

<b>Subject:</b>	<b>Joint Health &amp; Wellbeing Strategy (JHWS)</b>		
<b>Date of Meeting:</b>	<b>12 September 2012</b>		
<b>Report of:</b>	<b>Strategic Director, People</b>		
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<b>Ward(s) affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 From April 2013 each local Health & Wellbeing Board will have a statutory duty to publish a Joint Health & Wellbeing Strategy (JHWS).
- 1.2 At its 30 May 2012 meeting the Brighton & Hove Shadow Health & Wellbeing Board (SHWB) agreed that the local JHWS should focus on five high priority areas: smoking; dementia; cancer and access to cancer screening; healthy weight and good nutrition; and emotional wellbeing (including mental health).
- 1.3 An action plan for each priority area has been produced by officers from the city council, the Brighton & Hove Clinical Commissioning Group (CCG) and the Brighton & Hove Public Health team. These action plans form the basis of the draft JHWS presented to members for their endorsement (see **Appendix 1**).
- 1.4 The JHWS does not become a statutory requirement until April 2013, and the SHWB does not assume statutory powers until the same date. The JHWS will therefore need to be signed off formally by the Health & Wellbeing Board post-April 2013. However, it is important that a draft JHWS be adopted at an earlier date so that Council and CCG commissioners can use it to inform their commissioning plans for the coming financial year.

#### 2. RECOMMENDATIONS:

- 2.1 That the Shadow Health & Wellbeing Board endorses the draft Joint Health & Wellbeing Strategy (**Appendix 1** to this report).

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The Health & Social Care Act (2012) requires upper-tier local authorities to establish a partnership Health & Wellbeing Board (HWB) from April 2013. Each HWB has general duties to encourage closer partnership working in health and social care and to involve local stakeholders and members of the public in decision-making etc. HWBs also have more specific duties, including the requirement to publish a local Joint Health & wellbeing Strategy (JHWS).
- 3.2 The Department of Health has given local HWBs considerable autonomy in terms of producing the JHWS, essentially only requiring that a local JHWS should:
- Be strategic and take into account the current and future health needs of the entire population
  - Prioritise the issues requiring greatest attention, whilst avoiding trying to take action on everything at once
  - Focus on things that can be done better
  - Identify how local assets can be used to meet identified needs
  - Be key to understanding local inequalities and the factors that influence them.
- 3.3 In Brighton & Hove we began developing the JHWS via a 'prioritisation process' where we scored each of the 82 JSNA areas against a series of measures, including the number of people affected by the issue; its impact upon life expectancy; its impact upon wellbeing; its impact upon equalities groups; a comparison with national/regional/comparator performance; performance against national/local targets (where applicable); and the trend direction.
- 3.4 The highest impact issues identified via the prioritisation process were then assessed to determine whether they were 'core' partnership issues, or primarily the responsibility of one body. Those highest impact partnership issues were further assessed to identify those areas where there was the greatest potential to improve services via better partnership working.
- 3.5 Issues in the category of the "wider determinants of health" (i.e. non-health issues which may nonetheless have a significant impact upon health and wellbeing such as worklessness, poor quality housing, child poverty etc) were excluded at this stage, as the primary responsibility for them rests with bodies other than the HWB – for instance with the family of partnerships that constitutes the Local Strategic Partnership. The relationship between the HWB and these partnerships, both in terms of the wider determinants and in terms of the JHWS, will develop over time, but initially the focus of the HWB, and its JHWS, will be on core health, public health and social care issues.
- 3.6 It is by no means the case that the areas identified as priorities via this process should be considered as examples of failed partnership working. On the contrary, there may be excellent partnership relationships to build on in all the priority areas; identification as a priority area simply indicates that there is the potential to make practical improvements to services by building broader or more effective partnerships. Similarly, if an issue is not a JHWS priority it does not mean that it is not a priority for the city – in many instances it simply indicates that another body is already dealing with the matter effectively.

- 3.7 This assessment process produced six priority areas which were recommended to the SHWB at its May 2102 meeting. The SHWB agreed that the JHWS should include five of these issues: dementia; smoking; emotional health and wellbeing (including mental health); healthy weight and good nutrition; and cancer and access to cancer screening. The SHWB chose not to prioritise Flu immunisation, arguing that the issue was better dealt with by the responsible agencies.
- 3.8 An officer working group, including city council commissioners from adult social care and children's services, CCG commissioners and public health experts, then met to develop action plans for each of the priority areas. In developing each action plan officers sought an appropriate level of input from the council, CCG and public health as well as from relevant stakeholders. Each action plan seeks to:
- Establish what the issue is, and why it is important for Brighton & Hove
  - Detail what we are already doing well
  - Detail where there are currently gaps in services
  - Suggest ways that these gaps could be filled/services improved
  - Suggest how we might measure improvement (e.g. what outcomes we want to see achieved).
- 3.9 The draft JHWS also includes information on the JSNA process, inequalities, and a guide to which bodies or partnerships are principally responsible for the high impact issues that do not form part of the JHWS.
- 3.10 The JHWS is intended as a high-level document: it identifies health and social care priorities for the city and suggests some ways in which services could be improved, but it does not go into operational detail. This detail will be provided by the relevant council and CCG commissioning plans, both in terms of core health, public health and adult and children's social care commissioning, and in terms of broader commissioning plans which may impact significantly upon health and wellbeing. Having set a JHWS, it will be the duty of the SHWB going forward to work closely with commissioners and with city partnerships to ensure that the JHWS outcomes are met.

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 Development of the JSNA entailed a wide range of community engagement, including a gap analysis of JSNA data conducted by the local Community & Voluntary Sector Forum (CVSF). CVSF was also a partner in the JSNA prioritisation process, and community and voluntary sector representatives were amongst those who attended a workshop on the JSNA/JHWS in March 2012.
- 4.2 The JSNA and JHWS priorities have also been presented to a range of community and voluntary sector organisations via a day-long workshop session organised by CVSF in July 2012. At this event we discussed the JSNA/JHWS with representatives of more than 30 local organisations.
- 4.3 The JSNA and JHWS priorities have been out to public consultation over summer 2012, via the council's consultation portal.

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 5.1 The Health and Wellbeing Board will not have any budgetary powers but through the Joint Health and Wellbeing Strategy will be able to inform the priorities within the developing budget strategies for the city council, health and partner organisations.

*Finance Officer Consulted: Anne Silley*

*Date: 16/08/12*

### Legal Implications:

- 5.2 As set out in the body of the report, Health and Wellbeing Board will be required to approve a Joint Health and Wellbeing Strategy from April 2013 under the Health and Social Care Act 2012. There are no further legal implications arising from this report.

*Lawyer Consulted:  
2012*

*Elizabeth Culbert*

*Date: 15<sup>th</sup> August*

### Equalities Implications:

- 5.3 Development of the JSNA included a focus on the impact on equalities groups in regard to each of the 82 JSNA areas. There was an additional focus on equalities issues in the JSNA prioritisation, with the council Equalities team a partner in this process, and a specific 'Impact on equalities group' category included in the matrix of measures against which each JSNA area was scored.
- 5.4 The JHWS priorities were therefore chosen with due regard to equalities concerns, although the weighting of the prioritisation process was such that priorities were always likely to be issues that impacted upon a large number of people across the city rather than matters affecting only equalities group(s) or any other minority community.
- 5.5 Detailed equality impact assessments have not yet been undertaken in the JHWS priority areas. It is evident that there are significant equalities implications for each of the priorities, and these will need to be addressed in terms of detailed planning for service improvements. However, this detailed planning will be undertaken by commissioners rather than by the HWB via its JHWS, which is a high-level plan addressing population health issues. The HWB will need to ensure that it adequately addresses equalities issues when it assures city commissioning plans and partnership strategies against the JHWS goals, and it may wish to further development of equalities matters in relation to each priority to facilitate this, but there is no requirement for the JHWS itself to include detailed assessment of equalities issues in relation to each priority

### Sustainability Implications:

- 5.6 None directly, although some of the recommendations within the JHWS do relate to sustainability issues (e.g. encouraging more local sourcing of food for public

sector catering; encouraging more exercise etc). More detailed exploration of sustainability issues will be undertaken when the high-level JHWS priorities are translated into practical commissioning intentions.

#### Crime & Disorder Implications:

- 5.7 There is little in the JHWS that relates directly to crime and disorder, although some issues may have crime & disorder implications (e.g. illegal tobacco in terms of the smoking priority). More detailed exploration of these issues will be undertaken when the high-level JHWS priorities are translated into practical commissioning intentions.

#### Risk and Opportunity Management Implications:

- 5.8 Ongoing risk assessment of the development of a local Health & wellbeing Board has addressed general risks/opportunities associated with the development of the JHWS.

#### Public Health Implications:

- 5.9 The Joint Health and Wellbeing Strategy (JHWS) sets the priorities for local action to tackle the health and wellbeing needs and inequalities identified through the JSNA. The five priorities within the strategy span the life course and include both social issues and specific conditions. The action plans included in the strategy build on and aim to strengthen the work being done within these areas, including addressing inequalities. The JHWS is not about taking action on everything at once and the strategy identifies some of the partnerships working on other high impact issues from the JSNA not prioritised within the JHWS.
- 5.10 The strategy includes a brief section on inequalities. Using a framework based on the Marmot Review of Inequalities in England's key policy and priority objectives, the local high-level partnerships working in the different areas have been identified. Because of the clear links between inequalities and the wider social determinants of health such as housing and education the Health and Wellbeing Board will be working with other local partnerships to understand the contribution they make to tackling inequalities.

#### Corporate / Citywide Implications:

- 5.11 Reducing inequalities is a key corporate priority, and is also a priority for the JHWS. More detail on this is included in the 'inequalities' section of the JHWS (**Appendix 1**).

## **6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 Details of the prioritisation process are included in this report (points 3.3 through 3.6), in the draft JHWS (**Appendix 1**) and in the report of the Director of Public Health: "Proposal for the Development of the Joint Health & Wellbeing Board" which was considered at the May 30 2012 SHWB meeting. The latter report includes an appendix detailing reasons for the non-inclusion of a number of high priority issues.

## **7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 From April 2013, publishing a JHWS will be a statutory responsibility for every local HWB. There is therefore a legal obligation to approve some form of Joint Strategy. Asking the SHWB to endorse a draft JHWS at this point is not a statutory requirement, but it will enable council and CCG commissioners to take the emerging views of the SHWB into account at a point when commissioning plans for 2013/14 are still being prepared, and to vary their planning accordingly.

### **SUPPORTING DOCUMENTATION**

#### **Appendices:**

1. The draft JHWS

#### **Documents in Members' Rooms**

None

#### **Background Documents**

1. The Health & Social Care Act (2012) and relevant DoH guidance.
2. "Proposal for the Development of the Joint Health & Wellbeing Board" – report of the Director of Public Health to SHWB May 30 2012.