental wellbeing measures will be reviewed where available.

LIVE WELL:

JSNA priority	Metric
Prevalence of preventable long-term conditions	<ul style="list-style-type: none"> Smoking prevalence in target groups and whole borough (15-year olds, maternity, routine and manual occupations, all) Detection levels of long-term conditions vs estimated levels of long-term conditions (reduce the variance between estimated prevalence and detected prevalence) of hypertension, diabetes and CHD Meet or exceed QoF targets for secondary prevention measures for people on hypertension, diabetes and CHD registers and reduce practice variation Invitation and take up of NHS Health Checks Invitation and take of the Diabetes Prevention Programme Under 75 mortality for cardiovascular disease
Obesity and physical activity - adults	<ul style="list-style-type: none"> Overweight or obese adults Physically inactive adults
Cancer screening	<ul style="list-style-type: none"> Bowel cancer screening uptake Cervical cancer screening uptake Breast cancer screening uptake Under 75 mortality for cancer
Domestic abuse	<ul style="list-style-type: none"> Domestic abuse incidents recorded by the police Repeat Victimisation rate
Reduce unintended conception	<ul style="list-style-type: none"> Termination of pregnancy rates
Learning disabilities	<ul style="list-style-type: none"> People with a learning disability receiving a GP annual health check
	<ul style="list-style-type: none"> Volunteering: Number of unpaid hours a month given over the last year to help any group, club or organisation.

AGE WELL:

Falls	<ul style="list-style-type: none"> Emergency hospital admissions due to falls in people aged 65 years and older
Dementia	<ul style="list-style-type: none"> Emergency admissions to hospital for patients with dementia Social isolation (adult social care users, adult carers, Personal Social Services Carers survey)

These are, of course, not only the measures of success that exist for health and wellbeing. All the local partners who are signed up to this strategy have their own organisational and service measures to report on and against which their performance is judged. These go beyond the measures listed above which relate to the priorities we have chosen to feature in the strategy from our JSNA.

In Hounslow we have also identified areas that are important to us but where we feel we need further data and measures. Appendix 1 details these areas and highlights the need for further local research, evaluation and data collection to assess impact, need and demand.

What happens next?

Once this Strategy is agreed there are some immediate and important tasks to undertake that will be led by the Health and Wellbeing Board for the implementation of this strategy:

- We have already mentioned action plans and how they are the documents that provide detailed information on what actions will be taken to address the priorities and aims identified in our Strategy. All partners will have extensive organisational plans and commissioning for what they are set up to do. Actions included in these plans will be relevant to the priorities set in our Strategy and the Board will expect to have feedback on progress against these and see a clear Health and Wellbeing thread in these plans that links to this strategy and its aims.
- The Board will discuss and agree measures of success (and how progress will be demonstrated) for the high-level outcomes identified in this strategy.
- The Health and Wellbeing Board will ensure all appropriate partner organisations, community groups and the local population have access to the Strategy and will make clear how they intend to monitor progress against it.
- The Board will identify a programme of activity for itself for the next year at least, and an action plan for itself, which will include points at which it will seek feedback from its members and partners on progress against this strategy and its priorities, and evidence and examples of how the principles are driving organisational behaviour.
- The Board will also consider how it will fulfil the important role of being the lead body for health and wellbeing in Hounslow and its role in engaging with other key local, regional and national initiatives to integrate Hounslow's health and wellbeing perspective and ensure local priorities are promoted and acknowledged.
- The Board's forward programme will identify points at which the strategy will be reviewed to ensure it remains relevant and how it will adapt to changing context and new needs and priorities.



Appendix 1: Local needs and what the Joint Strategic Needs Assessment (JSNA) 2017¹⁶ told us

The Hounslow Population – summary of key facts

- i. **Our population is growing faster than the national average:** The 2017 estimated resident population was 273,100. Between the 2001 and the 2011 Census the Hounslow population grew from 212,341 to 253,957, a 20% increase. This compares to an overall increase of 8% in England and Wales. The Hounslow population is projected to grow a further 36,000 to 291,000 by 2021.
- ii. **We have high population ‘churn’, new people mean new and different needs:** Migration from within the UK has been a significant factor in the changing demographics within Hounslow. In 2015, 15,671 people moved to Hounslow, and 19,665 people left to somewhere else within the UK. These figures suggest that there is a population turnover of 43,477 people every year.
- iii. **Our population is diverse, and growing in diversity:** Hounslow has an increasingly diverse demographic with 49% (123,500) identifying themselves as being of Black, Asian or Minority Ethnic (BAME) origin in 2011.
- iv. **Our residents are living longer overall but there is a large healthy life expectancy gap between our communities:** Since 1991-93, life expectancy in Hounslow has risen by 4 years for women and 7 years for men, to 84 years for women and 80 years for men. However, not all people live a full and healthy life, with over a 10-year gap between people with the longest healthy life expectancy in different wards of the borough.
- v. **We need to do more on prevention to reduce premature death:** Of the premature deaths before age 75 years in the borough, over half of the cancer deaths and many respiratory deaths are considered preventable with smoking, physical inactivity, obesity and poor diet, and excess alcohol consumption being key underlying preventable factors.

What we know from the data – the Joint Strategic Needs Assessment

What we know from the data – the Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment identified a series of priority health and wellbeing needs affecting Hounslow residents.

- **Improving school readiness:** In 2016/17 there were 1056 children from demographic groups who did not achieve a good level of development at Reception year of primary school (Hounslow 29%, London 27%, England 29%). The local trend has improved 13% since 2013/14
- **Reducing child obesity and increasing physical activity:** In 2016/17, there were 1210 Year 6 children who were classed as overweight, with a high but stable pattern since 2013/14 (Hounslow 40%, London 39%, England 34%). In 2014 it was also estimated that only 11% of all Hounslow 15-year olds were meeting national recommendations on being physically active for at least one hour a day, seven days a week
- **Reducing accidents in children and young people:** In 2016/17 there were 466 unintentional or deliberate injuries leading to emergency admissions to hospital involving a child under the age of 14. The trend has worsened by 7% since 2013/14

¹⁶ www.hounslow.gov.uk/jsna

- **Reducing exposure of children to domestic abuse:** There were 2691 domestic violence incidents in 2016 an increase of 24% since 2013, and the number of referrals to the Multi Agency Risk Assessment Conference (MARAC) from child facing services has doubled since 2013
- **Improving air quality:** Estimates suggest that in Hounslow poor air quality causes 200 premature deaths a year and noise affects 60,000 residents¹⁷
- **Reducing obesity and increasing physical activity:** Obesity and a lack of physical activity continue to be significant issues for Hounslow. In 2016/17 over 120,000 Hounslow adults were estimated to be overweight (Hounslow 57%, London 55%, England 61%), and 54,000 adults were estimated to do less than 30 minutes exercise a week (Hounslow 31%, London 23%, England 22%)
- **Increasing uptake of cancer screening:** Around 15,000 people in Hounslow that could have been screened for breast, cervical and bowel cancer were not during 2016/17. Hounslow is not yet meeting national screening targets
- **Identifying those with underlying long term health conditions¹⁸** and ensuring those diagnosed receive evidenced based care to prevent further deterioration. In Hounslow GPs have diagnosed 33,000 cases of hypertension, 17,500 cases of diabetes, 13,500 asthma patients, and 7000 coronary heart disease patients. However, there are estimated to be an additional 27,000 hypertension patients, 3,500 diabetes patients, 13,000 asthma patients, and 3000 coronary heart disease patients undiagnosed in the community. As reported by the NHS Right Care Programme, emergency hospital admissions for coronary heart disease, stroke and respiratory disease are higher than other similar CCGs¹⁹. Primary care treatment for diabetes has improved, the % of Type II patients receiving the 8 care processes has risen from 44% in 2014/15 to 49% in 2016/17 (London 42%, England 48%)
- **Improving care for people with Learning Disabilities:** It is expected that only a quarter of people with a learning disability are recorded as such by their GP. People with a learning disability have poorer health outcomes than the rest of the population²⁰, and in Hounslow continued improvement is needed to ensure patients receive an annual health check from their GP
- **Reducing unintended conception:** In the year 2016/17 just under 1000 women over the age of 25 had a termination of pregnancy, a stable rate since 2013 but significantly higher than London as a whole²¹
- **Increasing age appropriate physical activity and reducing the number of falls:** Hounslow has had a significantly high level of admissions to hospital because of falls in people aged 65 years and over with 780 emergency hospital admissions in 2016/17. (Hounslow 2,631, London 2,201, England 2,114 - DSR per 100,000)
- **Improving dementia diagnosis and related care to improve quality of life for residents and carers:** Compared to the London averages, recorded dementia cases are lower than expected by an estimated 400 patients, and the rates of emergency admissions in people over the age of 65 are significantly high with 1,438 emergency admissions in 2016/17 (Hounslow 4,827, London 4,053, England 3,482 – DSR per 100,000)

The JSNA also identified areas of further research where the available evidence was inadequate to fully make a recommendation. These areas for 'further research' are particularly important as they flag up some

17 Walton et al (2015) Understanding the Health Impacts of Air Pollution in London. www.london.gov.uk/sites/default/files/hia_in_london_kingsreport_14072015_final.pdf

18 A focus on: hypertension, diabetes and coronary heart disease

19 PHE Commissioning for value, Hounslow CCG January 2017

20 Glover, G (2013) Annual Health Checks. Public Health England. Available from www.improvinghealthandlives.org.uk/projects/annualhealthchecks

21 In 2017, Hounslow had a higher rate of repeat terminations of pregnancy in those aged under 25 years than England as a whole. For the over 25s, Hounslow had a significantly higher rate of terminations/ 1000 than England as a whole (see: fingertips.phe.org.uk/search/termination#page/1/gid/1/pat/6/par/E12000007/ati/102/are/E09000018). Key issues include ensuring that all residents have access to reproductive health advice, contraception and termination of pregnancy services when needed. A further understanding is needed of the reasons behind the higher rates of terminations/ repeat terminations in Hounslow compared with England as a whole.

key issues for Hounslow where national data is either not collected, or not collected in a way that helps us identify areas of need and concern. These were:

1. Supported accommodation. To ensure the level of supported housing is sufficient, and monitor the impact of the changes to the proposed national changes to the Funding of Supported Housing
2. Children with a Statement of Educational Need. To understand the increased demand for SEN assessments and the types of need
3. Road Traffic Accidents. To continue to ensure plans to reduce minor injuries on roads are effective
4. Hate crime. To continue to monitor hate crimes, and plan any additional service response
5. Self-harm. To understand the high level of self-harm, and access to appropriate services
6. Female Genital Mutilation. To identify areas or communities of high risk, and ensure a coordinated response with local maternity services, and the Emerging Communities work with Hounslow CCG
7. Community and voluntary sector. Identify with the VCSE opportunities to meet the challenges within the JSNA and particularly for Carers, and Social Isolation.
8. Migration. To understand what aspects of health and care are most impacted by the high level of population turnover

We can see, and we know from other local feedback from partners and our community, that mental health and wellbeing, the impact on health of air pollution, the adequacy of support for carers and meeting the basic needs of our most vulnerable residents, those living in poverty, homeless or poorly housed and children in care must all be addressed by the strategy and actions of the partners who sign up to it.



Appendix 2: Learning from Experience – progress and what we have learned from the previous Joint Health and Wellbeing Strategy 2013-2017

The 2013-2017 Joint Health and Wellbeing Strategy was our first ever attempt to develop a joint and local approach to tackling the Health and Wellbeing of Hounslow residents²². In it our Health and Wellbeing Board partners agreed the following 3 high level outcomes, each with 3 further priorities for action:

- Reduce differences in life expectancy between communities
 - Help those who wish to give up smoking to be successful
 - Increase the uptake of cancer screening
 - Roll out the NHS Health Checks programme
- Every child has the best possible start in life
 - Improve oral health in children under five
 - Achieve herd immunity for routine childhood immunisations
 - Reduce levels of childhood obesity
- Adults retain their good health and independence for longer
 - Reduce the use of bed-based care
 - Implement new models of mental healthcare
 - Implement new approaches to long term conditions, including neuro disability

We have looked at the extent to which we achieved our intentions over the last four years and at what actions we took against each of our priorities and summarise below where we think we are, what we have achieved and where we have some way to go to achieve our ambitions.

22 For the whole strategy see www.hounslow.gov.uk/site_search/results/?q=Health+and+Wellbeing+Strategy

Table 1: Progress against the Hounslow Joint Health and Wellbeing Strategy 2013-2017

Reduce differences in life expectancy between communities:			
Between 2014 and 2016 the gap in life expectancy between the most and least affluent in Hounslow was 6 years for males, and 4 years for females. There has been no significant reduction in the gap since 2013.			
Objective	Outcomes	Highlights and achievements	Remaining challenges
Help those who wish to give up smoking to be successful	<p>Prevalence of smoking has decreased over the strategy period from 2013 approximately 15% of adults smoked to 13.8% in 2016.</p> <p>Smoking prevalence in key target groups is: adults in routine and manual occupations is 25%, among 15-year olds is 6.2% and in pregnant women at the time of delivery was 3.1%</p>	<p>Hounslow Stop Smoking service became part of new 'One You Hounslow' preventive health service in 2016</p> <p>The quit rate in Hounslow (from people setting a quit date to 4 week quit outcome) is 54%. This is higher than national England average of 50%</p> <p>Over 1200 people per year in the strategy period in Hounslow have quit smoking with the help of the local stop smoking service</p> <p>Council grounds became smoke free. In 2014 Hounslow Council signed the 'Local Declaration on Tobacco Control'.</p> <p>Innovative partnership work to identify and stop illicit tobacco sales</p>	<p>Around 29,000 people continue to smoke in Hounslow.</p> <p>Illicit tobacco remains widely available in the borough</p> <p>Shisha – perceived increase in use in young people but no clear data available. Survey work and follow up action required.</p>
Increase the uptake of cancer screening	<p>Breast screening has improved from 68% in 2013 to 70% in 2017</p> <p>Cervical screening has declined from 65% in 2013 to 63% in 2017</p> <p>Bowel cancer screening rates remain stable at 47% in 2017, and continues to be below the London rate</p>	<p>Local joint cancer screening promotion work between the health and voluntary sector</p> <p>A major recommissioning for Breast Cancer screening in 2016 has addressed a fragmented service. The Royal Free London NHS Trust has been established as the administrator for the service and now enables women to attend screening at multiple locations across North West London</p> <p>Since 2016 a Macmillan nurse has been working with local GP surgeries to raise awareness and address any quality concerns for cervical and bowel cancer screening</p> <p>Awareness has been raised with events and social media and with key partners including the Mulberry Centre, a local cancer support service</p>	<p>The borough has not yet reached national screening targets</p> <p>Control of the screening programmes are not within the borough</p> <p>Local reasons for low uptake are not fully understood</p>
Roll out the NHS Health Checks programme	<p>The Hounslow programme made major steps over the strategy period and now meets national targets, with over 24% of the eligible population invited each year and around 15% attending their health check each year.</p>	<p>Over the period 2013-18, over 65,000 residents were invited for their NHS Health Check, of which over 40,000 attended at an uptake rate of 62%.</p>	<p>Increase uptake of preventative services for those identified as having a high cardiovascular risk score</p> <p>Ensure quality of programme remains high by conducting audits and ongoing training</p>

Every child has the best possible start in life			
Objective	Outcomes	Highlights and achievements	Remaining challenges
Improve oral health in children under five	BASCD survey data shows that the number of 5-year olds with decayed, missing or filled teeth in Hounslow has gone down from 30% in 2015 (by nearly 5%) to 25.7% in 2017	<p>Since the pilot schools' outreach programme started in 2015/16, 13,500 children aged 4-7 years have been offered OH promotion, tooth brushing demonstrations and Fluoride Varnish applications across Hounslow primary schools.</p> <p>Targeted oral health promotion and "How to Brush" programme in place for EYs' settings and CCs, with support from trained Tooth Champion SNs and HVs</p>	<p>To continue to embed oral health promotion in Early Years' settings across Hounslow.</p> <p>To reduce the number of child hospital admissions for multiple extractions and/or fillings.</p>
Achieve herd immunity for routine childhood immunisations	Between 2013/14 and 2016/17 vaccine uptake rates have generally been lower than the London average and below national targets. For example, in 2016/17, uptake was only 74% for 2 doses of MMR at 5 years old	<p>NHS England have in place regular quarterly performance meetings for NWL to share data and good practice which Hounslow Public Health attend.</p> <p>Locally the practices with the highest number of unimmunised children have been identified. Primary Care Co-ordinators are going to work with these practices to review call/recall systems to invite children to be immunised</p> <p>Families being supported by Family Nurse Partnership have 100% immunisation by child's second birthday.</p>	In Hounslow we do not have a good understanding of why we have low uptake of immunisation or whether there are specific population groups or geographical areas where children are unimmunised.
Reduce levels of childhood obesity	The percentage of children recorded as overweight remained high but stable from 2013/14 to 2016/17 at just under 40% in Year 6 and 21% in Reception.	<p>UNICEF accredited community breastfeeding promotion launched</p> <p>New healthy eating and physical activity education programmes for parents and carers launched (Henry, One You Hounslow)</p> <p>New child weight management programme launched 2016 (One You Hounslow)</p> <p>Successful active travel programmes run across the borough in 2014, 2015, 2016, 2017 (Beat the Streets)</p> <p>Play Streets launched and expanded</p> <p>Partnership work through Hounslow Obesity Task Force</p>	<p>Reach UNICEF stages 2 and 3 to further increase breastfeeding rates at 6/8 weeks and beyond</p> <p>Further work needed to increase physical activity in all age groups</p> <p>Further joint work required to make the existing and future built and natural environment more conducive to active travel and physical activity</p>

Adults retain their good health and independence for longer			
Objective	Outcomes	Highlights and achievements	Remaining challenges
Reduce the use of bed-based care: reducing the use of hospital beds AND reducing the use of care home beds	<p>Between 2014 and 2018:</p> <p>The number of days delayed reduced from approximately 350 a month to 125 for NHS reasons and from 170 to 125 for social services reasons.</p> <p>The monthly number of nursing and residential care placements reduced from approximately 400 to 320 residential placements, and 170 to 135 nursing placements</p> <p>The average number of hours spent on each domiciliary care placement each week reduced from 13.5 hours to 12 hours</p>	<p>Launch of the Integrated Community Response Service (ICRS) to provide a rapid response to stabilise residents so they can remain at home.</p> <p>Launch of the Community Recovery Service (CRS) for people that have lost their independence. The programme supports people to build confidence, regain skills, and self-manage their health conditions.</p> <p>Launch of the Living Independent for Everyone (LIFE) commission to bring together voluntary and community-based services. This included support to people in their own homes, and 'Supported' and 'Extra care' housing for more vulnerable clients.</p> <p>Reconfigured Carers services to provide information, needs assessments, and short-break respite.</p> <p>Launch of the Linkline+ telecare service to provide monitoring and emergency response to over 2000 residents in Hounslow. The service is backed up with a home assessment, and a falls prevention officer to encourage residents to take simple actions to prevent falls</p>	<p>Continue to develop a whole systems integrated care programme</p> <p>Upgrade prevention and wellbeing</p>
Implement new models of mental healthcare: services for those with dementia/ cognitive impairment AND services for those with functional mental illnesses	<p>There has been an improvement in the percentage of Learning Disability clients receiving an annual GP health check from 19% in 2014/15, to 46% in 2016/17.</p> <p>The rate of emergency admission for people with dementia remained stable from 2013/14 and totalled 1,438 admissions in 2016/17, worse than the London average</p>	<p>The North West London Electronic Frailty Index (eFI) initiative, is a new programme for GPs to identify those who meet moderate and severe grading under eFI and deploy a care plan, with an annual medication review. This service will be supported by clinical nursing support from the Hounslow Liaison Psychiatric Services and non-clinical support from Dementia Link Workers in each locality.</p> <p>The North West London Transforming Care Partnership has been established to improve the care and support available for the people with a learning disability and/or autism.</p> <p>In Hounslow support for clients has been remodelled, this includes new options for supported accommodation, the establishment of four posts to support LD and autism clients to build on their own strengths and skills, and the roll out of assistive technology 'Just Checking'.</p>	<p>To review out of borough placements and support social workers source suitable local, and out of area, placements when necessary</p>

<p>Implement new approaches to long term conditions, including neuro disability</p>	<p>In 2016-17, Hounslow Public Health supported the roll out of NHS Diabetes Prevention Programme across North West London in partnership with the CWHHE CCG Collaborative (Central London, West London, Hammersmith & Fulham, Hounslow and Ealing).</p> <p>The rate of all admissions for coronary heart disease remained stable from 2013/14, and totalled 1,422 admissions in 2016/17, worse than the London average</p>	<p>The NHS Diabetes Prevention Programme is seeing the best uptake in the country and has recently been recognised at the Quality in Care Awards where CWHHE diabetes prevention group was declared the winner.</p> <p>Since October 2016, around 4000 eligible patients in Hounslow have been referred to the programme, of which over 2100 have attended at least one session.</p> <p>The Hounslow Joint Prevention Strategy was published for 2014-2018</p> <p>The Better Care Fund (BCF) was established in 2014 to join budgets and integrate services. This includes locality teams of NHS and social care staff</p> <p>In 2014 the Council and the CCG procured a Personal Care Framework for personal care at home as an alternative to traditional homecare</p>	<p>An ongoing evaluation will make recommendations for the way forward for the NDPP. Lessons will also be learnt from an ongoing digital pilot element of the NDPP.</p> <p>Review care-coordination among patients with a known risk of going into hospital</p> <p>Implement a Community Social Work model and a residents' forum, and drop in services</p> <p>Eliminate variation and improve long term condition management</p>
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The summary table shows that good progress has been made in several areas, linking partners together around common issues. However, progress has been mixed in other areas and a continued focus, with some new approaches, is needed to make further headway on these issues.



Appendix 3: Strategic context for our work

We have already acknowledged the many and varied influences on the health and wellbeing of our community. This sets a challenge for the Health and Wellbeing Board to bring together all the strands and develop a Hounslow approach to Health and Wellbeing that is informed by national, regional and local strategy and able to respond to changes in this context as it occurs. Here we summarise the main influences on Health, Care and Wellbeing in Hounslow and attempt to describe the changing environment in which we operate.

Integration and new approaches

Resource pressures and increasing demand are driving activity to re-think models of health and care. The 'NHS Five Year Forward View' (2014)¹² sets out a new shared vision for the future of the NHS and of how the health service needs to change if it is to close the widening gaps in the health of the population, quality of care and the funding of services. Integration of services, driving out duplication, a clear focus on the evidence base, better coordination between services and joint commissioning for better outcomes all challenge our traditional notions of the shape, location and span of health and care services.

Focus over the last couple of years has been on the 44 Sustainability and Transformation Partnerships (STPs) (2016)¹³, set up to develop 'place based' plans for the future of health and care services. For Hounslow, the STP footprint covers NW London¹⁴, challenging us to work across not only the traditional organisational boundaries between local partners but also across geographic boundaries with other borough areas. STPs are designed to promote collaboration amongst local partners in creating a local 'Integrated Care System' (ICS)¹⁵ in which the local partners will take collective responsibility for managing resources, delivering standards and improving the health of the local population.

What does this mean for Hounslow? - a forceful driver for further integration and an opportunity to take a 'place' focus BUT increased complexity around working across traditional boundaries, both geographic and organisational and a danger that in redesigning the system we could forget what we have signed up to here, as partners.

Person centred care, independence and self-management

At the other end of the system, is the driver for quality, 'seamless' care, whoever the provider is, tailored to individual needs (person-centred). This driver is central to the ambitions in The Care Act (2014) which lays out new duties and responsibilities for local authority adult social care provision focussed on ensuring people get the right information to enable them to make good decisions about their care and to receive care that is designed to maintain their independence and wellbeing. Importantly the Act also places emphasis on and acknowledges the vital role carers play in supporting the health and wellbeing of the most vulnerable in our society and puts in place rights for carers, particularly for promoting their wellbeing.

This focus on prevention, independence and self-management sets the context for a re-thinking of the frameworks of support and treatment that are in place for local people, and a shift to 'at home' and 'community based' services. Local Authorities, the NHS and voluntary sector are expected to work together to create a local environment for services and support through the commissioning of services for adults and children; for health, social care and public health provision¹⁶. Local authorities and their partners are 'place

12 www.england.nhs.uk/publication/nhs-five-year-forward-view

13 www.england.nhs.uk/systemchange/

14 'Our plan for NW Londoners to be well and live well' www.healthiernorthwestlondon.nhs.uk/news/2016/11/08/nw-london-october-stp-submission-published

15 www.england.nhs.uk/systemchange/integrated-care-systems/

16 www.nhscc.org/latest-news/integrated-commissioning-for-better-outcomes-a-commissioning-framework-2018/

makers' creating a local environment where different models of provision flourish through market making and individuals are supported to maintain and improve their own health and wellbeing. Use of local, pre-existing assets is maximised and the community and voluntary sector play a vital part both as advocates for local people, as co-ordinators of volunteers and social capital, and as providers in the varied and vibrant local market¹⁷.

What does this mean for Hounslow? - We must genuinely engage with and involve our communities in designing, shaping and evaluating services so people can identify and get what they need, and we achieve best value for money. We need to take a broader view of resources, acknowledging and involving all assets in the community and building social capital to strengthen community resilience: people, venues, community volunteers etc.

Narrowing the gap – access, early intervention and prevention

The Health and Social Care Act of 2012 introduced the first legal duties about reducing health inequalities. Further, the Act requires local authorities to 'take such steps as it considers appropriate for improving the health of the people in its area'¹⁸. Likewise, NHS organisations also have new duties to prevent ill health. These were set out in the NHS 5 year Forward View (2014) which sets out a view for the future of the NHS and includes an emphasis on prevention and working with partners across the local system¹⁹. Reducing health inequalities and preventing ill health (in the broadest sense) are thus two key elements of this new strategy. Our JSNA guides us to where targeted action might be needed; around domestic violence for example which is a key issue for us locally (and across London) because of the significant and detrimental impact it has on the life chances of children²⁰. National 'calls to action' and London wide Mayoral strategies provide focus around specific population groups who experience poorer health and greater health inequality, highlighting particularly the need for greater parity of esteem for those experiencing mental health and wellbeing difficulties^{21 22 23} and for our older residents²⁴.

What does this mean for Hounslow? - we must be focussed on our local community, reducing health inequalities and investing in prevention activity to keep people healthier for longer and preventing ill health for as long as possible. We must be open to opportunities to align with neighbouring boroughs and work with others across London where it delivers benefits for our community.

A co-ordinated approach – seeking best value

Taking an approach to improving health and wellbeing requires all parts of the system to work collaboratively, each supporting the other. Significant enablers, and important influences for this can be found at national and local level, in policies and strategies, and enshrined in law and through this strategy we request partners to make use of these levers to improve health of residents. The Social Value Act (2012)²⁵ enables those who commission public services to award contracts based on securing wider social, economic and environmental benefits, as well as on price. Commissioning provides an opportunity to design better services by engaging with the local provider market and the local community. It can also act as a catalyst for creating new provider partnerships by bringing together bidders to secure innovative solutions to difficult problems.

17 vcsereview.org.uk/

18 Section 12 Health and Social Care act 2012, www.legislation.gov.uk/ukpga/2012/7/section/12/enacted

19 www.england.nhs.uk/five-year-forward-view/

20 GLA 'Domestic Abuse in London: addressing the problem' www.london.gov.uk/people/assembly/len-duvall/domestic-abuse-london-addressing-problem

21 DH 'The Mental Health Strategy for England' www.gov.uk/government/publications/the-mental-health-strategy-for-england

22 DH/NHS England 'Future in Mind' www.gov.uk/government/publications/improving-mental-health-services-for-young-people

23 GLA 'Thrive London – improving Londoners mental health and wellbeing' www.london.gov.uk/what-we-do/health/london-health-board/thrive-ldn-improving-londoners-mental-health-and-wellbeing

24 PHE Healthy Ageing Strategy publichealthmatters.blog.gov.uk/2017/12/06/health-matters-productive-healthy-ageing-and-musculoskeletal-health/

25 www.legislation.gov.uk/ukpga/2012/3/enacted

Our strategy calls on the Health and Wellbeing Board membership to embrace the broader approach of 'Health in all Policies' (HiAP)²⁶. This is an approach that requires the systematic and explicit taking into account of the health implications of the decisions we make (including of non-health specific decisions). Through HiAP we can target the key social determinants of health, look for synergies between health and other core objectives and the work we do with partners, and avoid causing harm with the aim of improving the health of the population and reducing inequity. In particular, Planning offers a major and lasting opportunity to address some of the underlying health issues affecting local residents and included in this strategy²⁷. Thus, national^{28 29}, regional³⁰ and Hounslow's own planning policy and local plans should be utilised where possible to support the health and wellbeing of the community.

Alongside these the London Mayor's Transport Strategy (2018)³¹ and Food Strategy (2018 draft)³² all set a London-wide framework for our own local strategies and plans. These, and other evidence-based best practice guidance and advice (for example on the benefits of green spaces for physical and mental health and wellbeing) help us to make the best use of our local assets to support resident health over the strategy period³³.

What does this mean for Hounslow? We can't afford to have one action undermined by another. All our policies and actions must align – within and between organisations. We must seek opportunities to get additional health gain from the commissioning of services generally, not just the obviously health related ones. Greater involvement of our communities will enable this.

A focus on place: developing our buildings and infrastructure to support health

Public Health England has noted that "Some of the UK's most pressing health challenges - such as obesity, mental health issues, physical activity and the needs of an ageing population – can all be influenced by the quality of our built and natural environment, the considerate design of spaces and places can help to promote good health; access to goods and services; and alleviate, and in some cases even prevent, poor health and thereby have a positive impact on reducing health inequalities".

The Health and Social Care Act 2012 places a duty upon local authorities to take such steps as it considers appropriate for improving the health of the people in its area. The planning process can help to promote the health and wellbeing of residents, workers and visitors in the Borough through its role in shaping the built and natural environment. The links between planning and health and wellbeing are also found throughout the National Planning Policy Framework (NPPF) which highlights that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. National Planning Practice Guidance provides further detailed advice on how planning policies and decisions can help to deliver healthier communities. It explains that a healthy community "is a good place to grow up and grow old in. It is one that supports healthy behaviours and supports reductions in health inequalities. It should enhance the physical and mental health of the community..."

Health and Wellbeing is also found in the London Plan policy 3.2³⁴ which states that the living environment has a fundamental impact on the health of a population, whether positive or negative. Good housing, employment and a good start in life can all help to reduce health inequalities at the local level; while poor environmental quality, housing conditions or pollution can exacerbate them. Policy 3.2 states that "new

26 www.gov.uk/government/publications/local-wellbeing-local-growth-adopting-health-in-all-policies

27 The TCPA guidance on obesity prevention through planning should be considered: www.tcpa.org.uk/Handlers/Download.ashx?IDMF=fc1ef853-7de7-4726-b15f-5748ec4f595c

28 National Planning Policy framework – DCLG chp 8 www.gov.uk/government/publications/national-planning-policy-framework--2

29 PHE 'Spatial Planning for Health 2017' www.gov.uk/government/publications/spatial-planning-for-health-evidence-review

30 The London Plan 2016 and 2018 draft www.london.gov.uk/what-we-do/planning/london-plan

31 www.london.gov.uk/what-we-do/health/transport-and-health

32 www.london.gov.uk/what-we-do/business-and-economy/food/have-your-say-draft-london-food-strategy

33 publichealthmatters.blog.gov.uk/2016/11/09/green-space-mental-wellbeing-and-sustainable-communities/

34 The London Plan 2016 and 2018 draft www.london.gov.uk/what-we-do/planning/london-plan

developments should be designed, constructed and managed in ways that improve health and promote healthy lifestyles to help reduce health inequalities.”

Planning can therefore play a pivotal role in influencing key determinants of health shown in figure 1, which are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. Therefore, a healthy place is one that can contribute to the prevention of ill health and provide the environmental conditions to support positive health and wellbeing.

What does this mean for Hounslow? Hounslow Council has taken an integrated approach to integrating health and wellbeing in the emerging Local Plan review and the expectation is for development to promote and positively contribute to a healthy living environment, development will be expected to consider health outcomes at an early stage, prior to the submission of a planning application. For major developments, this will be evidenced through the submission of a Health Impact Assessment (HIA). Major developments are regarded as developments of 10 or more homes or a floorspace of 1,000sqm or more, including student housing and non-residential development. The applicant will be expected to undertake the HIA screening to demonstrate to what extent, their proposal will have an impact (both positive and negative) on the local residents and future site users. This would vary depending on the type, scale and location of the proposal.

Addressing local issues of concern

Locally we will aim to bring all these strands together – not only within this strategy but also by linking to the strategic plans of all the local partners and by ensuring we integrate a health and wellbeing perspective into major local plans. Our strategy was written in 2018 but must continue to set the direction until 2022 so it must respond to local changes such as population movement and changing demand and infrastructure and environmental challenges such as developments at Heathrow. Other changes are bigger and affect more than the local area, such as the implications of Brexit for local people and our economy, and digital development - which will change how we work, connect and communicate, offering both opportunities but also challenges^{35 36}. We know from our recent work in consulting with our partners and community to develop Hounslow Together (2018-2023)³⁷, that an increasing population is putting pressure on the availability of decent affordable housing and that sustainable growth and an environment that supports health and wellbeing is a challenge across London³⁸. Our own local strategies, and those we contribute to as part of our engagement with the Greater London Authority to tackle London-wide issues such as pollution and air quality³⁹ and climate change⁴⁰ map out the complex environment into which Hounslow’s Joint Healthy and Wellbeing Strategy must fit. Our success will not only be judged against the specific priorities highlighted in the JSNA, but also by our actions in addressing the wider system issues and determinants of health underlying the key health issues we will address.

What does this mean for Hounslow? We don’t have to do all the thinking ourselves. Others have mapped out how to create strong links between seemingly unconnected policy areas and we need to use these to guide our actions to join things up locally. We know what concerns us locally and where we need to influence. Our Strategy should enable this.

35 Kings Fund ‘The digital revolution’ www.kingsfund.org.uk/publications/eight-technologies-will-change-health-and-care

36 GLA ‘London Digital Future’ www.centreforlondon.org/publication/londons-digital-future/

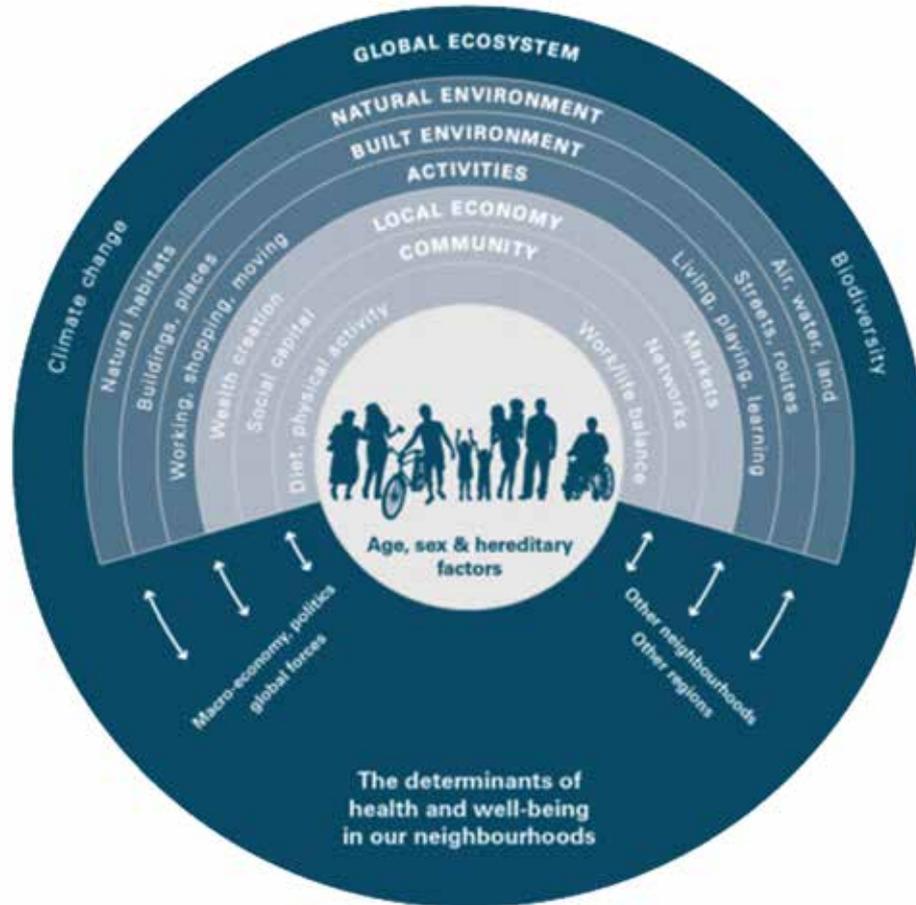
37 www.hounslow.gov.uk/info/20111/about_the_council/1392/hounslow_together/3

38 GLA Mayor’s Housing Strategy www.london.gov.uk/what-we-do/housing-and-land/tackling-londons-housing-crisis

39 GLA pollution and air quality www.london.gov.uk/what-we-do/environment/pollution-and-air-quality

40 GLA Climate change, weather, water www.london.gov.uk/what-we-do/environment/climate-change-weather-and-water

Appendix 4: The Dahlgren and Whitehead 'Determinants of Health' model (1992)



Appendix 5: Glossary of Terms

Acronyms and Abbreviations

Joint Strategic Needs Assessment – Local Authorities and CCGs are required to assess the future health, care and wellbeing needs of the community to inform current and future planning and commissioning of services.

STP: Sustainability and Transformation Partnership (or Plan) – a local partnership (or plan) drawn up to set up practical ways to improve NHS services and population health in an area. In Hounslow the STP area covers NW London.

ICS: Integrated Care System – these evolve out of STPs and, where they exist, take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area. Not yet in place in NW London

QoF: Quality and Outcomes Framework – a national system designed to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered.

eFI: The Electronic Frailty Index- an electronic health record that helps predict adverse outcomes for older people. Primarily used by GPs, measures various indicators of frailty e.g. poor vision, tremors etc and provides a score which enables patients to be categorised as mildly, moderately or severely frail,

HiAP: Health in all Policies – Involves a commitment cross sectors to systematically take into account the health implications of decisions, to seeks synergy, and avoid harmful health impact of decisions in order to improve population health and health equity. Can focus on specific public health issues, like obesity or mental wellbeing for instance, and identify policies with major impact on the issue. Alternatively, it can focus on a key policy area with significant health impacts - for instance transport or housing - and work with relevant departments and sectors.

NHSE: NHS England - NHS England leads the National Health Service (NHS) in England. It sets the priorities and direction of the NHS and encourages and informs the national debate to improve health and care.

CCG Clinical Commissioning Group

Other terms

5 Year Forward View: The NHS five year forward view, published in October 2014 by NHS England, set out a positive vision for the future based around seven new models of care (see Appendix 3).

Community Assets: Any resource or thing currently existing in the community that can be used to improve quality of life and to help meet community needs. Can be people, places, equipment or community groups.

Social Capital: Social Capital is different from physical (things or objects) or human capital (individuals) and usually intangible. It refers to connections among individuals, a shared sense of identity, values and networks and the things that arise from them e.g. trust, cooperation and reciprocity – the things that characterise a sense of community. A community with high levels of social capital will often be more resilient to challenge or disaster than one with little social capital.

