

Subject:	Joint Health & Wellbeing Strategy (JHWS)		
Date of Meeting:	23 July 2013		
Report of:	Head of Law/Monitoring Officer		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Health & Social Care Act (2012) requires all upper-tier local authorities to establish partnership Health & Wellbeing Boards (HWB). One of the main duties of each HWB is to publish a local Joint Health & Wellbeing Strategy (JHWS). This report provides general information on the JHWS as well as details of the Brighton & Hove JHWS priorities and the assessment process that generated them.
- 1.2 **Appendix 1** to this report contains the draft JHWS, provisionally endorsed by the Shadow HWB in September 2012, and due to be signed off by the statutory HWB in September 2013.

2. RECOMMENDATIONS:

- 2.1 That HWOSC members consider and comment on the information contained in this report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 **National Context.** The Health & Social Care Act (2012) requires every local area with a Health & Wellbeing Board (HWB) to publish a Joint Health & Wellbeing Strategy (JHWS) identifying the major health and wellbeing challenges for the local population and detailing plans to improve outcomes in these key areas. Guidance around the JHWS is very non-prescriptive, with local areas largely free to design a JHWS that suits their needs. However, it is recommended that the JHWS focuses on a relatively few high priority issues rather than attempting to describe the totality of health and wellbeing needs across the local area. It is also intended that the JHWS be a 'high-level' document, describing the strategic picture rather than delving into operational details.

- 3.1.1 Once agreed by the local HWB, the JHWS will influence strategic commissioning of relevant health, public health, adult and children's social care *and* allied services across the local area. Clinical Commissioning Groups (CCG) are obliged to ensure that their commissioning plans accord with the JHWS, and can be referred to NHS England if the local HWB feels that this is not the case. There is a parallel pathway for the HWB to refer local authority commissioning plans to the Council. More information on the statutory guidance for the JHWS is available here: <https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/18/files/2013/03/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf>
- 3.2 **Local Context.** Locally, it was agreed that we should use the data collected via the Joint Strategic Needs Assessment (JSNA) process to inform the Brighton & Hove JHWS. We therefore divided the JSNA data into 82 themed areas and a team of officers from public health, the community sector and from the council's adult social care, children's services, scrutiny, policy, and communities & equalities teams 'scored' each area against a matrix of public health outcomes (e.g. the impact of each issue in terms of life expectancy; in terms of healthy life years; its impact on equalities groups; local performance against national averages/comparators/national targets; trend of performance etc). From this prioritisation process we identified a long list of 20 or so JSNA areas with multiple 'red' scores – the highest priority health and wellbeing issues for the city.
- 3.2.1 A second assessment process saw us further 'score' each long-listed issue, seeking to determine whether the matter was a core partnership issue or more properly the responsibility of a single organisation; whether the issue was already being dealt with by a city strategic partnership; whether there had been a good deal of recent work on the matter etc. The intention here was to identify those issues where the HWB as a partnership could add most value, and to exclude those issues where we would simply be duplicating work already being undertaken by other bodies. To this end we excluded 'wider determinant' issues – i.e. non-health or social care matters which nonetheless impact upon health and wellbeing such as housing quality, employment or child poverty. All of these issues are currently the responsibility of partnership bodies under the aegis of the Local Strategic Partnership (details of this are included in the draft JHWS). We also excluded issues where there has been a good deal of recent work and where robust partnership structures are in place (e.g. alcohol in terms of the Intelligent Commissioning pilot on alcohol, the Big Alcohol Debate, the establishment of a city Alcohol Programme Board etc). Further, we excluded issues which were clearly the main responsibility of one commissioning body (e.g. diabetes or musculoskeletal conditions which are predominantly CCG matters).

3.2.2 Following this second round of assessment a shortlist of six highest priority issues were presented to the Shadow HWB for possible inclusion in the JHWS. The SHWB agreed to include five of these in the JHWS (the sixth, flu vaccination was rejected as being essentially an operational issue for the CCG and Public Health).

3.3 JHWS Priorities. The JHWS priorities are:

- Dementia
- Cancer & access to cancer screening
- Emotional health & wellbeing (inc. mental health)
- Healthy weight & good nutrition
- Smoking

3.3.1 The JHWS outlines the key challenges in each of these areas, includes an action plan for service improvement, and suggests some ways we might measure improvement in each area. The JHWS is a high-level document outlining strategic intentions and is not intended to include details on operational issues or outcomes-monitoring – more detailed work, particularly in terms of outcomes measures will be undertaken for each of the priorities via the relevant commissioning strategies. Progress in implementing the JHWS priority action plans will be regularly reported to the HWB.

3.4 More information on the prioritisation process, the JHWS priorities, and on the links between the JHWS and the citywide commitment to reduce health inequalities is included in the draft JHWS attached as **Appendix 1** to this report.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Community sector organisations took part in the JSNA prioritisation process. We further engaged with the sector around our initial plans for the JHWS (including running workshop sessions attended by 30+ local CVS organisations).

4.2 We have consulted CVSF on the draft JHWS, attending two workshop sessions on JHWS priorities organised by CVSF. CVSF has produced a written response to the draft JHWS, incorporating the views of 80+ local CVS organisations, and this response has informed the drafting of the JHWS due to be presented to the September 2013 HWB for endorsement. (The CVSF response to the JHWS is incredibly useful and we are committed to delivering as many of their ideas as possible. Since the JHWS is a high-level document, it may be that we address CVSF concerns via the detailed commissioning plans and strategies that sit beneath the JHWS rather than via the JHWS itself.)

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information

Legal Implications:

5.2 None to this report for information

Equalities Implications:

5.3 None directly. The JHWS report for endorsement to September 2013 HWB will include a full EIA with links to individual EIAs for each of the JHWS priority areas.

Sustainability Implications:

5.4 None to this report for information

Crime & Disorder Implications:

5.5 None to this report for information

Risk and Opportunity Management Implications:

5.6 None to this report for information

Public Health Implications:

5.7 None to this report for information

Corporate / Citywide Implications:

5.8 None to this report for information

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None. This is a report for information

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 This report is for noting.

SUPPORTING DOCUMENTATION

Appendices:

1. The draft Joint Health & Wellbeing Strategy (JHWS)

Documents in Members' Rooms

None

Background Documents

1. The Health & Wellbeing Act (2012)
2. Statutory Guidance on the JHWS (DH 2013)

