

REPORT TO:	HEALTH AND WELLBEING BOARD 25 March 2015
AGENDA ITEM:	7
SUBJECT:	Joint health and wellbeing strategy review and refresh
BOARD SPONSORS:	Members of the health and wellbeing board executive group

BOARD PRIORITY/POLICY CONTEXT:

Health and wellbeing boards were set up to take a strategic view across the whole local health and care economy. The core statutory functions of boards set out in the Health and Social Care Act 2012 ('the Act') were:

1. production of a joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS).
2. a duty to encourage integrated working between health and social care - this has been further strengthened by the introduction of funding for integrated care through the Better Care Fund which boards are required to oversee.
3. a power to encourage close working between health-related services (such as housing) and health and social care services.

1. RECOMMENDATIONS

1.1 The board is asked to:

- Agree proposed changes to the joint health and wellbeing strategy 2013-18, as set out at appendix 1
- Note remaining work to be completed before publication, as set out at paragraphs 3.8 to 3.10
- Delegate authority to agree any remaining amendments to the document to the chair of the board in consultation with members of the executive group

2. EXECUTIVE SUMMARY

2.1 This report sets out proposed amendments to the joint health and wellbeing strategy following a process of review by the board. A summary of the amendments can be found at appendix 1.

2.2 The revised strategy document, which forms appendix 2, retains the vision and outcomes framework of the original strategy. It also retains the priorities previously agreed in that document. In reviewing the strategy the health and wellbeing board has chosen to focus its attention in the short to medium term on eleven areas where it believes joint working can have most impact. The board also agreed to improve the accessibility and usability of the document by reducing the amount of supporting information included. Information used to inform the development and review of the strategy including the equalities impact assessment, consultation responses and review of the evidence of need will be published alongside the strategy instead of within the main document.

3. DETAIL

- 3.1 The Health and Social Care Act 2012 sets out the core functions of the board including the production of a joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS).
- 3.2 The government has issued formal statutory guidance to explain the duties and powers relating to JSNAs and joint health and wellbeing strategies.¹ However, it is for boards themselves to determine what their overall priorities should be. The guidance states:

JHWSs are strategies for meeting the needs identified in JSNAs. As with JSNAs, they are produced by health and wellbeing boards, are unique to each local area, and there is no mandated standard format. In preparing JHWSs, health and wellbeing boards must have regard to the Secretary of State's mandate to the NHS CB which sets out the Government's priorities for the NHS.

They should explain what priorities the health and wellbeing board has set in order to tackle the needs identified in their JSNAs. Again, it would not be appropriate to specify or dictate issues which should be prioritised. This is not about taking action on everything at once, but about setting a small number of key strategic priorities for action, that will make a real impact on people's lives. JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs.

- 3.3 Research on board functioning and effectiveness highlight a number of factors relevant in Croydon's review of its joint health and wellbeing strategy.² Effective boards have a shared vision and focus; a tight set of priorities and the discipline to stick to them; and a strategy which influences action. By contrast ineffective boards have too many priorities and are easily distracted. Other areas for consideration identified by researchers include the balance of strategic focus between broader public health outcomes and the future of health and care services including the service transformation and integration agendas.
- 3.4 Recent unpublished research, commissioned by London Councils, concludes that many boards are showing few signs of getting to grips with the more urgent and pressing strategic issues facing their local health and care systems that require whole system leadership. These include the need:
- to transform local services in the light of changes in demographics, the burden of disease and pressures on urgent care and social care that reflect problems in the wider system
 - to maintain and improve the quality and safety of treatment and care, and the development of integrated care.

¹ Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. March 2013. Department of Health.

² Health and wellbeing boards one year on. October 2013, The King's Fund.

[Making an impact through good governance: a practical guide for health and wellbeing boards. October 2014, Local Government Association.

- 3.5 The Croydon joint health and wellbeing strategy 2013-18 was agreed by the shadow health and wellbeing board on 12 September 2012. Following the establishment of the statutory board on 1 April 2013, board members agreed to review and refresh the strategy after one year. Work on the review began in early 2014, with an initial strategy workshop on 27 March 2014. At this event it was agreed that the current vision and outcomes remained relevant but that the board should consider focusing the strategy on a smaller number of priorities.
- 3.6 Work on the strategy by the board was paused during the local elections. Board members sought feedback on the strategy from stakeholders at an event held on 1 October 2014. A board workshop on 7 November 2014 considered and ranked existing priorities with a view to greater strategic focus. This ranking exercise was informed by a report on the most recent joint strategic needs assessment data set.
- 3.7 Proposed amendments to the strategy are set out at Appendix 1. As well as textual changes it is proposed that the document is made more accessible by shortening and simplifying it.
- 3.8 The following work on the revised strategy document remains to be completed before publication:
- check and complete key facts and figures
 - inclusion of lead organisation(s) and relevant business or commissioning plans relating to the delivery of each of the key actions
 - targets included for each of the indicators identified in the document
 - minor textual revisions
- 3.9 The CCG has asked that a stronger emphasis is given to addressing the social determinants of health within the strategy; that an explicit connection is made to Outcomes Based Commissioning.
- 3.10 The final document will be presented in a visually appealing format with graphics and photographs included.
- 3.11 The board is therefore asked to give delegated authority to the chair in consultation with members of the executive group to agree any final revisions.

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BACKGROUND DOCUMENTS none

Appendix 1 Summary of proposed changes to joint health and wellbeing strategy

Vision statement – [unchanged]

Our vision is for longer, healthier lives for everyone in Croydon

Our goals **[revised to read ‘Our priority outcomes’]** are:

1. increased healthy life expectancy and reduced differences in life expectancy between communities
2. increased resilience and independence
3. a positive experience of care

Our vision: What will success look like?

For goal 1: Increased healthy life expectancy and reduced differences in life expectancy between communities

- 1.1 Everyone will have the information and support they need to live healthy lifestyles and make healthy choices.
- 1.2 Local organisations will work together to address the factors that drive health problems amongst the poorest and most disadvantaged.
- 1.3 Everyone’s health will be protected from outbreaks of disease, injuries and major emergencies and remain resilient to harm.

For goal 2: Increased resilience and independence

- 2.1 Everyone will have the opportunity to have optimum health throughout their life and proactively manage their health and care needs with support and information.
- 2.2 Earlier diagnosis and intervention means that people will be less dependent on intensive services.
- 2.3 When people become ill, recovery will take place in the most appropriate place, and enable people to regain their health and wellbeing and independence.
- 2.4 Everyone will live their own lives to the full and maintain their independence by accessing and receiving high quality support if they need it.
- 2.5 Carers will be able to balance their caring roles and maintain their desired quality of life.
- 2.6 Everyone will have choice and control and be able to manage their own support so that they can design what, how and when support is delivered to match their needs.
- 2.7 People will engage socially, as much as they wish, to avoid loneliness or isolation.
- 2.8 Everyone will enjoy physical safety and feels secure. People will be free from physical and emotional abuse, harassment, neglect and self-harm.

For goal 3: A positive experience of care

- 3.1 People using health and care services will be protected from avoidable deaths, disease and injuries.
- 3.2 People using health and care services and their carers will be satisfied with their experience.
- 3.3 Carers will feel that they are respected as equal partners throughout the care process.
- 3.4 Everyone will know what services are available to them locally, what they are entitled to, and who to contact when they need help.

3.5 People, including those involved in making decisions on care, will respect the dignity of the individual and ensure that support is sensitive to the circumstances of each individual.

How we will deliver our goals [revised to read ‘How we will deliver our priority outcomes’ - otherwise unchanged]

We will achieve our goals [priority outcomes] by:

1. giving our children a good start in life
2. preventing illness and injury and helping people recover
3. preventing premature death and long term health conditions
4. supporting people to be resilient and independent
5. providing integrated, safe, high quality services
6. improving people’s experience of care

What we know about health and wellbeing in Croydon: a summary [revised as Our Croydon]

This section was originally 2000 words long and set out key demographic information and data on need. The section has been summarised, with three sections supported by infographics – Our Community; Our Place; Our Needs & Challenges. A link will be provided to the more detailed information held on the JSNA pages of Croydon Observatory website.

What people have told us about their needs [removed and published separately]

This section was 600 words long. It will be published alongside the strategy.

Where can we have the greatest impact? The case for change [removed and published separately]

This section was 4600 words long. It set out the rationale for the selection of six improvement areas and the 26 priorities for action. The section has been removed from the main strategy document and published as a supporting document alongside others such as the JSNA key dataset, consultation report and equality analysis.

How will we deliver the improvements we want to achieve? [revised]

This section contained a number of general statements and models, including reference to Marmot review of health inequalities. The section has been removed with key content transferred to the introduction.

Promoting equality [moved key information to introduction]

This section was at the end of the document. It has been summarised and included within the introduction.

Our priorities for action [revised]

One new priority is proposed under improvement area 4 supporting people to be resilient and independent ‘Self management and self care’. This was placed in the category of priorities for greater focus by the board. Ten other priorities have been selected for greater focus in the short to medium term.