

## REPORT TO HEALTH & WELLBEING BOARD

**Title:** DEVELOPMENT OF THE JOINT HEALTH & WELLBEING STRATEGY

**Date:** 15 July 2011

**Contact Officer(s):** Christabel Shawcross, Strategic Director of Adult & Community Services - 01628 796258

**Wards affected:** All Areas

### 1. SUMMARY

- 1.1 The NHS White Paper and the subsequent Health and Social Care Bill has indicated that one of the main duties of the Health and Wellbeing Board (HWB) will be to produce and publish (with GP Clinical Commissioning Groups) a population level Joint Health & Wellbeing Strategy (JHWS) based on the evidence of the Joint Strategic Needs Assessment (JSNA).
- 1.2 The production of a JHWS is a requirement on all HWB and is the framework by which the commissioning plans of the NHS, Social Care, Public Health and other services are to be established.
- 1.3 As an Early Implementer for Shadow Health & Wellbeing Board developments (as agreed by Cabinet in March 2011), there are identified risks associated with not allowing enough time to plan the development of the JHWS.

### 2. RECOMMENDATION

**The Strategic Director for Adult and Community Services is delegated the authority to lead on the development of the Joint Health & Wellbeing Strategy with essential partners and reports back to the Health & Wellbeing Board in February 2012.**

What will be different for residents as a result of this decision?
Residents will see joined up plans by the Local Authority and the NHS with agreed priorities to improve residents health and wellbeing

### 3. SUPPORTING INFORMATION

#### Background

- 3.1 In July 2010 Central Government issued the Equality & Excellence: Liberating the NHS white paper, which along with subsequent documents made substantial changes to the way that health and social care work together and interact. This was followed by the Health and Social Care Bill in January 2011.
- 3.2 The Health and Social Care Bill proposes to create an independent NHS Board, increase patient choice, and reduce administration costs so that more funding can go to frontline services. The Bill directs that each local authority must have a Health & Wellbeing Board (HWB) that takes on the function of aligning the commissioning local NHS Services, Social Care and Health Improvement.
- 3.3 One of the key duties that the HWB has is to co-produce a Joint Health & Wellbeing Strategy with the GP Clinical Commissioning Groups that is based on the evidence of the Joint Strategic Needs Assessment (JSNA).
- 3.4 The JSNA is the primary evidence base for identifying the population based inequalities in health and wellbeing. Health partners lead on the development of the JSNA with input from the Council and other stakeholders, and it is refreshed annually to ensure that the information on inequalities is current. 2011 will be the fourth year of development for the JSNA document.
- 3.5 The local JSNA follows the format of *Fair Society, Healthy Lives* the independent national review of health inequalities conducted by Professor Sir Michael Marmot in February 2010. This review was accepted by central government and is the basis for recent social policy directives that address health inequalities.
- 3.6 Whilst there is a duty to produce a JSNA, previously there was no requirement to actually act on any of the information collated in the JSNA. The NHS White Paper and the Health & Social Care Bill make it a requirement for the HWB to develop a high level JHWS, which is described as:

*“The overarching framework within which commissioning plans for the NHS, Social Care, Public Health and other services which the HWB agrees are relevant, are developed”*

*Liberating the NHS Legislative Framework and Next Steps: Para 5.23, pg 102*

- 3.7 In practice, this means that each HWB must create a JHWS for the local area based on the information in the JSNA. The JHWS is a high level document that identifies the local strategic priorities from the evidence in the JSNA and provides the direction for the commissioning plans of the Local Authority and GP Clinical Commissioning Groups. The JHWS supports the alignment of the commissioning plans to address the inequalities.
- 3.8 Whilst there is no central government substantial guidance on how to develop the JHWS, there are some explicit requirements on the development and content:

- Duty for the JHWS to be co-developed with the local GP Clinical Commissioning Group and the Local Authority
- Must have a concise summary of how to address the health and wellbeing needs of the population and reduce health inequalities
- LA and GP Clinical Commissioning Group are under a duty to regard the JHWS in their commissioning plans
- The HWB are to consider if commissioning arrangements for Social Care, Public Health and the NHS are in line with the JHWS, and if not can contact the relevant governing body to make them aware of disagreements
- JHWS must be made public

**3.9** There are no national, regional or local milestones that have been set for the production of the JHWS at this time, although that may change as the Health & Social Care Bill journeys through the process to Royal Assent and becomes law.

**3.10** The next steps would be to establish a small team to prepare an outline plan for the development of the JHWS. The team would have to consider such things as dependencies with existing strategies / work, national developments and best practice from Early Implementer network and the relations to the wider determinants of health. There would be with input from other services, consultation with stakeholders and representative groups within the locality.

#### **4. OPTIONS AVAILABLE AND RISK ASSESSMENT**

##### **4.1 Options**

	<b>Option</b>	<b>Comments</b>	<b>Financial Implications</b>
1.	Do nothing	Not realistic as an nationally recognised Early Implementer of the HWB and with the JHWS being a requirement of all HWB	Revenue – Existing Revenue  Capital
2.	Agree to establish plan to take forward corporately & with NHS	Allows more time to develop a robust JHWS that fully considers the evidence base and the strategic priorities before statutory guidance.	Revenue – existing project management funds  Capital

##### **4.2 Risk assessment**

**4.2.1** Should no action be taken at this time, there is a significant risk that the JHWS - which is a requirement to be produced - will have to be developed in the future without the time to have due consideration of all of the contents. This could lead to a hastily developed strategy that is not robust enough to be effective in supporting partners commissioning plans, and therefore not effective for meeting residents needs.

**4.2.2** The co-development of an effective strategy that has spans across all partner services needs to consider all dependencies with other work and strategies that are in existence. By commencing the development of the JHWS now and with the oversight of the Strategic Director of Adult & Community Services, the scope of the JHWS can be holistic and feature wider determinants of health inequalities, such as poverty, crime, education, housing and become a defining document that supports all Council activity.

**5. CONSULTATIONS CARRIED OUT**

**5.1** The JHWS requirements have been discussed at Partnership & Stakeholder meeting in June and the NHS Changes Programme Board. This included what each partner could contribute to the JHWS and ideas out of the directorate role for the contents, including what would residents wish to have included. Further discussions are scheduled in future meetings and with Stakeholders.

**5.2** It is recognised that should the recommendation be accepted, that there would need to be significant engagement with statutory services, stakeholders, groups and forums, the voluntary sector and residents of the Borough throughout the development of the JHWS so that it is fully reflective of the population needs and priorities and the Equalities Impact Assessment has been undertaken

**6. COMMENTS FROM THE OVERVIEW AND SCRUTINY PANEL**

**6.1** Arrangements for the Panel involvement are subject to discussions with the Chair of the Overview and Scrutiny Panel as the HWB is a new function and therefore subject to scrutiny where key decisions are made.

**7. IMPLICATIONS**

**7.1** The following implications have been addressed where indicated below.

Financial	Legal	Human Rights Act	Planning	Sustainable Development	Diversity & Equality
✓ or N/A	✓ or N/A	✓ or N/A	✓ or N/A	✓ or N/A	✓ or N/A

Background Papers: None