

Report of the Assistant Director of Public Health

Refresh of the Joint Health and Wellbeing Strategy and Review of the Health and Wellbeing Board Sub-Structure

Summary

1. The purpose of this report is to present Health and Wellbeing Board with the outcomes from a recent priority setting workshop; including discussions about how these might be delivered through the Health and Wellbeing Board's sub-structure.

Background

2. During 2015/16 there was extensive engagement with stakeholders and residents on the priorities for a new Joint Health and Wellbeing Strategy for York. This ranged from attendance at meetings, focused engagement events and an online survey. Over 1200 responses were received in total. This led to our current [Joint Health and Wellbeing Strategy 2017-2022](#).
3. The Joint Health and Wellbeing Strategy 2017-2022 is now approximately midway through its life span and Health and Wellbeing Board indicated at their meeting in August 2019 that they would like to re-look at the priorities within it and focus on a smaller number for the rest of the strategy's duration.

Main/Key Issues to be Considered

4. At a Health and Wellbeing Board workshop session in October 2019 Health and Wellbeing Board members received a presentation from the Assistant Director of Public Health. This covered:
 - The vision set out within the current Joint Health and Wellbeing Strategy;

- What has changed since the current Joint Health and Wellbeing Strategy was originally written;
- The current priorities set out within the Joint Health and Wellbeing Strategy 2017-2022;
- Progress made against the current priorities;
- How the priorities are delivered.

Priority areas for the remainder of the Joint Health and Wellbeing Strategy

5. From this the board members and substitutes present considered where the focus should lie for the next 18 to 24 months and proposed the following four priorities:

Starting and Growing Well: The board will promote system wide recognition and understanding of the impact of Adverse Childhood Experiences (ACEs). We will ensure that the model and methodology of working with ACEs is agreed between partners in order that all agencies follow a consistent approach to preventing potential ACEs and responding to known ACEs in a particular person.

However, since the workshop was held further conversations have taken place about what the priority for the starting and growing well theme should be. There will shortly be a peer review in the children's services directorate and there is a preference that the feedback from this should determine the focus for the Health and Wellbeing Board in relation to this theme.

Living and Working Well: The board will bring housing and financial inclusion into the business of the board in order to minimise the impact of poverty, isolation, poor housing or homelessness on health and wellbeing.

Ageing Well: The board's ambition is that York will be the most age friendly city that it can be. We will ensure that our Age Friendly programme of work is connected across all ages and parts of society.

Mental Health: The board will promote awareness and understanding of the protective factors that support good mental wellbeing and ensure compassionate, strength-based approaches in communities are developed.

6. Board members will see that the four proposed new areas of focus do fit with the current overarching priorities of the strategy, but are more specific and give greater focus to the areas where more work is needed and where the board can bring added value.

Health and Wellbeing Board Sub-structure

7. A small task and finish group met once to consider the sub-structure beneath the Health and Wellbeing Board and the way it currently delivers its priorities. Additionally, further discussion around this happened at the workshop held in October 2019 when more board members and substitutes were present. The groups that were considered were:
 - The Mental Health Partnership
 - The Ageing Well Partnership
 - The Learning Disabilities Partnership
 - YorOK Board
 - Health and Wellbeing Board Steering Group
8. In both forums there was a general consensus that the groups we already have in place are the right groups to deliver the board's priorities. Considering that the re-focused priorities are not significantly different the proposal is to keep the first four existing groups in the list above and ask them to take responsibility for delivery of any priorities agreed; reporting back on an annual basis to the Health and Wellbeing Board.
9. However; there is currently no group either set up by or having a relationship with the Health and Wellbeing Board to deliver against the new priority for living and working well as set out in paragraph 5. It is proposed that a relationship is formed between the board and the existing Human Rights Board and that Health and Wellbeing Board invite them to take the lead on delivering this priority on behalf of the board.
10. Health and Wellbeing Board are also asked to consider dissolving the Health and Wellbeing Board Steering Group which has been surpassed by other mechanisms for ensuring that HWBB delivers its statutory functions. However, doing this would leave the JSNA Working Group without a clear reporting line. It is therefore proposed that the Working Group brings an annual report to the Health and Wellbeing Board which would also include any

amendments to the Pharmaceutical Needs Assessment (PNA) during the course of its life.

11. A draft sub-structure diagram is attached at Annex A to this report.

What else has changed since the current Joint Health and Wellbeing Strategy was produced

12. Since the Joint Health and Wellbeing Strategy was agreed in March 2017 there have been some significant changes both nationally and regionally within the health and social care system.
13. Nationally the NHS has released its long term plan and the board will need to be sighted on and understand their role in delivering this. One element of this is around Primary Care Networks (PCNs) which are a key part of the NHS long term plan. Additionally we need to ensure that York gets the most out of work happening at a regional level through Integrated Care Partnerships; Integrated Care Systems and their associated delivery mechanisms.
14. In York, we are working to a Primary Care Home (PCH) model to achieve integration at a place based level. Currently the Primary Care Home Steering Group does not have robust governance arrangements or a relationship with the Health and Wellbeing Board. It would seem timely for the Health and Wellbeing Board to consider inviting the PCH Steering Group into its own governance arrangements and asking them to report annually in line with the other groups in its sub-structure.

Other thoughts on how the Health and Wellbeing operates

15. As part of the discussions at the October workshop a number of other matters arose; in particular around the values of the board. These are summarised as follows:
 - The board should be focused on reducing inequality
 - The board should increase its diversity
 - The board should focus on system interest and building one system
 - The board should strive to work towards shared funding, shared outcomes and shared goals

- The board should exercise kindness and goodwill towards all partners around the Health and Wellbeing Board table

Consultation

16. As indicated in paragraph 2 of this report extensive consultation took place when developing the current Joint Health and Wellbeing Strategy. Additionally consultation with key stakeholders took place at the workshop held in October 2019.
17. Once the new priorities have been agreed by the board the Joint Health and Wellbeing Strategy will be refreshed as per the options chosen by the Health and Wellbeing Board today.
18. The refreshed strategy will be presented at the Health and Wellbeing Board meeting in March 2020.

Options

19. Health and Wellbeing Board are asked to consider the following options:

Priority areas for the remainder of the Joint Health and Wellbeing Strategy

Option A: Agree that for the remainder of the timeframe covered by the current Joint Health and Wellbeing Strategy the board will focus on the priorities set out in paragraph 5 of this report, with confirmation for the priority around starting and growing well to be confirmed by the Corporate Director – Children, Education and Communities once the feedback from the forthcoming peer review has been received.

Option B: Amend or change all or some of the priority areas set out at paragraph 5 of this report.

Option C: Do not make any changes to the priorities in the current Joint Health and Wellbeing Strategy.

Health and Wellbeing Board sub-structure

Option D: Disband the HWWB Steering Group but keep the rest of the existing groups as a delivery mechanism for the board's priorities and additionally ask the Human Rights Board to take the lead on delivering against the living and working well priority.

Option E: Consider whether they wish to establish any further groups or ask any other existing groups to report to them; specifically around the wider system issues such as integration and joint commissioning and in particular the Primary Care Home Steering Group.

Option F: Suggest an alternative delivery mechanism/sub-structure.

Communicating the changes that are made to the Joint Health and Wellbeing Strategy

Option G: Produce a short supplementary document that identifies the national, regional and local system changes and the re-focused priorities of the board;

Option H: Amend/Re-write the current strategy to reflect the changes.

Board values

Option I: Adopt the values set out at paragraph 15 of this report

Analysis

20. The Health and Wellbeing Board have previously indicated that they wish to review and refresh their Joint Health and Wellbeing Strategy; with this in mind the board are asked to carefully consider the newly identified priorities in paragraph 5 of this report noting that they are not too dissimilar in essence to those in their original strategy. However, they do reflect emerging issues and some of the areas that the current partnerships are progressing such as a community approach to mental health and developing and delivering the Age Friendly York programme of work.
21. It is worth reiterating at this point that this is a short term piece of work and does not mean that work on developing a single plan for the city could not start soon.
22. There are sub-groups and mechanisms already in place to deliver against the board's priorities and discussions have not indicated a strong view on changing these but rather to strengthen them and additionally build links with the Human Rights Board who are already focused around much of the living and working well priority. A practical solution would be for each group to produce an annual

report to present to the Health and Wellbeing Board outlining progress made against their allocated priority.

23. The board may also wish to consider and discuss whether they think the right mechanisms are in place to deliver against some of the wider system programmes of work such as integration and joint commissioning and how they might like to influence and/or receive updates on these. The board should give particular consideration as to whether they want to invite the Primary Care Home Steering Group to be part of their governance structure.
24. Additionally the board can at any point establish task and finish groups to work on discrete time limited projects should they wish to do so.
25. In terms of refreshing the Joint Health and Wellbeing Strategy documentation one option would be to produce a supplementary document that can easily be annexed to the existing strategy. This would ensure that the original sentiment expressed in the strategy is not lost.
26. Considering that the priorities identified at the October workshop are not too dissimilar to those in the original strategy document it would seem practical to append a supplement to the original strategy stating the board's intentions for the remainder of the strategy's lifetime.
27. Finally the board are asked to think about the values and ethos of the board and whether those identified at their workshop in October (paragraph 15 refers).

Strategic/Operational Plans

28. The Health and Wellbeing Board should be mindful of strategic and operational plans from across the health and social care system. These will include, but are not limited to, the NHS Long Term Plan, the Joint Strategic Needs Assessment and their own Joint Health and Wellbeing Strategy.

Implications

29. There are no implications associated with the recommendations in this report.

Risk Management

30. If the HWBB choose not to agree the priorities in paragraph 5 of the report there is a risk that there will be a lack of agreed focus for the remainder of the strategy's life.

Recommendations

31. The Health and Wellbeing Board are recommended to approve the following options:

Option A - that for the remainder of the timeframe covered by the current Joint Health and Wellbeing Strategy the board will focus on the four priorities set out in paragraph 5 of this report with confirmation for the priority around starting and growing well to be confirmed by the Corporate Director – Children, Education and Communities once the feedback from the forthcoming peer review has been received.

Option D: Disband the HWBB Steering Group but keep the rest of the existing groups as a delivery mechanism for the board's priorities and additionally ask the Human Rights Board to take the lead on delivering against the living and working well priority.

Option E - Consider whether they wish to establish any further groups or ask any other existing groups to report to them; specifically around the wider system issues such as integration and joint commissioning, in particular the Primary Care Home Steering Group

Option G: Produce a short supplementary document that identifies the national, regional and local system changes and the re-focused priorities of the board;

32. They are also asked to give consideration to:

Option I in terms of whether to adopt the values set out at paragraph 15 of this report.

Reason for all options: To ensure that the Health and Wellbeing Board are focused on fulfilling their statutory responsibilities to produce and deliver a joint health and wellbeing strategy and to ensure that the HWBB functions in an effective and meaningful way retaining robust governance arrangements.

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**Report
Approved**



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Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Draft Sub-Structure diagram for the Health and Wellbeing
Board