

## MUNICIPAL YEAR 2013/2014

### MEETING TITLE AND DATE Health and Wellbeing Board

19 September 2013

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Agenda - Part: 1	Item: 4
<b>Subject: Joint Health and Wellbeing Strategy</b>	
<b>Wards: All</b>	
<b>Cabinet Member consulted: Cllr Donald McGowan, Cabinet Member for Adult Services, Care and Health</b>	

### 1. EXECUTIVE SUMMARY

This report summarises the responsibility of the Health and Wellbeing Board for preparing a Joint Health and Wellbeing Strategy and the progress made to produce a new strategy covering the period 2013 – 2018.

### 2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- note the contents of this report, specifically the draft priorities for the Joint Health and Wellbeing Strategy
- approve the consultation period for seeking local views on the draft priorities, in particular from local residents and other key stakeholders. It is proposed that the consultation process commences on 1<sup>st</sup> October for a 12 week period.

### 3. BACKGROUND

- 3.1 Health and Wellbeing Boards (HWBs) were given legislative effect by the Health and Social Care Act 2012. Included in their statutory duties is the production of a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS).
- 3.2 “JHWSs are strategies for meeting the needs identified in JSNAs and 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 (Commissioning Body) 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. .... 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.”<sup>1</sup>

- 3.3 “Promoting integration between services - JHWSs can help health and social care services to be joined up with each other and with health-related services, such as housing, transport, the economy or the environment. Health and wellbeing boards must encourage integrated working between health and social care commissioners, and provide appropriate support to encourage partnership arrangements for health and social care services, such as pooled budgets, lead commissioning, or integrated provision. In JHWSs, health and wellbeing boards must consider how far needs can be met more effectively by working together in this way.”<sup>2</sup>
- 3.4 The production of the JHWS and its draft priorities is intended to aid the strategic decision making process for commissioning services in the borough. The new strategy will set the foundation for the HWB to take a fresh and ambitious approach to how it conducts its strategic business. Supported by key needs and assets information, it will set out the agreed outcomes and priority areas for action. The draft priorities of the JHWS have been produced so that it informs the council’s and CCG’s autumn commissioning cycles.
- 3.5 Following a period of public consultation, the key deliverable will be the agreed published Joint Health and Wellbeing Strategy, informed by the JSNA and supported by a monitoring framework to enable the HWB and local people to track improvement, learn from experience and continually improve outcomes.

#### **4. JHWS DRAFT PRIORITIES**

- 4.1 Since the last formal meeting of the HWB and supported by an external facilitator, three development sessions have been held at which members revisited the Board’s vision, agreed the approach to establishing draft priorities and the draft priorities for consultation.
- 4.2 The vision agreed by the Board is:
- “Working together to enable you to live longer, healthier, happier lives in Enfield”
- 4.3 This approach to establishing draft priorities involved a method of evaluating the information contained in the draft JSNA (see appendix 1) which enabled a long list of key topic areas to be produced (see appendix 2). These key topic areas were analysed and discussed including applying local expert knowledge and understanding of specific issues. This process resulted in the following key priority areas which are currently being refined in preparation for consultation:
- **Ensuring the best start in life:**
- by addressing the factors that impact on child poverty
  - ensuring children are well prepared for school (school readiness)
  - improving educational attainment
  - increasing immunisation rates
  - reducing the incidence of infant mortality

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<sup>1</sup> Department of Health (2013) Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

<sup>2</sup> *Ibid*

- **Enabling people to be safe, independent and well by delivering high quality health and care services:**
  - by increasing early identification and enabling people to manage their long term conditions for example, diabetes, chronic obstructive pulmonary disease, cardiovascular disease and cancer
  - improving outcomes for children and adults with mental health needs
  - ensuring services for older people are holistic and able to respond to complex needs
  - ensuring easy access to HIV testing and enabling people with HIV to access appropriate treatment and services
  - ensuring carers are able to manage their health and wellbeing and be able to continue with their caring role without risk
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- **Creating stronger, healthier communities:**
  - by improving employment opportunities for local people
  - the impact of housing on the health of families and individuals
  - by creating an environment where people feel safe
  - tackling domestic violence and reducing its incidence
- **Narrowing the gap in healthy life expectancy**
  - by improving the effectiveness of public services and access to and quality of primary care
  - addressing health deprivation and improving the life expectancy of local people living in the east of the borough (for example, women living in Upper Edmonton dying at an average age of 76, compared to 90 years in Highlands)
- **Promoting healthy lifestyles and healthy choices:**
  - helping to prevent people developing long term conditions
  - promoting physical activity and healthy eating (nutrition)
  - reducing alcohol related harm
  - reducing the uptake of smoking and helping people to stop smoking
  - by preventing the uptake of drug use and minimising the wider impact of drug misuse
  - enabling earlier detection of cancer

## **5. THE JHWS DOCUMENT AND CONSULTATION ON THE DRAFT PRIORITIES**

- 5.1 The production of the full JHWS is underway. A small working group comprising officers of the council and the CCG has been established to oversee this work and a draft will be presented at future development sessions of the HWB and the next formal Board in December. The final strategy will be presented at Cabinet on 22<sup>nd</sup> January and to Council on 26<sup>th</sup> February 2014.
- 5.2 The HWB has a duty to involve the local community in the preparation of the JSNA and the JHWS and other key stakeholders for example, Healthwatch, the voluntary sector, Youth Parliament, Patient Forums and other user groups. This process began with the production of the JSNA and should be an on-going process by consulting on the JHWS. Additionally, engaging with the private and business sector at an early stage will be of benefit given their role and the opportunities this will bring in promoting and building healthy communities.

- 5.3 It is proposed that the Health and Wellbeing Board agree a 12 week consultation process which is in line with the council's Compact agreement (an agreed set of principles and procedures for guiding the way that the statutory and the voluntary and community sector work together). It is proposed that the consultation process commences as soon as possible, but no later than the 1<sup>st</sup> of October.
- 5.4 The consultation on the draft priorities will involve a range of activities and approaches in order to obtain wider views and contributions. It is extremely important that the priorities for the 2013 -18 JHWS are informed by this process. Additionally, this consultation will help to raise awareness of health and wellbeing in the borough.
- 6. ALTERNATIVE OPTIONS CONSIDERED**  
As noted in 3.1 it is a statutory requirement to produce a Joint Health and Wellbeing Strategy.
- 7. REASONS FOR RECOMMENDATIONS**  
It is a statutory duty on local authorities to produce a Joint Health and Wellbeing Strategy. Health and Wellbeing Boards are required to involve the local community in the preparation of this document.
- 8. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**
- a. Financial Implications**
- All costs associated with the production of the Joint Health and Wellbeing Strategy will be met from Enfield's Public Health grant allocation for 2013/14.
- b. Legal Implications**
- Section 116A of the Local Government and Public involvement in Health Act 2007 (the 2007 Act) (as amended by the Health and Social Care Act 2012) has been in force since 1 April 2012.
- Where a Joint Strategic Needs Assessment (JSNA) is prepared by a responsible local authority, Section 116A(2) of the 2007 Act requires the responsible local authority and each of its partner clinical commissioning groups to prepare a joint health and wellbeing strategy (JHWS) for meeting the needs identified in the JSNA by the exercise of the functions of the authority, the NHS Commissioning Board or the clinical commissioning groups.
- Section 116A(3) requires the local authority and its partner clinical commissioning groups to consider, in preparing the JHWS, the extent to which the needs identified in the JSNA could be met by making arrangements under section 75 of the National Health Service Act 2006.
- Section 116A(5)(b) requires people who live or work in the area to be consulted as part of the preparation of the JHWS.
- Section 116A(6) requires the responsible local authority to publish each JHWS prepared by it.

Section 196(1) Health and Social Care Act 2012, which has been in force since 1 April 2013, states that the functions of a local authority and its partner clinical commissioning groups under section 116A of the Local Government and Public Involvement in Health Act 2007 are to be exercised by the Health and Wellbeing Board established by the local authority.

There is therefore a statutory duty on local authorities including London boroughs to prepare and publish Joint Health and Wellbeing Strategies. Local Authorities should follow the statutory guidance in preparing these documents unless there is a well-documented good reason not to do so.

The proposals set out in this report appear to comply with the above requirements.

## **9. KEY RISKS**

- 9.1 The JHWS supports the on-going need for partnership and integration between local authority, health and voluntary and independent sector to find better ways of preventing ill health and meeting the health and wellbeing needs of local people. The JHWS will help to manage and mitigate the risks associated with this.

## **10. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

- 10.1 Healthy Start – Improving Child Health
- 10.2 Narrowing the Gap – reducing health inequalities
- 10.3 Healthy Lifestyles/healthy choices
- 10.4 Healthy Places
- 10.5 Strengthening partnerships and capacity

## **11. EQUALITIES IMPACT IMPLICATIONS**

- 11.1 An Equalities Impact Assessments will be undertaken and as services change as a result of commissioning arrangements.

### **Background Papers**

None

**END.**