

Joint Health and Wellbeing Strategy Refresh

Summary

1. This report asks the Health and Wellbeing Board to approve the process and timescales for the Joint Health and Wellbeing Strategy Refresh.

Background

2. The current Joint Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in April 2013; it runs until 2016.
3. It contains five key themes namely:
 - Making York a great place for older people to live
 - Reducing health inequalities
 - Improving mental health and intervening early
 - Enabling all children and young people to have the best start in life
 - Creating a financially sustainable local health and wellbeing system
4. In addition to the above there were also a number of cross-cutting actions. Over the past two and a half years work has been progressing against delivery of the Strategy and the Health and Wellbeing Board have received update reports from their sub-structure boards detailing progress made.
5. The Board will be receiving the Health and Wellbeing Board (HWB) Annual Report as part of the October 2015 meeting which will detail a final summary of progress made against the current Strategy.

Main/Key Issues to be Considered

6. It would be fair to say that the current Joint Health and Wellbeing strategy is aspirational, wide reaching and still very pertinent to health and wellbeing issues in York. The Strategy was lightly refreshed at the end of 2014 to remove completed actions and to reflect changes to the national and broader health picture (such as those around the Better Care Fund and the Care Act). Any new Strategy will need to be mindful and responsive to the fluidity of the health and wellbeing agenda.
7. Whilst progress has been made against the current Joint Health and Wellbeing Strategy, recent findings from a series of 1-2-1 meetings with Health and Wellbeing Board members have highlighted the feeling that measurable progress against delivery has been slow.
8. There is a general feeling through the 1-2-1 interviews that the Board needs to renew its focus on the Strategy and the HWBB sub-structures to support delivery.

Themes

9. From all the Health and Wellbeing Board members that took part in the 1-2-1 interviews, three distinct but broad themes have been identified as the key challenges going forward for the Board; these are:
 - Finance
 - Integration of health and social care (and wider wellbeing)
 - Prevention and Early Intervention
10. These are quite clearly work streams that impact on the whole system and are believed to be, by the Board members interviewed, those that are of the most strategic importance. At a national level these are reflected in the NHS Five Year Forward View¹ and the Association of Directors of Adult Social Services (ADASS) Distinctive, Valued Personal² report.
11. The Strategy refresh will also need to use the evidence contained within the Joint Strategic Needs Assessment (JSNA).

¹ <http://www.england.nhs.uk/ourwork/futurenhs/>

² <http://www.adass.org.uk/adass-paper-distinctive-valued-personal-why-social-care-matters/>

Some of the key themes emerging from the JSNA are set out below and fit well with the themes identified above.

What is the JSNA telling us?

12. An increasingly aging population - The population growth of doubling of the over 75s we are about to experience. Not an issue if they are fit and well, but an issue if they have multiple health needs.
13. The large numbers of fit and healthy and sexually active young adult - They bring a health dividend to the city, with higher levels of physical activity, but also some risk taking too. We therefore need to support their wiser choices and make it more difficult to make poor choices.
14. Differences in life expectancy - The 'tale of two cities', where the bottom 20% have different life experiences and outcomes from the remaining 80% i.e. premature mortality. We therefore need to put in extra efforts at helping the poorest to catch-up.
15. In order to address these there will be a need:
 - further integration across all information systems where this improves outcomes for people
 - to encourage to take greater responsibility for their health throughout life and before reaching older age by being more active, more alert, engaged and contributing to society
 - to aspire to get equal outcomes for all elements of society i.e. address the "inverse care law".
 - to accept the limits of the effectiveness of modern medicine, and move to a more self-care and self-management model of partnership and co-production

Process and timescales

16. Dependent on the option chosen by the Board there is likely to be a period of extensive engagement and consultation around the formulation of the new Joint Health and Wellbeing Strategy.

This will involve opportunities for a wide range of stakeholders and the public to give their views on what should be included and how it should be delivered. The following skeleton timetable is put forward to manage this process:

- July –August 2015: Preparation of consultation/engagement materials; including a desktop exercise on learning from what other local authorities are doing
- September – October 2015: Consultation and engagement with a wide range of stakeholders and members of the public. This is likely to include a number of events such as visits to individual groups and organisations, presentations, surveys and at least one public event hosted by the Health and Wellbeing Board
- November 2015: Collation and interpretation of the information received from the various events and meetings
- December 2015: Preparation of first draft of the new Joint Health and Wellbeing Strategy
- January 2016 -Draft Strategy presented to the Board
- February 2016: Amendments and revisions to the Draft Strategy
- March/April 2016 - Final Strategy presented to the Board for approval

Consultation

17. An extensive consultation and engagement programme will take place as part of three of the four options put forward in the paragraphs below.

Options

18. **Option A** – Retain the current strategy themes but re-engage and consult on the specific actions that need to sit underneath each of these; including how these should be delivered;
19. **Option B** – Develop a more streamlined Joint Health and Wellbeing Strategy using the broad headings of the three themes identified above (finance, integration, prevention and early intervention)

20. **Option C** – Extend the current strategy for another 3 years without making any further changes
21. **Option D** – Develop a new set of themes for consultation and engagement
22. In addition to this the Board are asked to nominate a lead to work with officers on Strategy development and to champion this work.

Analysis

23. **Option A** – this would still require an extensive programme of engagement and consultation with stakeholders and the public but it may not lead to many new/changed actions emerging. However it could lead to identification of a new way of delivering against those actions.
24. **Option B**– this would be the preferred option as members of the Board have already, through their 1-2-1 interviews, identified the three themes as being the challenges that the Board need to concentrate on. It is therefore suggested that these are used as a basis for consultation and engagement to help shape the next Joint Health and Wellbeing Strategy from 2016. In comparison to the current Strategy which predominantly focuses on specific communities/service areas (older people, children, mental health) the themes sets out above encompass and impact on all services and communities across the city.
25. Using these broad themes as headings it is likely that a more streamlined Strategy will be produced, but a Strategy that would readily allow for either existing or new strategies and action plans to dovetail into it including the children and young people's plan (currently under development for 2016) and other appropriate operational plans.
26. **Option C** – Whilst this would be the least resource intensive of the options it is not clear how it would address some of the challenges that Board members have raised via their 1-2-1 interviews or how it would respond to whole system change and some of the bigger themes the health and social care system will need to consider over the coming years.
27. **Option D** – If the currently identified themes are not considered suitable for consultation and engagement the Board will need to meet to discuss appropriate strategic priorities to form the basis of

a new Strategy. This will lead to a delay in the outlined timetable for this work.

Strategic/Operational Plans

28. This item represents the revision of the statutory Joint Health and Wellbeing Strategy.

Implications

29. As part of the Strategy refresh process actions chosen for inclusion will be individually assessed for impact once they are known and these will be reported to the Health and Wellbeing Board at that time.

Risk Management

30. There is a risk associated with not having a current Joint Health and Wellbeing Strategy as this is a statutory duty for the Board set out in the Health and Social Care Act 2012.

Recommendations

31. The Health and Wellbeing Board are asked to consider:
 - Approving Option B to allow the refresh process to start immediately
 - Identifying a lead Board Member to work with officers and to champion this work

Reason: To allow for the Joint Health and Wellbeing Strategy process to commence.

Contact Details

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Report
Approved

Date 30.06.2015

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Joint Strategic Needs Assessment

<http://www.healthYork.org/>

Annexes

None