



Hounslow Joint  
**Health and  
Wellbeing Strategy**  
2023 - 2026



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# 1. OUR VISION



## Vision Statement

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

**This strategy sets out our three-year vision for health and wellbeing in Hounslow. Our strategy is a refresh of the Joint Health and Wellbeing Strategy 2018-22 the progress of which was interrupted by the response to COVID-19.**

We remain committed to this vision, and have refreshed our ambitions, priorities and actions guided by the learning from our response and the impact of the pandemic on our communities.



## Overview



**The pandemic has taught us that there are consequences if we do not effectively and adequately address the existing health inequalities, unfair and avoidable differences between health and wellbeing amongst people in our borough and the wider causes that affects their health and wellbeing.**

These causes are the foundation upon which health and wellbeing is built; the social, economic and environmental circumstances they are born into and live their lives. These include but are not limited to, safe and affordable homes our residents live in, access to and benefit from education and employment opportunities, green spaces, healthy food, and strong connection with family, friends and the communities they belong to.

The impact of the pandemic has resulted in Hounslow residents having experienced some of the severest economic consequences in the country, with unemployment in the borough the highest it has been in a decade.

**This strategy sets out how we build back better, with healthier residents, families and communities.**

This strategy is more than ensuring equitable access to, experience of and benefit from health and care services, it's about prevention and intervening early, and creating opportunities for people to live healthier, happier and wealthier lives, and is not predicated on individuals' financial resources.





### The strategy is supported by our underlying principles of:



Promoting a life course approach



Place based and localities focused



Prevention and early intervention

The pandemic brought out the best from our communities, groups, charities, businesses and statutory organisations. Our communities came together to support each other and to protect the boroughs most vulnerable residents.

The pandemic also identified longstanding unfair and avoidable differences in our resident’s health, wellbeing and life experiences. If we are to make the difference needed at pace and scale a joint health and wellbeing strategy must understand the causes, and take action to tackle our borough health inequalities. To do so we must recognise the impact of the socio-economic drivers of health inequalities.

Our commitment in Hounslow is to identify local solutions to these local and national policy issues, forming the basis for a more sustainable health and wellbeing strategy for the borough.

Therefore, our primary aim for this strategy refresh is to reduce health inequalities and improve life expectancy and the quality of life of residents, particularly those who are most vulnerable as defined by their health and wellbeing, the circumstances they live in and deprivation they experience.

To achieve this we must listen to our resident and communities. This means we hear what they say they need, work with them, especially those hardly reached and seldom heard, and at risk of avoidable ill-health in their future in order to make positive change.

Through this action we will support people to self-care, live independent and empowered lives, with access to the right health and care support when they need it, thereby reducing the number of people who have unmet need and require health and care support.

## Purpose

Our strategy is a ‘call to action’ to our wider borough partners to tackle the longstanding, complex and deep-rooted origins of ill health in our borough.

This means we must urgently go beyond simply focusing on increasing access to health care services. We are focused on protecting and improving public health in order to sustainably address the current health inequalities in our borough. This focus is central to our integrated place-based partnerships, which see us working in collaboration with partner organisations, voluntary and community organisations, businesses, and formal and informal groups.

Hounslow is committed to working with our residents and communities and has risen to the challenge through actions published in the Recovery Plan (published October 2020), Corporate Plan (March 2021), Local Plan (that will run until 2030), the Town Centre Vision (agreed Hounslow Cabinet in 2022) and the Prosperity and Place strategy (agreed by Hounslow Cabinet January 2022).

# Hounslow Council’s Corporate Plan has an ambition for a fairer, greener, stronger borough.



These plans create the infrastructure for the environment in which we aim for our residents to live, for example, the Council’s Corporate Plan ambition is for a fairer, greener, stronger borough, and commits to:

- People living in good homes and pleasant neighbourhoods
- Residents are healthy and active
- Children reach their potential
- People are connected and feel part of a community

The work priorities and actions proposed in this Joint Health Wellbeing Strategy will be supplemented and delivered by the commitments made in these plans and strategies, and wider system ambitions. Of particular importance will be the development of the Council's Equalities, Diversity and Inclusion Strategy, building on the progress made following the Member Taskforce driven Tackling Racial inequality Action Plan in 2020 and 2021.

Additionally, the national NHS approach to reducing health inequalities (known as CORE 20 PLUS 5) will also support our strategy delivery and will take place at place-based partnership (borough) level (see Appendix for explanation of existing NHS bodies). This NHS led programme aims to tackle inequalities and achieve better outcomes. Whilst these are national aims, local NHS teams working

with wider organisations will coordinate plans to achieve these aims. For Hounslow this will be through Northwest London Integrated Care Board (ICB) and at borough level delivery will be led by the Borough Based Partnership (previously referred to as the Integrated Care Partnership) public health and prevention workstream with aligned tasks delegated to the Health Protection Board, a sub-group of the Health and Wellbeing Board.

Our strategy will influence the work of other key health partners and will be used as a framework for understanding the health challenges and inequalities that need to be addressed in Hounslow. The strategy sets the strategic direction of our local Borough Based partnership, which is a key delivery arm of many of the actions we set out to achieve.



## 2. OUR PRINCIPLES

At the core of this strategy is our ambition to tackle health inequalities by making the greatest sustained impact on the lives of those who most need it over the next three years. Underpinning this work are our principles for how we will achieve this goal and our broader vision.



### PROMOTING A LIFE COURSE APPROACH

**Staying healthy across the ages:** start well (children, young people, and families), live well (adults of working age) and age well (older adults). In our action plan we consider the needs of each group and identify areas where we can improve health outcomes at each part of their life course.



### PLACE BASED AND LOCALITIES FOCUSED

**Creating a healthier Hounslow and stronger, more resilient communities.** We recognise that addressing the wider, core determinants of health (employment, good housing, safe neighbourhoods and localities) are central to creating a healthier Hounslow. There is a need to reach into communities to build a shared common goal, understanding all that influences health and wellbeing.



### PREVENTION & EARLY INTERVENTION

**Develop actions that focus on preventing people becoming unwell or having poor health and wellbeing.** We will support people to manage their health and wellbeing effectively and ensure that the right support is in place and residents know how to access it. We will focus on the wider determinants of health, building on the assets in the community and learning from COVID-19. Our aim is to identify and solve problems before they turn in to crisis or poor health outcomes. We need the support and expertise of our voluntary and community services to achieve this.

Initially targeting the 20% most deprived population groups experiencing poorer than average health outcomes in the borough by focusing on 5 key clinical areas:



Maternity



Severe mental illness



Chronic respiratory disease



Early cancer diagnosis



Hypertension case-finding

The 20% most deprived population groups experiencing poorer than average health outcomes identified using the CORE 20 Plus 5 approach.

# 3.

## KNOWING OUR BOROUGH AND OUR PEOPLE

To commission the right health and care services for borough residents we must understand our population, including temporary residents, and understand their health needs. We need to understand the lifestyle choices they choose, and those they don't that affect their health. We need to know what drives them to access services, their experience and benefit from the services they use, and how this can be improved.

To support the strategy, we have commissioned an automated data system and developed a more dynamic Joint Strategic Need Assessment (JSNA) process, making data, intelligence and analysis available to partners and the public through the Hounslow Data Hub.



## Population



- The Census 2021 estimated that Hounslow is the sixteenth largest borough in London, and is home to **288,200 residents**.<sup>1</sup>
- Hounslow's has a diverse population. Around **55% of the population are from Black, Asian and Minority Ethnic Groups**.<sup>2</sup>

- **The population of Hounslow is growing.** Between 2011 and 2021, the population increased from 253,957 to 288,200, an increase of 13.5%.

The GLA (Greater London Authority) projects that Hounslow's population will grow by around 10% in the next ten years, from 288,200 in 2021 to 316,135 in 2031.

- **Hounslow's population is ageing.** The median age of Hounslow increased from 33 years in 2011, to 36 years in 2021. Hounslow has a slightly higher median age than London (35 years), but a lower median age than England (40 years).<sup>1</sup> This increase in median age is expected to continue. The GLA have estimated that between 2021 - 2031, the number of residents aged 65 and over is projected to increase by 33%. In contrast, the younger age groups are projected to see a decline in population size, reducing by 2.7% between 2021 - 2031<sup>4</sup>.

**Life expectancy at birth for males<sup>5</sup>** (2016-2020) in the borough is 79.7 years, which is higher than the England average of 79.5 years.

**Life expectancy at birth for females<sup>6</sup>** (2016-2020) in the borough is 83.7 years, which is higher than the England average of 83.2 years.

Data from 2016-2020 identified variation in the range of male life expectancy at birth at

ward level (2011 boundaries). Turnham Green reported the highest life expectancy at birth with men living on average until 82.8 years, whereas Feltham North had the lowest at 76.4 years<sup>5</sup>.

There is a similar picture for female life expectancy at birth with variation at ward level. Osterley and Spring Grove reported the highest life expectancy at birth with 87.4 years of age, whereas Syon reported the lowest at 79.5 years<sup>6</sup>.



Male Female

**Figure 1:** Female and Male Life Expectancy at Birth (2016-2020) by 2011 ward boundaries.

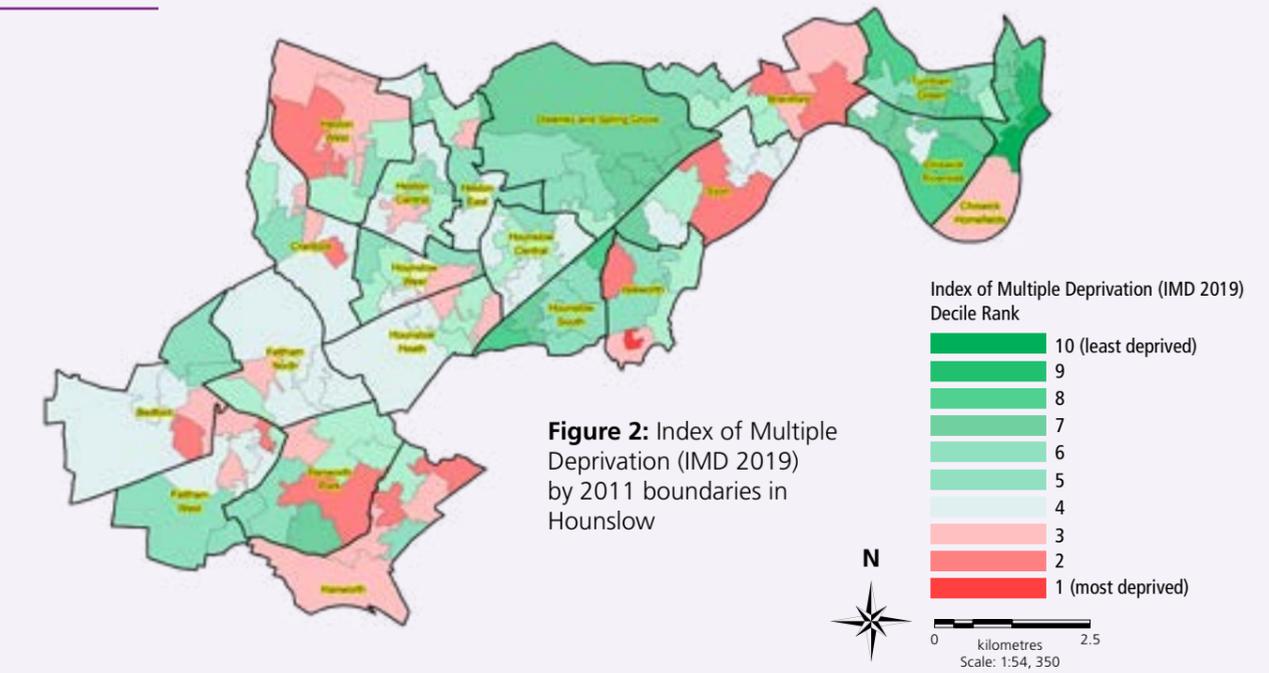


## Inequalities

In 2020, the ONS estimated that 8% of the population living in Hounslow live in the 20% most deprived areas in England.<sup>7,8</sup> The most deprived area in the borough is the area surrounding the Ivybridge estate in Isleworth, with other small areas with high deprivation in Brentford, Heston West, Cranford, Isleworth, Hanworth and Hanworth Park Wards (Figure 2).

**Obesity rates amongst Year 6 children** in Hounslow are consistently above the London and England average, with variation in levels of obesity between areas within the borough.<sup>8</sup> Data from 2017/18 to 2019/20 shows that Cranford has the highest obesity prevalence with 29.2% of Year 6 children being obese compared to Chiswick Riverside with the lowest prevalence at 13% (Figure 3).

Analysis shows a clear relationship between deprivation levels and obesity levels with more deprived areas of the borough having approximately double the levels of child obesity compared to the less deprived areas.



**Figure 3:** Percentage of Obese (including severely obese) children in Year 6, by 2011 ward boundaries (2017/18 – 2019/20)

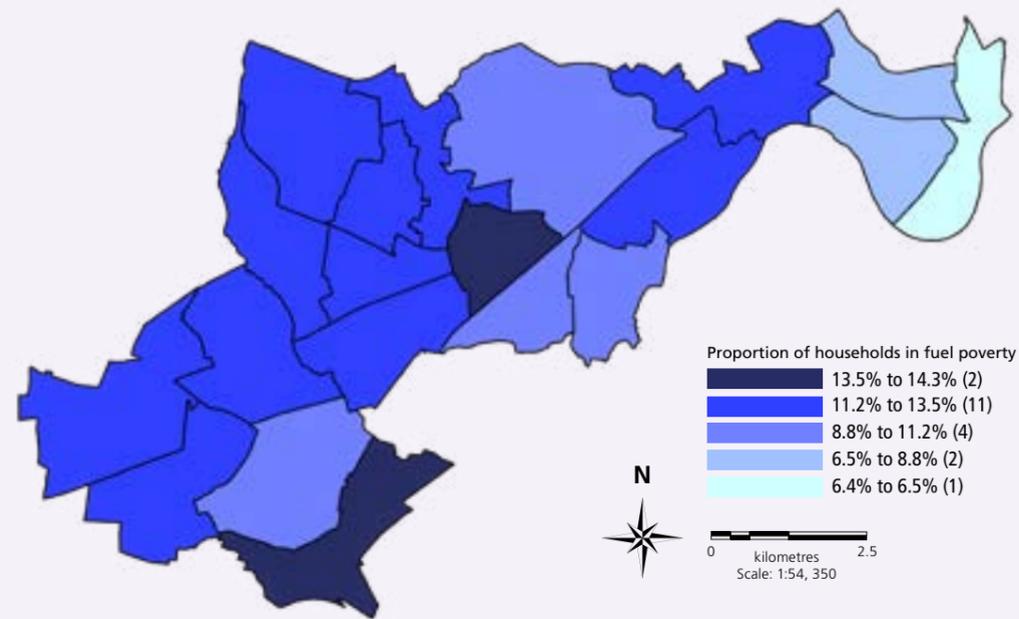


**11.1% of households are fuel poor in Hounslow**<sup>9</sup> (2022). Whilst this is lower than London (11.5%) and England (13.2%) there is variation of fuel poverty levels within the borough.

The wards with the highest proportion of households that are fuel poor are Hounslow Central (14.3%), Hanworth (13.6%), Hounslow West (13.1%) and Cranford (13%). Wards with the lowest proportion of households that are fuel poor are Chiswick Homefields (6.4%), Turnham Green (6.9%) and Chiswick Riverside (7.2%) (Figure 5).

Fuel poverty is likely to rise within the borough due to increased cost of energy, which could lead to increased rates of illness and premature deaths.<sup>3</sup>

**Figure 6:** Proportion of households in Fuel Poverty (2022), by 2011 ward boundaries



**Figure 5:** Proportion of Households in Fuel Poverty by by 2011 Ward Boundaries, 2022



## Leading Causes of Ill Health and Mortality

### MORTALITY RISK FROM COVID-19



Local analysis was completed to determine whether the national COVID-19 disparities report findings published in 2020 by (then) Public Health England, was comparable to the experience of Hounslow residents. This included a review of residents whose death certification stated COVID-19 as the underlying cause of death. Data on Covid-associated deaths that occurred between March 2020 and January 2022 indicated that being overweight or obese and having a pre-existing health condition such as type 2 diabetes and cardiovascular diseases, such as hypertension, chronic kidney disease and



ischaemic heart disease was a contributing risk indicator for COVID-19 death.

From death certification, approximately 34% of people in Hounslow who died with, or due to COVID-19 also had hypertension (high blood pressure); 32% reported having diabetes (including unspecified and type 2 diabetes mellitus); 20% ischaemic heart disease; 14% chronic kidney disease; 10% heart failure; 8% dementia; 8% atrial fibrillation, 8% COPD (Chronic Obstructive Pulmonary Disease) and 7% having cancer.<sup>10</sup>

## Outlier health indicators for Hounslow

### CHILD HEATH MEASURES

- **Hounslow's infant mortality rate** (2018-20) is the highest in London at 4.7 per 1,000 live births.<sup>11</sup> This is significantly greater than England's infant mortality rate of 3.9 and London's infant mortality rate of 3.4.
- 34.3% of 5 year olds have experience of **visually obvious dental decay** (2018/19).<sup>12</sup> This is higher than both England and London. Hounslow currently has the 6th highest percentage of 5-year-olds with dental decay and the 7th highest rate of hospital admissions for dental caries in London for 0-to-5-year-olds, with 348.1 admissions per 100,000 population.
- **Obesity prevalence** amongst Year 6 children has increased in Hounslow over the last decade.<sup>13</sup> Obesity prevalence amongst Year 6 children is 23.9% (2019/20) in Hounslow, which is the 14th highest obesity prevalence in London, higher than the average for London (23.7%) and notably higher than England's obesity prevalence amongst Year 6 children (21%).

## DEVELOPING WELL INTO ADULTHOOD



- **Hounslow's average Attainment 8 score**, the measure of academic performance at GCSE level in secondary school has improved from 49.3 in 2019, to 53.9 in 2021.<sup>14</sup> Hounslow has consistently performed higher than England's average Attainment 8 scores of 47.1 in 2019 and 51.1 in 2021, however is below the London average during the same timeframe, with London's average improving from 49.8 in 2019 to 54.2 in 2021.

- **The percentage of 16–18-year-olds in Hounslow achieving 3 A grades or better** at A Level has improved from 8.7% in 2018/19 to 22.8% in 2020/21.<sup>15</sup> However, this is consistently lower than London's percentage of 16-18-year-olds achieving 3 A grades or better at A Level, which has improved from 11.1% (2018/19) to 27.2% (2020/21) and lower than England's percentage, which also improved from 10.2% (2018/19) to 25% (2020/21).

- **The prevalence of mental health** conditions such as schizophrenia, bipolar affective disorder and other psychoses in Hounslow is 0.92%<sup>16</sup> (2020/21), which is lower than both the London rate (1.11%) and the England rate (0.95%). The percentage of residents with a mental health condition in Hounslow has been considerably lower than London since 2012/13, and slightly lower than England over the same period. Hounslow has the 9th lowest percentage of residents with a mental health condition in London. As new data is published this will provide a more informed and up to date picture of the impact of COVID-19 on resident's mental health.

- The **suicide rate for people of all ages** in Hounslow (2018-20) is 11.1 per 100,000 population<sup>17</sup>, the second highest rate of suicide in any London borough (3rd highest for male suicide and 4th highest for female suicide). London's suicide rate is 8.0 per 100,000 population and England is 10.4 per 100,000 population.

- Hounslow has a higher number of **alcohol-specific hospital admissions** than the national average. The latest data for 2020/21 showed 731 per 100,000 population alcohol-specific admissions (all ages) for Hounslow residents<sup>18</sup>, compared to the national average of 587 per 100,000 population and 515 per 100,000 population in London.

- In 2020/21, there were 302 adults receiving **treatment for alcohol use** in Hounslow; 61% were men and 39% women. However, the Office of Health Improvement and Disparities (OHID) estimated in 2020/21 that this is only 16% of the number of residents that could potentially benefit from alcohol treatment in Hounslow, which is comparable to the national estimate of 18%.<sup>19</sup>



- Hounslow has seen a rise in **drug related deaths** in line with the rest of the country. There were 47 deaths recorded between 2018 and 2020. It is estimated that in 2016/17, the rate of OCU (Opiate and Crack Users) was 9.3 per 1,000 population which equates to 1,688 adults. This is similar to the national average rate of 8.9 per 1,000 population.<sup>20</sup>

- 749 adults were in **drug treatment** in 2020/21 of whom 78% were men and 22% women. However, it is estimated that this is only 33% of the potential number of residents that could benefit from drug treatment in Hounslow, which is significantly lower than the England estimate of 47%<sup>20</sup>. Drug use is linked to crime, and reducing drug use reduces crime. In terms of crimes saved, in 2016/17, there was a reduction of 44% in the number of individuals who were recorded as re-offending in the two years following the start of treatment and a 33% reduction in the number of offences.<sup>21</sup>

- Hounslow has the 7th highest prevalence (8.6%) of **diabetes mellitus** (2020/21) for people aged 17 and over in London.<sup>22</sup> This accounts for approximately 23,000 residents having diabetes mellitus. This prevalence rate is higher than London (6.7%) and England (7.1%) and has risen from 6.2% in 2012/13. Prevalence is currently highest in the Midwest of the borough, and lowest in the East of the borough. Further analysis has confirmed that there is a strong relationship with deprivation and diabetes prevalence. In terms of ethnicity breakdown, 66.1% of residents with diabetes in Hounslow are of minority ethnic origin (2020/21).



- **Hypertension (high blood pressure) prevalence** has increased in the last few years from 11.0% (30,197 patients) in 2013/14 to 11.5% (36,499 patients) in 2020/21 in Hounslow.<sup>23</sup> This is the 12th highest prevalence rate of hypertension in London. Whilst this is lower than England's prevalence rate of 13.9%, it is higher than London's average of 10.8%.
- The **percentage of adults classified as overweight or obese** has increased in the last 5 years in Hounslow. Currently 63.2% of adults are reported to be overweight or obese (2020/21). This is the 4th highest percentage of overweight or obese adults in London.<sup>24</sup> Whilst this is lower than England (63.5%), Hounslow's percentage of overweight or obese adults is significantly higher than London (56%).

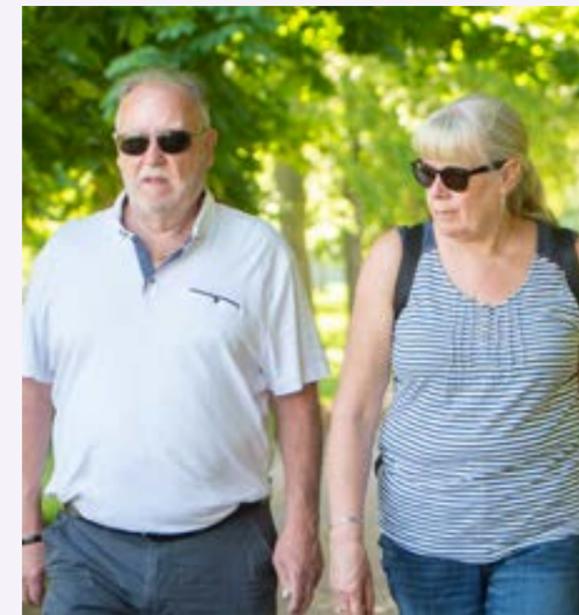
- The **under-75 mortality rate from respiratory disease** (2020) in Hounslow is currently 27.5 per 100,000 population.<sup>25</sup> This is the 13th highest rate in London and is higher than the London mortality rate of 26.7 per 100,000 population and lower than England's rate of 29.4 per 100,000 population. The impact of COVID-19 may not have been included in this analysis; therefore, the data should be interpreted with caution.
- **Cervical screening coverage for female residents aged 25-49** in Hounslow (2021) is 59.1%<sup>26</sup>, which is the 20th highest uptake in London. This is comparable with London's coverage but is significantly lower than coverage in England (68%).



- **Cervical cancer screening coverage for female residents aged 50-64** is 71.2% (2021), which is 16th highest in London. Uptake in Hounslow for women aged 50-64 has continued to decline in the last decade. Hounslow coverage is currently higher than London (70.9%) but lower than England (74.7%). Both target cohort coverages are significantly lower than the acceptable threshold benchmark target of more than 80%.
- **Bowel cancer screening coverage** in Hounslow has continued to improve in the last 5 years. Currently coverage is 59.4% (2021)<sup>27</sup> which is in line with London's coverage of 59.3%, but considerably lower than England at 65.2%. Hounslow has the 14th highest uptake in London.

## OLDER PEOPLE MEASURES

- The **rate of emergency hospital admissions due to falls** in Hounslow residents aged 65 and over is currently 2,419 per 100,000 population (2020/21).<sup>28</sup> London's emergency admissions rate is currently 1,872 per 100,000 and England's rate is 2,023 per 100,000 population. Hounslow has the highest rate of falls related hospital admissions in London; however, this is a significant reduction from 2019/20, where the admission rate was 3,254 per 100,000 population. The reduction is likely to be due to the impact of the COVID-19 pandemic.



- The rate of **emergency admissions to hospital due to dementia** for residents aged 65 and over has continued to increase in Hounslow. Hounslow currently has the 3rd highest rate of emergency admissions to hospital due to dementia for people aged 65 and over in London at 5,300 per 100,000 population (2019/20).<sup>29</sup> This is higher than both London (4,013 per 100,000 population) and England (3,517 per 100,000 population).

- The percentage of **adults who feel lonely** often, always, or some of the time in Hounslow in 2019/20 was 26.65%.<sup>30</sup> Hounslow has the 8th highest percentage of adults who feel lonely and has a higher percentage of lonely adults in comparison to London's average of 23.69% and the national average of 22.26%. As new data is published this will provide a more informed and up to date picture of the impact of COVID-19 on loneliness of residents of Hounslow.

- The **percentage of carers who have as much social contact as they would like** in Hounslow has improved from 21.8% in 2019 to 25.3% in 2022, conversely London has decreased from 33.2% to a provisional 25.7%.<sup>31</sup>



# 4. OUR PRIORITIES

The findings from the previous strategy closure report and new data show many health and wellbeing priorities that need to be tackled in the borough, the majority of which can only be achieved through a partnership approach and shared actions.

This strategy has aligned these ‘at a glance’ priorities to our three principles: Life Course Approach, Place-Based Healthier Hounslow and Prevention and Early Intervention.

The development of the action plan (appendix 1) and dashboard will include indicators that can be used as proxy measures. These measures contribute to the headline strategic outcome measure and help demonstrate progress.

## START WELL

### Getting the healthiest start in life

- Improve pre-pregnancy, maternity and early years health and care, particularly for women and infants from deprived communities, that leads to positive health outcomes for the mother and a healthier start for the infant.



- Halt the increase of obesity prevalence amongst Year 6 children.
- Improve oral health and reduce visually obvious decay in 0–5-year-olds.
- Increase the number of children who are healthy, ready, able and willing to learn at the end of reception year.
- Parents and carers are more informed about childhood illnesses, and when and where to access the right support.

### Develop well into adulthood

- Improve the mental health of our children and young people through more effective universal services.
- Improve the overall number of our children who achieve 5 or more GCSEs and 3 A Levels or equivalent.
- Increase the number of school aged children who achieve positive education, employment and training outcomes.



## LIVE WELL

### Prevention and early detection of illness to reduce people developing long term conditions

- Provide information, education and guidance that supports our communities to be healthier and enabled to self-care.
- Increase uptake of NHS Health checks and referrals to lifestyle services for those people identified as at risk of a long-term health condition.
- Reduce the prevalence of Type 2 Diabetes especially in communities where diabetes prevalence is highest.
- Halt the increase and reduce the number of residents reported as obese – a physically fitter adult population
- Reduce the number people who die early from respiratory conditions, for example asthma and COPD.



- Increase the uptake of universal health interventions such as vaccination, screening and wider health improvement and prevention programmes to reduce avoidable health risk and emergency hospital admissions.
- Identify residents with high blood pressure through outreach case finding and reduce the risk of myocardial infarction and stroke.
- Reduce the number of people diagnosed with cancer at a late stage of disease through increased cancer screening coverage.

- Reduce the number of people smoking, especially targeting groups of people where tobacco use has a higher health risk, for example residents with mental ill health, pregnant women, children and young people, people who work in routine and manual occupations, and those who have planned surgery procedures.

### Promoting good mental health

- Increase mental health awareness through Making Every Contact Count and driving community outreach through Community Solution partnerships.
- Improve access to mental health services for communities most at risk and communities seldom reached.
- Provide responsive services to residents who need support and treatment recovery for drug and alcohol misuse.



### Participation in Physical Activity

- The transformation and retender of services leading to aligned healthy lifestyle and leisure services, and park services that provide the opportunity for increased physical activity participation.
- Increase the number of people being physically active, especially those at higher risk of long-term conditions, underrepresented communities in sports, leisure and physical activity programmes.



## AGEING WELL

### Early Intervention: Proactively identify frailty and providing the best end of life care

- Support our older and frail residents to maintain independence. Residents are assessed to determine risk of frailty and increased likelihood of a fall.
- Ensure people are supported to express preferences and make decisions about their end-of-life care.
- Ensure co-produced proactive and personalised care is planned for residents in care homes.



### Supporting people to maintain Independence/ Live well into old age

- Support people with dementia and their carers to live well by creating ‘dementia friendly public spaces’ and have greater awareness of community assets that support older people to stay healthier, happier, and independent.
- Provide a core support offer to vulnerable residents linked to the carers support offer that makes it easier for them to live safely at home
- Our vulnerable residents and carers have support that protects them from the health impacts of adverse weather.



## HEALTHY PLACES

### People live in good homes and pleasant neighbourhoods

- Residents live in safe, warm and affordable homes.
- Work with residents and communities to deliver our commitment to tackling climate change, greening the borough and carbon neutral neighbourhoods



### People enjoy good quality local jobs

- Work with businesses and the community to increase job creation opportunities.



### People are safe, connected and part of a community

- Improve connectivity so that fewer people identify as being lonely or socially isolated.
- Ensure carers are recognised and valued and develop a co-produced carers offer that supports the integral role they have in supporting our vulnerable residents is prioritised.
- Reduce the level of serious and nuisance crimes in the borough through engaging with communities to keep the borough safe.



# 5. DELIVERING OUR STRATEGY

The Joint Health and Wellbeing Board is a statutory partnership which brings together senior leaders from Hounslow Council, NHS health partners, and Healthwatch.

Key to delivering our ambitions will be strong governance, effective leadership, joint working and robust assurance arrangements. Statutory, voluntary and community sector partners all have a role and responsibility to play their part, working alongside communities and individuals to meet the ambitions set out in our strategy.

There are tools available to deliver our strategy and tackle the health inequalities which we must prioritise.



The Health and Wellbeing Board has several statutory functions and is supported by working groups to achieve them. The Health and Wellbeing Board is underpinned by some important boards and groups as set out below. In addition to these formal groups, delivery of the outcomes needed to improve wider determinants of health (in the Healthy Places domain) will be undertaken by the Council groups and relevant programmes.



**HOUNSLOW HEALTH AND WELLBEING BOARD**  
**Statutory requirements include:**  
 Better Care Fund Oversight  
 Joint Strategic Needs Assessment (JSNA)  
 Pharmaceutical Needs Assessment (PNA)  
 Health and Wellbeing Strategy

**HEALTH PROTECTION BOARD**  
 Covers several key areas including cancer screening, immunisations, excess deaths, Core 20 Plus 5, Air Pollution, Communicable Diseases.

**JSNA GROUP**  
 Responsible for ensuring that the Board is data and intelligence informed through creation of an automated data system and JSNA. Oversight of the PNA.

**BOROUGH BASED PARTNERSHIP**  
 Delivery vehicle for the strategy alongside JSNA and Health Protection Board.

## The Hounslow Data Hub

Ensures access to accurate and up to date data to inform decision making. The Hounslow Data Hub publishes snapshots and insight reports based on business need that allow us to understand fully our population at risk and local need.

## Population Health Management

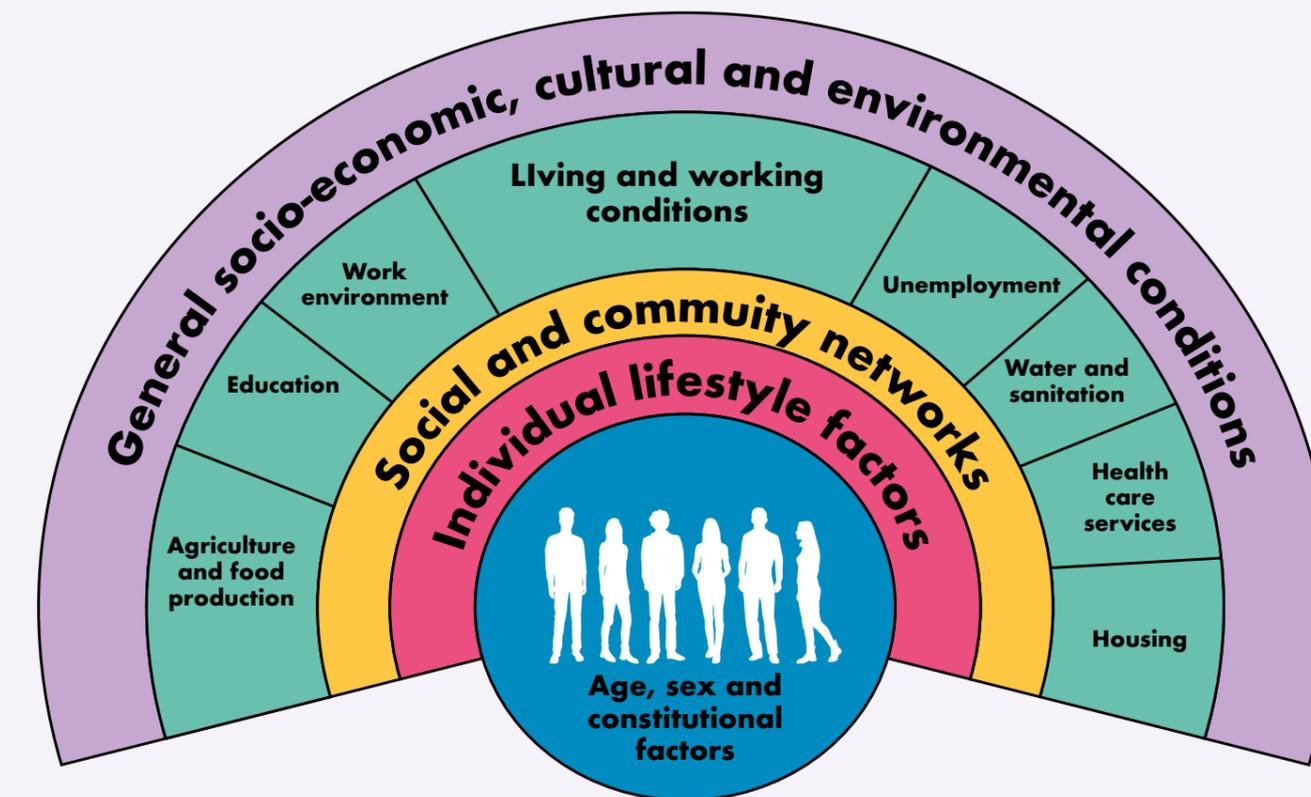
Our 'population health management approach' ensures that we are targeting our resources towards the people who need it most, particularly those who are disadvantaged by existing health inequalities. The approach requires us to maintain oversight of data, speak with residents, take action, and evaluate impact.

### The approach aims to:

- Bring together data and intelligence to understand the problem and identify where inequalities exist
- Reach into our communities, listen and learn about their experiences, their challenges and take account of the wider determinants of health that affect their lives
- Gather the best evidence and insights using behavioural and social sciences and public health expertise to design and implement interventions
- Evaluate services and interventions to measure impact of what services are achieving and what residents say is making a difference

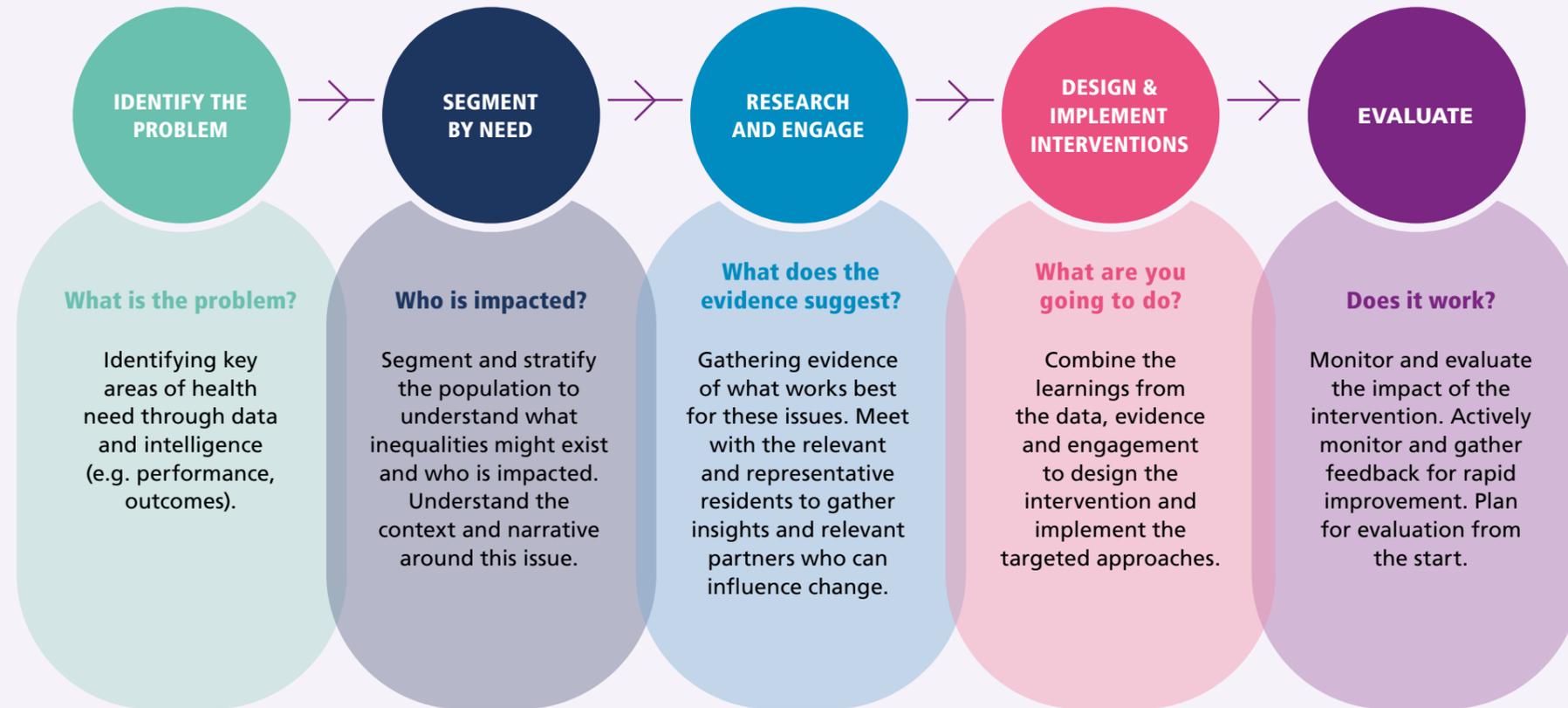


## WIDER DETERMINANTS OF HEALTH



Dahlgren, G. and Whitehead, M. (1993)

# HOUNSLOW'S POPULATION HEALTH MANAGEMENT FRAMEWORK



## Place based approach



### UNDERSTANDING AND WORKING WITH COMMUNITIES

- Developing an in-depth understanding of local needs
- Connecting with communities

### JOINING UP AND CO-ORDINATING SERVICES AROUND PEOPLE'S NEEDS

- Jointly planning and co-ordinating services
- Driving service transformation

### ADDRESSING SOCIAL AND ECONOMIC FACTORS THAT INFLUENCE HEALTH AND WELLBEING

- Collectively focusing on the wider determinants of health
- Mobilising local communities and building community leadership
- Harnessing the local economic influence of health and care organisations

### SUPPORTING QUALITY AND SUSTAINABILITY OF LOCAL SERVICES

- Making best use of financial resources
- Supporting local workforce development and deployment
- Driving improvement through local oversight of quality and performance

Source: King's Fund: <https://www.kingsfund.org.uk/publications/place-based-partnerships-integrated-care-systems>

# 6.

## ACTION PLAN

**Our Action Plan will outline our priorities, outcomes, actions and measures of what we have achieved and the impact this had on our residents, families and communities.**

Improving health outcomes and making long-term sustained improvement requires us to work together as statutory and voluntary organisations and as residents and communities. The action plan we have developed requires us all to contribute, and sets out priorities, actions, and measures of success.

These priorities cannot be achieved without our combined commitment and investment.



## START WELL

### Getting the healthiest start in life

We Will	As measured from the current published baseline in 2022
<b>Improve pre-pregnancy, maternity and early years health and care and target pregnant women and new mums with the poorest child health outcomes.</b>	<ul style="list-style-type: none"> <li>Reduce growth in the infant mortality rate.</li> <li>Reduction number of women smoking at time of delivery.</li> <li>Reduce the number of babies born with low birth weight.</li> <li>Increase the number of women who are still breastfeeding at 6 weeks.</li> </ul>
<b>Halt the increase of obesity prevalence amongst Year 6 children.</b>	<ul style="list-style-type: none"> <li>Reduction in growth of obesity prevalence as measured through the NCMP (National Child Measurement Programme) for children measured at Year 6.</li> </ul>
<b>Improve oral health and reduce visually obvious decay in 0–5-year-olds.</b>	<ul style="list-style-type: none"> <li>Reduce percentage of children who have decayed, missing or filled teeth at 5 years of age.</li> <li>Reduce rate of hospital admissions for dental caries (0-5 years).</li> </ul>
<b>Have a greater number of children who are healthy, ready, able, and willing to learn at the end of reception year.</b>	<ul style="list-style-type: none"> <li>Increase the percentage of children achieving a good level of development at the end of school reception year</li> </ul> 
<b>Support parents and carers to be more informed about childhood illnesses, and when and where to access the right support.</b>	<ul style="list-style-type: none"> <li>Reduction in children aged 0-4 accessing urgent unplanned treatment.</li> </ul>

### Develop well into adulthood

<b>Improve mental health for our children and young people through more effective universal services.</b>	<ul style="list-style-type: none"> <li>Reduce the rate of increase of hospital admissions for mental health conditions for 0-17s</li> </ul>
<b>Improve the overall number of our children who achieve 5 or more GCSEs and 3 A Levels or equivalent.</b>	<ul style="list-style-type: none"> <li>Increase the average Attainment 8 score for all children and educational attainment at key stage 4 and 5.</li> </ul>
<b>Increase the number of children aged 16-17 who maintain engagement and achieve positive education, employment, and training outcomes.</b>	<ul style="list-style-type: none"> <li>Reduce the proportion of 16-17 year olds not in education, employment or training (NEET).</li> </ul> 

# LIVE WELL

We Will	As measured from the current published baseline in 2022
Provide information, education and guidance that supports our communities to be healthier and enabled to self-care.	<ul style="list-style-type: none"> <li>Increased access to online information that leads to greater participation in advertised services.</li> </ul>
Increase the uptake of NHS Health checks and referrals to lifestyle services for those identified as at risk.	<ul style="list-style-type: none"> <li>Increase the number of NHS Health Checks completed.</li> </ul>
Reduce the prevalence of Type 2 Diabetes.	<ul style="list-style-type: none"> <li>Reduce the growth in Type 2 Diabetes prevalence.</li> </ul>
Halt the increase and reduce the number of residents reported as obese.	<ul style="list-style-type: none"> <li>Reduce the percentage of adults who are obese or overweight.</li> </ul>
Reduce the number people who die early from respiratory conditions, for example asthma and COPD.	<ul style="list-style-type: none"> <li>Reduce the proportion of people under the age of 75 who die from respiratory conditions, e.g., asthma and COPD.</li> </ul>
Increase the uptake of universal and targeted vaccinations to reduce avoidable health risk and emergency hospital admissions.	<ul style="list-style-type: none"> <li>Increase the uptake of Flu and COVID-19 vaccinations as well as universal vaccinations.</li> </ul>
Reduce the number of people smoking.	<ul style="list-style-type: none"> <li>Reduce smoking prevalence amongst residents.</li> </ul>
Identify residents with high blood pressure through outreach case finding, reducing the risk of myocardial infarction and stroke.	<ul style="list-style-type: none"> <li>Increase hypertension prevalence through improved case finding.</li> <li>Reduce growth in stroke and prevalence TIA.</li> </ul>
Reduce the number of people diagnosed with cancer at a late stage of disease through increasing cancer screening coverage.	<ul style="list-style-type: none"> <li>Increase the uptake of Cancer Screening</li> <li>Increase the percentage of cancers diagnosed at stages 1 and 2.</li> </ul>



# LIVE WELL

## Participation in physical activity



We Will	As measured from the current published baseline in 2022
Transform services to improve preventative health and wellbeing outcomes.	<ul style="list-style-type: none"> <li>Increase the percentage of population that are physically active as defined by national guidelines.</li> <li>Reduce smoking prevalence.</li> <li>Reduce the prevalence percentage of obesity in adults and children.</li> </ul>
Increase the number of people being physically active, especially those at higher risk of long-term conditions, under-represented communities in sports, leisure, and physical activity programmes.	

## Promoting good mental health and wellbeing for our most vulnerable residents



We Will	As measured from the current published baseline in 2022
Improve outcomes for those with mental health needs.	<ul style="list-style-type: none"> <li>Reduce the number of deaths by suicide.</li> <li>Reduce rate of depression in residents over 18.</li> <li>Reduce percentage of people with self reported high anxiety score.</li> </ul>
Provide effective prevention, treatment and recovery services for residents experiencing problematic drug or alcohol use.	<ul style="list-style-type: none"> <li>Increase the numbers of residents accessing and maintaining engagement with drug and alcohol treatment.</li> </ul>

# AGE WELL

## Priorities Supporting People to Maintain Independence

We Will	As measured from the current published baseline in 2022
Support people with dementia and their carers to live well.	<ul style="list-style-type: none"> <li>Reduce the growth in admissions to hospital for people living with dementia.</li> <li>Reduce the number of excess winter deaths.</li> <li>Reduce the rate of admissions to hospital for people living with dementia.</li> </ul>
Improve health and wellbeing of carers.	<ul style="list-style-type: none"> <li>Increase percentage of adult carers who have as much social contact as they would.</li> </ul>



## Early Intervention: Proactively identify frailty and providing the best end of life care

We Will	As measured from the current published baseline in 2022
Support our older and frail residents to maintain independence and when required be assessed as at risk of frailty and increased likelihood of falls.	<ul style="list-style-type: none"> <li>Reduce emergency admissions to hospital due to falls.</li> </ul>
Ensure people are supported to express preferences and make decisions about their end-of-life care including planned care in emergency medical situations.	<ul style="list-style-type: none"> <li>Reduce number of crisis hospital admissions during the last 3 months before death.</li> </ul>
Ensure co-produced proactive and personalised care is planned for residents in care homes.	<ul style="list-style-type: none"> <li>Reduce rate of admissions to hospital in care homes.</li> <li>Increase the percentage of care home residents dying in their preferred location.</li> </ul>



# HEALTHY PLACES



We Will	As measured from the current published baseline in 2022
Support residents live in safe, warm, affordable homes.	<ul style="list-style-type: none"> <li>Reduce the number of households that are or at risk of experiencing energy poverty.</li> <li>Reduce the number of people in the borough that are homeless or in temporary accommodation.</li> </ul>
Deliver our commitment to tackling climate change and greening the borough, working with communities, and supporting the aim toward carbon neutral neighbourhoods.	<ul style="list-style-type: none"> <li>Reduce borough wide emissions.</li> </ul>

We Will	As measured from the current published baseline in 2022
Work with businesses and the community to increase job creation opportunities.	<ul style="list-style-type: none"> <li>Reduce the number of residents that are unemployed.</li> <li>Reduce the number of claimant counts.</li> </ul>



We Will	As measured from the current published baseline in 2022
Improve connectivity so that fewer people identify as being lonely or socially isolated.	<ul style="list-style-type: none"> <li>Percentage of adults who report they feel lonely.</li> </ul>
Ensure carers are recognised, supported, and valued.	<ul style="list-style-type: none"> <li>Increased register of carers in the borough.</li> </ul>
Reduce the level of serious and nuisance crimes in the borough through engaging with communities to keep the borough safe.	<ul style="list-style-type: none"> <li>A reduction in serious and nuisance crime levels in the borough.</li> </ul>
Encourage community connectors to be active across the borough.	<ul style="list-style-type: none"> <li>Increase the number of community connectors.</li> </ul>



# REFERENCES

1. Office for National Statistics, 2023. How life has changed in Hounslow: Census 2021. Available online: <https://www.ons.gov.uk/visualisations/censusareachanges/E09000018/> Accessed: 15 May 2023
2. Office for National Statistics, 2022. Population by ethnic group, Census 2021, local authorities in England and Wales. Available online: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021> Accessed: 15 May 2023
3. UK Data Service, 2023. England and Wales Census 2021 - RM200: Sex by single year of age (detailed). Available online: <https://statistics.ukdataservice.ac.uk/dataset/england-and-wales-census-2021-rm200-sex-by-single-year-of-age-detailed> Accessed: 15 May 2023
4. Greater London Authority, 2023. Housing-led Population Projections. Available Online: <https://data.london.gov.uk/dataset/housing-led-population-projections> Accessed: 15 May 2023.
5. Office for Health Improvement & Disparities, 2022. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/search/life%20expectancy#page/3/gid/1938133185/pat/401/par/E09000018/ati/8/are/E05000346/iid/93283/age/1/sex/1/cat/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0> Accessed: 28 March 2023.
6. Office for Health Improvement & Disparities, 2022. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/search/life%20expectancy#page/3/gid/1938133185/pat/401/par/E09000018/ati/8/are/E05000346/iid/93283/age/1/sex/2/cat/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0> Accessed: 28 March 2023.
7. Office of National Statistics, 2020. Mid-Year Population Estimates, UK. Available Online: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland> Accessed: 28 March 2022.
8. McLennan D, Noble S, Noble M, Plunkett E, Wright G, Gutacker N., 2019. The English indices of deprivation 2019: technical report. All the rest of the references included in the report already are applicable - just need to update the numbers in the reference list and the number in the text/body of the report.
9. Department for Business, Energy & Industrial Strategy, 2022. Sub-Regional Fuel Poverty. Available Online: <https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-2022> Accessed: 28 March 2022.
10. Office of National Statistics, 2022. Primary Care Mortality Database.
11. Office for Health Improvement & Disparities, 2021. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133232/pat/6/par/E12000007/ati/402/are/E09000018/iid/92196/age/2/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0> Accessed: 28 March 2022.
12. Office for Health Improvement & Disparities, 2020. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/search/dental> Accessed: 28 March 2022.
13. Office for Health Improvement & Disparities, 2020. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/8000011/pat/6/ati/302/are/E09000018/iid/90316/age/200/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> Accessed: 28 March 2022.
14. Explore Education Statistics, 2021. Key Stage 4 Performance Revised 2020-21. Available online: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-performance-revised/2020-21> Accessed: 28 March 2022.
15. Explore Education Statistics, 2021. A Level and other 16-to-18 results 2020-21. Available online: <https://explore-education-statistics.service.gov.uk/find-statistics/a-level-and-other-16-to-18-results/2020-21> Accessed: 28 March 2022.
16. Office for Health Improvement & Disparities, 2020. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/severe-mental-illness#page/1/gid/1938132719/pat/46/ati/165/are/E38000084/iid/90581/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> Accessed: 28 March 2022.
17. Office for Health Improvement & Disparities, 2021. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/1> Accessed: 28 March 2022.
18. Office for Health Improvement & Disparities, 2022. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/6/par/E12000007/ati/402/are/E09000018/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> Accessed: 28 March 2022.
19. National Drug Treatment Monitoring System (NDTMS), 2022. Hounslow Adult Alcohol Commissioning Support Pack, Key Data 2022-23.
20. National Drug Treatment Monitoring System (NDTMS), 2022. Hounslow Adult Drug Commissioning Support Pack, Key Data 2022-23.
21. Public Health England, 2019. PCC support pack 2018-19: key drug and alcohol data.
22. Office for Health Improvement & Disparities, 2021. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/profile/diabetes-ft/data#page/3/gid/1938133138/pat/222/ati/166/are/E38000084/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> Accessed: 28 March 2022.
23. Office for Health Improvement & Disparities, 2021. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/profile/cardiovascular/data#page/1> Accessed: 28 March 2022.
24. Office for Health Improvement & Disparities, 2022. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/3/gid/1938133368/pat/6/par/E12000007/ati/302/are/E09000018/iid/93088/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> Accessed: 28 March 2022.
25. Office for Health Improvement & Disparities, 2021. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/search/respiratory%20disease#page/1/gid/1/pat/6/ati/402/are/E09000018/iid/40701/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> Accessed: 28 March 2022.
26. Office for Health Improvement & Disparities, 2022. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/search/cervical%20screening> Accessed: 28 March 2022.
27. Office for Health Improvement & Disparities, 2022. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/search/cancer%20screening#page/3/gid/1/pat/6/par/E12000007/ati/402/are/E09000018/iid/91720/age/280/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> Accessed: 28 March 2022.
28. Office for Health Improvement & Disparities, 2022. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/search/falls> Accessed: 28 March 2022.
29. Office for Health Improvement & Disparities, 2021. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/search/emergency%20admissions#page/3/gid/1/pat/6/par/E12000007/ati/402/are/E09000018/iid/91281/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> Accessed: 28 March 2022.
30. Office for Health Improvement & Disparities, 2021. Public Health Profiles. Available Online: <https://fingertips.phe.org.uk/search/loneliness#page/1/gid/1/pat/6/par/E12000007/ati/402/are/E09000018/iid/93758/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> Accessed: 28 March 2022.
31. Survey of Adult Carers in England (SACE), 2022. Social Care User Surveys.



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