

**REPORT TO:** Health Policy & Performance Board (HPPB)  
**DATE:** 6 March 2012  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Health and Adults  
**SUBJECT:** Health and Wellbeing Strategy  
**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

- 1.1 To provide members of the Board with an update on the Joint Health and Wellbeing Strategy.

## 2.0 RECOMMENDATION: That the report be noted

## 3.0 SUPPORTING INFORMATION

- 3.1 At the first meeting of the Health and Wellbeing Board in December the board received a report about the requirement to produce a Joint Health and Wellbeing Strategy (JHWBS). The Strategy should provide the overarching framework within which commissioning plans for the NHS, Social Care, Public Health and other services which the Health and Wellbeing Board agrees are relevant, are developed.

### 3.2 Development of the JHWBS

Halton HWBB has set up a JHWBS group led by the Director of Public Health. This group held its first meeting in January 2012. It has agreed Terms of Reference, membership, a timeline and project plan. It has developed a draft outline framework and began to populate it with information. This has been presented to the Health Strategy sub group.

### 3.3 Recent JHWBS guidance

A member of the JHWBS group is part of the National Learning Network for health and wellbeing boards which is supporting health and wellbeing boards as they develop and enabling them to write JHWBSs.

A narrative document, [Joint Strategic Needs Assessments and joint health and wellbeing strategies explained](#) was published in December 2011 to set out the context of JSNAs and joint health and wellbeing strategies for health and wellbeing board members.

**3.4** Since the last meeting, the Department of Health has produced draft guidance on Health and Wellbeing Strategies which is currently open for consultation. The guidance will then be refined before publishing the final statutory guidance after Royal Assent, before Summer Recess 2012.

**3.5** Key points outlined in the guidance are as follows:

- JSNAs look at a range of evidence on the local area to identify what is needed to improve the health and wellbeing of the local population now and in the future, and possibly what assets can be used to meet these needs
  - *narrative on the data and should provide the trail from impartial evidence to decisions made, providing a clear rationale*
- Joint health and wellbeing strategies are where health and wellbeing board members agree their top priorities to focus on together as a basis for (but not the totality of) their commissioning plans and decisions
  - *prioritise the greatest needs and not try to take action on everything all at once*
- Commissioning plans to be informed by the priorities identified in the joint health and wellbeing strategy, involving the health and wellbeing board in their development
  - *flexibilities in commissioning – find best way to meet the needs, including joint action*
- Cover the whole population and life course – including children & young people, older people, hard to reach / chronically excluded groups; looking at a range of types of need – including health, wellbeing, care and wider influences
- Cover the upper-tier local authority area, consulting districts / borough councils, and involving the NHS Commissioning Board - unique to the area
- Undertaken by the whole health and wellbeing board – equal responsibility
  - *Are links with other responsibilities health and wellbeing board members have (e.g. addressing health inequalities)*
- Involve other local partners and the community, considering accessibility and Public Sector Equality Duty, with Local Healthwatch as a facilitator or conduit
  - *Use expertise of other partners to understand and address the needs of different groups, especially the excluded and vulnerable*
- Are continuous and iterative processes, building on and informing other assessments and strategies
  - *They are not ends in themselves*
  - *Can use agreed priorities to influence wider commissioning and action at a local level – encourage partners to adopt the outcomes and all contribute*
- Strategic tools to understand and taking action on local

- inequalities
- Are integral part of commissioning cycles so should be timed to align
- JSNAs can drive improved evidence in areas where it has been poor in the past (e.g. homelessness)

### **3.6 Halton's JSNA**

At a local level work is currently underway to ensure that Halton's existing JSNA is fit for purpose (according to existing guidance).

A key needs document has been developed which will be reviewed by commissioners. This document will assist the Health and Wellbeing Board in being able to identify the priorities that will underpin the Health and Wellbeing Strategy within the required life course approach. (Appendix 1)

### **3.7 Consultation on Priorities**

It is essential that all members of the HWBB, council members, CCGs, Policy and Performance Boards and members of the public are engaged in setting health priorities. Priorities should be based on information from the JSNA with a clear audit trail.

Agreement on the Health and Well Being Strategy priorities and alignment of a number of CCG priorities against these must be reached by early June 2012 to enable Clinical Commissioning Groups (CCG) to sign off commissioning intentions by the end of June.

Consultation has started on determining the local priorities. An event with Halton CCG has been planned for 28<sup>th</sup> February which will seek to gain the views of local stakeholders on the key priorities for the CCG and Health and Wellbeing Strategy.

A Public Health transition event took place on 7<sup>th</sup> February attended by Elected Members and staff from both the Local Authority and Public Health. This event also provided the opportunity to discuss key Health priorities. In addition to this press releases have been prepared for a number of local publications, newsletters and bulletins and there will also be the opportunity to leave comments online.

### **3.8 Scoping**

Some initial scoping work has begun in terms of gathering the evidence base, determining the outline of the strategy and collating best practice (where available) from other areas.

## **4.0 POLICY IMPLICATIONS**

4.1 The Health and Wellbeing strategy should provide the overarching

framework within which commissioning plans for the NHS, Social Care, Public Health and other services which the Health and Wellbeing Board agrees are relevant, are developed.

The implementation of the strategy at a local level will have direct policy implications for the future delivery of services however until the detail of the strategy is worked through and developed it will be impossible to say exactly what these are at this time.

## **5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at this time.

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **6.1 Children & Young People in Halton**

Improving the Health of Children and Young People is a key priority in Halton and will continue to be addressed through the Health and Wellbeing Strategy whilst taking into account existing strategies and action plans so as to ensure a joined-up approach and avoid duplication.

### **6.2 Employment, Learning & Skills in Halton**

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents.

### **6.3 A Healthy Halton**

All issues outlined in this report focus directly on this priority.

### **6.4 A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime has an impact on health outcomes particularly on mental health.

There are also close links between partnerships on areas such as alcohol and domestic violence.

### **6.5 Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing and will therefore need to be addressed through the Health and Wellbeing Strategy.

## **7.0 RISK ANALYSIS**

7.1 Developing a Health and Wellbeing Strategy in itself does not present any obvious risk however, there may be risks associated

with the resultant action plans. These will be assessed as appropriate.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 The Joint Health and Wellbeing Strategy will seek to reduce health inequalities across Halton and will be inclusive in its approach. Whilst services will continue to be offered across the whole borough, it is anticipated that a focussed approach may be needed where areas of high need are identified.

## **9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

The Health and Social Care Bill

### **Appendix 1**



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Eileen O\HWB strateg