

MUNICIPAL YEAR 2013/2014

MEETING TITLE AND DATE
Health and Wellbeing Board
12 December 2013

REPORT OF: Director of Public Health,
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Agenda - Part: 1	Item: 4
Subject: The Joint Health and Wellbeing Strategy (JHWS)	
Wards: All	
Cabinet Member consulted: Cllr Don McGowan, Cabinet Member for Adult Services, Care and Health	

1. EXECUTIVE SUMMARY

Further to the report presented to the September Health and Wellbeing Board, and the development session held recently, this report is an update for the board on the JSNA, and the progress made to produce a new Joint Health and Wellbeing Strategy covering the period 2014 – 2019.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Note that the JSNA is now available on line at www.enfield.gov.uk/jsna
2. Note the progress made to produce the JHWS.
3. Note the consultation arrangements and the views of local people on the draft priorities.
4. Continue promoting the consultation and encourage responses to the consultation questionnaire. This can be accessed via www.enfield.gov.uk/jhwsconsultation or if paper copies, easy read version or a PowerPoint presentation is required, by email to public.health.strategy@enfield.gov.uk

3. JSNA ON-LINE RESOURCE UPDATE

- 3.1 Following approval at the September Health and Wellbeing Board (HWB), the content of the JSNA has since been updated and this work continues. Additionally, the process of how the JSNA is maintained on an on-going basis is under consideration including what, how and when this will be undertaken. In the first instance, the JSNA steering group are considering these requirements and a policy and procedure will be produced. In order to facilitate an on-going quality assurance process and a JSNA that continues to develop in partnership, the intention is that the JSNA Steering Group will continue.
- 3.2 The Community Working Group, which is a sub-group of the JSNA steering group, has produced a public leaflet about the JSNA. This is attached as Appendix 2.

4.0 JOINT HEALTH AND WELLBEING STRATEGY

4.1 A HWB development session took place on 6th November to focus on the development of the strategy. The purpose of the session was to:

- Receive initial responses to the consultation
- Review the outline JHWS document and provide comments
- Consider key action plan proposals to the strategy including any actions, targets and outcomes
- Consider what success will look like and how the Board will measure progress – short, medium and beyond long term into 2025 and 2030
- Consider how the Board receives public views on health and wellbeing during the life of the strategy

4.2 Following this session, the JHWS working group (comprising of officers representing the council and the Clinical Commissioning Group) have met to work on the first draft of the strategy document. As to be expected, the strategy is being produced with due regard to statutory guidance and is set out in the following sections.

- ✓ Foreword and Executive Summary
- ✓ Introduction
- ✓ The Context and Case for Change
- ✓ Health and Wellbeing Board Priorities and Action Plan
- ✓ Communications and Partnership
- ✓ Success criteria – what does good look like?
- ✓ Appendices

4.3 Appendix 1 attached to this report describes the detail contained in the above sections.

4.4 Following full consideration of the results of the consultation and the draft strategy by the HWB and compliance with the necessary governance processes within the Council and CCG, the JHWS will be presented to Cabinet on 22nd January and to full Council on 26th February 2014.

5.0 CONSULTATION ARRANGEMENTS AND UPDATE

5.1 The consultation began at the beginning of October and closes on 22 December. A wide variety of events have taken place or are planned, including two public meetings, one in Edmonton and another in Enfield Town. Additionally, a range of tools to promote the consultation have been produced.

5.2 In the responses to the consultation as at 26th November, no one has objected to any of the priorities or suggested any additional priorities areas. Respondents were asked whether they supported the priorities. In order of support, when asked to state which priorities respondents thought were the most important, the top two most popular selections are:

- Enabling people to be safe, independent and well
- Ensuring the best start in life

Promoting healthy lifestyles – was also supported by the majority of respondents.

The two remaining priorities were selected by fewer respondents, however as noted they were still supported as priorities for the health and wellbeing strategy.

- Creating stronger, healthier communities
- Narrowing the gap in healthy life expectancy.

6.0 ALTERNATIVE OPTIONS CONSIDERED

It is a statutory requirement to produce a Joint Health and Wellbeing Strategy.

7.0 REASONS FOR RECOMMENDATIONS

As noted above, 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.

8.0 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.

9.0 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.

10.0 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

11.0 EQUALITIES IMPACT IMPLICATIONS

- 11.1 Advice has been received and Equalities Impact Assessments will need to be undertaken as services change as a result of commissioning arrangements.

Background Papers – none.

END.

Outline of the Joint Health and Wellbeing Strategy (JHWS) 2014-19 - the following describes the key sections of the document

Foreword and Executive Summary

The foreword will be a joint statement about Enfield's vision for the strategy and how the Health and Wellbeing Board will work together in partnership to improve (HWB).

The Executive Summary is a synopsis of the whole document which will also be produced as a separate document. There will be an Easy Read version.

Introduction

In this section we describe the purpose and scope of the strategy and the role it will play in Enfield's approach to Health and Wellbeing over the next 5 years. It describes the development of the strategy itself and public involvement, where we are now and where we want to get to - successes and key areas of improvement up to and beyond 2019.

Explains the wider determinants of health, our vision and priorities. Some context and background will also be found here, including the rationale and legal duty of the Board to produce a strategy. Also the relationship of the JHWS with other key strategies and boards.

The Context and Case for Change

This section describes the local and national context including the changing financial landscape e.g. the significant budgetary pressures, the demand for improved and different service provision and demographic change

Defining a strategy and delivering change is based on an identified need, this section contains the evidence base we have relied on to identify the key priorities that need addressing in Enfield that will feed to improved health outcomes and reduced health inequalities - the evidence base as set out in the JSNA.

Health and Wellbeing Board Priorities and Action Plan

This section describes the priorities in detail including the supporting principles that underpin the vision – prevention and early intervention, integration, equality and diversity, addressing health inequalities and ensuring good quality services. Draft priorities:

- Ensuring the best start in life
- Enabling people to be safe, independent and well and delivering high quality health and care services
- Creating stronger, healthier communities
- Narrowing the gap in healthy life expectancy
- Promoting healthy lifestyles and healthy choices

In order for a strategy to be successful it has to be delivered. This section includes the headline action plan that will underpin the strategy. Where possible, it will also provide details about what interventions we will commission continue to commission and where necessary decommission. There will also be a more detailed action produced for the HWB to monitor progress.

Communications and Partnership

Here we give a brief description about how the HWB will work with our partners in order to deliver our strategic objectives.

The Health and Social Care Act of 2012 places great emphasis on engaging our general public, patients and service users - to ensure they are able to contribute to the decision making process. This section provides the detail behind the approach we have taken to date and what we will adopt and develop over the coming years.

Here we describe the priorities and key outcomes in detail and what other key strategies, plans and initiatives e.g. Council, CCG, Healthwatch, commissioning and any other programmes that feed into and inform the strategy.

Success criteria – what does good look like?

This final section of the main document lays out our expectations of what success looks like, how we will know if we have delivered on our expectations - measuring outcomes and benchmarking; and have we realised the benefits we expected to realise?

Appendices

The appendices will contain all the supplementary information that supports the various other sections in the main body of the document – e.g. Demographic information, maps, tables, projections, clinical indicators, equalities impact assessment and consultation material etc.